

**From:** Kwak, Grace J. EOP/WHO  
**Sent:** Tue, 9 Nov 2021 01:51:09 +0000  
**To:** Kwak, Grace J. EOP/WHO  
**Cc:** Murthy, Vivek (HHS/OASH); Beckman, Adam (HHS/OASH)  
**Subject:** [Embargoed until tomorrow 11/9] Surgeon General Community Toolkit for Addressing Health Misinformation  
**Attachments:** HealthMisinformationToolkit\_English\_Remediated\_final.pdf

Good evening everyone,

With many thanks to Dr. Murthy and team, please find attached an embargoed, internal copy of the Surgeon General's Community Toolkit for Addressing Health Misinformation, as well as additional details below.

Thank you!

Grace

###

Good evening,

Earlier this year, Dr. Murthy issued the first [Surgeon General's Advisory](#) of this Administration warning people about the urgent threat of health misinformation and calling for a whole of society approach to address it. **As the Administration enters the next critical phase of the COVID-19 vaccination campaign, vaccinating children ages 5-11, U.S. Surgeon General Dr. Vivek Murthy tomorrow will release a Community Toolkit for Addressing Health Misinformation to help Americans navigate the serious threat of health misinformation, especially online.**

The Surgeon General's Community Toolkit for Addressing Health Misinformation will provide communities with resources to help protect against this threat, helping to ensure that people across the country have access to science-based public health guidance as the country continues to confront the COVID-19 pandemic. The toolkit is interactive and collaborative using accessible language and examples to help users understand and identify misinformation and disinformation.

Resources in the Community Toolkit include:

- A Health Misinformation Checklist to help evaluate the accuracy of health-related content;

- Tips on how individuals can talk to loved ones about health misinformation;
- An outline of common types of misinformation and disinformation tactics; and
- Reflections and examples of times individuals may have encountered misinformation.

Attached here you will find an **embargoed, internal only** copy of the toolkit for your awareness (embargo lifts at 7:30a EST tomorrow November 9). We'd welcome your team helping amplify tomorrow, and please reach out with any questions. If helpful, happy to loop in our Communications team here to share draft social media copy, graphics, and additional roll-out materials.

Thanks!  
Adam

—

Adam Beckman

Special Advisor to the Surgeon General

Obtained by America First Legal Foundation through litigation



# A Community Toolkit for Addressing Health Misinformation

Information that is **false, inaccurate, or misleading** ←  
according to the best available evidence at the time

# A Note From The U.S. Surgeon General



If you're wondering whether this toolkit is for you, let me assure you that the answer is **yes**.

It's for all of us. Because health misinformation has reached nearly every corner of our society – and it poses an increasing danger to us and to our loved ones.

We all have the power to shape our information environment, but we must use that power together. This resource is here to provide a set of tools for you to understand, identify, and stop misinformation, and help others do the same. Only then will we be able to work toward a better information environment – one that empowers us to build a healthier, kinder, and more connected world.

A handwritten signature in blue ink that reads "Vivek Murthy".

**Vivek H. Murthy, M.D., M.B.A.**  
Vice Admiral, U.S. Public Health Service  
Surgeon General of the United States



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# Summary

False or misleading information about diseases, illnesses, potential treatments and cures, vaccines, diets and cosmetic procedures are causing people to make decisions that could have dangerous consequences for their health.

This type of information can spread through communities, within families, and between friends. Often, we're trying to help – so we share information that seems helpful. But the truth is that information connected to health and medicine involves rigorous research and complex science. Advice might change as more research is undertaken, meaning even “official” advice from a few months ago might be out of date. When we rely on friends or internet searches for the best information, we might inadvertently be putting ourselves in harm's way.

Health misinformation is causing harm to individuals and to communities, but talking to one another about its impact can help slow the spread by prompting us to think twice about the information we're reading and sharing. This toolkit will help you get started.

## What is health misinformation?

- It is information that is false, inaccurate, or misleading according to the best available evidence at the time.

## Why are we all susceptible to being influenced by misinformation and why is it so tempting to share it?

- We like to feel that we have new information that others don't know.
- We want to protect the people we care about.
- We may be seeking explanations or wanting to share information that helps us make sense of events.
- We want to feel connected to others.

## Tips for talking with your family, friends and community about misinformation

- Listen
- Empathize
- Point to credible sources
- Don't publicly shame
- Use inclusive language

### HEALTH MISINFORMATION CHECKLIST

**Use this checklist every time you come across health-related content you are not sure about.**

- |   |   |
|---|---|
| <input type="checkbox"/> Did you check with the CDC or local public health department to see whether there is any information about the claim being made? | <input type="checkbox"/> Did you type the claim into a search engine to see if it has been verified by a credible source? |
| <input type="checkbox"/> Did you ask a credible health care professional such as your doctor or nurse if they have any additional information?            | <input type="checkbox"/> Did you look at the “About Us” page on the website to see if you can trust the source?           |
|   | <input type="checkbox"/> If you're not sure, don't share!   |

# Welcome

When it comes to our health, having good information is crucial. False or misleading information can cause serious harm.

It might be that you've just received a worrying diagnosis and the information you find online drives you to believe that an alternative supplement or cure might be a better route than advice from your doctor. It might be that you're trying to lose weight and you end up buying pills advertised online that actually damage your health. It might be that you're not sure you should get vaccinated because you've been told, incorrectly, that the shot will cost you money.

We now live in an era of information overload. It's becoming harder to navigate the overwhelming amount of information we see every day. Not only is there more information, some of it is false or misleading. It's hard to know who or what to trust, and it requires us to learn a new set of skills.

While anyone should find the information in this toolkit useful, it is mostly designed as a resource for those who are in a position to help others learn these new skills.

Maybe you run a neighborhood page on Facebook, host a reading group, coach a softball team, run a professional association, or own a coffee shop or salon where members of your community get together. Maybe you're a faith leader, a nonprofit executive, a librarian, an educator, or a local radio host.

Whoever we are, we have people who trust us — so we all have an important role to play in addressing health misinformation and this toolkit can help us help our community.



## REFLECT & DISCUSS

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Do you have people who come to you for health information? Who are they? You might be a trusted messenger even if you don't know it.

# Who This Toolkit Is For

Are you a health care professional or administrator who has experienced the impact of health misinformation with patients?

Are you a teacher, school administrator, or librarian who struggles to find ways to teach the fundamentals of health literacy?

Are you a faith leader who would like to engage with your congregation on the topic of health misinformation?

Are you a trusted member of your community who wants to help those around you become more empowered with health-related issues?

We've created this toolkit for you.

There are many ways to use this toolkit, but what's most important is to get started! Here are a few lessons and activities to engage your community, colleagues, family, and friends about health misinformation now.



## Health Care Professionals and Administrators

Invite your colleagues to a webinar and give an overview of this toolkit. Ask them to share their best practices for talking to patients about health misinformation.

## Teachers, School Administrators, and Librarians

Host after school sessions with students and teachers, facilitating workshops using the exercises provided here. Consider printing the most useful parts of the toolkit so participants can take them home. You can also hang them on your walls, doors, and community boards for reference.

## Faith Leaders

Organize a meeting after service and facilitate a discussion with your congregation about the impact of health misinformation and actions you can take together. And try sharing some of the tips in the toolkit in your newsletters and on your social media channels.

## Trusted Community Members

Train others to use this toolkit in their neighborhoods and communities. Get creative in how you share the content.

Access presentation slides(pdf), infographics, and other social media graphics that you can easily share with your community at [SurgeonGeneral.gov/HealthMisinformation](https://www.surgeongeneral.gov/HealthMisinformation)





# What Is Health Misinformation?

Misinformation is information that is false, inaccurate, or misleading according to the best available evidence at the time. This content is often posted on the internet or shared via text messages or emails. But it's not something that only happens online. Misinformation can also come in the form of false, misleading or conspiratorial claims made in speeches, via pamphlets or posters, by news outlets, or in advertisements.

Mostly, misinformation is shared by people who do not know the claims, images or videos are false or misleading. They are sharing because they want to help people and would hate to think that they were hurting them instead.

It's common to think that misinformation doesn't impact us. But all of us are vulnerable, and all of us can help.



## MISINFORMATION VS. DISINFORMATION

### Misinformation

Information that is false, inaccurate, or misleading according to the best available evidence at the time\*

"**Misinformation** can sometimes be spread intentionally to serve a malicious purpose, such as to trick people into believing something for financial gain or political advantage. This is usually called "**disinformation**." But many people who share misinformation aren't trying to misinform. Instead, they may be raising a concern, making sense of conflicting information, or seeking answers to honest questions."

*Confronting Health Misinformation: The U.S. Surgeon General's Advisory on Building a Healthy Information Environment, 2021.*

\*Scientific knowledge constantly evolves and that's why we're now able to treat illnesses like cancer in ways that never used to seem possible. Updating guidance and recommendations based on new evidence is an essential part of the scientific process, but when we find ourselves in new situations, such as the COVID-19 pandemic, it can be difficult to know how to figure out what to believe, which sources to trust, and how to keep up with changing knowledge and guidance. That's why we need to help.

# Find These Common Types of Health Misinformation.

What types of health misinformation exist? Go online and see if you can find any of these common types of health misinformation.



Memes (fun, colorful images or graphics) that were created as a joke, but people started re-sharing thinking it was true.

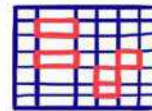
As you can see, a lot of misinformation isn't completely false or 'fake', it's actually information or imagery that lacks context. Something that has a 'kernel of truth' to it is much more believable.



Websites that look professional (often designed to look like news sites) but the stories are all false or misleading. They have sensational headlines designed to make us click on them.



Quotations where the beginning or end have been deleted to change the meaning. The person did say that, but without the full context it's not a fair representation of what they said.



Cherry-picked statistics. Too often we see people choosing the number that supports what they want to argue, but without all the data, they haven't provided all the context.



Misleading graphs or diagrams that look official but don't tell the whole story.



Old images that recirculate as if they are actually very recent.



Videos that have been edited to change the meaning.

REFLECT & DISCUSS

Can you think of an example of health misinformation you've seen recently? Where did you see or hear it? Who shared it with you? Did it fit into any of the categories we've described on page 8?

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**Aunt Janice:**  
Don't know if this is true, but better to be safe than sorry. Love u ♥  
READ THIS: ...



**Breaking News!!!**  
The doctors are hiding important information about the virus!!! Listen to what this one nurse has to say about it...



"Look at how he lost 30 pounds in just a month!"

# Why Is It So Tempting to Share Health Misinformation?

There are a number of reasons why people unknowingly share health misinformation:

**1. We like to feel that we have new information that others don't know.**

And we like to share information that others may not know yet. So when it seems like there might be a new cure or potential beauty secret, people are excited to share.

**2. We want to protect the people we care about.** Often, when people are asked about their online sharing habits, they will say things like:

I admit it. Sometimes I share things I see without checking first, but honestly, I feel that it's better to be safe than sorry.



Have you seen this video? I don't know who made it, but everything seems to make sense now!

**3. We may be seeking explanations or wanting to share information that helps us make sense of events.**

For example, during the uncertainty of the COVID-19 pandemic there has been a great deal of misinformation. When we are unsure or frightened, we often seek and share information that can provide explanations — without checking where or who it came from.

#### 4. We want to feel connected to others.

More of us are living alone and may feel disconnected from our local communities. But online communities are thriving, and unfortunately, some of the most active online communities are based around misinformation. We can gravitate toward other people who believe the same things we do and then increasingly feel connected to them. While a group might initially be about dieting, over time, members end up feeling like friends with other users even though they may have never met.

This feeling of connection is incredibly powerful and is one of the reasons why conspiracy communities are able to grow. People who are interviewed about their experiences frequently mention the connection they feel with others members of that community.



#### REFLECT & DISCUSS

Can you think of another example of harmful misinformation you've seen? If you can't think of anything, maybe scroll through your social media feeds and see what is being shared with you today. Is there anything you're not sure about?

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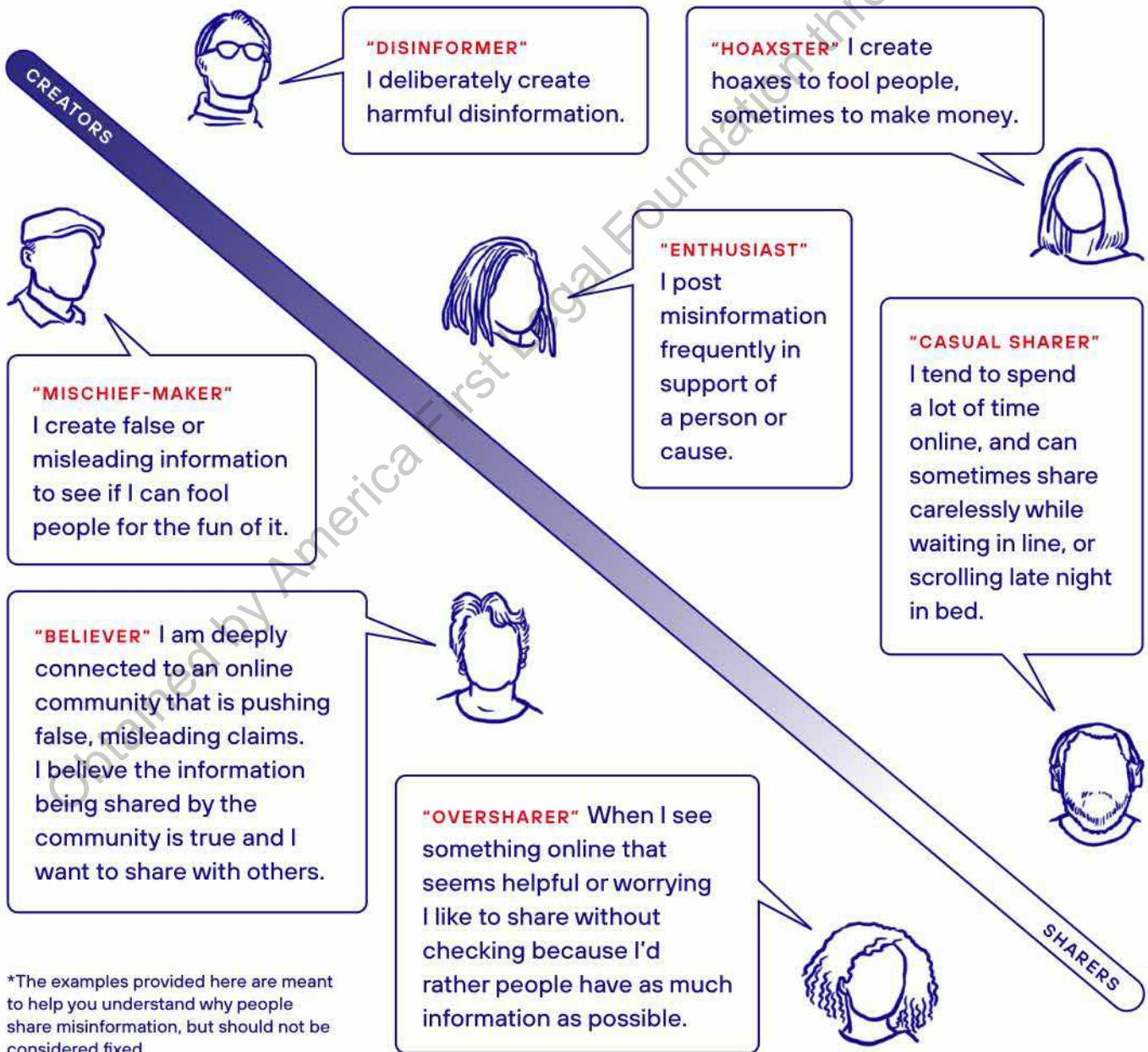
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# Understand Why People Create or Share Harmful Information.\*

Which of these examples have you seen in your community?

Sometimes, we may not be able to fully understand why someone shares or creates harmful information. Their intentions can be mixed, unclear, and even change over time—they might not fit nicely into these categories. Because of this, rather than quickly jumping to conclusions or calling them out, try to listen first and engage in an open conversation.



\*The examples provided here are meant to help you understand why people share misinformation, but should not be considered fixed.

# Bring These Practices to Your Communities



## PRACTICE 1: EASY

### What Would You Do? A Comic Strip

Read this short comic strip with your community. Find out how your loved ones can be misinformed, and how you can help. Follow up with the discussion questions provided.



## PRACTICE 2: INTERMEDIATE

### How to Talk About Health Misinformation With Your Family, Friends and Community

Talking to others who are sharing misinformation does not always work unless it is done in the right way. Try these tips and best practices to reach your family, friends, and community.



## PRACTICE 3: DIFFICULT

### Common Disinformation Tactics

What are some disinformation tactics? Encourage your community to find any of these common disinformation tactics online and discuss why they are effective.



## PRACTICE 4

### If You're Not Sure, Don't Share!

Misinformation can often be hard to detect. Try to identify the common types of misinformation in real world examples. What might you consider before sharing with others?

# What Would You Do?

Your family member is diagnosed with a serious illness. Find out how your loved ones can be misinformed and how you can help.



When we get a diagnosis, we are less likely to act rationally. We are often scared and desperate for anything that might help.



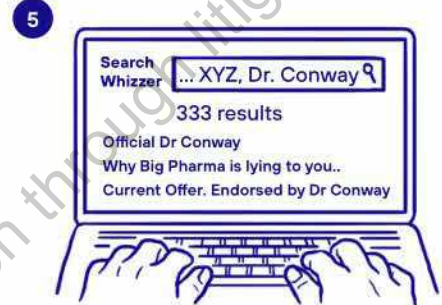
When we feel scared, we turn to people that we trust for advice. But they might not always be the best people to provide advice regarding our health. **Pause and Ask:** Who do you go to for health information and why?



Often when we search online, we get millions of results. It's hard to know which ones to trust. **Pause and Ask:** How do you verify which websites are trustworthy?



When people are sharing misinformation, whether they know it or not, they'll often give you specific words to search for. By doing so, they often limit results to sites that support their point of view.



For example, adding a specific name will severely limit your results. **Pause and Ask:** What are some red flags you have seen about health information online?



Just because someone is in a white coat or holding a stethoscope, it doesn't mean they are actually a licensed health professional. **Pause and Ask:** How do you check if someone is a legitimate health professional?



When we feel vulnerable, online communities can feel especially welcoming. People show that they care about you and share their own stories that are similar to yours.



When people are scared and hoping something will help, they may not be open to being told they are wrong. **Pause and Ask:** Does this remind you of a conversation you've had?

**Pause and Ask:** How would you talk to your loved one about their concerns? How might you encourage them to seek professional advice before seeking treatment?



**REFLECT & DISCUSS**

In this made-up scenario, Dr. Conway is not a real doctor. He decided to use fears about this illness to make money, 'inventing' a new medicine but it's really generic pills designed to lower cholesterol.

1. What is the motivation for Dr. Conway?

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2. Who is he targeting?

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3. Why are people susceptible?

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4. What are some of the tactics used by Dr. Conway?

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5. Why do people start believing it?

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# How to Talk About Health Misinformation With Your Family, Friends and Community

In this section, we're going to talk about how people can talk to others who are sharing misinformation. As discussed in the previous section, simply sharing fact-checks does not always work unless it is done in the right way. Try using these tips and best practices to reach your family, friends, and community.



## 1. Listen

- The best way to change someone's mind about misinformation is to listen to their fears and why they believe what they do.
- Try not to focus on the content or the false claim; instead, focus on the wider issue and how they feel about that issue.
- While sometimes it can be tempting to pull out a 'fact-check' as proof someone is wrong, this approach can often shut down a conversation.

### TRY THIS

Imagine your friend is worried about potential side effects from a flu shot. How might you talk to her about her fears?

- Ask her specifically what side effects she's worried about and listen to her answer. Rather than telling her she shouldn't be afraid, try to help her find trusted information that could help her make a more informed decision.
- Suggest she talks to a health professional she trusts (her doctor, nurse practitioner or pharmacist) about her specific concerns.
- Ask her to show you what she's seeing online that is worrying to her, and then searching the CDC website with her to see what the latest research is saying.

### AVOID

- Sharing fact-checks from sources she doesn't know or trust.
- Minimizing her concerns, criticizing her for not having information, or telling her she's wrong.

## 2. Empathize

- When talking with a friend or family members, emphasize the fact that you understand that there are often reasons why people find it difficult to trust certain sources of information.
- Ask questions to understand where they are coming from.
- Admit that you have struggled and continue to struggle with knowing what is true and false.
- Where possible, talk about times when you have fallen for misinformation, and explain why you were susceptible.

## 3. Point to credible sources

- Underscore that finding accurate information can be hard, especially during events like the pandemic when the information is constantly changing (which will always happen with a new virus or disease).
- Emphasize the need to find credible sources, who are not in a position to personally profit or to gain power or influence when seeking information.
- Remind them that an expert on one topic might not be the best expert to turn to around another topic.

### TRY THIS

Imagine your uncle has just been diagnosed with a serious illness and is convinced that an obscure cure being sold online will help him. How could you talk to him about the potential harm that he could be causing?

- Talk to him about the struggles you've had figuring out what to trust in terms of health information available online.
- Talk to him about how frightened he must be by this diagnoses and that you will help him find the most trustworthy information.

### AVOID

- Searching for information only to prove a point.
- Implying that you never fall for false or misleading information.



### TRY THIS

Imagine your neighbor seems to have started following conspiracy communities online and is beginning to believe increasingly outlandish claims. How might you talk to them about this?

- Ask them to share the online sources he trusts to understand where he is getting his information from.
- Discuss how hard it is to get accurate information when the research is continuously being updated, but point to sites that you think do a good job of being transparent.

### AVOID

- Being judgmental about any of the sources of information used by your neighbor.
- Making assumptions that your neighbor should know where to go for accurate information.

#### 4. Don't publicly shame

- Where possible, try to have conversations one on one, either face to face or via direct messages on social media sites. Remember, no one likes to appear wrong.
- Having conversations in the comments under a post has the potential to backfire or means more people might see the misinformation.
- A caring tone of voice could help more people. Be gentle in your replies and remember to listen and be empathetic.

#### TRY THIS

Imagine an old friend from your friend group from high school is sharing misinformation about a new diet. What might you do?

- Share that you wish there was an easy dieting solution but you're worried that the people selling this diet online might be doing it for profit.
- Follow up privately with your friend to say you'd love to chat about it as you're struggling to know what and who to trust online.

#### AVOID

- Publicly embarrassing your friend.
- Sharing any fact-checks that make fun of those who are following this diet.

#### 5. Use inclusive language

- Where possible, use inclusive language that makes it clear that you see yourself being impacted in the same way.
- Show how you sometimes struggle to figure out whom or what to trust.

#### TRY THIS

Imagine you're talking to someone you often see at your local community center. They are worried about getting their new baby vaccinated. How would you talk to them about their fears?

- Use phrases such as "I understand", "I've been confused too", "it's so hard to know who to trust."
- Use phrases that include terms like 'our community', 'our families', 'we' and 'us', so the person feels that you identify with them.

#### AVOID

- Using phrases such as "You're just wrong. Listen to me."
- Sharing materials that poke fun at people who are vaccine hesitant.

#### REFLECT & DISCUSS

Have you tried to talk about health misinformation with someone you know? How did it go? What could you have done differently? Think about ways you might approach a conversation based on these techniques. How do you think it might go, remembering you can rarely change people's minds quickly?

# Learn These Common Disinformation\* Tactics.

Go online and see if you can find any of these common disinformation tactics. Discuss why they are effective.

\*Learn more about disinformation on page 7.

We normally rely on these kinds of mental cues to quickly make sense of the world. But those who are trying to mislead us use these same cues to fool us. It's a really good idea to learn these tactics, so you can spot them and protect yourself and those you care about.



Including the logo of an established organization, like adding the CDC or a news network logo to a post



Using visual cues like someone wearing a white coat or holding a stethoscope



Creating a professional, slick looking website as our brain sees that visual cue as a “proof” of trustworthiness



Including in a post something like: “My brother works for the government and has inside knowledge. He just told me that...” or “My sister is a nurse and just called me from the ICU to tell me...”



Using unique or rare terms so that when someone searches for content connected to that term, there are fewer links and therefore it is less likely that there will be available fact-checks or debunks

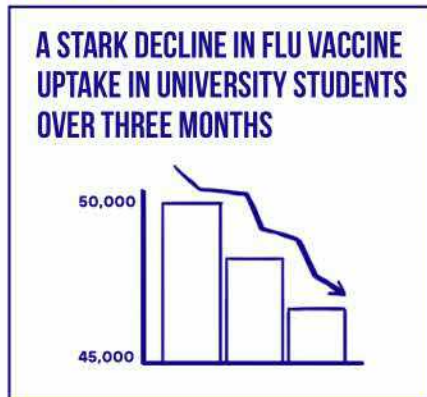


Creating content that looks like a first person experience. It's very difficult to “fact-check” someone who says, “This happened to me.” Those trying to push disinformation will therefore deliberately create content that looks like real life stories from real people when it's all made up

# If You're Not Sure, Don't Share!

Misinformation can often be hard to detect. Try to identify the common types of misinformation below. What might you consider before sharing with others?

EXAMPLE A



This is a graph that misrepresents the data. Here, the numbers on the vertical axis make it appear as if there is a stark decline. If the axis started at zero, the graph would look less dramatic.

EXAMPLE B



This is an old image that is recirculating as if it's current. Here, we see an old photo of a maskless crowd from 2015 depicted as happening in the midst of the COVID-19 pandemic.

EXAMPLE C

This is a website that looks professional (often designed to look like news sites) but the stories are all false or misleading. They are often trying to sell a product.

Now that you've seen these common types of misinformation, would you do any of the following before sharing? What else might you do?

**Remember — if you're not sure, don't share!**



## HEALTH MISINFORMATION CHECKLIST

- Did you check with the CDC or local public health department to see whether there is any information about the claim being made?
- Did you ask a credible health care professional such as your doctor or nurse if they have any additional information?
- Did you type the claim into a search engine to see if it has been verified by a credible source?
- Did you look at the "About Us" page on the website to see if you can trust the source?
- If you're not sure, don't share!

# Health

# Misinformation

# Checklist

Information that is **false, inaccurate, or misleading** according to the best available evidence at the time



Use this checklist every time you come across health-related content you are not sure about.



Did you check with the CDC or local public health department to see whether there is any information about the claim being made?



Did you ask a credible health care professional such as your doctor or nurse if they have any additional information?



Did you type the claim into a search engine to see if it has been verified by a credible source?



Did you look at the “About Us” page on the website to see if you can trust the source?



If you're not sure, don't share!



Office of the  
U.S. Surgeon General

Read the Health Misinformation Community Toolkit  
at [SurgeonGeneral.gov/HealthMisinformation](https://www.surgeongeneral.gov/HealthMisinformation)



# Talk to Your Community About Health Misinformation.

## 1 What is health misinformation?

It is information that is **false, inaccurate, or misleading** according to the best available evidence at the time.



## 2 Why are we all susceptible to being influenced by misinformation and why is it so tempting to share it?



We like to feel that we have new information that others don't know.



We want to protect the people we care about.



We may be seeking explanations or wanting to share information that helps us make sense of events.



We want to feel connected to others.

## 3 What are some tips for talking with your family, friends and community about misinformation?

Listen

Empathize

Point to Credible Sources

Don't Publicly Shame

Use Inclusive Language

## 4 What are some common types of health misinformation?



Memes that were created as a joke, but people started re-sharing thinking it was true.



Websites that look professional but the stories are all false or misleading.



Quotations where the beginning or end have been deleted to change the meaning.



Cherry-picked statistics. Without all the data, people haven't provided all the context.



Misleading graphs or diagrams that look official but don't tell the whole story.



Old images that recirculate as if they are actually very recent.



Videos that have been edited to change the meaning.



Office of the  
U.S. Surgeon General

Read the Health Misinformation Community Toolkit at [SurgeonGeneral.gov/HealthMisinformation](https://www.surgeongeneral.gov/HealthMisinformation)





**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Thu, 8 Jul 2021 20:39:43 +0000  
**To:** Walensky, Rochelle (CDC/OD); Fauci, Anthony (NIH/NIAID) [E]  
**Subject:** Becerra Q&A

Hi, below please find the answer we

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Ben Wakana

Deputy Director for Strategic Communications and Engagement

White House COVID Response Team

(b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Scully, Brian J. EOP/NSC  
**Sent:** Mon, 7 Jun 2021 14:55:20 +0000  
**To:** Pozmantier, Michael  
**Cc:** Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Polley, Mary Elizabeth R. EOP/NSC  
**Subject:** CDC Reviewers

Hey Mike,

Hope you had a good weekend. Wanted to introduce you to the CDC working disinformation. Like Census, they have been doing excellent work to combat the impacts of disinformation around COVID. To add to the COVID experience, they have been dealing with health disinformation globally for a while.

Elisabeth and Dimitri can help identify reviewers for the Accelerator.

Regards,  
Brian

Obtained by America First Legal Foundation through litigation

**From:** Sanchez-Velasco, Marissa EOP/WHO  
**Sent:** Fri, 16 Jul 2021 22:23:58 +0000  
**To:** Sanchez-Velasco, Marissa EOP/WHO  
**Subject:** COVID TPs on SG Health Misinformation Advisory  
**Attachments:** TPs on SG's Misinformation Advisory.docx

Hello! Attached are talking points on the Surgeon General's health misinformation advisory that went out yesterday. Thanks and have a good weekend!

Obtained by America First Legal Foundation through litigation

**7.16.21 Talking Points on the Surgeon General's Health Misinformation Advisory**

(b)(5)

Obtained by America First Legal Foundation through litigation

###

**From:** Sanchez-Velasco, Marissa EOP/WHO  
**Sent:** Tue, 28 Sep 2021 23:02:32 +0000  
**To:** Sanchez-Velasco, Marissa EOP/WHO  
**Subject:** COVID TPs: President Biden's Strategy on Advancing Vaccine Equity Has Made a Difference

Hello – below are TPs on new equity data from the Kaiser Family Foundation showing that the administration's efforts to close vaccination gaps have made a difference. Thanks!

(b)(5)

Obtained by America First Legal Foundation through litigation

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Thu, 8 Jul 2021 20:04:30 +0000  
**To:** (b)(6)

(b)(6)

Obtained by America First Legal Foundation through litigation

**Cc:** (b)(6)  
**Subject:** Department and Agency Contacts for Possible NITRD WG on Information Integrity  
**Attachments:** NITRD-SC-Roster\_7-2021.xlsx

Good afternoon,

As discussed at Tuesday's meeting, there is agreement on the need for a dedicated working group to review current and ongoing research and development related to disinformation as well as to establish

Federal priorities going forward to improve understanding of the impact of disinformation, evaluate mitigation measures and assess effectiveness of programs to improve societal resilience to information manipulation. A [National Information Technology Research and Development \(NITRD\)](#) working group has been identified as an option for this type of interagency collaboration. Attached is a list of NITRD POCs across the interagency so IPC participants can follow-up with their NITRD leads and confirm D/A support for a NITRD WG on Information Resilience.

The SOC, which will hopefully go around today, requests a formal response, including proposals for alternative mechanisms, by July 14.

Best,

Mary Beth

Mary Beth Polley  
Counter Disinformation and Resilience, Media Freedom  
Democracy Directorate, National Security Council

(b)(6)

Obtained by America First Legal Foundation through litigation



(b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Sanchez-Velasco, Marissa EOP/WHO  
**Sent:** Tue, 4 Jan 2022 00:42:12 +0000  
**To:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)  
**Subject:** Fwd: Is this misinfo going around for real?

Hey Abbigail! Feel free to point me to someone else on your team but just wondering if y'all are planning to tweet anything out re: the misinfo going around on the rapid tests? See link below. If this is an fda question no worries just let me know. Thanks!

Begin forwarded message:

**From:** "Sanchez-Velasco, Marissa EOP/WHO" <(b)(6)>  
**Date:** January 3, 2022 at 4:28:38 PM PST  
**To:** "Tom, Christian L. EOP/WHO" <(b)(6)>  
**Cc:** "Rowe, Courtney M. EOP/WHO" <(b)(6)>  
**Subject:** Re: Is this misinfo going around for real?

I can ask CDC or fda is they plan to tweet something that we can lift up? (b)(5)  
(b)(5)

On Jan 3, 2022, at 3:55 PM, Tom, Christian L. EOP/WHO <(b)(6)>  
wrote:

(b)(5)

<https://twitter.com/i/events/1478036809821032448>

Obtained by America First Legal Foundation through litigation

**From:** Berger, Sherri (CDC/OCOO/OD)  
**Sent:** Fri, 16 Apr 2021 16:10:40 +0000  
**To:** Anderson, Charlie D. EOP/WHO  
**Subject:** FYI only: Updated: CDC\_COVID-19\_Supplement\_4\_Comms  
**Attachments:** COVID Supp Agency Spend Plan 6 Narrative - CDC Vaccine Confidence Resp to OMB.docx

I just sent back to ASFR for OMB. Thanks

---

**From:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>  
**Sent:** Friday, April 16, 2021 12:07 PM  
**To:** Falisi, Angela (OS/ASFR) <Angela.Falisi@hhs.gov>; Cabezas, Miriam (HHS/ASFR) <Miriam.Cabezas@hhs.gov>; Pearlman, Aj (HHS/IOS) <Aj.Pearlman@hhs.gov>  
**Cc:** Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>; Kelly, Alison (CDC/OCOO/OFR/OA) <ayk7@cdc.gov>; Holloway, Rachel (CDC/OCOO/OD) <khx1@cdc.gov>  
**Subject:** RE: Updated: CDC\_COVID-19\_Supplement\_4\_Comms

Final for OMB, with OASH's response added. Thank you

---

**From:** Berger, Sherri (CDC/OCOO/OD)  
**Sent:** Thursday, April 15, 2021 4:14 PM  
**To:** Falisi, Angela (OS/ASFR) <[Angela.Falisi@hhs.gov](mailto:Angela.Falisi@hhs.gov)>; Cabezas, Miriam (HHS/ASFR) <[Miriam.Cabezas@hhs.gov](mailto:Miriam.Cabezas@hhs.gov)>; Pearlman, Aj (HHS/IOS) <[Aj.Pearlman@hhs.gov](mailto:Aj.Pearlman@hhs.gov)>  
**Cc:** Capozzola, Christa (CDC/OCOO/OFR) <[KQR5@cdc.gov](mailto:KQR5@cdc.gov)>; Kelly, Alison (CDC/OCOO/OFR/OA) <[ayk7@cdc.gov](mailto:ayk7@cdc.gov)>; Holloway, Rachel (CDC/OCOO/OD) <[khx1@cdc.gov](mailto:khx1@cdc.gov)>  
**Subject:** Updated: CDC\_COVID-19\_Supplement\_4\_Comms

All – here is the updated version, this includes everything but OASH.

AJ, have you received an update from OASH today?

Thanks,  
Sherri

(b)(5)

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

(b)(5)

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

(b)(5)

Obtained by America First Legal Foundation through litigation



**From:** Bartee, Maureen S. EOP/NSC  
**Sent:** Thu, 15 Jul 2021 21:32:43 +0000  
**To:** Bartee, Maureen S. EOP/NSC; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Rowland, Amy (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID)  
**Subject:** Informal meeting to discuss [redacted] on COVID misinformation

Hi Maureen and Amy,

Just wanted to touch base [redacted]  
[redacted]

Best,

Dimitri

Dimitri Prybylski, PhD, MPH  
Demand for Immunization Team Lead  
Immunization Systems Branch  
Global Immunization Division, US Centers for Disease Control and Prevention  
1600 Clifton Rd., NE, MS A-04, Atlanta, GA 30333  
Cell [redacted] Tel: 404-718-3476  
Email: [hjt1@cdc.gov](mailto:hjt1@cdc.gov)



Hi there,

Maureen Bartee is inviting you to a scheduled ZoomGov meeting.

[Join Zoom Meeting](#)

One tap mobile: US: [redacted] or

[redacted]

Meeting URL: [redacted]

Meeting ID:   
Passcode:

### Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

Meeting ID:   
Passcode:

[International numbers](#)

### Join from an H.323/SIP room system

H.323:  (US West)  
(US East)

Meeting ID:

Passcode:

SIP:

Passcode:

Obtained by America First Legal Foundation through litigation

**From:** Bartee, Maureen S. EOP/NSC  
**Sent:** Thu, 22 Jul 2021 12:57:34 +0000  
**To:** Bartee, Maureen S. EOP/NSC; Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Rowland, Amy (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID)  
**Subject:** Informal meeting to discuss [redacted] on COVID misinformation

-----Original Appointment-----

**From:** Bartee, Maureen S. EOP/NSC [redacted]  
**Sent:** Thursday, July 15, 2021 5:33 PM  
**To:** Bartee, Maureen S. EOP/NSC; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Rowland, Amy (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID)  
**Subject:** Informal meeting to discuss [redacted] on COVID misinformation  
**When:** Thursday, July 22, 2021 9:00 AM-9:30 AM (UTC-05:00) Eastern Time (US & Canada).  
**Where:** [redacted]

Hi Maureen and Amy,

Just wanted to touch base how our team can best engage with NSC. [redacted]  
[redacted]

Best,

Dimitri

Dimitri Prybylski, PhD, MPH  
Demand for Immunization Team Lead  
Immunization Systems Branch  
Global Immunization Division, US Centers for Disease Control and Prevention  
1600 Clifton Rd., NE, MS A-04, Atlanta, GA 30333  
Cell: [redacted] Tel: 404-718-3476  
Email: [hjt1@cdc.gov](mailto:hjt1@cdc.gov)



Hi there,

Maureen Bartee is inviting you to a scheduled ZoomGov meeting.

## Join Zoom Meeting

One tap mobile: US:  or

Meeting URL:

Meeting ID:

Passcode:

### **Join by Telephone**

For higher quality, dial a number based on your current location.

Dial:

US: +

Meeting ID:

Passcode:

International numbers

### **Join from an H.323/SIP room system**

H.323:

(US West)  
(US East)

Meeting ID:

Passcode:

SIP:

Passcode:

Obtained by America First Legal Foundation through litigation

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Tue, 6 Jul 2021 14:53:28 +0000  
**To:** [redacted] (b)(6)

[redacted]

(b)(5)

Obtained by America First Legal Foundation through litigation

**Cc:** [redacted] (b)(5)

[redacted] (b)(5)

**Subject:**

(b)(5)

(new room)

Colleagues,

We are rescheduling the second (b)(5) to Tuesday, July 6, from 13:00-14:20 pm. SAP Caitlin Durkovich and SAP Rob Berschinski will co-chair the meeting and participation is requested at the Assistant Secretary or above level. Agenda is below. Discussion paper has been circulated on the SIPR and JWICS.

The (b)(5) meeting will occur over SVTC at the Secret-level. Please ensure your video operation center contacts the White House Situation Room at (b)(6) to confirm appropriate site connection. EOP personnel can join in SMS Large.

Agenda:

(b)(5)

Regards,  
Mary Beth and Brian

Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Sent:** Wed, 2 Jun 2021 09:19:51 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC  
**Subject:** Meeting Forward Notification: IIR (b)(5) on Counter Disinformation: Lessons Learned from CDC and Census on countering dis/mis information in real time

## Your meeting was forwarded

[Wilhelm, Elisabeth \(CDC/DDID/NCIRD/OD\) \(CTR\)](#) has forwarded your meeting request to additional people.

### Meeting

IIR (b)(5) on Counter Disinformation: Lessons Learned from CDC and Census on countering dis/mis information in real time

### Meeting Time

Wednesday, June 2, 2021 12:00 PM - Wednesday, June 2, 2021 1:15 PM

### Recipients

[Stokley, Shannon \(CDC/DDID/NCIRD/ISD\)](#), [Flores, Stephen \(CDC/DDID/NCHHSTP/DHPIRS\)](#), [Walter-Garcia, Madison \(CDC/DDID/NCIRD/OD\)](#)

All times listed are in the following time zone: (UTC-05:00) Eastern Time (US & Canada)

---

Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Sent:** Wed, 2 Jun 2021 15:31:10 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC  
**Subject:** Meeting Forward Notification: IIR (b)(5) on Counter Disinformation: Lessons Learned from CDC and Census on countering dis/mis information in real time

## Your meeting was forwarded

[Wilhelm, Elisabeth \(CDC/DDID/NCIRD/OD\) \(CTR\)](#) has forwarded your meeting request to additional people.

### Meeting

IIR (b)(5) on Counter Disinformation: Lessons Learned from CDC and Census on countering dis/mis information in real time

### Meeting Time

Wednesday, June 2, 2021 12:00 PM - Wednesday, June 2, 2021 1:15 PM

### Recipients

[Daskalakis, Demetre \(CDC/DDID/NCHHSTP/DHP\)](#)

All times listed are in the following time zone: (UTC-05:00) Eastern Time (US & Canada)

---

Obtained by America First Legal Foundation through litigation



**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Mon, 8 Mar 2021 14:34:36 +0000  
**To:** Slavitt, Andrew M. EOP/WHO; Walensky, Rochelle (CDC/OD); Fauci, Anthony (NIH/NIAID) [E]; Smith, Marcella N. EOP/OSTP  
**Cc:** Rowe, Courtney M. EOP/WHO; Jones, Christopher M. (CDC/DDNID/NCIPC/OD); Billet, Courtney (NIH/NIAID) [E]; Sams, Ian (HHS/ASPA); Webb, Cameron C. EOP/WHO  
**Subject:** News of the day: (b)(5)

Hi, two new QA for the group. (b)(5)  
(b)(5)

(b)(5)

\* Andy, we may have a bit more guidance here before the briefing, but you're in a safe space with the language below.

+++  
Ben Wakana  
Deputy Director for Strategic Communications and Engagement  
White House COVID Response Team  
(b)(6)

Obtained by America's First Legal Foundation through litigation

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Wed, 14 Jul 2021 18:33:18 +0000  
**To:** [REDACTED] (b)(6)

[REDACTED]

(b)(6)

Obtained by America First Legal Foundation through litigation

**Cc:** Martonosi, Margaret; Roberts, Kamie M. EOP/OSTP  
**Subject:** NITRD WG on Information Integrity (Please respond by COB)

Good morning,

We have received initial interest from several Departments and Agencies in a NITRD working group. We would appreciate confirmation by COB today so we can set up a dedicated discussion to finalize the scope.

Thanks so much, Mary Beth

---

**From:** Polley, Mary Elizabeth R. EOP/NSC

**Sent:** Thursday, July 8, 2021 4:04 PM

**To:** [REDACTED] (b)(6)

[REDACTED]

Obtained by America First Legal Foundation through litigation

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

**Subject:** Department and Agency Contacts for Possible NITRD WG on Information Integrity

Good afternoon,

As discussed at Tuesday's meeting, there is agreement on the need for a dedicated working group to review current and ongoing research and development related to disinformation as well as to establish Federal priorities going forward to improve understanding of the impact of disinformation, evaluate mitigation measures and assess effectiveness of programs to improve societal resilience to information manipulation. A [National Information Technology Research and Development \(NITRD\)](#) working group has been identified as an option for this type of interagency collaboration. Attached is a list of NITRD POCs across the interagency so (b)(6) participants can follow-up with their NITRD leads and confirm D/A support for a NITRD WG on Information Resilience.

The SOC, which will hopefully go around today, requests a formal response, including proposals for alternative mechanisms, by July 14.

Best,

Mary Beth

Mary Beth Polley  
Counter Disinformation and Resilience, Media Freedom  
Democracy Directorate, National Security Council

(b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP)  
**Sent:** Thu, 27 May 2021 11:42:35 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Cc:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Bartee, Maureen S. EOP/NSC; Scully, Brian J. EOP/NSC; Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Kolis, Jessica (CDC/DDPHSIS/CGH/GID)  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Hi Mary Beth, It does! Thanks so much and we are looking forward to it. Kate

---

**From:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>  
**Sent:** Thursday, May 27, 2021 7:32 AM  
**To:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>  
**Cc:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vx3@cdc.gov>; Bartee, Maureen S. EOP/NSC <(b)(6)>; Scully, Brian J. EOP/NSC <(b)(6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>  
**Subject:** Re: CDC & Vaccine Mis/Disinformation

Good morning,

Does the Wed 12-1 timeframe still work? We can set up an unclassified interagency briefing so we can maximize participation.

Thanks, Mary Beth

Sent from my iPhone

On May 25, 2021, at 8:22 AM, Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov> wrote:

Hi Mary Beth,

That sounds fabulous.

Eyeballing people's calendars, the following time frames seem to work for most on CDC side (we can do 30 min or move things around for 1 hr if you prefer):

**Tuesday June 1**

- 1-1:30 PM
- 1:30-2 PM

**Wednesday June 2**

- 12-12:30 PM
- 12:30-1 PM

**Thursday June 3**

- 9:30-10 AM
- 4:00-4:30 PM

Would any of these times work well for your office?

Sincerely,

**Elisabeth Wilhelm**

*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

---

**From:** Polley, Mary Elizabeth R. EOP/NSC (b)(6)  
**Sent:** Monday, May 24, 2021 2:05 PM  
**To:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Bartee, Maureen S. EOP/NSC (b)(6); Scully, Brian J. EOP/NSC (b)(6); Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>  
**Cc:** Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <[guu1@cdc.gov](mailto:guu1@cdc.gov)>  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Elisabeth,

It was great speaking with everyone last week and I flagged for Maureen interest (b)(5) discussion between (b)(5) (b)(5). Have you been able to identify potential dates and times?

Best, Mary Beth

---

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>  
**Sent:** Monday, May 24, 2021 1:40 PM  
**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Polley, Mary Elizabeth R. EOP/NSC

(b)(6) > Bartee, Maureen S. EOP/NSC  
(b)(6) Scully, Brian J. EOP/NSC (b)(6) Fitter, David  
L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)  
<[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>  
**Cc:** Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>; Brookmeyer, Kathryn A.  
(CDC/DDID/NCHHSTP/DSTDP) <[guu1@cdc.gov](mailto:guu1@cdc.gov)>  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Dear Colleagues,

As promised, we are attached the latest “drop” of our State of Vaccine Confidence Insights Report #8 from the Insights Unit within our team, co-led by Jess Kolis and Dr. Kate Brookmeyer. I pasted a bit more information below.

Forthcoming will be a special SOVC edition on adolescents and an expanded paper on methods the Insights Unit uses to develop this report.

We look forward to hearing your feedback and are happy to discuss any other questions or would like to know more about our domestic and global infodemic management strategy and approach.

---

Hello partners and colleagues,

Attached please find the biweekly COVID-19 State of Vaccine Confidence Insights Report, #8. The biweekly COVID-19 State of Vaccine Confidence Insights Report emphasizes major themes influencing COVID-19 vaccine hesitancy and uptake, categorized by their level and type of threat to vaccine confidence, degree of spread, and directionality. By examining how Americans think and feel, social processes, and the practical issues around vaccination, the Insights Report seeks to identify emerging issues of misinformation, disinformation, and places where intervention efforts can positively impact vaccine confidence across the U.S.

Report #8 explores the new and evolving threats to vaccine confidence and vaccine uptake. CDC’s recent announcements of expanded guidance for fully vaccinated people was met with confusion in the news media and among consumers online. Unanswered questions about the implications of new guidance may undermine trust in COVID-19 vaccines and the U.S. vaccination system. To confront lagging vaccination rates, states and jurisdictions are employing novel tactics to reduce remaining access barriers and add incentives to reward vaccination. The overall effect of these novel tactics on vaccine uptake for unvaccinated adolescents and adults is still unknown; online discussion of incentives is polarized, with some people welcoming the developments and others feeling suspicious of them.

Please tell us how you and your team use the Insights Report. We are tracking this information and it helps us to continually improve our report and our distribution list. Kindly respond to [eocevent515@cdc.gov](mailto:eocevent515@cdc.gov) if you have any questions or if we can provide any further assistance.

Thank you for reading and for your continued support for this work!

Insights Unit | Vaccine Confidence Team  
Vaccine Task Force | COVID-19 Response



Sincerely,

**Elisabeth Wilhelm**

*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team

| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

-----Original Appointment-----

**From:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>

**Sent:** Wednesday, May 19, 2021 5:04 PM

**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Polley, Mary Elizabeth R. EOP/NSC; Bartee, Maureen S. EOP/NSC; Scully, Brian J. EOP/NSC; Fitter, David L. (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)

**Subject:** CDC & Vaccine Mis/Disinformation

**When:** Thursday, May 20, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Microsoft Teams Meeting

---

## Microsoft Teams meeting

**Join on your computer or mobile app**

[Click here to join the meeting](#)

**Or call in (audio only)**

(b)(6) United States, Atlanta  
United States (Toll-free)

Phone Conference ID: (b)(6)

[Find a local number](#) | [Reset PIN](#)

[Learn More](#) | [Meeting options](#)

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Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Sent:** Fri, 28 May 2021 01:23:15 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP)  
**Cc:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Bartee, Maureen S. EOP/NSC; Scully, Brian J. EOP/NSC; Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Kolis, Jessica (CDC/DDPHSIS/CGH/GID)  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Hi Mary Beth,

We'll follow up tomorrow or latest Tuesday with a full deck and short run of show for our golden 20 minute window. ☐ Thanks for the opportunity!

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence and Demand Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** + [redacted] (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

---

**From:** Polley, Mary Elizabeth R. EOP/NSC [redacted] (b)(6)  
**Sent:** Thursday, May 27, 2021 11:39 AM  
**To:** Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>  
**Cc:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Bartee, Maureen S. EOP/NSC [redacted] (b)(6); Scully, Brian J. EOP/NSC [redacted] (b)(6); Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Kathryn,

Suggest you plan to speak for 20 minutes and allow for 10 minutes of questions. [redacted] (b)(5)

[redacted] (b)(5)

(b)(5)

Best, Mary Beth

---

**From:** Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <[guu1@cdc.gov](mailto:guu1@cdc.gov)>  
**Sent:** Thursday, May 27, 2021 7:53 AM  
**To:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>  
**Cc:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Bartee, Maureen S. EOP/NSC <(b)(6)>; Scully, Brian J. EOP/NSC <(b)(6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Also: how much time should we allocate to present? And, is there anything in particular that you'd like the Insights Unit to focus on (overview, methods, current report, themes over time, promising practices)?

Thank you!  
Kate

---

**From:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>  
**Sent:** Thursday, May 27, 2021 7:32 AM  
**To:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>  
**Cc:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Bartee, Maureen S. EOP/NSC <(b)(6)>; Scully, Brian J. EOP/NSC <(b)(6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <[guu1@cdc.gov](mailto:guu1@cdc.gov)>  
**Subject:** Re: CDC & Vaccine Mis/Disinformation

Good morning,

Does the Wed 12-1 timeframe still work? We can set up an unclassified interagency briefing so we can maximize participation.

Thanks, Mary Beth

Sent from my iPhone

On May 25, 2021, at 8:22 AM, Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)> wrote:

Hi Mary Beth,

That sounds fabulous.

Eyeballing people's calendars, the following time frames seem to work for most on CDC side (we can do 30 min or move things around for 1 hr if you prefer):

**Tuesday June 1**

- 1-1:30 PM
- 1:30-2 PM

**Wednesday June 2**

- 12-12:30 PM
- 12:30-1 PM

**Thursday June 3**

- 9:30-10 AM
- 4:00-4:30 PM

Would any of these times work well for your office?

Sincerely,

**Elisabeth Wilhelm**

*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

M: (b)(6)

E: [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

---

**From:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>  
**Sent:** Monday, May 24, 2021 2:05 PM  
**To:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Bartee, Maureen S. EOP/NSC <(b)(6)>; Scully, Brian J. EOP/NSC <(b)(6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>  
**Cc:** Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <[guu1@cdc.gov](mailto:guu1@cdc.gov)>  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Elisabeth,

It was great speaking with everyone last week and I flagged for Maureen [REDACTED] (b)(5) discussion between [REDACTED] (b)(5)

[REDACTED] (b)(5) Have you been able to identify potential dates and times?

Best, Mary Beth

---

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>

**Sent:** Monday, May 24, 2021 1:40 PM

**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Polley, Mary Elizabeth R. EOP/NSC <[REDACTED] (b)(6)>; Bartee, Maureen S. EOP/NSC <[REDACTED] (b)(6)>; Scully, Brian J. EOP/NSC <[REDACTED] (b)(6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>

**Cc:** Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>

**Subject:** RE: CDC & Vaccine Mis/Disinformation

Dear Colleagues,

As promised, we are attached the latest "drop" of our State of Vaccine Confidence Insights Report #8 from the Insights Unit within our team, co-led by Jess Kolis and Dr. Kate Brookmeyer. I pasted a bit more information below.

Forthcoming will be a special SOVC edition on adolescents and an expanded paper on methods the Insights Unit uses to develop this report.

We look forward to hearing your feedback and are happy to discuss any other questions or would like to know more about our domestic and global infodemic management strategy and approach.

---

Hello partners and colleagues,

Attached please find the biweekly COVID-19 State of Vaccine Confidence Insights Report, #8. The biweekly COVID-19 State of Vaccine Confidence Insights Report emphasizes major themes influencing COVID-19 vaccine hesitancy and uptake, categorized by their level and type of threat to vaccine confidence, degree of spread, and directionality. By examining how Americans think and feel, social processes, and the practical issues around vaccination, the Insights Report seeks to identify emerging issues of misinformation, disinformation, and places where intervention efforts can positively impact vaccine confidence across the U.S.

Report #8 explores the new and evolving threats to vaccine confidence and vaccine uptake. CDC's recent announcements of expanded guidance for fully vaccinated people was met with confusion in the news media and among consumers online. Unanswered questions about the implications of new guidance may undermine trust in COVID-19 vaccines and the U.S. vaccination system. To confront lagging vaccination rates, states and jurisdictions are employing novel tactics to reduce remaining access barriers and add incentives to reward vaccination. The overall effect of these novel tactics on vaccine uptake for

unvaccinated adolescents and adults is still unknown; online discussion of incentives is polarized, with some people welcoming the developments and others feeling suspicious of them.

Please tell us how you and your team use the Insights Report. We are tracking this information and it helps us to continually improve our report and our distribution list. Kindly respond to [eocevent515@cdc.gov](mailto:eocevent515@cdc.gov) if you have any questions or if we can provide any further assistance.

Thank you for reading and for your continued support for this work!

Insights Unit | Vaccine Confidence Team  
Vaccine Task Force | COVID-19 Response  
U.S. Centers for Disease Control and Prevention

---

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

-----Original Appointment-----

**From:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>

**Sent:** Wednesday, May 19, 2021 5:04 PM

**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Polley, Mary Elizabeth R. EOP/NSC; Bartee, Maureen S. EOP/NSC; Scully, Brian J. EOP/NSC; Fitter, David L. (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)

**Subject:** CDC & Vaccine Mis/Disinformation

**When:** Thursday, May 20, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Microsoft Teams Meeting

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---

Obtained by America First Legal Foundation through litigation



**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Wed, 26 May 2021 18:45:42 +0000  
**To:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Bartee, Maureen S. EOP/NSC; Scully, Brian J. EOP/NSC; Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)  
**Cc:** Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP)  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Elisabeth,

We'd like to lock in the 12-1 time on Wednesday for an unclassified briefing to the interagency. If you are ok with it, [REDACTED] (b)(5) [REDACTED] (b)(5) Afterward, we can follow-up and make sure you, State, USAID and the right folks at DOD are connected.

Thanks, Mary Beth

---

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>  
**Sent:** Tuesday, May 25, 2021 8:22 AM  
**To:** Polley, Mary Elizabeth R. EOP/NSC <[REDACTED] (b)(6) [REDACTED] (b)(6)> Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Bartee, Maureen S. EOP/NSC [REDACTED] (b)(6) [REDACTED] (b)(6)>; Scully, Brian J. EOP/NSC [REDACTED] (b)(6) [REDACTED] (b)(6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Cc:** Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>  
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**M:** (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

---

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**Sent:** Monday, May 24, 2021 2:05 PM  
**To:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vx3@cdc.gov>; Bartee, Maureen S. EOP/NSC (b)(6); Scully, Brian J. EOP/NSC (b)(6); Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Cc:** Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Elisabeth,

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---

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**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vx3@cdc.gov>; Polley, Mary Elizabeth R. EOP/NSC (b)(6); Bartee, Maureen S. EOP/NSC (b)(6); Scully, Brian J. EOP/NSC (b)(6); Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
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(CDC/DDID/NCHHSTP/DSTDP) <[guu1@cdc.gov](mailto:guu1@cdc.gov)>

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Thank you for reading and for your continued support for this work!

Insights Unit | Vaccine Confidence Team  
Vaccine Task Force | COVID-19 Response  
U.S. Centers for Disease Control and Prevention

---

Sincerely,

**Elisabeth Wilhelm**

*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team

| Day Job: Demand for Immunization Team, Global Immunization Division

**M:**

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

-----Original Appointment-----

**From:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>

**Sent:** Wednesday, May 19, 2021 5:04 PM

**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Polley, Mary Elizabeth R. EOP/NSC; Bartee, Maureen S. EOP/NSC; Scully, Brian J. EOP/NSC; Fitter, David L. (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)

**Subject:** CDC & Vaccine Mis/Disinformation

**When:** Thursday, May 20, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Microsoft Teams Meeting

---

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---

**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Wed, 20 Oct 2021 02:42:17 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]; Walensky, Rochelle (CDC/OD); Murthy, Vivek (HHS/OASH)  
**Cc:** Rowe, Courtney M. EOP/WHO; Cheema, Subhan N. EOP/WHO; Sams, Ian (HHS/ASPA); Billet, Courtney (NIH/NIAID) [E]; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); Phillips, Alexandria (HHS/OASH); Sanchez-Velasco, Marissa EOP/WHO; Saez, Mariel S. EOP/WHO; Berner, Kate K. EOP/WHO; Munoz, Kevin A. EOP/WHO; Salcido, Dorinda (Dori) (CDC/OD)  
**Subject:** RE: COVID Tough QA  
**Attachments:** Tough QA 10.19.21 9PM.docx

Hi, attached please find the latest Tough QA on COVID. Looking forward to the bright and early briefing tomorrow.

-Ben

---

**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Monday, October 18, 2021 2:16 PM  
**To:** 'Fauci, Anthony (NIH/NIAID) [E]' <(b)(6)> 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>  
**Cc:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Cheema, Subhan N. EOP/WHO <(b)(6)>; 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO <(b)(6)>; Saez, Mariel S. EOP/WHO <(b)(6)>; Berner, Kate K. EOP/WHO <(b)(6)>; Munoz, Kevin A. EOP/WHO <(b)(6)>; 'Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>  
**Subject:** RE: COVID Tough QA

Hi, we wanted to share topline on (b)(5) in case you're asked.

(b)(5)

(b)(5)

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Tuesday, October 12, 2021 11:05 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' <(b)(6)> 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>

**Cc:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Cheema, Subhan N. EOP/WHO <(b)(6)>; 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO <(b)(6)>; Saez, Mariel S. EOP/WHO <(b)(6)>; Berner, Kate K. EOP/WHO <(b)(6)>; Munoz, Kevin A. EOP/WHO <(b)(6)>; 'Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>

**Subject:** RE: COVID Tough QA

Hi All, attached please find the latest tough QA on COVID.

Thank you,  
Ben

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Wednesday, October 6, 2021 1:48 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' <(b)(6)>; 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>

**Cc:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Cheema, Subhan N. EOP/WHO <(b)(6)>; 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO <(b)(6)>; Saez, Mariel S. EOP/WHO <(b)(6)>; Berner, Kate K. EOP/WHO <(b)(6)>; Munoz, Kevin A. EOP/WHO <(b)(6)>; 'Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>

**Subject:** RE: COVID Tough QA

Hi all, updated QA attached based on this morning's prep. Below please find responses on Seattle:

(b)(5)

(b)(5)

Obtained by America First Legal Foundation through litigation

(b)(5)

---

**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Tuesday, October 5, 2021 10:59 PM  
**To:** 'Fauci, Anthony (NIH/NIAID) [E]' <(b)(6)> 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO <(b)(6)>; 'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>  
**Cc:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Cheema, Subhan N. EOP/WHO <(b)(6)>; 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]' <mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO <(b)(6)>; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO <(b)(6)>; Berner, Kate K. EOP/WHO <(b)(6)>; Munoz, Kevin A. EOP/WHO <(b)(6)>; 'Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>  
**Subject:** RE: COVID Tough QA

Hi, attached please find an updated tough QA.

Thank you,  
Ben

---

**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Friday, October 1, 2021 3:09 PM  
**To:** 'Fauci, Anthony (NIH/NIAID) [E]' <(b)(6)>; 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO <(b)(6)>; 'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>  
**Cc:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Cheema, Subhan N. EOP/WHO <(b)(6)>; 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]' <mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-



Velasco, Marissa EOP/WHO <(b)(6)>; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO <(b)(6)>; Berner, Kate K. EOP/WHO <(b)(6)>; Munoz, Kevin A. EOP/WHO <(b)(6)>; 'Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>

**Subject:** RE: COVID Tough QA

Hi, attached please find an updated version based on prep this morning. New topics from last night include:

(b)(5)

Thanks as always.

-Ben

---

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Thursday, September 30, 2021 10:31 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' <(b)(6)>; 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO <(b)(6)>; 'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>

**Cc:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Cheema, Subhan N. EOP/WHO <(b)(6)>; 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]' <mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO <(b)(6)>; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO <(b)(6)>; Berner, Kate K. EOP/WHO <(b)(6)>; Munoz, Kevin A. EOP/WHO <(b)(6)>; 'Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>

**Subject:** RE: COVID Tough QA

Hi, attached please find the latest Tough QA on COVID.

For those of you attending the briefing tomorrow, our order will be slightly different than normal. (We like to keep you on your toes).

**RUN OF SHOW FOR FRIDAY BRIEFING**

- Jeff (10 second intro)
- Dr. Walensky
- Dr. Fauci
- Jeff (3 minutes)
- Dr. Murthy

Talk soon,

Ben

---

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Tuesday, September 28, 2021 8:18 AM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' (b)(6); 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO (b)(6); 'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>

**Cc:** Rowe, Courtney M. EOP/WHO (b)(6); Cheema, Subhan N. EOP/WHO (b)(6); 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]' <mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO (b)(6); 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO (b)(6); Berner, Kate K. EOP/WHO (b)(6); Munoz, Kevin A. EOP/WHO (b)(6)

**Subject:** RE: COVID Tough QA

Hi, attached please find the latest Tough QA on COVID.

Hope this helps,  
Ben

---

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Friday, September 17, 2021 9:58 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' (b)(6); 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO (b)(6); 'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>

**Cc:** Rowe, Courtney M. EOP/WHO (b)(6); Cheema, Subhan N. EOP/WHO (b)(6); 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]' <mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO (b)(6); 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO (b)(6); Berner, Kate K. EOP/WHO (b)(6)

**Subject:** RE: COVID Tough QA

Hi, attached please find an updated QA with three new topics from today:

(b)(5)

Hope this helps,  
Ben

---

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Friday, September 17, 2021 1:00 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' <(b)(6)>; 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO <(b)(6)>; 'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>  
**Cc:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Cheema, Subhan N. EOP/WHO <(b)(6)>; 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]' <mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO <(b)(6)>; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO <(b)(6)>; Berner, Kate K. EOP/WHO <(b)(6)>  
**Subject:** RE: COVID Tough QA

Hi, you may have seen a Washington Post [story](#) claiming the U.S. will buy more doses for the world. Jeff answered it at the press briefing, but we wanted to get around quick points in case anyone has media hits this afternoon. Hope this helps.

(b)(6)

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**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Thursday, September 16, 2021 10:32 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' <(b)(6)>; 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO <(b)(6)>; 'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>  
**Cc:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Cheema, Subhan N. EOP/WHO <(b)(6)>; 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]'

<mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO [REDACTED (b)(6)]; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO [REDACTED (b)(6)]; Berner, Kate K. EOP/WHO <[REDACTED (b)(6)]>  
**Subject:** COVID Tough QA

Attached please find the latest Tough QA on COVID. A huge thanks to Courtney.

Hope this helps,  
Ben

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**From:** Wall, Mary C. EOP/WHO  
**Sent:** Wed, 9 Jun 2021 02:00:53 +0000  
**To:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Romanik, Nikki Jo (CDC/OD/OCS); Warsh, Jonathan (OS/ASPR/IO); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Nordlund, Kristen (CDC/DDID/NCIRD/OD)  
**Cc:** Flores, Stephen (CDC/DDID/NCHHSTP/DHPIRS); Stokley, Shannon (CDC/DDID/NCIRD/ISD)  
**Subject:** RE: fertility/vax

Elisabeth –

Thank you! I will bookmark this and refer back to it. I saw the fertility and menstruation QAs – is there further reading/links/resources that also expand on these answers? Would just like to be able to have something in hand to pass along when youth and college student groups ask.

Very interested to hear in what comes out of your community assessment, too!

Thanks again,  
MW

---

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>  
**Sent:** Tuesday, June 8, 2021 6:59 PM  
**To:** Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>; Wall, Mary C. EOP/WHO <(b)(6)>; Warsh, Jonathan (OS/ASPR/IO) <Jonathan.Warsh@hhs.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <hok4@cdc.gov>  
**Cc:** Flores, Stephen (CDC/DDID/NCHHSTP/DHPIRS) <sif2@cdc.gov>; Stokley, Shannon (CDC/DDID/NCIRD/ISD) <zma2@cdc.gov>  
**Subject:** RE: fertility/vax

Shannon will likely chime in, but you'll want to bookmark this page—we update it as often as new misinformation/concerns begin to trend. There are several FAQs there that will answer some of your questions.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

We are doing a rapid community assessment focused on adolescents very shortly and hope that will be impetus to create for parent and teen-facing content soon.

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** [redacted] (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>

**Sent:** Tuesday, June 8, 2021 6:45 PM

**To:** Wall, Mary C. EOP/WHO [redacted] (b)(6); Warsh, Jonathan (OS/ASPR/IO) <[Jonathan.Warsh@hhs.gov](mailto:Jonathan.Warsh@hhs.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>

**Cc:** Flores, Stephen (CDC/DDID/NCHHSTP/DHPIRS) <[sif2@cdc.gov](mailto:sif2@cdc.gov)>; Stokley, Shannon (CDC/DDID/NCIRD/ISD) <[zma2@cdc.gov](mailto:zma2@cdc.gov)>

**Subject:** RE: fertility/vax

Hi Mary,

From the CDC side, I would like to loop in our Vaccine Task Force Communication lead and our Vaccine Confidence team leads to tackle this one.

CDC team, can we provide the latest messaging and advice regarding infertility concerns with the COVID-19 vaccine?

Thanks,  
Nikki

**Nikki Jo Romanik**  
White House and HHS Liaison  
Vaccine Task Force, COVID-19 Response  
[redacted] (b)(6) m)  
[kon6@cdc.gov](mailto:kon6@cdc.gov)

---

**From:** Wall, Mary C. EOP/WHO <[redacted] (b)(6)>

**Sent:** Tuesday, June 8, 2021 6:34 PM

**To:** Warsh, Jonathan (OS/ASPR/IO) <[Jonathan.Warsh@hhs.gov](mailto:Jonathan.Warsh@hhs.gov)>; Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>

**Subject:** fertility/vax

Hi Jonathan and Nikki!

Hope you're well. Could you point me in the direction of whatever you think are the best resources we have on vax and fertility/menstruation concerns? I know there was a myth buster you all produced, and I think some add'l lit w parents and teens as audience.

I'm hearing it more and more from groups that I engage, and so am hoping to pass along our latest and greatest and also potentially think

(b)(5)

(b)(5)

Thanks!  
MW

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**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Thu, 15 Jul 2021 22:03:02 +0000  
**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Rowland, Amy (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Bartee, Maureen S. EOP/NSC  
**Subject:** RE: Informal meeting to discuss [REDACTED] on COVID misinformation

Samesies. Not a lot of coordination beyond the below.

Sincerely,

**Elisabeth Wilhelm** (*she/her*)

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** + [REDACTED] (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>  
**Sent:** Thursday, July 15, 2021 5:46 PM  
**To:** Rowland, Amy (CDC/DDPHSIS/CGH/GID) <[isc4@cdc.gov](mailto:isc4@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>; Bartee, Maureen S. EOP/NSC <[REDACTED] (b)(6)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>  
**Subject:** RE: Informal meeting to discuss [REDACTED] (b)(5) on COVID misinformation

Hi, Lis can weigh in with more info but the primary node of connection to USAID re: misinformation has been with our team. We have worked with their technical folks on demand for immunization for a long time and recently have discussed mutual efforts on social listening and misinformation. We just jointly presented to the interagency this past Wednesday. I am not aware of what the ITF's coordination with USAID is more broadly.

---

**From:** Rowland, Amy (CDC/DDPHSIS/CGH/GID) <[isc4@cdc.gov](mailto:isc4@cdc.gov)>  
**Sent:** Thursday, July 15, 2021 5:42 PM  
**To:** Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>; Bartee, Maureen S. EOP/NSC <[REDACTED] (b)(6)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>  
**Subject:** RE: Informal meeting to discuss [REDACTED] (b)(5) on COVID misinformation

Hi all,

Do we have visibility on the ITF's coordination with USAID on country support for COVID-19 vaccine introduction?

(b)(5)

(b)(5)

Looking forward to the meeting,

Amy

p.s. HI MAUREEN!!!!

---

**From:** Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

**Sent:** Thursday, July 15, 2021 5:16 PM

**To:** Bartee, Maureen S. EOP/NSC <(b)(6)> Rowland, Amy (CDC/DDPHSIS/CGH/GID) <[isc4@cdc.gov](mailto:isc4@cdc.gov)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>

**Subject:** RE: Informal meeting to discuss (b)(5) on COVID

(b)(5)

Great – many thanks! I can't send out a Zoom invite on my laptop but if you can from your side please do and I'll cancel the meeting invite I sent out.

---

**From:** Bartee, Maureen S. EOP/NSC <(b)(6)>

**Sent:** Thursday, July 15, 2021 5:15 PM

**To:** Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>; Rowland, Amy (CDC/DDPHSIS/CGH/GID) <[isc4@cdc.gov](mailto:isc4@cdc.gov)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>

**Subject:** RE: Informal meeting to discuss (b)(5) on COVID

(b)(5)

Thanks Dimitri. Happy to have a chat. Would you mind if we changed to zoom? I can't do teams here and I have to call in... thanks for considering. I'd be happy to send a zoom link if helpful.

-----Original Appointment-----

**From:** Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

**Sent:** Thursday, July 15, 2021 5:04 PM

**To:** Bartee, Maureen S. EOP/NSC; Rowland, Amy (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID)

**Subject:** Informal meeting to discuss (b)(5) on COVID misinformation

**When:** Thursday, July 22, 2021 9:00 AM-9:30 AM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Microsoft Teams Meeting

Hi Maureen and Amy,

Just wanted to touch base how our team can best engage with NSC.

(b)(5)

(b)(5)

Best,

Dimitri

Dimitri Prybylski, PhD, MPH  
Demand for Immunization Team Lead  
Immunization Systems Branch  
Global Immunization Division, US Centers for Disease Control and Prevention  
1600 Clifton Rd., NE, MS A-04, Atlanta, GA 30333  
Cell: (b)(6) Tel: 404-718-3476  
Email: [hjt1@cdc.gov](mailto:hjt1@cdc.gov)

---

Microsoft Teams meeting

**Join on your computer or mobile app**

[Click here to join the meeting](#)

**Or call in (audio only)**

(b)(6)

# United States, Atlanta  
United States (Toll-free)

Phone Conference ID: (b)(6)

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[Learn More](#) | [Meeting options](#)

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**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Sent:** Thu, 3 Jun 2021 14:04:09 +0000  
**To:** Jennifer Shopkorn (CENSUS/ADCOM FED); Polley, Mary Elizabeth R. EOP/NSC; Zachary Henry Schwartz (CENSUS/ITSMO FED); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)  
**Cc:** Scully, Brian J. EOP/NSC; Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP); Stokley, Shannon (CDC/DDID/NCIRD/ISD); Flores, Stephen (CDC/DDID/NCHHSTP/DHPIRS)  
**Subject:** RE: Interagency Brief on Census/CDC Efforts to Counter Disinformation  
**Attachments:** Insights-SOVC\_May2021\_cleared.pdf

Thank you, USG colleagues!

It was an honor. We're happy to speak with any agency about our process, what we're doing domestically and globally, and suggested ways to take action and behavioral interventions we are developing that lean on social inoculation to pre-bunk misinformation.

Happily, the next SOVC report will drop on Monday and we expect to have the reports all online in the next week. A more detailed methods paper is also coming soon if you're interested. Do email [eoevent515@cdc.gov](mailto:eoevent515@cdc.gov) if you'd like to be subscribed.

Meanwhile, please find our presentation attached.

Wishing you a good day ahead,

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence and Demand Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

---

**From:** Jennifer Shopkorn (CENSUS/ADCOM FED) <jennifer.shopkorn@census.gov>  
**Sent:** Thursday, June 3, 2021 9:04 AM  
**To:** Polley, Mary Elizabeth R. EOP/NSC (b)(6); Zachary Henry Schwartz (CENSUS/ITSMO FED) <zachary.henry.schwartz@census.gov>; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>

Cc: Scully, Brian J. EOP/NSC (b)(6)

Subject: Re: Interagency Brief on Census/CDC Efforts to Counter Disinformation

Mary Beth,

Thank you for the chance to share an overview of our Trust & Safety Team's work combatting mis/disinformation around the 2020 Census. We are always happy to speak with folks if additional questions arise, including talking to GEC. Please find our slides from yesterday attached.

Thanks,  
Jen

---

**Jennifer C. Shopkorn** (she/her)

Senior Advisor for Communications

Communications Directorate

U.S. Census Bureau

O: 202-465-5982 | M: (b)(6)

[census.gov](https://www.census.gov) | [@uscensusbureau](https://twitter.com/uscensusbureau) | [2020census.gov](https://www.2020census.gov)

---

**From:** Polley, Mary Elizabeth R. EOP/NSC (b)(6)

**Sent:** Wednesday, June 2, 2021 9:00 PM

**To:** Jennifer Shopkorn (CENSUS/ADCOM FED) <[jennifer.shopkorn@census.gov](mailto:jennifer.shopkorn@census.gov)>; Zachary Henry Schwartz (CENSUS/ITSMO FED) <[zachary.henry.schwartz@census.gov](mailto:zachary.henry.schwartz@census.gov)>; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

Cc: Scully, Brian J. EOP/NSC (b)(6)

Subject: RE: Interagency Brief on Census/CDC Efforts to Counter Disinformation

CDC and Census Colleagues,

Thank you so much for your presentations. I have had several requests for your slides. I have also had a request for a point-to-point briefing for the GEC at State. I can't thank you enough for taking the time to share your real world experience and look forward to building on your lessons learned going forward.

Best, Mary Beth

---

**From:** Polley, Mary Elizabeth R. EOP/NSC

**Sent:** Tuesday, June 1, 2021 9:12 PM

**To:** 'Jennifer Shopkorn (CENSUS/ADCOM FED)' <[jennifer.shopkorn@census.gov](mailto:jennifer.shopkorn@census.gov)>; 'Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)' <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

**Cc:** Scully, Brian J. EOP/NSC [REDACTED] (b)(6)

**Subject:** Interagency Brief on Census/CDC Efforts to Counter Disinformation

Census, CDC Colleagues,

Thanks so much for taking the time to talk with the interagency tomorrow about your work to counter disinformation. As we have explained, we are running an interagency process to identify ways to improve and streamline the federal government's efforts to identify, counter and build resilience to disinformation. Your work brings those discussions together with real-time events and I would encourage you to [REDACTED] (b)(5)

[REDACTED] (b)(5)

We have an hour for tomorrow's discussions so I would ask each agency to try to keep your remarks to 20 minutes to allow for Q&A. Please also share any final materials you would like shared with group and we would welcome your thoughts on how the federal government could better address disinformation, regardless of the topic or source.

Look forward to hearing from you tomorrow. You may want to log-on a few minutes early and the Zoom information has been added to the invite.

Thanks so much,  
Mary Beth

Mary Beth Polley  
Disinformation, Foreign Malign Influence (Temp) and Resiliency  
Democracy and Human Rights Directorate  
National Security Council

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

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(b)(5)

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Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation



Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Sun, 6 Jun 2021 19:09:03 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC  
**Subject:** RE: Interagency Brief on Census/CDC Efforts to Counter Disinformation

Hi Mary Beth,

Just let us know when and where and we'll be there with bells on. 😊

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force  
| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** + (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>  
**Sent:** Wednesday, June 2, 2021 9:01 PM  
**To:** Jennifer Shopkorn (CENSUS/ADCOM FED) <jennifer.shopkorn@census.gov>; zachary.henry.schwartz@census.gov; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Cc:** Scully, Brian J. EOP/NSC <(b)(6)>  
**Subject:** RE: Interagency Brief on Census/CDC Efforts to Counter Disinformation

CDC and Census Colleagues,

Thank you so much for your presentations. I have had several requests for your slides. I have also had a request for a point-to-point briefing for the GEC at State. I can't thank you enough for taking the time to share your real world experience and look forward to building on your lessons learned going forward.

Best, Mary Beth

---

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Tuesday, June 1, 2021 9:12 PM  
**To:** 'Jennifer Shopkorn (CENSUS/ADCOM FED)' <jennifer.shopkorn@census.gov>; 'Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)' <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>

**Cc:** Scully, Brian J. EOP/NSC [redacted] (b)(6)  
**Subject:** Interagency Brief on Census/CDC Efforts to Counter Disinformation

Census, CDC Colleagues,

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[redacted] (b)(5)

We have an hour for tomorrow's discussions so I would ask each agency to try to keep your remarks to 20 minutes to allow for Q&A. Please also share any final materials you would like shared with group and we would welcome your thoughts on how the federal government could better address disinformation, regardless of the topic or source.

Look forward to hearing from you tomorrow. You may want to log-on a few minutes early and the Zoom information has been added to the invite.

Thanks so much,  
Mary Beth

Mary Beth Polley  
Disinformation, Foreign Malign Influence (Temp) and Resiliency  
Democracy and Human Rights Directorate  
National Security Council

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**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Sent:** Wed, 2 Jun 2021 11:40:32 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC; Jennifer Shopkorn (CENSUS/ADCOM FED); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)  
**Cc:** Scully, Brian J. EOP/NSC  
**Subject:** RE: Interagency Brief on Census/CDC Efforts to Counter Disinformation

Hi Mary Beth,

Message received! 😊 Talk soon.

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence and Demand Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

---

**From:** Polley, Mary Elizabeth R. EOP/NSC (b)(6)  
**Sent:** Tuesday, June 1, 2021 9:12 PM  
**To:** Jennifer Shopkorn (CENSUS/ADCOM FED) <jennifer.shopkorn@census.gov>; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Cc:** Scully, Brian J. EOP/NSC (b)(6)  
**Subject:** Interagency Brief on Census/CDC Efforts to Counter Disinformation

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Thanks so much for taking the time to talk with the interagency tomorrow about your work to counter disinformation. As we have explained, we are running an interagency process to identify ways to improve and streamline the federal government's efforts to identify, counter and build resilience to disinformation. Your work brings those discussions together with real-time events and I would encourage you to (b)(5)

(b)(5)

(b)(5)

Thanks so much,  
Mary Beth

Mary Beth Polley  
Disinformation, Foreign Malign Influence (Temp) and Resiliency  
Democracy and Human Rights Directorate  
National Security Council

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**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Thu, 12 Aug 2021 21:55:41 +0000  
**To:** Wakana, Benjamin L. EOP/WHO; Romanik, Nikki Jo (CDC/OD/OCS)  
**Cc:** Peck, Joshua (HHS/ASPA); Kim, Ann (OS/OASH); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS)  
**Subject:** RE: Misinformation Trends

Insights Team is furiously working on it and pulling cleared language for what we can. Get we get this back to you in a few hours? 😊

Sincerely,

**Elisabeth Wilhelm** (*she/her*)

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Wakana, Benjamin L. EOP/WHO (b)(6)  
**Sent:** Thursday, August 12, 2021 5:54 PM  
**To:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>  
**Cc:** Peck, Joshua (HHS/ASPA) <joshua.Peck@hhs.gov>; Kim, Ann (OS/OASH) <Ann.Kim@hhs.gov>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS) <oqo2@cdc.gov>  
**Subject:** RE: Misinformation Trends

Hi, sorry to ping. Any chance this is possible?

---

**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Thursday, August 12, 2021 10:57 AM  
**To:** 'Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)' <nla5@cdc.gov>; 'Romanik, Nikki Jo (CDC/OD/OCS)' <kon6@cdc.gov>  
**Cc:** 'Peck, Joshua (HHS/ASPA)' <joshua.Peck@hhs.gov>; 'Kim, Ann (OS/OASH)' <Ann.Kim@hhs.gov>; 'Kolis, Jessica (CDC/DDPHSIS/CGH/GID)' <ywe5@cdc.gov>; 'Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS)' <oqo2@cdc.gov>  
**Subject:** RE: Misinformation Trends

Okay. We're making progress. But I have one more request. Could CDC write in 1 or 2 sentences about what each topic is and our best response. I gave an example below.

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(b)(5)

(b)(5)

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**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Thursday, August 12, 2021 6:15 AM  
**To:** 'Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)' <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>  
**Cc:** Peck, Joshua (HHS/ASPA) <[Joshua.Peck@hhs.gov](mailto:Joshua.Peck@hhs.gov)>; Kim, Ann (OS/OASH) <[Ann.Kim@hhs.gov](mailto:Ann.Kim@hhs.gov)>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS) <[oqo2@cdc.gov](mailto:oqo2@cdc.gov)>  
**Subject:** RE: Misinformation Trends

Thank you all! Very helpful.

---

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>  
**Sent:** Wednesday, August 11, 2021 10:13 AM  
**To:** Wakana, Benjamin L. EOP/WHO { [REDACTED] (b)(6) }; Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>  
**Cc:** Peck, Joshua (HHS/ASPA) <[Joshua.Peck@hhs.gov](mailto:Joshua.Peck@hhs.gov)>; Kim, Ann (OS/OASH) <[Ann.Kim@hhs.gov](mailto:Ann.Kim@hhs.gov)>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS) <[oqo2@cdc.gov](mailto:oqo2@cdc.gov)>  
**Subject:** RE: Misinformation Trends

Hi Ben,

Here are our comments and suggestions. Please take what is useful and ignore the rest.

Let us know if you'd prefer a short call to discuss—we can do before 1:30 PM or after 4:30 PM. If you want a call, please invite me, Jess, Chris, her co-lead, and Nikki.

Sincerely,

**Elisabeth Wilhelm** (*she/her*)

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force



| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Wakana, Benjamin L. EOP/WHO (b)(6)  
**Sent:** Wednesday, August 11, 2021 6:20 AM  
**To:** Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>  
**Cc:** Peck, Joshua (HHS/ASPA) <[Joshua.Peck@hhs.gov](mailto:Joshua.Peck@hhs.gov)>; Kim, Ann (OS/OASH) <[Ann.Kim@hhs.gov](mailto:Ann.Kim@hhs.gov)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>  
**Subject:** Misinformation Trends

Hi Nikki, I've been asked to pull together a memo (b)(5)  
(b)(5)

I attempted to build this from CDC's vaccine confidence report but would love any edits/feedback/comments you have.

Hoping to get something to a wider group by COB today, if possible.

Many thanks,  
Ben

+++  
Ben Wakana  
Deputy Director for Strategic Communications and Engagement  
White House COVID Response Team

(b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Wed, 11 Aug 2021 11:41:02 +0000  
**To:** Wakana, Benjamin L. EOP/WHO; Romanik, Nikki Jo (CDC/OD/OCS)  
**Cc:** Peck, Joshua (HHS/ASPA); Kim, Ann (OS/OASH); Kolis, Jessica  
(CDC/DDPHSIS/CGH/GID)  
**Subject:** Re: Misinformation Trends

We're on it! :) happy to send over some comments and suggestions for consideration in next few hours. Plugging in Jess our Insights Unit Lead.

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**From:** Wakana, Benjamin L. EOP/WHO (b)(6)  
**Sent:** Wednesday, August 11, 2021 6:19:39 AM  
**To:** Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>  
**Cc:** Peck, Joshua (HHS/ASPA) <Joshua.Peck@hhs.gov>; Kim, Ann (OS/OASH) <Ann.Kim@hhs.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>  
**Subject:** Misinformation Trends

Hi Nikki, I've been asked to pull together a memo

(b)(5)

(b)(5)

I attempted to build this from CDC's vaccine confidence report but would love any edits/feedback/comments you have.

Hoping to get something to a wider group by COB today, if possible.

Many thanks,  
Ben

+++  
Ben Wakana  
Deputy Director for Strategic Communications and Engagement  
White House COVID Response Team

(b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Choucair, Bechara N. EOP/WHO  
**Sent:** Tue, 10 Aug 2021 15:22:25 +0000  
**To:** Drew Altman; Walensky, Rochelle (CDC/OD); Vivek Murthy; david kessler; anthony.fauci@nih.hhs.gov  
**Subject:** RE: Monitor Report: Parents, Kids, Schools

Thanks Drew. As always, this is very helpful. Is this still embargoed? If so, till when?

Bechara

Bechara Choucair, MD  
Vaccinations Coordinator  
White House COVID Response Team

202 881 8809

---

**From:** Drew Altman <(b)(6)>  
**Sent:** Tuesday, August 10, 2021 10:07 AM  
**To:** Choucair, Bechara N. EOP/WHO <(b)(6)>; Rochelle Walensky, MD, MPH (aux7@cdc.gov) <aux7@cdc.gov>; Vivek Murthy <vivek@vivekmurthy.com>; Choucair, Bechara N. EOP/WHO <(b)(6)>; david kessler <(b)(6)>  
<(b)(6)>

**Subject:** [EXTERNAL] Monitor Report: Parents, Kids, Schools

Hi folks, this is our Monitor Report on parents, kids and schools as promised.

We have the scoop on the issue of the moment, masks in schools. A very solid majority favor school masking requirements (63%), with 36% opposing. That 36% is made up of the usual suspects and of course is large enough to make some trouble in parts of the country and generate news.

A few other observations but it's a very rich report and you will find other elements of use:

- At this point in time, asking unvaccinated students/staff to wear masks in school is more broadly popular than vaccine mandates. Prohibitions against schools requiring masks (which seven states now have, may only be a political winner in deep-red communities.
- Parents are more apprehensive about vaccinating their kids than they are themselves – with the unknowns about the long-term effects being a big concern. This may be in part because vaccines haven't been available as long for teens and aren't available yet at all for younger kids. Assuming there aren't new side effects that crop up with kids, it's likely that their reluctance will fade over time and as the vaccine becomes available to more kids. Especially for Vivek, pediatricians recommending it could go a long way, as they are the most trusted source for all parents, regardless of their political persuasion. It would make sense to rally pediatricians in a campaign. And concerns about long term impacts on fertility remain an issue to go after and can be a target as you hammer misinformation.
- Access and cost concerns remain an issue for parents of color and low-income families. The findings suggest that working parents whose employers offer paid time off to get their kids'

vaccinated and recover from side effects are more likely to have gotten their teens a shot – so that could help for some families if such benefits were more widely available (and known about).

As always I hope this is helpful!

Drew

**Drew Altman, Ph.D.**  
President and CEO, Kaiser Family Foundation  
Founding Publisher, KHN

San Francisco, CA  
[DAltman@kff.org](mailto:DAltman@kff.org) / [@DrewAltman](https://twitter.com/DrewAltman) / 650 854 9400

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[khn.org](https://khn.org) / [email](#) / [twitter](#) / [facebook](#)

Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Sun, 6 Jun 2021 18:47:48 +0000  
**To:** Scully, Brian J. EOP/NSC  
**Cc:** Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Fitter, David L. (CDC/DDPHSIS/CGH/GID);  
(b)(6)  
**Subject:** RE: NSF Proposal Reviews

Hi Brian,

Yes!

I just spoke to Dimitri and between our team for Vaccine Confidence and Demand (domestic) and Dimitri's Demand for Immunization Team (global) we can scare up at least three infodemic experts to help our NSF colleagues out. 😊

Please do put us in touch with Mike.

Warm regards,

Elisabeth

---

**From:** Scully, Brian J. EOP/NSC (b)(6)  
**Sent:** Thursday, June 3, 2021 4:14 PM  
**To:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Cc:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>  
**Subject:** FW: NSF Proposal Reviews

Good afternoon CDC,

(b)(5)  
(b)(5) more info in the email below). I thought you all would be excellent reviewers and wanted to see if you would be ok with me connecting you with Mike from NSF?

Regards,  
Brian

---

**From:** Pozmantier, Michael (b)(6)  
**Sent:** Thursday, June 3, 2021 3:43 PM  
**To:** Polley, Mary Elizabeth R. EOP/NSC (b)(6) Scully, Brian J. EOP/NSC

(b)(6)

**Subject:** (b) Proposal Reviews

Mary Beth and Brian,

Following up on previous conversations regarding proposal reviews. The review panels will be conducted as 4 one-day, virtual panels, held one each day on July 15, 16, 19, and 20. I'm working on lining up enough reviewers so that no reviewer has more than four proposals to review. I'd like to get more government representation on the review panels to give more balance to interests, experience, and viewpoints. Would you like to join as reviewers and is there anyone on your team or in other agencies that I should reach out to? It would work out to about a half day commitment when you take into consideration the number of panel discussions that will take place that are for proposals that you wouldn't have reviewed.

For reference, I've pasted the standard email I've been sending to prospective panelists below.

Thanks,

Mike

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(b)(4)

(b)(4)

Proposals for this solicitation are due on **June 14**, I expect to have proposal assignments to reviewers by **June 18, with a target of 3-4 proposals per reviewer**. There will be four separate one-day virtual panels, held each day on **July 15, 16, 19, and 20**. If you are interested in participating in reviewing and are available on at least one the dates listed, please let me know. I am putting together our pool of reviewers taking into consideration balancing representation from different institutions, the requirements for coverage of each discipline, and conflicts of interest.

Obtained by America First Legal Foundation through litigation

**From:** Cisneros, Eduardo EOP/WHO  
**Sent:** Wed, 7 Jul 2021 00:48:11 +0000  
**To:** Romanik, Nikki Jo (CDC/OD/OCS)  
**Cc:** Berger, Sherri (CDC/OCOO/OD)  
**Subject:** Re: Question in follow-up to today's call

Excellent, thank you!

On Jul 6, 2021, at 8:15 PM, Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov> wrote:

Hi Eduardo,

Here is a webpage that is updated as new misinformation/concerns begin to trend (fertility concerns included).

[Myths and Facts about COVID-19 Vaccines | CDC](#)

I have reached out to additional folks within the response to see if we can track down some research on the topic, but wanted to pass this website link on for now. I will follow up to let you know if we find additional materials tomorrow. (or tonight, if I hear back)

Thanks,  
Nikki

**Nikki Jo Romanik**  
*White House and HHS Liaison  
Vaccine Task Force, COVID-19 Response*  
(b)(6) (m)  
[kon6@cdc.gov](mailto:kon6@cdc.gov)

---

**From:** Cisneros, Eduardo EOP/WHO <(b)(6)>  
**Sent:** Tuesday, July 6, 2021 11:33 AM  
**To:** Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>  
**Subject:** RE: Question in follow-up to today's call

Excellent. Thanks so much, appreciate you both!

---

**From:** Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>  
**Sent:** Tuesday, July 6, 2021 11:29 AM  
**To:** Berger, Sherri (CDC/OCOO/OD) <[sob8@cdc.gov](mailto:sob8@cdc.gov)>; Cisneros, Eduardo EOP/WHO <(b)(6)>  
**Subject:** RE: Question in follow-up to today's call

Yep, I was listening and already started this request. 😊 Eduardo, I will be in touch!



**Nikki Jo Romanik**  
White House and HHS Liaison  
Vaccine Task Force, COVID-19 Response  
(b)(6) (m)  
[kon6@cdc.gov](mailto:kon6@cdc.gov)

---

**From:** Berger, Sherri (CDC/OCOO/OD) <[sob8@cdc.gov](mailto:sob8@cdc.gov)>  
**Sent:** Tuesday, July 6, 2021 11:28 AM  
**To:** Cisneros, Eduardo EOP/WHO (b)(6)  
**Cc:** Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>  
**Subject:** RE: Question in follow-up to today's call

Hi! Nikki will track down what we have and get it to you! Thanks

---

**From:** Cisneros, Eduardo EOP/WHO (b)(6)  
**Sent:** Tuesday, July 6, 2021 11:26 AM  
**To:** Berger, Sherri (CDC/OCOO/OD) <[sob8@cdc.gov](mailto:sob8@cdc.gov)>  
**Subject:** FW: Question in follow-up to today's call

Hi Sherri

I hope you had a nice 4th and holiday weekend. On today's Governors call just now, AR Gov Hutchinson asked about whether we have more information, helpful messaging, or a white paper on fertility issues related to vaccines. Jeff mentioned the CDC has this information. Would you be able to share with me so that we can send a follow note to the Governors, or point me in the right direction if someone else is point.

Thank you

Eduardo

---

**From:** Ramos, Maribel (b)(6)  
**Sent:** Tuesday, July 6, 2021 11:23 AM  
**To:** Cisneros, Eduardo EOP/WHO (b)(6)  
**Subject:** [EXTERNAL] Question in follow-up to today's call

Hi Eduardo,

The question that came up today on information or paper on fertility issues re: vaccines. I know there is some info but wanted to check with you re: most updated. Would like to include in Bill's email today to gov's. Would you have that handy?

Thanks!  
Maribel

**From:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)  
**Sent:** Thu, 16 Sep 2021 20:32:21 +0000  
**To:** Molina, Jennifer EOP/WHO; Sams, Ian (HHS/ASPA); Nordlund, Kristen (CDC/DDID/NCIRD/OD); Perez Fernandez, Luisana C. EOP/WHO  
**Cc:** Haynes, Benjamin (CDC/OD/OADC); Gonzalez, Belsie (CDC/OD/OADC)  
**Subject:** RE: Spanish Language Doctors - Avail?

Jennifer,

We are pulling down some of our other interviews as well until we get through the booster effort.

Maybe Ian can weigh in and provide other options.

Regards,

Abbigail

---

**From:** Molina, Jennifer EOP/WHO (b)(6)  
**Sent:** Thursday, September 16, 2021 3:37 PM  
**To:** Nordlund, Kristen (CDC/DDID/NCIRD/OD) <hok4@cdc.gov>; Perez Fernandez, Luisana C. EOP/WHO (b)(6)  
**Cc:** Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Haynes, Benjamin (CDC/OD/OADC) <fxq2@cdc.gov>; Gonzalez, Belsie (CDC/OD/OADC) <fqj1@cdc.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>  
**Subject:** RE: Spanish Language Doctors - Avail?

Oh no! Is there anyone else you'd recommend? The Despierta America interview is a priority for us.

---

**From:** Nordlund, Kristen (CDC/DDID/NCIRD/OD) <hok4@cdc.gov>  
**Sent:** Thursday, September 16, 2021 2:37 PM  
**To:** Perez Fernandez, Luisana C. EOP/WHO (b)(6); Molina, Jennifer EOP/WHO (b)(6)  
**Cc:** Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Haynes, Benjamin (CDC/OD/OADC) <fxq2@cdc.gov>; Gonzalez, Belsie (CDC/OD/OADC) <fqj1@cdc.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>  
**Subject:** RE: Spanish Language Doctors - Avail?

Hi Luisana,

We've checked with our Spanish-speaking SMEs, including Dr. Montero, and unfortunately we cannot support these interviews tomorrow. We hope to have more availability next week to help.

Thanks,  
Kristen

**Kristen Nordlund**  
*Acting Deputy Branch Chief*

News Media Branch

o: 404-639-7387 | c: (b)(6) | e-mail: [hok4@cdc.gov](mailto:hok4@cdc.gov)

---

**From:** Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>  
**Sent:** Thursday, September 16, 2021 1:19 PM  
**To:** Perez Fernandez, Luisana C. EOP/WHO (b)(6) Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO (b)(6) Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Sams, Ian (HHS/ASPA) <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

I will.

Belsie González, MPH | Senior Public Affairs Specialist | Centers for Disease Control and Prevention

---

**From:** Perez Fernandez, Luisana C. EOP/WHO (b)(6)  
**Sent:** Thursday, September 16, 2021 1:17 PM  
**To:** Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO (b)(6); Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Sams, Ian (HHS/ASPA) <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

Hi Belsie, let me know if we are good to confirm the two hits below.

Thanks!

---

**From:** Perez Fernandez, Luisana C. EOP/WHO  
**Sent:** Thursday, September 16, 2021 12:16 PM  
**To:** 'Gonzalez, Belsie (CDC/OD/OADC)' <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO (b)(6); 'Haynes, Benjamin (CDC/OD/OADC)' <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** 'Sams, Ian (HHS/ASPA)' <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; 'Nordlund, Kristen (CDC/DDID/NCIRD/OD)' <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

Belsie, this is what we have right now:

**Friday, September 15 at 8:30am (live)**

**Outlet:** Despierta America, Univision

**Surrogate:** Dr. Jose Montero

**Reporter:** TBD

**Topic:** COVID and vaccinations

**Zoom Link:**

Meeting ID:

Passcode:

**Contact:** Arianna Requena, (b)(6)

**Friday, September 15 at 8:45am (taped)**

**Outlet:** Diario Las Americas

**Surrogate:** Dr. Jose Montero

**Reporter:** Frank Lopez Ballesteros

**Topic:** COVID and vaccinations

**Zoom Link:**

Meeting ID:

Passcode:

**Contact:** Frank Lopez Ballesteros, (b)(6)

---

**From:** Perez Fernandez, Luisana C. EOP/WHO

**Sent:** Thursday, September 16, 2021 10:14 AM

**To:** 'Gonzalez, Belsie (CDC/OD/OADC)' <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO <(b)(6)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>

**Cc:** Sams, Ian (HHS/ASPA) <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>

**Subject:** RE: Spanish Language Doctors - Avail?

Thanks, Belsie.

Yes, the conversation will be about vaccination. I'm checking what other requests we have at this moment and will send them your way.

---

**From:** Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>

**Sent:** Thursday, September 16, 2021 9:20 AM

**To:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO

<(b)(6)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>

**Cc:** Sams, Ian (HHS/ASPA) <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>

**Subject:** RE: Spanish Language Doctors - Avail?

Good morning Luisiana,

I will check if he is still available. Is this still on promoting vaccinations?

I will be able to better assist you with the other requests if I have the details of each request (e.g. outlet contact information, date, time and topic)

Regards,  
Belsie

Belsie González, MPH | Senior Public Affairs Specialist | Centers for Disease Control and Prevention | [lbgonzalez2@cdc.gov](mailto:lbgonzalez2@cdc.gov) | 404-639-0668

---

**From:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>  
**Sent:** Thursday, September 16, 2021 9:07 AM  
**To:** Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO <(b)(6)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Sams, Ian (HHS/ASPA) <[lan.Sams@hhs.gov](mailto:lan.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

Good morning Belsie,

Is Dr. Montero still available for tomorrow morning at 8:45 AM ET? We have one newspaper interested. Also, if there are any other available slots, please let me know!

Thanks,  
Luisana

---

**From:** Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>  
**Sent:** Tuesday, September 14, 2021 12:07 PM  
**To:** Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>; Molina, Jennifer EOP/WHO <(b)(6)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Sams, Ian (HHS/ASPA) <[lan.Sams@hhs.gov](mailto:lan.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** Re: Spanish Language Doctors - Avail?

Hi,

We have some availability tomorrow early afternoon and Friday before 9AM ET.

Please send me the media contacts.

Belsie González, MPH | Centers for Disease Control and Prevention

---

**From:** Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>  
**Sent:** Tuesday, September 14, 2021 11:00:20 AM  
**To:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>; Molina, Jennifer EOP/WHO <(b)(6)>; Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>

**Cc:** Sams, Ian (HHS/ASPA) <[lan.Sams@hhs.gov](mailto:lan.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>

**Subject:** RE: Spanish Language Doctors - Avail?

Great! Belsie will check on Dr. Montero's availability and circle back.

Regards,

Abbigail

---

**From:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>  
**Sent:** Tuesday, September 14, 2021 10:57 AM  
**To:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO <(b)(6)>; Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Sams, Ian (HHS/ASPA) <[lan.Sams@hhs.gov](mailto:lan.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

Hi Abbigail,

We are looking (b)(5)

(b)(5)

---

**From:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>  
**Sent:** Tuesday, September 14, 2021 10:49 AM  
**To:** Molina, Jennifer EOP/WHO <(b)(6)>; Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>; Sams, Ian (HHS/ASPA) <[lan.Sams@hhs.gov](mailto:lan.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

Jennifer,

Thanks for reaching out!

What topics are you all looking for us to cover?

Apologies for the delay in our response.

Regards,

Abbigail

Abbigail Tumpey, MPH CHES  
Acting Associate Director for Communication

Centers for Disease Control and Prevention  
1600 Clifton Rd. NE  
Atlanta, GA  
Phone: 404-639-1125  
Cell: (b)(6)  
Email: [atumpey@cdc.gov](mailto:atumpey@cdc.gov)

---

**From:** Molina, Jennifer EOP/WHO <(b)(6)>  
**Sent:** Monday, September 13, 2021 12:19 PM  
**To:** Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Gonzalez, Belsie (CDC/OD/OADC) <[fqj1@cdc.gov](mailto:fqj1@cdc.gov)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>; Sams, Ian (HHS/ASPA) <[lan.Sams@hhs.gov](mailto:lan.Sams@hhs.gov)>  
**Subject:** Spanish Language Doctors - Avail?

Hi team, hope all is well! We wanted to reach out to see if we can get media availability with our Spanish Language doctors this week.

Would love to make this work. Luisana, our Hispanic Media Director can chime in with potential opportunities. Thanks all!

Jennifer Molina  
The White House  
Senior Director of Coalitions Media  
C: (b)(6) | [@JenMolina46](https://www.instagram.com/JenMolina46)

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(b)(5)

**Subject:**

RE

(b)(5)

(agenda and dial-in added)

**Attachments:**

US Interagency presentation - 10 August 2021 FINAL.pdf

Good morning,

Attached are the slides that will be used in the presentation this morning.



Regards,  
Brian

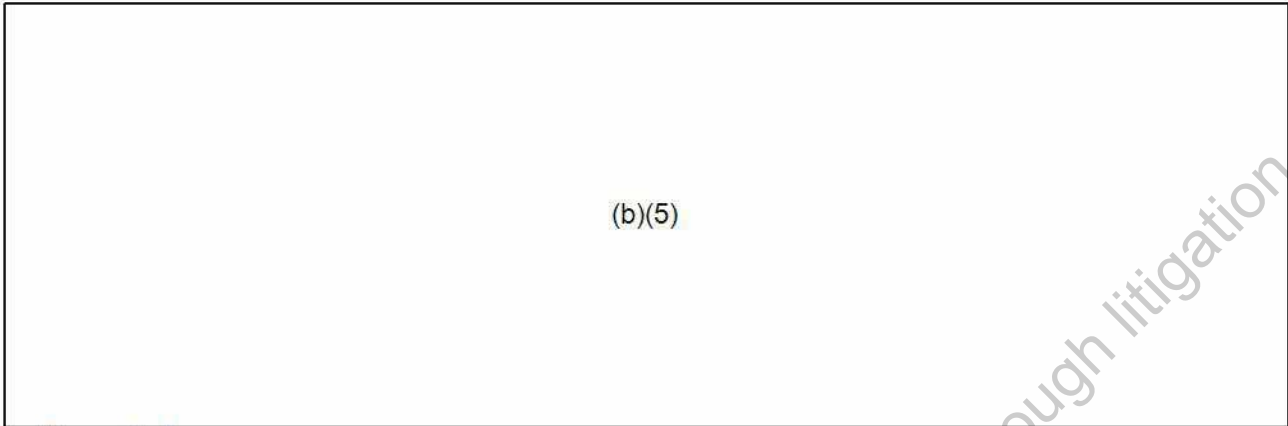
-----Original Appointment-----



**Subject:** (b)(5) (agenda and dial-in added)

**When:** Tuesday, August 10, 2021 10:00 AM-11:30 AM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Teams with Phone Dial-In



[Teams Link](#)

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**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Fri, 6 Aug 2021 01:08:25 +0000  
**To:** Daskalakis, Demetre (CDC/DDID/NCHHSTP/DHP); Yoon, Paula (CDC/DDPHSS/CSELS/DHIS); Webb, Cameron C. EOP/WHO; Siegel, Becca G. EOP/OMB; Gentzke, Andrea (CDC/DDNID/NCCDPPH/OSH)  
**Cc:** Griffing, Sean M. (CDC/DDID/NCHHSTP/DHP); Shahpar, Cyrus (CDC (b)(6)); Pearlman, Aj (HHS/IOS); Perry, Sherice (OS/IEA); Okolo, Osaremen F. EOP/WHO; Stewart, Andrea (CDC/DDPHSS/CSELS/DSEPD); Harris, LaTrece (CDC/DDID/NCIRD/ISD); Whitham, Hilary (CDC/DDID/NCEZID/DFWED); Fuld, Jennifer (CDC/OD/OADPS); Walke, Henry (CDC/DDID/NCEZID/DPEI); Bhatkoti, Roma (CDC/DDPHSIS/CGH/DGHT); Marshall, Katherine E. (CDC/DDID/NCEZID/DFWED); Gundlapalli, Adi (CDC/DDPHSS/CSELS/OD); Romanik, Nikki Jo (CDC/OD/OCS); McNaghten, A.D. (CDC/DDID/NCHHSTP/DHPIRS); Law, Royal K. (CDC/DDNID/NCIPC/DIP); Aberle-Grasse, John M. (CDC/DDPHSIS/CGH/DGHT); Fullerton, Katie (CDC/DDID/OD); Mili, Fatima (CDC/DDPHSIS/CGH/DGHT); Peterson, Meaghan (CDC/DDPHSIS/CGH/DGHT); CDC IMS 2019 NCOV Response DAVTF Vaccine Data; Topf, Katherine (CDC/DDPHSS/CSELS/DHIS) (CTR); Ahmad, Farida B. (CDC/DDPHSS/NCHS/DVS); Ritchey, Matthew D. (CDC/DDPHSS/CSELS/DHIS); Bjork, Adam C. (CDC/DDID/NCIRD/ISD); Protzel Berman, Pamela (ATSDR/OPPE); Ortega, LaVonne (CDC/DDPHSS/CSELS/DSEPD); Gilliard, Danielle (CDC/DDID/NCEZID/DGMQ); Locke, Rachel (CDC/DDID/NCIRD/OD); CDC IMS 2019 NCOV Response VTF Program Integration and Equity; CDC IMS 2019 NCOV Response DAVTF Integrated Analytics; Gomez, Yessica (CDC/DDNID/NCCDPPH/OSH); Dasin, Amina (CDC/DDID/NCIRD/OD) (CTR); Black, Carla (CDC/DDID/NCIRD/ISD); Bonner, Kimberly (CDC/DDPHSS/CSELS/DSEPD); Cleveland, Janet (CDC/DDID/NCHHSTP/DHPIRS); Lee, James Tseryuan (CDC/DDID/NCIRD/ISD); Lochner, Kimberly (CDC/DDPHSIS/CPR/OD); Hall, Jeffrey (CDC/DDPHSIS/OMHHE/OD); Lyn, Ansley (CDC/DDPHSIS/CGH/DGHT); Woolfork, Makhabele (Nolana) (CDC/DDID/NCIRD/ID); Newton, Anna E. (CDC/DDID/NCEZID/DFWED); Gomez-Saladin, Eduardo (CDC/DDPHSS/OLSS/OD); Lee, Florence (CDC/DDPHSS/NCHS/DAE); Anderson, Kayla (CDC/DDNID/NCIPC/DVP); Francis, Linda (CDC/DDID/NCIRD/OD) (CTR)  
**Subject:** Re: Updated Weekly Equity Deck Review

Late breaking! <https://www.cdc.gov/vaccines/covid-19/health-departments/generate-vaccinations.html>

Get [Outlook for iOS](#)

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)

**Sent:** Thursday, August 5, 2021 4:47:13 PM

**To:** Daskalakis, Demetre (CDC/DDID/NCHHSTP/DHP) <yzq5@cdc.gov>; Yoon, Paula (CDC/DDPHSS/CSELS/DHIS) <pay3@cdc.gov>; Webb, Cameron C. EOP/WHO

(b)(6) Siegel, Becca G. EOP/OMB (b)(6)  
Gentzke, Andrea (CDC/DDNID/NCCDPPH/OSH) <msv3@cdc.gov>

**Cc:** Griffing, Sean M. (CDC/DDID/NCHHSTP/DHP) <emx7@cdc.gov>; Shahpar, Cyrus (CDC (b)(6))  
(b)(6); Pearlman, Aj (HHS/IOS) <Aj.Pearlman@hhs.gov>; Perry, Sherice (OS/IEA) <Sherice.Perry@hhs.gov>; Okolo, Osaremen F. EOP/WHO (b)(6)  
Stewart, Andrea (CDC/DDPHSS/CSELS/DSEPD) <ouo8@cdc.gov>; Harris, LaTrece (CDC/DDID/NCIRD/ISD) <apz9@cdc.gov>; Whitham, Hilary (CDC/DDID/NCEZID/DFWED) <kqq7@cdc.gov>; Fuld, Jennifer (CDC/OD/OADPS) <ngt0@cdc.gov>; Walke, Henry (CDC/DDID/NCEZID/DPEI) <hfw3@cdc.gov>; Bhatkoti, Roma (CDC/DDPHSIS/CGH/DGHT) <nli0@cdc.gov>; Marshall, Katherine E. (CDC/DDID/NCEZID/DFWED) <uwj0@cdc.gov>; Griffing, Sean M.

(CDC/DDID/NCHHSTP/DHP) <emx7@cdc.gov>; Gundlapalli, Adi (CDC/DDPHSS/CSELS/OD) <ibk8@cdc.gov>; Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>; McNaghten, A.D. (CDC/DDID/NCHHSTP/DHPIRS) <aom5@cdc.gov>; Law, Royal K. (CDC/DDNID/NCIPC/DIP) <hua1@cdc.gov>; Aberle-Grasse, John M. (CDC/DDPHSS/CGH/DGHT) <joa7@cdc.gov>; Fullerton, Katie (CDC/DDID/OD) <kgf9@cdc.gov>; Mili, Fatima (CDC/DDPHSS/CGH/DGHT) <fdm1@cdc.gov>; Peterson, Meaghan (CDC/DDPHSS/CGH/DGHT) <odt4@cdc.gov>; CDC IMS 2019 NCOV Response DAVTF Vaccine Data <eocevent549@cdc.gov>; Topf, Katherine (CDC/DDPHSS/CSELS/DHIS) (CTR) <qaj4@cdc.gov>; Ahmad, Farida B. (CDC/DDPHSS/NCHS/DVS) <hhi0@cdc.gov>; Ritchey, Matthew D. (CDC/DDPHSS/CSELS/DHIS) <hha7@cdc.gov>; Bjork, Adam C. (CDC/DDID/NCIRD/ISD) <iyk4@cdc.gov>; Protzel Berman, Pamela (ATSDR/OPPE) <pxp5@cdc.gov>; Ortega, LaVonne (CDC/DDPHSS/CSELS/DSEPD) <fqc2@cdc.gov>; Gilliard, Danielle (CDC/DDID/NCEZID/DGMQ) <oqa1@cdc.gov>; Locke, Rachel (CDC/DDID/NCIRD/OD) <qyh8@cdc.gov>; CDC IMS 2019 NCOV Response VTF Program Integration and Equity <eocevent308@cdc.gov>; CDC IMS 2019 NCOV Response DAVTF Integrated Analytics <eocevent511@cdc.gov>; Gomez, Yessica (CDC/DDNID/NCCDPPH/OSH) <xca1@cdc.gov>; Dasin, Amina (CDC/DDID/NCIRD/OD) (CTR) <oez9@cdc.gov>; Black, Carla (CDC/DDID/NCIRD/ISD) <zwc0@cdc.gov>; Bonner, Kimberly (CDC/DDPHSS/CSELS/DSEPD) <voq2@cdc.gov>; Cleveland, Janet (CDC/DDID/NCHHSTP/DHPIRS) <jcc9@cdc.gov>; Lee, James Tseryuan (CDC/DDID/NCIRD/ISD) <yvr0@cdc.gov>; Lochner, Kimberly (CDC/DDPHSS/CPR/OD) <kdl4@cdc.gov>; Hall, Jeffrey (CDC/DDPHSS/OMHHE/OD) <dzu4@cdc.gov>; Francis, Linda (CDC/DDNID/NCCDPPH/OSH) (CTR) <nbi2@cdc.gov>; Lyn, Ansley (CDC/DDPHSS/CGH/DGHT) <imk2@cdc.gov>; Woolfork, Makhabele (Nolana) (CDC/DDID/NCIRD/ID) <iay5@cdc.gov>; Newton, Anna E. (CDC/DDID/NCEZID/DFWED) <ivz9@cdc.gov>; Gomez-Saladin, Eduardo (CDC/DDPHSS/OLSS/OD) <gqo9@cdc.gov>; Lee, Florence (CDC/DDPHSS/NCHS/DAE) <kwn5@cdc.gov>; Anderson, Kayla (CDC/DDNID/NCIPC/DVP) <lxx7@cdc.gov>

**Subject:** RE: Updated Weekly Equity Deck Review

Hi everyone,

As promised, a few new resources and signposting what is coming soon from the Vaccine Confidence and Demand Team to help us push the "last mile" of getting the highest COVID-19 vaccine uptake possible in the US:

(b)(5)

(b)(5)

Looking forward to a more robust conversation next week on how we can help states tackle the last mile together. 😊 I attached a historical example below from New York as inspiration the last time we did this—addressing confidence, equity and access together. We can do this again!



Please don't hesitate to reach out if you have any further questions.



Sincerely,

**Elisabeth Wilhelm** (*she/her*)

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** +1 404.444.9310

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

-----Original Appointment-----

**From:** Daskalakis, Demetre (CDC/DDID/NCHHSTP/DHP) <yzq5@cdc.gov>

**Sent:** Monday, August 2, 2021 10:22 AM

**To:** Daskalakis, Demetre (CDC/DDID/NCHHSTP/DHP); Yoon, Paula (CDC/DDPHSS/CSELS/DHIS); Webb, Cameron C. EOP/WHO; Siegel, Becca G. EOP/OMB; Gentzke, Andrea (CDC/DDNID/NCCDPPH/OSH)

**Cc:** Griffing, Sean M. (CDC/DDID/NCHHSTP/DHP); Shahpar, Cyrus (CDC.who.eop.gov); Pearlman, Aj (HHS/IOS); Perry, Sherice (OS/IEA); Okolo, Osaremen F. EOP/WHO; Stewart, Andrea (CDC/DDPHSS/CSELS/DSEPD); Harris, LaTrece (CDC/DDID/NCIRD/ISD); Whitham, Hilary (CDC/DDID/NCEZID/DFWED); Fuld, Jennifer (CDC/OD/OADPS); Walke, Henry (CDC/DDID/NCEZID/DPEI); Bhatkoti, Roma (CDC/DDPHSS/CGH/DGHT); Marshall, Katherine E. (CDC/DDID/NCEZID/DFWED); Griffing, Sean M. (CDC/DDID/NCHHSTP/DHP); Gundlapalli, Adi (CDC/DDPHSS/CSELS/OD); Romanik, Nikki Jo (CDC/OD/OCS); McNaghten, A.D. (CDC/DDID/NCHHSTP/DHPIRS); Law, Royal K. (CDC/DDNID/NCIPC/DIP); Aberle-Grasse, John M. (CDC/DDPHSS/CGH/DGHT); Fullerton, Katie (CDC/DDID/OD); Mili, Fatima (CDC/DDPHSS/CGH/DGHT); Peterson, Meaghan (CDC/DDPHSS/CGH/DGHT); CDC IMS 2019 NCOV Response DAVTF Vaccine Data; Topf, Katherine (CDC/DDPHSS/CSELS/DHIS) (CTR); Ahmad, Farida B. (CDC/DDPHSS/NCHS/DVS); Ritchey, Matthew D. (CDC/DDPHSS/CSELS/DHIS); Bjork, Adam C. (CDC/DDID/NCIRD/ISD); Protzel Berman, Pamela (ATSDR/OPPE); Ortega, LaVonne (CDC/DDPHSS/CSELS/DSEPD); Gilliard, Danielle (CDC/DDID/NCEZID/DGMQ); Locke, Rachel (CDC/DDID/NCIRD/OD); CDC IMS 2019 NCOV Response VTF Program Integration and Equity; CDC IMS 2019 NCOV Response DAVTF Integrated Analytics; Gomez, Yessica (CDC/DDNID/NCCDPPH/OSH); Dasin, Amina (CDC/DDID/NCIRD/OD) (CTR); Black, Carla (CDC/DDID/NCIRD/ISD); Wilhelm, Elisabeth (CDC/DDPHSS/CGH/GID); Bonner, Kimberly (CDC/DDPHSS/CSELS/DSEPD); Cleveland, Janet (CDC/DDID/NCHHSTP/DHPIRS); Lee, James Tseryuan (CDC/DDID/NCIRD/ISD); Lochner, Kimberly (CDC/DDPHSS/CPR/OD); Hall, Jeffrey (CDC/DDPHSS/OMHHE/OD); Francis, Linda (CDC/DDNID/NCCDPPH/OSH) (CTR); Lyn, Ansley (CDC/DDPHSS/CGH/DGHT); Woolfork, Makhabele (Nolana) (CDC/DDID/NCIRD/ID); Newton, Anna E. (CDC/DDID/NCEZID/DFWED); Gomez-Saladin, Eduardo (CDC/DDPHSS/OLSS/OD); Lee, Florence (CDC/DDPHSS/NCHS/DAE); Anderson, Kayla (CDC/DDNID/NCIPC/DVP)

**Subject:** Updated Weekly Equity Deck Review

**When:** Thursday, August 5, 2021 1:00 PM-1:45 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** <https://cdc.zoomgov.com/j> (b)(6)

\*\*These have been shifted to 45 minutes. Starting on 7/8, we will no longer meet on Thursdays and that meeting will be pulled down.\*\*

Good afternoon,

This is an updated ZoomGov invitation for the "Weekly Equity Deck Review" call scheduled for Mondays from 12:30-1:00pm.

Sincerely,

Alaine Knipes

**Special Assistant to the COVID-19 Deputy Incident Manager Vaccine Task Force**

LCDR Alaine Knipes, PhD | Mobile: (b)(6) | Email: [aknipes@cdc.gov](mailto:aknipes@cdc.gov)

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Topic: Weekly Equity Deck Review

Time: May 31, 2021 12:30 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

Passcode: (b)(6)

One tap mobile

(b)(6) US (San Jose)  
(b)(6) US (New York)

Dial by your location

(b)(6) US (San Jose)  
(b)(6) US (New York)  
(b)(6) US (San Jose)  
(b)(6) US

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number: (b)(6)

Join by SIP

(b)(6)

Join by H.323

(b)(6) (US West)  
(b)(6) (US East)

Meeting ID: (b)(6)

Passcode: (b)(6)

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Tue, 13 Jul 2021 02:33:58 +0000  
**To:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); dparzik@usaid.gov; Bray, Leah; Marzouk, Amir; Nils Mueller; Joshua Machleder; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Winter, Peter B  
**Cc:** Prince, Dale; Scully, Brian J. EOP/NSC  
**Subject:** RE: Update: CDC/State/USAID Efforts to Counter COVID disinfo  
**Attachments:** SOC (b)(5) on Countering Disinformation 2June2021.pdf

CDC, USAID, and State Colleagues,

I am following up on the SOC item from the June 2 (b)(5)

(b)(5)

(b)(5) We'd like to pass forward an update to our leadership as soon as possible.

Thanks, Mary Beth

---

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Tuesday, June 22, 2021 9:27 AM  
**To:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; dparzik@usaid.gov; Bray, Leah <BrayL2@state.gov>; Marzouk, Amir <MarzoukA@state.gov>; Nils Mueller <nmueller@usaid.gov>; Joshua Machleder <jmachleder@usaid.gov>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Tek, Nathaniel <TekN@state.gov>; Rico, Rita A.B. <RicoR@state.gov>  
**Cc:** Prince, Dale <PrinceD@state.gov>; Scully, Brian J. EOP/NSC (b)(6)  
**Subject:** RE: Update: CDC/State/USAID Efforts to Counter COVID disinfo

Elisabeth – thanks so much. (b)(5)

(b)(5)

---

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>  
**Sent:** Tuesday, June 22, 2021 9:10 AM  
**To:** Polley, Mary Elizabeth R. EOP/NSC (b)(6); dparzik@usaid.gov; Bray, Leah <BrayL2@state.gov>; Marzouk, Amir <MarzoukA@state.gov>; Nils Mueller <nmueller@usaid.gov>; Joshua Machleder <jmachleder@usaid.gov>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Tek, Nathaniel <TekN@state.gov>; Rico, Rita A.B. <RicoR@state.gov>  
**Cc:** Prince, Dale <PrinceD@state.gov>; Scully, Brian J. EOP/NSC (b)(6)  
**Subject:** RE: Update: CDC/State/USAID Efforts to Counter COVID disinfo

Hi Mary Beth,

Apologies for the tardiness—this was just cleared by PRM for sharing. Please find attached. Don't hesitate to reach out if you have any further questions.

Sincerely,

**Elisabeth Wilhelm** *(she/her)*

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Polley, Mary Elizabeth R. EOP/NSC (b)(6)

**Sent:** Tuesday, June 22, 2021 8:37 AM

**To:** dparzik@usaid.gov; Bray, Leah <BrayL2@state.gov>; Marzouk, Amir <MarzoukA@state.gov>; Nils Mueller <nmueller@usaid.gov>; Joshua Machleder <jmachleder@usaid.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vx3@cdc.gov>; Tek, Nathaniel <TekN@state.gov>; Rico, Rita A.B. <RicoR@state.gov>

**Cc:** Prince, Dale <PrinceD@state.gov>; Scully, Brian J. EOP/NSC (b)(6)

**Subject:** RE: Update: CDC/State/USAID Efforts to Counter COVID disinfo

Good morning CDC, USAID, State Colleagues,

(b)(5)

\*\*\*\*\*

(b)(5)

(b)(5)

Best, Mary Beth

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

(b)(5)

Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Mon, 9 Aug 2021 18:55:03 +0000  
**To:** Chadd, Phillipa (CDC/DDID/NCEZID/DPEI); Rao, Sujeet B. EOP/WHO; Romanik, Nikki Jo (CDC/OD/OCS); Lee, James Tseryuan (CDC/DDID/NCIRD/ISD); Yee, Daiva (CDC/DDPHSIS/CGH/GID)  
**Subject:** RE: Vaccine confidence content discussion with Sujeet

Hi everyone,

Specific meetings on vaccine confidence external to our team happen on an ad hoc basis so we don't have any standing vaccine confidence meetings per se. Happy to set up a meeting if you still have some questions we can answer.

There are other WH threads that are currently ongoing include a conversation about misinformation and another conversation about a webinar focused on messages and vaccine confidence, but neither of those are about the consults...

Sincerely,

**Elisabeth Wilhelm** (*she/her*)

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Chadd, Phillipa (CDC/DDID/NCEZID/DPEI) <[xl4@cdc.gov](mailto:xl4@cdc.gov)>

**Sent:** Monday, August 9, 2021 2:34 PM

**To:** Rao, Sujeet B. EOP/WHO (b)(6); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>; Lee, James Tseryuan (CDC/DDID/NCIRD/ISD) <[yvr0@cdc.gov](mailto:yvr0@cdc.gov)>; Yee, Daiva (CDC/DDPHSIS/CGH/GID) <[nrr3@cdc.gov](mailto:nrr3@cdc.gov)>

**Subject:** RE: Vaccine confidence content discussion with Sujeet

I'm not aware of any conversations, so defer to Lis and Nikki (and others copied!) on this. Thanks!

---

**From:** Rao, Sujeet B. EOP/WHO <(b)(6)>

**Sent:** Monday, August 9, 2021 2:28 PM

**To:** Chadd, Phillipa (CDC/DDID/NCEZID/DPEI) <[xl4@cdc.gov](mailto:xl4@cdc.gov)>; Wilhelm, Elisabeth



(CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>

**Subject:** RE: Vaccine confidence content discussion with Sujeet

Hi all—I connected with Osa on my team, and I realize there might be conversations already underway on this topic. I don't want to be redundant or confuse things, so please let me know if you think it's easier for me to just join other meetings already in the works here.

-----Original Appointment-----

**From:** Chadd, Phillipa (CDC/DDID/NCEZID/DPEI) <xlf4@cdc.gov>

**Sent:** Monday, August 9, 2021 9:34 AM

**To:** Chadd, Phillipa (CDC/DDID/NCEZID/DPEI); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Romanik, Nikki Jo (CDC/OD/OCS); Rao, Sujeet B. EOP/WHO

**Subject:** Vaccine confidence content discussion with Sujeet

**When:** Tuesday, August 10, 2021 12:30 PM-1:00 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Microsoft Teams Meeting

Looks like this time works for everyone to discuss, please let me know if you'd like me to find another time.

Thank you!

(b)(5)

Microsoft Teams meeting

**Join on your computer or mobile app**

[Click here to join the meeting](#)

**Or call in (audio only)**

(b)(6)

United States, Atlanta

United States (Toll-free)

Phone Conference ID

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Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Sun, 8 Aug 2021 20:49:49 +0000  
**To:** Peck, Joshua (HHS/ASPA); Anderson, Charlie D. EOP/WHO  
**Cc:** Ramamurti, Bharat R. EOP/WHO; English, Leandra EOP/WHO; Wakana, Benjamin (who.eop.gov); Kim, Ann (OS/OASH); Romanik, Nikki Jo (CDC/OD/OCS); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Lee, James Tseryuan (CDC/DDID/NCIRD/ISD); Locke, Rachel (CDC/DDID/NCIRD/OD); Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS)  
**Subject:** RE: Vaccine misinformation  
**Attachments:** SoVC-report-12.pdf

+ Nikki for coordination (she is our HHS and WH liaison), Rachel for our section lead, James my co-lead for the Vaccine Confidence and Demand Team, and Jess and Chris, co-leads of the Insights Unit that produces the [State of Vaccine Confidence Insights Reports](#) that track information voids and misinformation.

Thanks Josh for thinking of us. Nice to meet you all.

Do let us know what is the best way to share what we know—the reports themselves are a good place to start because they contain velocity and a threat matrix for concerns, questions and misinformation we are tracking. I attached the most recent one. While there is a ton of misinformation floating out there, from a public health and vaccine confidence perspective, (b)(5)

(b)(5)  
(b)(5) We are happy to share what we know and what approaches we recommend.

From our perspective, (b)(5)  
(b)(5)

We'd be happy to speak with you if a meeting next week would be helpful. I would defer to Jess as our resident expert and editor of the SOVC since February for her expertise. Or feel free to send back an email with more detailed questions and we're happy to answer them.

Just so we don't cross any wires and keep track of all these info requests, please keep Nikki looped in. □

Sincerely,

**Elisabeth Wilhelm** *(she/her)*

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

M: [redacted] (b)(6)

E: [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Peck, Joshua (HHS/ASPA) <Joshua.Peck@hhs.gov>

**Sent:** Sunday, August 8, 2021 12:38 PM

**To:** Anderson, Charlie D. EOP/WHO <[redacted] (b)(6)>

**Cc:** Ramamurti, Bharat R. EOP/WHO <[redacted] (b)(6)>; English, Leandra EOP/WHO

<[redacted] (b)(6)>; Wakana, Benjamin <[redacted] (b)(6)>

<[redacted] (b)(6)> Kim, Ann (OS/OASH) <Ann.Kim@hhs.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>

**Subject:** Re: Vaccine misinformation

Adding Ann Kim from the SGs office and Elisabeth Wilhelm from the CDC.

Sent from my iPhone

On Aug 8, 2021, at 10:49 AM, Anderson, Charlie D. EOP/WHO <[redacted] (b)(6)> wrote:

Adding Josh Peck from HHS who will have a good sense and can bring in the right people from the Surgeon General's office. Also including Ben Wakana from our team.

Sent from my iPhone

On Aug 8, 2021, at 7:13 AM, Ramamurti, Bharat R. EOP/WHO <[redacted] (b)(6)> wrote:

Hey Charlie,

We are beginning some work on [redacted] (b)(5)

[redacted] (b)(5)

[redacted] (b)(5) Not to say we can

necessarily address all of it, but I want to make sure we have a handle on that issue. Thanks!

Bharat

Obtained by America First Legal Foundation through litigation

# COVID-19 State of Vaccine Confidence Insights Report

Report 12 | July 26, 2021 | Date Range: June 21, 2021 – July 12, 2021



## Summary

**Findings.** Consumer concerns about the safety of COVID-19 vaccines were amplified by multiple, overlapping and widely circulating misinformation narratives. As a result, some consumers questioned the transparency of the government in reporting and addressing adverse events following COVID-19 vaccination. The Delta variant of the virus that causes COVID-19 continues to drive concerns about vaccine effectiveness, especially among those who are already vaccinated. However, those who remain unvaccinated are generally less likely to perceive the Delta variant as a threat, and vaccine intentions do not appear to be affected.

**Ways to take action.** Federal, state, and local partners should continue to work together to increase transparency around rationale for updated guidance, respond to gaps in information, and confront misinformation with evidence-based messaging. The goal of these efforts is to increase confidence in COVID-19 vaccines and expand vaccine uptake more broadly. Messages leveraging available data on vaccine safety and effectiveness should be disseminated, especially in relation to the Delta variant and circulating misinformation narratives. Public health agencies should partner with trusted messengers and healthcare personnel to further amplify these messages. Research efforts should be supported to further evaluate the effect of reported adverse events, side effects, and vaccine effectiveness on vaccination intent and motivation.



## Contents

- [2 Aims and Methods](#)
- [3 Consumer concerns about the safety of COVID-19 vaccines were fueled by overlapping misinformation narratives.](#)
- [4 Vaccinated consumers are concerned about vaccine effectiveness against the Delta variant while unvaccinated consumers remain mostly unconcerned about the variant's spread.](#)
- [5 Some consumers claim a COVID-19 treatment is being suppressed to unnecessarily promote vaccination.](#)
- [5 Consumers need answers about the safety and effectiveness of Johnson & Johnson's Janssen COVID-19 Vaccine.](#)
- [6 Some consumers are angered by the announcement of new "door-to-door" vaccination outreach efforts.](#)
- [7 Update on Special COVID-19 State of Vaccine Confidence Insights Report on the Authorization & Recommendation of the Pfizer-BioNTech COVID-19 Vaccine for Adolescents Aged 12 through 15 Years](#)
- [8 Continuing and Evolving Themes](#)
- [9 Appendix: Inputs and Sources](#)

**Centers for Disease Control & Prevention,  
COVID-19 Response, Vaccine Task Force  
Vaccine Confidence & Demand Team, Insights Unit**





The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC).

## Aims and Methods

By rapidly reviewing and analyzing numerous sources and inputs (see [Appendix](#)), the biweekly COVID-19 State of Vaccine Confidence Insights Report emphasizes major themes that influence COVID-19 vaccine hesitancy and uptake. These are characterized by level and type of threat to vaccine confidence, degree of spread, and directionality. By examining how consumers think and feel, social processes, and the practical issues around vaccination, the Insights Report seeks to identify emerging issues of misinformation, disinformation, and places where intervention efforts can improve vaccine confidence across the United States.

The information in this report is only a snapshot, and certain populations may be underrepresented. Images and quotes are illustrative examples and are not meant to be comprehensive of all content related to the highlighted themes.

## Theme Classification

How do you classify this theme/information?			
High risk	Moderate risk	Low risk	Positive sentiment
			
<ul style="list-style-type: none"> <li>May lead to vaccine refusals and decreased uptake</li> <li>Wide reach, pervasive</li> </ul>	<ul style="list-style-type: none"> <li>Potential to trigger hesitancy to vaccination</li> <li>Moderate reach, modest dissemination</li> </ul>	<ul style="list-style-type: none"> <li>Concerning, but low risk to vaccine confidence</li> <li>Limited reach, limited dissemination</li> </ul>	<ul style="list-style-type: none"> <li>Could increase vaccine confidence, intent, or motivation</li> <li>Variable reach and dissemination</li> </ul>

How has this theme/idea changed over time (since last report or over the course of multiple reports)?		
 <p><b>Increasing</b> Information spreading rapidly</p>	 <p><b>Stable</b> Information remaining constant at prior level</p>	 <p><b>Decreasing</b> Information is not gaining further traction and there has been no indication of additional activity</p>

## Major Themes



### Consumer concerns about the safety of COVID-19 vaccines were fueled by overlapping misinformation narratives.

Throughout the reporting period, vocal vaccine deniers circulated and amplified several misinformation narratives focused on discrediting the safety of COVID-19 vaccines. Major circulating false narratives included:

- False claims that Pfizer-BioNTech COVID-19 Vaccine contained graphene oxide, a supposedly poisonous ingredient, which can cause damage to immune systems, pneumonia, and vascular injury.<sup>1,2,3</sup>
- False claims that mRNA COVID-19 vaccines are “cytotoxic” and cause the body to produce spike proteins, which collect within organs causing damage, particularly to the ovaries.<sup>4,5,6</sup>
- COVID-19 vaccination disrupts menstrual cycles and has caused increased miscarriage rates.<sup>7,8</sup>
- A retracted journal article from *Vaccines* that falsely reported that for every three COVID-19 deaths prevented by vaccination, two injuries were caused. These claims continued to circulate despite the article being retracted.<sup>9,10,11</sup>

These narratives entered a digital landscape primed with concerns about the safety of COVID-19 vaccines as consumer fears about myocarditis and pericarditis following vaccination remained at top of mind for many.<sup>12,13,14,15</sup> Consumer fears about vaccine safety were then further fueled by FDA adding a warning on July 12, 2021, about cases of Guillain-Barré syndrome occurring following vaccination with Johnson & Johnson’s Janssen COVID-19 Vaccine.<sup>16,17,18</sup> Consumers sought answers online for information about these safety concerns with online searches for “spike protein,” “graphene oxide,” and “covid vaccine miscarriage” increasing throughout the reporting period<sup>a</sup> and searches for “guillain barre” increasing significantly from June 2021 to July 2021.<sup>b</sup>

With the large volume of misinformation narratives circulating, vocal vaccine deniers, and some consumers questioned the transparency of the government in reporting and addressing adverse events following COVID-19 vaccination.<sup>19,20,21,22</sup> In addition to lack of trust in the government, recent polls and studies confirm that among those who remain unvaccinated the most common cited reasons are concerns about the safety of vaccines and their side effects.<sup>23,24</sup>



### Ways to act:

- Continue to disseminate messages about the safety of COVID-19 vaccines, highlighting the number of people who were vaccinated without adverse events and promoting awareness of the multiple layers of safety monitoring systems in place. Amplify messages about what [Vaccine Adverse Event Reporting System \(VAERS\)](#) is, how all the safety monitoring systems work, and how reported adverse events are investigated.
- Expand available online content to debunk widely circulating myths and misinformation, and ensure that web content is optimized for search engines.
- Partner with healthcare personnel, especially women’s health providers, to address misinformation clearly and transparently about COVID-19 vaccines, fertility, and reproductive health.
- Support research to better understand consumer perception of vaccine safety, how they seek information about vaccine safety, and who are trusted sources for vaccine safety information.

<sup>a</sup>[Google Trends](#)

<sup>b</sup>[SEMrush](#)





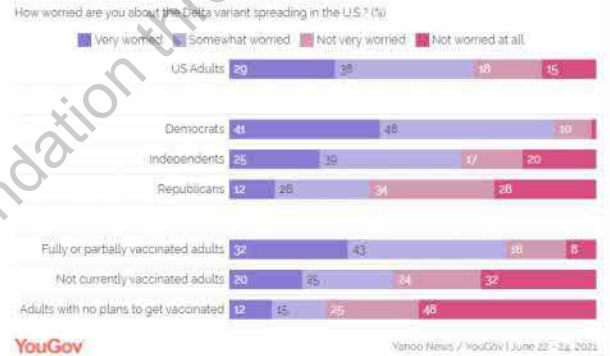
## Vaccinated consumers are concerned about vaccine effectiveness against the Delta variant while unvaccinated consumers remain mostly unconcerned about the variant’s spread.

News coverage of the Delta variant of the virus that causes COVID-19 continued to increase from the [last report](#). Coverage ranged from the Delta variant becoming the most common cause of COVID-19 cases in the United States<sup>25</sup> to conflicting reports about whether additional doses would be needed as a result.<sup>26,27,28,29</sup> Despite [a joint statement from CDC and FDA clarifying that additional doses are not recommended at this time for fully vaccinated individuals](#), some vaccinated consumers continued to question whether an additional dose will be needed to better protect themselves against emerging variants, including Delta.<sup>30,31</sup> Several vaccinated consumers also expressed frustration online that unvaccinated consumers are posing a threat to the return to pre-pandemic life and the health and safety of people who are unable to be vaccinated, such as children under 12 years old.<sup>32,33,34</sup> At the same time, several consumers called for mitigation measures, such as mask mandates, to return, even for the fully vaccinated to help slow the spread of the Delta variant.<sup>35,36</sup>

Concern about the spread of the Delta variant appears to be far less common among those who are not vaccinated than it is among those who are already vaccinated. One recent poll found that almost half of adults with no plans to get vaccinated were not worried about the Delta variant and almost one-third of adults not currently vaccinated were also not worried.<sup>37</sup> Throughout the reporting period, vocal vaccine deniers amplified narratives that the Delta variant is less serious<sup>38,39</sup> and, in some cases, not even real.<sup>40,41,42</sup> Other vocal vaccine deniers spread misinformation that those who are vaccinated were at increased risk for severe illness from the Delta variant<sup>43,44</sup> and that vaccinated people caused the emergence of variants of the virus that causes COVID-19.<sup>45,46</sup>

Confusion about the effectiveness of available vaccines against the Delta variant was widespread. Consumers and news outlets online noted data from Israel that suggests vaccines are less effective against the Delta variant than previously believed.<sup>47,48,49,50</sup> Consumers also inquired online if a particular vaccine was more effective against the Delta variant, with several indicating they believed authorized vaccines do not provide any protection against this variant.<sup>51,52</sup> However, concerns about variants were not limited to the Delta variant; the frequency of news coverage and online conversations during this period also increased about the “Delta plus” variant and Lambda variant.<sup>53,54,55,56</sup>

### Half of adults who do not plan to get vaccinated are “not worried at all” about the Delta variant



### Ways to act:

- Disseminate messages about the effectiveness of available COVID-19 vaccines against the Delta variant and other circulating variants in the United States. Continue to amplify messages about the benefits of vaccination, such as reducing the likelihood of severe illness causing hospitalization or death from COVID-19.
- Continue to partner with trusted messengers to amplify messages about the severity of COVID-19 illness and the benefits of vaccination, leveraging recent data that show a majority of people hospitalized for or dying from COVID-19 are not vaccinated.
- Evaluate how potential availability and authorization of additional doses affects intent to vaccinate or re-vaccinate among different consumers.

<sup>37</sup>Meltwater

## Emerging Themes



### Some consumers claim a COVID-19 treatment is being suppressed to unnecessarily promote vaccination.

Consumers on social media increasingly claimed that a COVID-19 “cure,” ivermectin, is being “suppressed” by government agencies to promote vaccination.<sup>57,58,59,60,61</sup> This claim was further amplified by a former vaccine developer from a pharmaceutical company who has perpetuated a number of misinformation narratives over the past few months<sup>62</sup> as well as other prominent misinformation outlets and vocal vaccine deniers.<sup>63,64,65</sup> While there has been minimal coverage by mainstream news outlets,<sup>66,67,68</sup> the University of Oxford announced on June 23, 2021, that it had begun investigating ivermectin as a potential treatment for COVID-19.<sup>69</sup> The narrative around ivermectin appears to recycle earlier false claims about the hydroxychloroquine as a treatment.<sup>70</sup>



#### Ways to act:

- Continue to disseminate messages that vaccination is one of the many tools that we are using to help end the COVID-19 pandemic.
- Develop and disseminate content about research efforts for treatments of COVID-19 and what is known about available effective treatments in addition to promoting vaccination.



### Consumers need answers about the safety and effectiveness of Johnson & Johnson’s Janssen COVID-19 Vaccine.

Following the release of results from a recent study suggesting that mixing mRNA and adenovirus-based COVID-19 vaccines provided a good immune response,<sup>71</sup> experts speculated about whether people who have previously received a J&J/Janssen vaccine should receive an additional dose of an mRNA COVID-19 vaccine.<sup>72,73,74</sup> Prompted by the results from this new study and [the Delta variant](#) continuing to spread across the United States, some consumers inquired whether they should receive a dose of mRNA COVID-19 vaccine to improve their level of protection.<sup>4,75,76</sup> Some consumers also expressed concern about the safety of J&J/Janssen vaccine, with cases of Guillain-Barré syndrome after vaccination gaining news media coverage in early July.<sup>77,78,79,80</sup> On July 12, 2021, the FDA [added a warning](#) about cases of Guillain-Barré syndrome occurring following vaccination with J&J/Janssen vaccine. Additionally, some consumers who received the single-dose J&J/Janssen vaccine expressed frustration about the lack of messaging from health authorities on J&J/Janssen vaccine, compared to the volume of messages about mRNA COVID-19 vaccines.<sup>81,82,83</sup>



#### Ways to act:

- Disseminate messages about J&J/Janssen COVID-19 Vaccine, leveraging available safety and effectiveness data.
- Clarify what research is being done to evaluate additional doses for those who received J&J/Janssen vaccine.



**Some consumers are angered by the announcement of new “door-to-door” vaccination outreach efforts.**

As President Biden’s goal of vaccinating 70% of U.S. adults by July 4, 2021, drew closer, news coverage increased about the likelihood of missing this goal.<sup>84,85</sup> On July 6, 2021, the White House announced a tactical shift to increase COVID-19 vaccination by bringing vaccines directly to low vaccination coverage areas.<sup>84</sup> Some consumers reacted negatively to this news, claiming that such direct government action impinges on their liberty and self-determination.<sup>86,87,88,89</sup> Some vocal vaccine deniers and politicians falsely claimed that the federal government would send “strike teams” across the country to coerce or even forcibly vaccinate adults and teens.<sup>90,91,92,93,94</sup> According to a recent poll, lack of trust in the U.S. government remains a major reason why 38% respondents remain unvaccinated.<sup>95</sup>

Despite the White House clarifying that “door-to-door” canvassing is similar to census-taking or a voter registration drive and just one element in a five-part strategy to improve vaccine availability, misinformation outlets and vocal vaccine deniers seized on the phrase “door-to-door.”<sup>96,97,98</sup> Some consumers expressed confusion and dismay online that communities are being identified and questioned whether the federal government was secretly tracking individuals’ vaccination status; others attempted to draw parallels with historical human rights abuses.<sup>99,100,101</sup> Some consumers felt that outreach might be an invasion of medical privacy if individuals are asked about their vaccination status,<sup>102,103</sup> and state-level medical freedom Facebook groups leveraged these fears to further amplify their claims of medical overreach, especially regarding vaccination.<sup>104,105,106</sup>

**Ways to act:**

- Partner with trusted messengers within communities to amplify messages about vaccination efforts, share how local health departments are making vaccination more convenient than ever, and promote the benefits of vaccination.
- Support research to better understand localized vaccination behaviors and trust in the United States vaccination program. Perform message testing to better understand message framing needs for reaching specific communities and demographics.



Obtained by America First Legal Foundation

## Update on [Special COVID-19 State of Vaccine Confidence Insights Report on the Authorization & Recommendation of the Pfizer-BioNTech COVID-19 Vaccine for Adolescents Aged 12 through 15 Years](#)

As the Delta variant of the virus that causes COVID-19 becomes more prominent in the United States, consumers continue to be divided about the urgency at which to vaccinate adolescents and children, if a COVID-19 vaccine is authorized for children under 12 years old.<sup>107,108,109</sup> Some consumers remain confused about children’s risk of COVID-19, both about the risk of severe illness and how easily children could spread the virus.<sup>110,111,112</sup> Some parents who support vaccination expressed concern over the increasing number of cases among children<sup>113,114</sup> and felt population immunity would not be possible without vaccinating more adolescents and eventually children.<sup>115</sup> Parents of children too young for vaccination specifically asked for more information about when children 11 years old and younger would be able to get vaccinated,<sup>116,117,118</sup> especially as several schools announced they would not be requiring masks for students in the fall.<sup>119,120</sup>

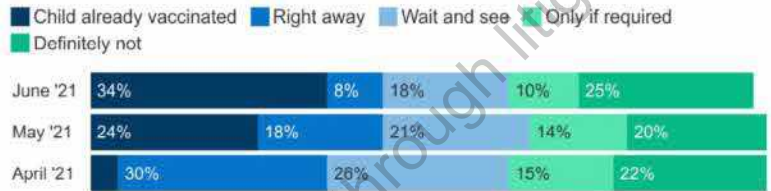
On the other hand, some parents who do not support adolescent and child vaccination amplified messages about adverse events following vaccination among teens,<sup>121,122</sup> with myocarditis and pericarditis following vaccination continuing to be their paramount concerns.<sup>123,124,125</sup> Many of these parents expressed the belief that the risk for side effects or an adverse event following vaccination was greater than the marginal risk of severe illness from COVID-19.<sup>126,127</sup> These comments from parents and vocal vaccine deniers were met with support from some political leaders who feel children are not at risk and do not need to be vaccinated, with many citing the updated World Health Organization (WHO) guidance as justification.<sup>128,129,130</sup> Misinformation also circulated among vocal vaccine deniers that health departments were seeking to vaccinate adolescents without parental consent, furthering distrust in the United States vaccination system for some parents.<sup>131,132,133</sup>

Recent polls also highlighted a divide in attitudes among parents about risk of COVID-19 in adolescents versus younger children. One poll found that even though four in 10 parents said their adolescent received at least one dose of COVID-19 vaccine, five in 10 did not plan to vaccinate their child.<sup>134</sup> However, a different poll found that more than half of those surveyed with children 12 through 17 years old planned to fully vaccinate them, while the majority of those who did not plan to fully vaccinate their child indicated they were waiting on more research about the safety of COVID-19 vaccines.<sup>e</sup>

<sup>e</sup> Harris Poll for CDC

### Four In Ten Parents Say Their Adolescent Has Already Received A COVID-19 Vaccine Or Will Do So Right Away, Similar To Last Month

As you may know, the FDA recently authorized the use of the Pfizer COVID-19 vaccine for use in children ages 12 and up. Thinking about your child or children between the ages of 12-17, do you think you will get them vaccinated...?



NOTE: Among parents or guardians of children ages 12-17. April 2021 question wording: "Once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?" See topline for full question wording.  
SOURCE: KFF COVID-19 Vaccine Monitor (June 8-21, 2021)

KFF COVID-19 Vaccine Monitor

Source: <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-june-2021/>

Obtained by [Anti-Corruption Foundation](#) through litigation

## Continuing and Evolving Themes

Themes below have been noted in previous reports and continue to undermine vaccine confidence. The information highlighted below focuses on what is new or different from previous reports. For additional context and previous recommendations on these themes see previous [Insights Reports](#).

**Breakthrough cases.** News coverage continues to highlight breakthrough cases of COVID-19 among fully vaccinated people, including among high-profile athletes.<sup>135,136</sup> Severe illness from COVID-19 among fully vaccinated people, resulting in hospitalization or death, received the most prominent coverage.<sup>137,138</sup> This coverage drove concerns for some consumers about the effectiveness of available vaccines,<sup>139,140</sup> asymptomatic spread by vaccinated people,<sup>141,142</sup> and how breakthrough cases are counted.<sup>143,144</sup> Several consumer concerns on this topic were directly linked to the circulating Delta variant of the virus that causes COVID-19.

**People with compromised immune systems.** Several consumers continue to comment online about a lack of guidance and support for immunocompromised people related to COVID-19 vaccination.<sup>145,146,147</sup> At the same time, news coverage highlighted the conflicting information consumers were seeing regarding the need for and timing of a potential third dose for immunocompromised people.<sup>148,149,150</sup>

**Vaccine administration issues.** [CDC-INFO](#) continues to field consumer inquiries about foreign vaccination and mixing vaccine brands. People who received an initial vaccine dose abroad are unsure if they should begin a new vaccination series or whether they are considered fully vaccinated if the vaccine series they received is not authorized in the United States. Other consumers sought guidance on mixing vaccine brands for those who had a reaction to the initial dose or whether they would be considered fully vaccinated if they received two doses of different COVID-19 vaccines.

Obtained by America First Legal Foundation through litigation

## Appendix: Inputs and Sources

Type	Input	Cadence	Sources	Tactics for Utilization
<b>Social Media Listening &amp; Media Monitoring</b>	Communication Surveillance Report	Daily on weekdays	<ul style="list-style-type: none"> <li>Google news</li> <li>Meltwater</li> <li>CrowdTangle</li> <li>Native platform searches</li> </ul>	<ul style="list-style-type: none"> <li>Share of voice topic analysis to identify themes</li> <li>Emerging topics</li> </ul>
	Meltwater	Daily	<ul style="list-style-type: none"> <li>Facebook, Twitter, Instagram</li> <li>Blogs</li> <li>News media</li> <li>Online forums</li> </ul>	<ul style="list-style-type: none"> <li>Share of voice topic analysis</li> <li>Emerging theme topics</li> <li>Identify high reach/velocity topics</li> </ul>
	CDC Social Media Channel COVID-19 Comment Analysis	Daily on weekdays	<ul style="list-style-type: none"> <li>Native platform searches</li> </ul>	<ul style="list-style-type: none"> <li>Sentiment analysis</li> <li>Identify message gaps/voids</li> </ul>
<b>Direct Reports</b>	CDC-INFO Metrics	Weekly	<ul style="list-style-type: none"> <li>CDC-INFO inquiry line list</li> <li>Prepared response (PR) usage report</li> </ul>	<ul style="list-style-type: none"> <li>Cross-compare PR usage with inquiry theme analysis</li> <li>Sentiment analysis</li> <li>Identify information gaps/voids</li> </ul>
	Vaccine Task Force Media Requests	Weekly	<ul style="list-style-type: none"> <li>Media request line list</li> </ul>	<ul style="list-style-type: none"> <li>Leading indicator for news coverage</li> <li>Identify information gaps/voids</li> </ul>
	Web Metrics	Weekly	<ul style="list-style-type: none"> <li>Top pages</li> <li>Google search queries</li> <li>Top FAQs</li> <li>Referring domains</li> </ul>	<ul style="list-style-type: none"> <li>Identify information gaps/voids,</li> <li>Identify keywords/search terms, changes in web traffic</li> </ul>
<b>Research</b>	Poll Review	Weekly	<ul style="list-style-type: none"> <li>Harris Poll, PEW research, Gallup Poll, Kaiser Family Foundation</li> <li>New data related to vaccine hesitancy</li> </ul>	<ul style="list-style-type: none"> <li>Identify socio-behavior indicators related to motivation and intention to vaccinate</li> </ul>
	Literature Review	Weekly	<ul style="list-style-type: none"> <li>PubMed, LitCovid, ProQuest Central</li> <li>New data related to vaccine hesitancy</li> </ul>	<ul style="list-style-type: none"> <li>Identify current vaccination intention</li> <li>Identify barriers to vaccination</li> </ul>
<b>Third Party Reports</b>	Tanaq Social Listening +Media Monitoring Report	Weekly	<ul style="list-style-type: none"> <li>Meltwater</li> <li>Sprout Social</li> <li>First Draft</li> <li>Native platform searches</li> </ul>	<ul style="list-style-type: none"> <li>Trending topics</li> <li>Demographic and geographic conversation monitoring</li> </ul>
	CrowdTangle content insights report	Biweekly	<ul style="list-style-type: none"> <li>Facebook</li> </ul>	<ul style="list-style-type: none"> <li>Top pages (voices), groups</li> <li>General trends/sentiment analysis</li> <li>News analysis through posts</li> </ul>
	First Draft News Vaccine Misinformation Insights Report	Monthly	<ul style="list-style-type: none"> <li>Proprietary methods</li> </ul>	<ul style="list-style-type: none"> <li>Media trends analysis</li> <li>Emerging threats and data deficits</li> <li>Online vaccine narratives</li> </ul>
	Project VCTR	Weekly	<ul style="list-style-type: none"> <li><a href="#">Proprietary methods</a></li> </ul>	<ul style="list-style-type: none"> <li>National and regional trends in negative attitudes toward vaccination</li> <li>Conversations around Legislation</li> </ul>
	Virality Project	Weekly	<ul style="list-style-type: none"> <li>Proprietary methods</li> </ul>	<ul style="list-style-type: none"> <li>Mis- and disinformation trends related to COVID-19 vaccine</li> </ul>

**From:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)  
**Sent:** Sat, 5 Jun 2021 16:00:27 +0000  
**To:** Choucair, Bechara EOP/WHO  
**Cc:** Berger, Sherri (CDC/OCOO/OD); Siegel, Jared P. EOP/OMB  
**Subject:** RE: White House National Providers Town Hall

Thanks, Bechara and Jared. There is a lot of requests coming into Dr. Walensky right now. If there are options for us to utilize other CDC spokespeople, we would welcome that opportunity.

Regards,

Abbigail

---

**From:** Choucair, Bechara EOP/WHO <(b)(6)>  
**Sent:** Saturday, June 5, 2021 11:58 AM  
**To:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>  
**Cc:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Siegel, Jared P. EOP/OMB  
<(b)(6)>  
**Subject:** Re: White House National Providers Town Hall

Abbigail- thanks for looking into this. Adding Jared to see if we can find a window later in the week if Friday or Monday won't work.

Bechara

Bechara Choucair, MD  
Vaccinations Coordinator  
White House COVID Response Team

(b)(6)

Sent from my iPhone

On Jun 5, 2021, at 11:25 AM, Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)> wrote:

Bechara,

Dr. Walensky has competing requests from the WH during this time. Dr. Schuchat might be available to do this event. Let me know if that would work for your vision and line-up. We would need to confirm her schedule.

Happy to chat by phone, if easier.

Regards,

Abbigail

Abbigail Tumpey, MPH CHES  
Acting Associate Director for Communication  
Centers for Disease Control and Prevention  
1600 Clifton Rd. NE  
Atlanta, GA  
Phone: 404-639-1125  
Cell: (b)(6)  
Email: [atumpey@cdc.gov](mailto:atumpey@cdc.gov)

---

**From:** Berger, Sherri (CDC/OCOO/OD) <[sob8@cdc.gov](mailto:sob8@cdc.gov)>  
**Sent:** Saturday, June 5, 2021 8:53 AM  
**To:** Choucair, Bechara EOP/WHO (b)(6); Walensky, Rochelle (CDC/OD) <[aux7@cdc.gov](mailto:aux7@cdc.gov)>  
**Cc:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>  
**Subject:** RE: White House National Providers Town Hall

+Abbigail for follow up, thank you

---

**From:** Choucair, Bechara EOP/WHO (b)(6)  
**Sent:** Friday, June 4, 2021 6:37 PM  
**To:** Walensky, Rochelle (CDC/OD) <[aux7@cdc.gov](mailto:aux7@cdc.gov)>; Fauci, Anthony (NIH/NIAID) [E] (b)(6); [Marcella.Nunez-smith@hhs.gov](mailto:Marcella.Nunez-smith@hhs.gov)  
**Cc:** Vivek Murthy <[vivek.murthy@hhs.gov](mailto:vivek.murthy@hhs.gov)>; Siegel, Jared P. EOP/OMB (b)(6)  
**Subject:** White House National Providers Town Hall

Rochelle, Marcella, Tony

I wanted to follow up on our doctors call last Saturday, when Vivek briefly discussed hosting a national vaccinations town hall with doctors from across the country. Vivek and I have started to plan the event, tentatively scheduled for Friday 6/11 or Monday, 6/14, and we're hoping each of you can participate.

We are planning to have a series of conversations with providers covering different topics (e.g., health systems role in patient outreach, how PCPs can counter misinformation, best practices for improving adolescent uptake), each chaired by one of us. We are inviting the membership of the dozen or so



largest provider associations we've been working with (e.g., AMA, AAFP, AHA, AAP) and make the event a part of the President's national month of action.

We're reserving an auditorium at the WH for this virtual event, and you are welcome to join in person, or be remote. We have a draft proposal written out and can work with your teams on the agenda and topics to cover. Vivek and I wanted to confirm that you would want to participate. Of course, feel free to give me (or Vivek) a call if you have any questions.

Vivek- feel free to weigh in as well.

Thanks,  
Bechara

Bechara Choucair, MD  
Vaccinations Coordinator  
White House COVID Response Team

(b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Berger, Sherri (CDC/OCOO/OD)  
**Sent:** Sat, 5 Jun 2021 22:09:55 +0000  
**To:** Siegel, Jared P. EOP/OMB; Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Folkers, Greg (NIH/NIAID) [E]; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); 'Perry, Sherice (OS/IEA)'  
**Cc:** Gonzalez, Noe EOP/WHO; Beckman, Adam (HHS/OASH); Gershman, Lynn E. (CDC/OD/OCS)  
**Subject:** RE: White House National Providers Town Hall

Correct. She will not be in the DC area, thanks

---

**From:** Siegel, Jared P. EOP/OMB (b)(6)  
**Sent:** Saturday, June 5, 2021 6:07 PM  
**To:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>; Barasch, Kimberly (NIH/NIAID) [C] <kimberly.barasch@nih.gov>; Folkers, Greg (NIH/NIAID) [E] <GFOLKERS@niaid.nih.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>  
**Cc:** Gonzalez, Noe EOP/WHO (b)(6); Beckman, Adam (HHS/OASH) <Adam.Beckman@hhs.gov>; Gershman, Lynn E. (CDC/OD/OCS) <veu4@cdc.gov>  
**Subject:** RE: White House National Providers Town Hall

Many thanks for the quick response Sherri! And to confirm, would Dr. Walensky be remote?

---

**From:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>  
**Sent:** Saturday, June 5, 2021 6:03 PM  
**To:** Siegel, Jared P. EOP/OMB (b)(6); Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>; Barasch, Kimberly (NIH/NIAID) [C] <kimberly.barasch@nih.gov>; Folkers, Greg (NIH/NIAID) [E] <GFOLKERS@niaid.nih.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>  
**Cc:** Gonzalez, Noe EOP/WHO (b)(6); Beckman, Adam (HHS/OASH) <Adam.Beckman@hhs.gov>; Gershman, Lynn E. (CDC/OD/OCS) <veu4@cdc.gov>  
**Subject:** RE: White House National Providers Town Hall

Hi Jared,

For Rochelle, it looks like:

- 3-4PM works
- 2-3PM could work as a back up (we would have to decline another WH meeting)

Thanks,  
Sherri

---

**From:** Siegel, Jared P. EOP/OMB (b)(6)  
**Sent:** Saturday, June 5, 2021 5:58 PM  
**To:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Conrad, Patricia (NIH/NIAID) [E]

<conradpa@niaid.nih.gov>; Barasch, Kimberly (NIH/NIAID) [C] <kimberly.barasch@nih.gov>; Folkers, Greg (NIH/NIAID) [E] <GFOLKERS@niaid.nih.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>

**Cc:** Gonzalez, Noe EOP/WHO <(b)(6)>; Beckman, Adam (HHS/OASH) <Adam.Beckman@hhs.gov>

**Subject:** RE: White House National Providers Town Hall

Hi all –

We are very much looking forward to the National Provider Town Hall that Bechara outlined below. For those I haven't met, it is a pleasure to meet you. I work with Bechara on the WH COVID team.

We are shooting to host the 1-hour event on Friday 6/11, sometime after the COVID Response press conference. Would you be able to share if Drs. Walensky, Fauci, and Nunez-Smith can make any times between 12:30 PM and 4:30 PM, and if so, which slots? We're reserving an auditorium at the WH for this virtual event, and you are welcome to join in person, or be remote, but we are hoping to reserve by the end of the weekend. Bechara and, most likely Dr. Murthy, will be in person.

I will follow-up tomorrow with more information on the event, building on the vision Bechara shared. As he mentioned, we are hoping to do a series of short ~10 min. conversations with providers, each chaired by a different principal. We have a hypothesis of topics each principal could cover, but I want to work with each of your teams to get your input on that and on how you'd most like to structure your part of the conversation.

Don't hesitate to reach out with any questions in the interim.

Many thanks,  
Jared

---

**From:** Walensky, Rochelle (CDC/OD) <aux7@cdc.gov>

**Sent:** Saturday, June 5, 2021 2:57 PM

**To:** Fauci, Anthony (NIH/NIAID) [E] <(b)(6)>; Murthy, Vivek (HHS/OASH) <Vivek.Murthy@hhs.gov>; Choucair, Bechara EOP/WHO <(b)(6)>; Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <Marcella.Nunez-Smith@hhs.gov>

**Cc:** Siegel, Jared P. EOP/OMB <(b)(6)>; Beckman, Adam (HHS/OASH) <Adam.Beckman@hhs.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>; Barasch, Kimberly (NIH/NIAID) [C] <kimberly.barasch@nih.gov>; Folkers, Greg (NIH/NIAID) [E] <GFOLKERS@niaid.nih.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>

**Subject:** RE: White House National Providers Town Hall

Good afternoon, all,  
I'm looping in my team as well.  
My best,  
Rochelle

---

**From:** Fauci, Anthony (NIH/NIAID) [E] <[afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)>  
**Sent:** Saturday, June 5, 2021 10:49 AM  
**To:** Murthy, Vivek (HHS/OASH) <[Vivek.Murthy@hhs.gov](mailto:Vivek.Murthy@hhs.gov)>; Choucair, Bechara EOP/WHO  
(b)(6); Walensky, Rochelle (CDC/OD) <[aux7@cdc.gov](mailto:aux7@cdc.gov)>; Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <[Marcella.Nunez-Smith@hhs.gov](mailto:Marcella.Nunez-Smith@hhs.gov)>  
**Cc:** Siegel, Jared P. EOP/OMB (b)(6); Beckman, Adam (HHS/OASH) <[Adam.Beckman@hhs.gov](mailto:Adam.Beckman@hhs.gov)>; Conrad, Patricia (NIH/NIAID) [E] <[conradpa@niaid.nih.gov](mailto:conradpa@niaid.nih.gov)>; Barasch, Kimberly (NIH/NIAID) [C] <[kimberly.barasch@nih.gov](mailto:kimberly.barasch@nih.gov)>; Folkers, Greg (NIH/NIAID) [E] <[GFOLKERS@niaid.nih.gov](mailto:GFOLKERS@niaid.nih.gov)>  
**Subject:** RE: White House National Providers Town Hall

Team:

Happy to join and participate. I am copying my relevant staff to alert them to this upcoming event.

Best regards,

Tony

---

**From:** Murthy, Vivek (HHS/OASH) <[Vivek.Murthy@hhs.gov](mailto:Vivek.Murthy@hhs.gov)>  
**Sent:** Saturday, June 5, 2021 10:46 AM  
**To:** Choucair, Bechara EOP/WHO (b)(6); Walensky, Rochelle (CDC/OD) <[aux7@cdc.gov](mailto:aux7@cdc.gov)>; Fauci, Anthony (NIH/NIAID) [E] (b)(6); Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <[Marcella.Nunez-Smith@hhs.gov](mailto:Marcella.Nunez-Smith@hhs.gov)>  
**Cc:** Siegel, Jared P. EOP/OMB (b)(6); Beckman, Adam (HHS/OASH) <[Adam.Beckman@hhs.gov](mailto:Adam.Beckman@hhs.gov)>  
**Subject:** Re: White House National Providers Town Hall

Hi Friends, it would be great to have you join for this event that is coming together. We're hoping this event will be our chance to speak colleague to colleague to our fellow clinicians across the country.

Vivek

--

**Vivek Murthy**

U.S. Surgeon General

Vice Admiral, U.S. Public Health Service

The information in this e-mail and its attachments are confidential, pre-decisional and deliberative. Contents may include sensitive information and are for official use only. If you are not the original intended recipient, please delete the content and notify the sender.

---

**From:** Choucair, Bechara EOP/WHO (b)(6)  
**Sent:** Friday, June 4, 2021 6:36 PM  
**To:** Walensky, Rochelle (CDC/OD) <[aux7@cdc.gov](mailto:aux7@cdc.gov)>; Fauci, Anthony (NIH/NIAID) [E] (b)(6); Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <[Marcella.Nunez-Smith@hhs.gov](mailto:Marcella.Nunez-Smith@hhs.gov)>  
**Cc:** Murthy, Vivek (HHS/OASH) <[Vivek.Murthy@hhs.gov](mailto:Vivek.Murthy@hhs.gov)>; Siegel, Jared P. EOP/OMB

(b)(6)

**Subject:** White House National Providers Town Hall

Rochelle, Marcella, Tony

I wanted to follow up on our doctors call last Saturday, when Vivek briefly discussed hosting a national vaccinations town hall with doctors from across the country. Vivek and I have started to plan the event, tentatively scheduled for Friday 6/11 or Monday, 6/14, and we're hoping each of you can participate.

We are planning to have a series of conversations with providers covering different topics (e.g., health systems role in patient outreach, how PCPs can counter misinformation, best practices for improving adolescent uptake), each chaired by one of us. We are inviting the membership of the dozen or so largest provider associations we've been working with (e.g., AMA, AAFP, AHA, AAP) and make the event a part of the President's national month of action.

We're reserving an auditorium at the WH for this virtual event, and you are welcome to join in person, or be remote. We have a draft proposal written out and can work with your teams on the agenda and topics to cover. Vivek and I wanted to confirm that you would want to participate. Of course, feel free to give me (or Vivek) a call if you have any questions.

Vivek- feel free to weigh in as well.

Thanks,  
Bechara

Bechara Choucair, MD  
Vaccinations Coordinator  
White House COVID Response Team

(b)(6)

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**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Thu, 3 Jun 2021 18:46:07 +0000  
**To:** Scully, Brian J. EOP/NSC  
**Cc:** DL NSC Democracy; DL NSC Resilience  
**Subject:** SOC: (b)(5) on Countering Disinformation and presentations from CDC and Census  
**Attachments:** SOC (b)(5) on Countering Disinformation 2June2021.pdf, Census 0602 (b)(5) (b) Presentation on Trust and Safety.pdf, Insights-SOVC\_May2021\_cleared.pdf

Please see the attached SOC from yesterday's (b)(5) along with the briefings from Census and CDC on their efforts to counter disinformation and build public trust.

Best, Mary Beth

Mary Beth Polley  
Counter Disinformation and Resilience, Media Freedom  
Democracy Directorate, National Security Council

(b)(6)

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(b)(5)

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**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Thu, 8 Jul 2021 22:52:17 +0000

(b)(6)

**Subject:** (b)(5) Counter-Disinformation

Please note this meeting is now 50 minutes. Agenda is below and discussion paper will be sent in separate email.

Agenda:

1. Introduction

(b)(5)

6. Next Steps

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**From:** Berger, Sherri (CDC/OCOO/OD)  
**Sent:** Thu, 6 May 2021 15:41:27 +0000  
**To:** Anderson, Charlie D. EOP/WHO; Warsh, Jonathan (OS/ASPR/IO)  
**Cc:** Pearlman, Aj (HHS/IOS)  
**Bcc:** Holloway, Rachel (CDC/OCOO/OD); Berger, Sherri (CDC/OCOO/OD)  
**Subject:** 3B Vax Equity Guidance  
**Attachments:** NCIRD\_COVID-19\_Supplement\_4\_Activities and PMs (002)\_responses to HHS\_OMB\_032321\_CLEAN.docx

### Workplan and Budget Submission

The **funding will be made available** to each **recipient by April 2, 2021**. At that time, this guidance document will be uploaded to the Grants Management Module (GMM) as a Grant Note in GrantSolutions.

**Within 60 days of receipt of the Notice of Award (NOA)** associated with this supplement, recipient must submit its application documents in GrantSolutions as a Budget Revision **Amendment** as part of the recipient's current award (IP19-1901) Budget Period 02.

Great if I can review/clear TPs on this.

Thanks

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(b)(5)

Obtained by America First Legal Foundation through litigation

(b)(5)

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**From:** Berger, Sherri (CDC/OCOO/OD)  
**To:** Quillian, Natalie H. EOP/WHO; Anderson, Charlie D. EOP/WHO; Johnson, Carole A. EOP/WHO; Max Rose (max.rose@sd.mil); Spiro, Topher J. EOP/OMB; Dawn O'Connell; Thomas.Inglesby@hhs.gov; David Kessler; Manning, Timothy W. EOP/WHO; Berger, Sherri (CDC/OCOO/OD); Cochran, Norris (HHS/ASFR); Warsh, Jonathan (OS/ASPR/IO); Rowe, Courtney M. EOP/WHO; Siegel, Jared P. EOP/OMB  
**Cc:** Gonzalez, Noe EOP/WHO; Sabrina Bousbar; Adam Scher; Mcqueen, BG Anthony (HHS/IOS); Waterstraat, Tamiaka (OS/ASPR/IO) (CTR); Hill, Frankie F. EOP/OMB; Kwak, Grace EOP/WHO; Scher, Adam LTC SD  
**Subject:** 4:30pm Weekly ARP Implementation Meeting

**Agenda:**

1. General Update on ARP Implementation
2. Update on ARP DPA Supply Chain Funding

**Participants:**

- Carole Johnson
- Charlie Anderson
- Courtney Rowe
- David Kessler
- Dawn O'Connell
- Jared Siegel
- Jonathan Warsh
- Max Rose
- Norris Cochran
- Sherri Berger
- Timothy Manning
- Tom Inglesby
- Topher Spiro

###

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Hi there,

Natalie Quillian is inviting you to a scheduled ZoomGov meeting.

## [Join Zoom Meeting](#)

One tap mobile:

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Passcode:

(b)(6)

### **Join by Telephone**

For higher quality, dial a number based on your current location.

Dial:

Meeting ID:

Passcode:

(b)(6)

[International numbers](#)

### **Join from an H.323/SIP room system**

H.323:

Meeting ID:

Passcode:

SIP:

Passcode:

(b)(6)

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(b)(5)

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**From:** Scully, Brian J. EOP/NSC  
**Sent:** Mon, 7 Jun 2021 14:55:20 +0000  
**To:** Pozmantier, Michael  
**Cc:** Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Polley, Mary Elizabeth R. EOP/NSC  
**Subject:** CDC Reviewers

Hey Mike,

Hope you had a good weekend. Wanted to introduce you to the CDC working disinformation. Like Census, they have been doing excellent work to combat the impacts of disinformation around COVID. To add to the COVID experience, they have been dealing with health disinformation globally for a while.

Elisabeth and Dimitri can help identify reviewers for the Accelerator.

Regards,  
Brian

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**From:** Sanchez-Velasco, Marissa EOP/WHO  
**Sent:** Fri, 16 Jul 2021 22:23:58 +0000  
**To:** Sanchez-Velasco, Marissa EOP/WHO  
**Subject:** COVID TPs on SG Health Misinformation Advisory  
**Attachments:** TPs on SG's Misinformation Advisory.docx

Hello! Attached are talking points on the Surgeon General's health misinformation advisory that went out yesterday. Thanks and have a good weekend!

Obtained by America First Legal Foundation through litigation

**7.16.21 Talking Points on the Surgeon General's Health Misinformation Advisory**

(b)(5)

###

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**From:** Sanchez-Velasco, Marissa EOP/WHO  
**Sent:** Tue, 28 Sep 2021 23:02:32 +0000  
**To:** Sanchez-Velasco, Marissa EOP/WHO  
**Subject:** COVID TPs: President Biden's Strategy on Advancing Vaccine Equity Has Made a Difference

Hello – below are TPs on new equity data from the Kaiser Family Foundation showing that the administration's efforts to close vaccination gaps have made a difference. Thanks!



**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Thu, 8 Jul 2021 20:04:30 +0000  
**To:** [REDACTED] (b)(6)

(b)(6)

**Cc:** [REDACTED] (b)(6) EOP/OSTP  
**Subject:** Department and Agency Contacts for Possible NITRD WG on Information Integrity  
**Attachments:** NITRD-SC-Roster\_7-2021.xlsx

Good afternoon,

As discussed at Tuesday's meeting, there is agreement on the need for a dedicated working group to review current and ongoing research and development related to disinformation as well as to establish



Federal priorities going forward to improve understanding of the impact of disinformation, evaluate mitigation measures and assess effectiveness of programs to improve societal resilience to information manipulation. A [National Information Technology Research and Development \(NITRD\)](#) working group has been identified as an option for this type of interagency collaboration. Attached is a list of NITRD POCs across the interagency so (b)(5) participants can follow-up with their NITRD leads and confirm D/A support for a NITRD WG on Information Resilience.

The SOC, which will hopefully go around today, requests a formal response, including proposals for alternative mechanisms, by July 14.

Best,

Mary Beth

Mary Beth Polley  
Counter Disinformation and Resilience, Media Freedom  
Democracy Directorate, National Security Council

(b)(6)

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Obtained by America First Legal Foundation through litigation

**From:** Sanchez-Velasco, Marissa EOP/WHO  
**Sent:** Tue, 4 Jan 2022 00:42:12 +0000  
**To:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)  
**Subject:** Fwd: Is this misinfo going around for real?

Hey Abbigail! Feel free to point me to someone else on your team but just wondering if y'all are planning to tweet anything out re: the misinfo going around on the rapid tests? See link below. If this is an fda question no worries just let me know. Thanks!

Begin forwarded message:

**From:** "Sanchez-Velasco, Marissa EOP/WHO" (b)(6)  
**Date:** January 3, 2022 at 4:28:38 PM PST  
**To:** "Tom, Christian L. EOP/WHO" (b)(6)  
**Cc:** "Rowe, Courtney M. EOP/WHO" (b)(6)  
**Subject: Re:** (b)(5)

I can ask CDC or fda is they plan to tweet something that we can lift up? Feels like (b)(5)  
(b)(5)

On Jan 3, 2022, at 3:55 PM, Tom, Christian L. EOP/WHO (b)(6)  
wrote:

Do we (b)(5)

<https://twitter.com/i/events/1478036809821032448>

Obtained by America First Legal Foundation through litigation

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Thu, 27 May 2021 16:36:38 +0000  
**To:** [redacted] (b)(6)

[redacted] (b)(6)

USN JS JS (USA)  
**Subject:** IIR [redacted] (b)(5) on Counter Disinformation: Lessons Learned from CDC and Census on countering dis/mis information in real time  
**Attachments:** SoVC\_report8\_5.24.21.pdf

This discussion will be held at the unclassified level. All departments and agencies are encouraged to hear how a broad range of open-source tools and counter-measures are being used in real time to address mis- and disinformation from a variety of sources. CDC's latest report is attached.

Agenda:

[redacted] (b)(5)

Next Steps



Hi there,

Mary Elizabeth Polley is inviting you to a scheduled ZoomGov meeting.

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**Join by Telephone**

For higher quality, dial a number based on your current location.

Dial:

Meeting ID:

Passcode:

(b)(5)

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# COVID-19 State of Vaccine Confidence Insights Report

Report 8 | May 24, 2021 | Date Range: April 27-May 10, 2021



## Summary

**Findings.** CDC's recent announcements of expanded guidance for fully vaccinated people was met with confusion in the news media and among consumers online. Unanswered questions about the implications of new guidance may undermine trust in COVID-19 vaccines and the U.S. vaccination system. To confront lagging vaccination rates, states and jurisdictions are employing novel tactics to reduce remaining access barriers and add incentives to reward vaccination. The overall effect of these novel tactics on vaccine uptake for unvaccinated adolescents and adults is still unknown. Online discussion of incentives is polarized, with some people welcoming the developments and others feeling suspicious of them which could be a threat to vaccine confidence for some. Lastly, consumers are receiving bills for COVID-19 vaccination, even though COVID-19 vaccines are free and are offered regardless of insurance or immigration status.

**Ways to take action.** Federal, state, and local partners should continue to work together to increase transparency around rationale for updated guidance, respond to gaps in information, and confront misinformation with evidence-based messaging. The goal of these efforts is to increase confidence in COVID-19 vaccines and expand vaccine uptake more broadly. Communication efforts should be expanded to address concerns and questions about vaccine effectiveness and guidance for fully vaccinated individuals. Additional research could provide a better understanding of the role that incentives play in a person's motivation and intent to get vaccinated.



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- 2 [Aims and Methods](#)
- 3 [Major Themes](#)
- 3 [Consumers are confused about guidance for fully vaccinated people, which may undermine trust in COVID-19 vaccines and the U.S. vaccination system](#)
- 5 [States and jurisdictions are employing novel tactics to increase vaccine uptake, although impact on uptake and confidence is still unknown](#)
- 6 [Emerging Theme](#)
- 6 [Upcoming: Rapid Insights Report on response to COVID-19 adolescent vaccine roll-out.](#)
- 7 [Continuing and Evolving Themes](#)
- 9 [Appendix: Inputs and Sources](#)

**Centers for Disease Control & Prevention,  
COVID-19 Response, Vaccine Task Force  
Vaccine Confidence Team, Insights Unit**





The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC).

## Aims and Methods

By rapidly reviewing and analyzing numerous sources and inputs (see [Appendix](#)), the biweekly COVID-19 State of Vaccine Confidence Insights Report emphasizes major themes that influence COVID-19 vaccine hesitancy and uptake. This is categorized by their level and type of threat to vaccine confidence, degree of spread, and directionality. By examining how consumers think and feel, social processes, and the practical issues around vaccination, the Insights Report seeks to identify emerging issues of misinformation, disinformation, and places where intervention efforts can positively impact vaccine confidence across the United States.

The information in this report is only a snapshot, and certain populations may be underrepresented. Images and quotes are illustrative examples and are not meant to be comprehensive of all content related to the highlighted themes.

### Theme Classification

How do you classify this theme/information?			
High risk	Moderate risk	Low risk	Positive sentiment
 <ul style="list-style-type: none"> <li>May lead to vaccine refusals and decreased uptake</li> <li>Wide reach, pervasive</li> </ul>	 <ul style="list-style-type: none"> <li>Potential to trigger hesitancy to vaccinate</li> <li>Moderate reach, modest dissemination</li> </ul>	 <ul style="list-style-type: none"> <li>Concerning, but low risk to vaccine confidence</li> <li>Limited reach, limited dissemination</li> </ul>	 <ul style="list-style-type: none"> <li>Could increase vaccine confidence, intent, or motivation</li> <li>Variable reach and dissemination</li> </ul>

How has this theme/idea changed over time (since last report or over the course of multiple reports)?		
 <p><b>Increasing</b> Information spreading rapidly</p>	 <p><b>Stable</b> Information remaining constant at prior level</p>	 <p><b>Decreasing</b> Information is not gaining further traction and there has been no indication of additional activity</p>

## Major Themes



### Consumers are confused about guidance for fully vaccinated people, which may undermine trust in COVID-19 vaccines and the U.S. vaccination system.

CDC's announcement of expanded [guidance for fully vaccinated people](#) on April 27, 2021 - which stated that fully vaccinated individuals could stop wearing masks in many outdoor situations<sup>1</sup> - was met with mixed reception in the news media and among some consumers online. While some consumers were happy to see this updated guidance for outdoor mask-wearing,<sup>2</sup> others noted that the guidance could further divide people based on vaccination status.<sup>3,4</sup> One study, administered prior to any guidance changes, found that removing mask recommendations for vaccinated consumers may increase reluctant consumers' intent to vaccinate.<sup>5</sup> However, several comments on social media from self-reported unvaccinated people indicated they were unmoved by the guidance, commenting that they had already stopped wearing masks and had returned to pre-pandemic life.<sup>6,7</sup> Further, consumers speculated online that the April 27, 2021 expanded guidance was only put into place because it reflected typical behavior and was not created as a result of new scientific information,<sup>8</sup> which could lead to growing distrust in government agencies. Some consumers also felt the guidance excluded those who previously had COVID-19.<sup>9,10</sup> Inquiries to CDC-INFO and comments on CDC social media channels largely echoed this confusion. The majority of inquiries focused on what to do if their household had both vaccinated adults and unvaccinated children, what to do about gatherings between unvaccinated and vaccinated people, and how consumers would know who was and wasn't fully vaccinated.<sup>11</sup>

News coverage criticizing the above guidance increased with many articles pointing to a lack of information from CDC about the science behind the change and mixed messages from federal, state, and local leaders about masking and the role vaccines play in ending the pandemic.<sup>12,13,14,15</sup> Some public health experts spoke out online, stating that the guidance would decrease confidence in vaccines. They expressed concern that the recommendation for fully vaccinated people to continue wearing masks in certain indoor situations could send the message to consumers that the vaccines are not effective at preventing both illness and the spread of the virus.<sup>16</sup> Some consumers confirmed this sentiment, saying that this corroborated their suspicions that vaccines are not effective.<sup>17,18,19</sup>

*If that trust is not there, people won't agree "to change their lives, take preventive [measures], take vaccines."*

-Dr. Robert Blendon, emeritus professor at the Harvard Chan School

Source: <https://www.npr.org/2021/05/13/996331692/poll-finds-public-health-has-a-trust-problem>

**On May 13, 2021, CDC announced further expansion of the guidance for fully vaccinated people.** This guidance states that they can resume activities they did prior to the pandemic - both indoors and outdoors - without wearing a mask or physically distancing, except where required.<sup>20</sup> News media outlets focused coverage on the challenges of verifying vaccination, as well as concerns about unvaccinated people forgoing masks with requirements lifted. Media outlets also raised questions about how these new guidelines might impact young children, people who are immunocompromised, and those who have been unable to be vaccinated due to access barriers, especially among communities that have been disproportionately affected by COVID-19 such as communities of color.<sup>21,22,23</sup> Public health and medical experts also expressed concern that this change was made too soon and the subsequent removal of mask mandates by state and local leaders and businesses may disincentivize vaccination.<sup>24,25</sup> The dominant online conversation among consumers suggested social divide over the decision, with many vocal vaccine deniers indicating that this change in guidance would not change their intent to get vaccinated.<sup>26,27</sup>



Replying to @CDCgov

1. Arent there still variants that the vaccine can't protect us from?
2. With the vaccine isn't there like a 5-10% chance u can get the virus & spread it to non vaccinated individuals like KIDS?
3. Why this sudden change when USA has only vaccinated 35% of it population?

3:57 PM · May 13, 2021 · Twitter for iPhone



However, a recent study reported that one-third of conservative-leaning consumers would be more likely to get vaccinated if they were no longer required to wear a mask.<sup>28</sup> Some vaccine endorsers echoed public health and medical expert concerns that this decision was made too soon<sup>29,30</sup> and expressed concern for children and people with immunocompromising conditions<sup>31</sup> through comments online and through inquiries to CDC-INFO. Several questions emerged from consumers, including:

- How long am I protected by the COVID-19 vaccine? When will I have to wear a mask again?
- How should households with young children or immunocompromised people proceed – should children still wear masks indoors and outdoors?
- What if I already had COVID-19, can I follow these updated mask guidelines without being vaccinated?
- How much protection do the vaccines provide against variants? Should I worry about COVID-19 variants indoors without a mask?
- How can I protect my employees and clients? How should businesses respond to these new guidelines?

### Ways to act.

- Expand and disseminate messages regarding the scientific process by which CDC develops guidance, to prevent the spread of mis- and disinformation. Additionally, since the messaging needs of consumers are diverse, consider expanding communication materials that are easy to understand for those with limited English proficiency. Also expand content containing easy-to-understand data that are more scientifically sophisticated; some consumers indicate that plain language content does not provide enough information for them to make an informed decision about vaccination.<sup>32,33</sup>
- Expand and disseminate messages about the effectiveness of COVID-19 vaccines, specifically explaining what is and is not known about the asymptomatic spread by vaccinated people, cases of illness among fully vaccinated individuals, and what is known about the effectiveness of current vaccines against common variants in the United States.
- Expand and disseminate messages about natural immunity, including information about what is known about length of immunity after COVID-19 illness.
- Expand and disseminate messages about mitigation and safety measures needed for those who have not or are not able to be fully vaccinated, such as young children and people with specific medical conditions.
- Support research to better understand the connection between policy and guidance changes and their effects on vaccine confidence and uptake.



## States and jurisdictions are employing novel tactics to increase vaccine uptake, although impact on uptake and confidence is still unknown.

States and jurisdictions continue to turn away shipments of COVID-19 vaccines, as the daily average of vaccine doses administered across the United States fell below two million for the first time since early March on May 3, 2021.<sup>34,35</sup> In an effort to confront lagging vaccination rates and oversupply, states and jurisdictions, federal government, and private businesses have shifted strategies to facilitate, reduce remaining access barriers to, and add incentives to reward vaccination.<sup>36,37,38</sup> States and jurisdictions are offering smaller vaccination settings like clinics with walk-in access, providing free transportation, and equipping family doctors in private offices with vaccines.<sup>39,40,41</sup> Health departments are converting bars to COVID-19 vaccination sites and offering vaccines at festivals and on beaches.<sup>42,43</sup> Some states are also offering incentives like alcohol, money to be distributed by lottery, and even sleeping tents and food for people experiencing homelessness.<sup>44,45,46</sup> In response to these new tactics, some consumers indicated on social media that they hoped such rewards would spur more people to get vaccinated, while others perceived the incentives to be suspicious and wondered why such large-scale incentives are necessary.<sup>47,48,a</sup>

News media coverage suggests that providers are trusted vaccinators, and that familiar and trusted vaccination sites matter. But the impact of other tactics that incentivize behavior are not well-understood.<sup>49,50,51</sup> Some polling data support the idea that monetary rewards for vaccination may be a motivating incentive among unvaccinated consumers,<sup>52,53</sup> but other survey data indicate that financial incentives may have uneven or small positive effects on desired health behavior outcomes.<sup>54,55,56</sup> Consumers' reasons for not getting vaccinated remain mostly unchanged – among those who are unvaccinated, they express distrust in vaccine safety data, are worried about short- and long-term vaccine side effects, and are not certain that COVID-19 is a serious illness.<sup>57,58</sup> If the main barrier to vaccination is mistrust, it is unknown if the novel tactics will push those who are hesitant towards vaccination.<sup>59,60</sup>

### Ways to act.

- Identify emerging best practices to eliminate barriers in accessing vaccination and promote effective innovations broadly to states and jurisdictions. Conduct [rapid community assessments](#) to understand remaining vaccination barriers and ensure that added conveniences, incentives, rewards, and compensation correspond to noted community needs.
- Support research to better understand the effect of incentives and rewards on the intent to vaccinate among consumers who are in the “wait and see” group before getting vaccinated. Examine how incentives and rewards might influence vaccine confidence, especially for those groups who are unvaccinated because they lack trust in the vaccine, vaccinators, or the health vaccination system more broadly.



***"[This is] what needs to be done, because the primary care provider, the doctors will answer the questions. It's not like going to the pharmacy ... which has so many of those vaccines that they don't have the time to explain to the patient."***

-Dr. Francisco Rosario, practicing family physician, on the shift to offering vaccines in doctors' offices

Source: <https://www.cnn.com/2021/04/28/health/nyc-primary-care-doctors-covid-vaccines/index.html>

## Emerging Theme



### Consumers are receiving bills for COVID-19 vaccination.

Reports have emerged in the news media of consumers receiving bills from vaccination sites for COVID-19 vaccine administration and then being forced to contest fees with medical clinics or hospitals,<sup>61,62,63</sup> even though COVID-19 vaccines are free, regardless of insurance or immigration status.<sup>64,65,66</sup>

Additionally, some consumers are confused about why they were asked for their insurance information when making a vaccine appointment or arriving for vaccination and are fearful that they will be billed for their COVID-19 vaccination.<sup>67,68</sup> A recent poll found that concerns about vaccination cost are especially predominant among Hispanic adults who are uninsured or make less than \$40,000 per year.<sup>69</sup> The same poll found that over half of Hispanic adults are unvaccinated. One-third of them report being asked for their insurance card when making a vaccination appointment and 52% are unaware that the vaccines are free.<sup>70</sup>

*"It makes me feel like people are taking advantage of us... my husband was billed for his shot too."*

-Chicago area resident, IL

Source: <https://abc7chicago.com/charged-for-covid-vaccine-free-bill-vaccination/10561655/>

### Ways to act:

- Continue to clearly communicate that COVID-19 vaccines are free for all U.S. residents and that all adults and adolescents are eligible, regardless of insurance or immigration status.<sup>71,72</sup> Partner with trusted local messengers to further amplify this message in multiple languages, especially in Spanish.<sup>73</sup> Expand content to better explain why vaccinators may ask for insurance information, but note that it is not required for vaccination.
- Educate healthcare providers and administrative health personnel that presenting an insurance card may be a barrier to vaccination for some, especially those with lower incomes

### Upcoming: Rapid Insights Report on response to COVID-19 adolescent vaccine roll-out.

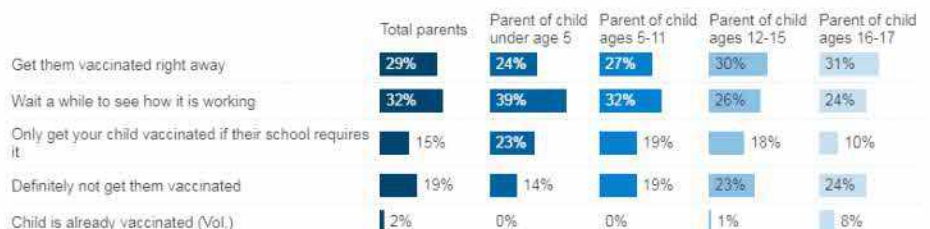
A Rapid State of Vaccine Confidence Insights Report is in progress to better understand the consumer response to authorization and recommendation of Pfizer-BioNTech COVID-19 vaccine for adolescents 12 – 15 years old. This special report will be released following this report.

On May 10, 2021, the Food and Drug Administration (FDA) expanded the emergency use authorization for Pfizer-BioNTech's COVID-19 vaccine to include adolescents 12 – 15 years old, making nearly 17 million more people or 85% of the U.S. population eligible to receive a COVID-19 vaccine.<sup>74,75</sup> Although many parents were eagerly anticipating this news, others were nervous about the safety of COVID-19 vaccines for children and whether vaccination was necessary, given their belief that the risk of severe COVID-19 illness to children is low.<sup>76,77</sup> Recent polling data indicate that 29% of parents reported they would get their children vaccinated right away, and 32% said they wanted to wait to see whether the vaccine is safe and effective in children.<sup>78</sup>

While most schools have yet to make a decision regarding COVID-19 vaccination requirements for students, a recent survey indicates that, although over half of parents believe that schools should be fully in-person in the fall, 65% oppose requiring COVID-19 vaccination for in-person school attendance.<sup>79,80</sup> Meanwhile, vocal vaccine deniers circulated misinformation about COVID-19 vaccines and children, amplifying claims that adverse events in children and adolescents occurred after vaccination or during clinical trials, signalling to some that vaccines may not be as safe as the current data indicate.<sup>81,82,83</sup>

### Three In Ten Parents Of Children Ages 12-15 Say They Will Get Their Child Vaccinated For COVID-19 Right Away Once Vaccine Is Authorized

Once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?



NOTE: Asked of parents or guardians of children under 18 years old living in their household. Multiple responses allowed for child age, and if respondent says it depends on which child, they were asked to think about their oldest child. See topline for full question wording. SOURCE: KFF COVID-19 Vaccine Monitor (April 15-29, 2021) • [Download PNG](#)

KFF COVID-19 Vaccine Monitor

Source: <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-april-2021/>

## Continuing and Evolving Themes

Themes below have been noted in previous reports and continue to undermine vaccine confidence. The information highlighted below focuses on what is new or different from previous reports. For additional context and previous recommendations on these themes see previous Insights Reports.<sup>b,c,d,e,f,g,h</sup>

**Mis- and disinformation.** A recent poll found that people who are least likely to intend to be vaccinated are more likely to believe or be unsure about at least one COVID-19 vaccine myth.<sup>84</sup> During this report period, a number of pieces of mis- and disinformation spread widely:

- **Viral shedding.** Claims that mRNA COVID-19 vaccines “shed” virus continue to circulate widely on social media platforms,<sup>85</sup> despite being debunked.<sup>86</sup> While the initial misinformation focused on “viral shedding” affecting menstrual cycles, it has now evolved to affecting all unvaccinated people, regardless of gender.<sup>87</sup>
- **Adverse events.** High-visibility vocal vaccine deniers continue to misrepresent VAERS data to reduce trust in the safety of recommended COVID-19 vaccines.<sup>88</sup> A mainstream news anchor erroneously claimed that “30 people every day” die from vaccination.<sup>89</sup>

### Those Most Reluctant To Get The COVID-19 Vaccine Are More Likely To Believe Or Be Unsure About At Least One Vaccine Myth

Percent in each vaccine intention group who say they **have heard** at least one myth surrounding the COVID-19 vaccines, and either say it is true or are not sure if it is true:



NOTE: See topline for full question wording.  
SOURCE: KFF COVID-19 Vaccine Monitor (April 15-19, 2021) • [Download PNG](#)

KFF COVID-19 Vaccine Monitor

#### New ways to act:

- Update and expand CDC’s COVID-19 vaccine myths and frequently asked question webpages to including information on viral shedding, heart inflammation, and adverse events. Disseminate messages promoting the vaccine myths page on social media platforms and through states, jurisdictions, partners, and trusted messengers.
- Develop and deploy prepared responses for CDC-INFO to address above topics.

- **Vaccine series completion.** News media highlights concerns across multiple states that consumers are not returning for their second dose of COVID-19 vaccine.<sup>90,91,92</sup> News media points to consumer concerns about acute side effects after a second dose and a belief that one dose will provide sufficient protection from COVID-19.<sup>93</sup>

#### New ways to act:

- Amplify messages regarding the importance of completing both doses of a 2-dose COVID-19 vaccine, including information regarding the lowered effectiveness that could result from not receiving the second dose. Additionally, develop messages to reassure consumers who have delayed their second dose that completing their vaccination series is important for protection from COVID-19 illness.

- **Vaccine mandates.** As more institutions of higher education (IHEs) announce vaccine mandates for students, the American College Health Association issued a recommendation that IHEs make COVID-19 vaccination a requirement for on-campus students this fall.<sup>94</sup> Additionally, a new poll indicated that more than 60% of companies plan to require employees to prove they have been vaccinated.<sup>95</sup> While some IHEs and employers cannot require vaccination with vaccines available under emergency use authorization, news coverage of Pfizer-BioNTech likely seeking full FDA approval for their vaccine as soon as fall could increase the number of vaccine mandates across the United States.<sup>96</sup>

## Continuing and Evolving Themes (cont.)

- Proof of vaccination.** A recent poll, prior to any shift in guidance for fully vaccinated people, found that consumers are divided over whether they believe businesses should require proof of vaccination for services. Favor and opposition of these systems varied by activity, with those in favor more likely to have already been vaccinated or be planning to be vaccinated, and those more likely to be opposed not planning to be vaccinated.<sup>97</sup> Additionally, news coverage regarding fake vaccination cards increased during this period, with reports of boxes of fake cards being seized by law enforcement,<sup>98</sup> business owners being charged with selling fake vaccination cards,<sup>99,100</sup> and the FBI issuing a warning that fines and imprisonment are possible penalties for forging or falsifying vaccination cards.<sup>101</sup>

Americans' Preferences for Proof of Vaccination to Participate in Activities Based on COVID-19 Attitudes

% Who favor businesses requiring people to show proof of COVID-19 vaccination in order to do each over the next several months

	Travel by airplane	Go to events with large crowds	Go to your worksite to do your job*	Stay in a hotel	Dine in at a restaurant
	%	%	%	%	%
<b>Vaccination status</b>					
Have been/Will be vaccinated	74	71	59	56	52
Will not get vaccinated	8	7	6	6	5
<b>Worry about getting COVID-19</b>					
Very/Somewhat worried	77	72	66	59	55
Not too/Not at all worried	49	48	36	37	34

\*Among those employed full or part time.

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- Essential workers.** New media reports of police officers refusing vaccination emerged across the country.<sup>102,103</sup> Additionally, a report emerged that subway and bus workers had the lowest vaccination rate of workers within the New York Metropolitan Transportation Authority (MTA), even though 93% of MTA workers who died from COVID-19 were subway and bus workers.<sup>104</sup>
- Young adults.** A suggestion by a popular podcaster that young, otherwise healthy young adults don't need to get vaccinated spread broadly across social media.<sup>105</sup> As the reports were quickly fact-checked, vocal vaccine deniers commented online that the podcaster's claims were speaking "the truth" but were being unfairly represented by media that is biased towards positively framing only vaccine advocates and not vaccine skeptics.<sup>106</sup> At the same time, reports have emerged across the United States of younger people beginning to experience serious illness<sup>3</sup> and school-based outbreaks.<sup>107</sup>

b Insights Unit, *Vaccinate with Confidence Team. State of vaccine confidence report: Report 1.* Atlanta, GA: Vaccine Task Force, Centers for Disease Control and Prevention; 2021.  
 c Insights Unit, *Vaccinate with Confidence Team. State of vaccine confidence report: Report 2.* Atlanta, GA: Vaccine Task Force, Centers for Disease Control and Prevention; 2021.  
 d Insights Unit, *Vaccinate with Confidence Team. State of vaccine confidence report: Report 3.* Atlanta, GA: Vaccine Task Force, Centers for Disease Control and Prevention; 2021.  
 e Insights Unit, *Vaccinate with Confidence Team. State of vaccine confidence report: Report 4.* Atlanta, GA: Vaccine Task Force, Centers for Disease Control and Prevention; 2021.  
 f Insights Unit, *Vaccinate with Confidence Team. State of vaccine confidence report: Report 5.* Atlanta, GA: Vaccine Task Force, Centers for Disease Control and Prevention; 2021.  
 g Insights Unit, *Vaccinate with Confidence Team. State of vaccine confidence report: Report 6.* Atlanta, GA: Vaccine Task Force, Centers for Disease Control and Prevention; 2021.  
 h Insights Unit, *Vaccinate with Confidence Team. State of vaccine confidence report: Report 7.* Atlanta, GA: Vaccine Task Force, Centers for Disease Control and Prevention; 2021.

## Appendix: Inputs and Sources

Type	Input	Cadence	Sources	Tactics for Utilization
<b>Social Media Listening &amp; Media Monitoring</b>	Communication Surveillance Report	Daily, weekdays	<ul style="list-style-type: none"> <li>Google news</li> <li>Meltwater</li> <li>CrowdTangle</li> <li>Native platform searches</li> </ul>	<ul style="list-style-type: none"> <li>Share of voice topic analysis to identify themes</li> <li>Emerging topics</li> </ul>
	Meltwater	Daily	<ul style="list-style-type: none"> <li>Facebook, Twitter, Instagram</li> <li>Blogs</li> <li>News media</li> <li>Online forums</li> </ul>	<ul style="list-style-type: none"> <li>Share of voice topic analysis</li> <li>Emerging theme topics</li> <li>Identify high reach/velocity topics</li> </ul>
	OADC Channel COVID-19 Post Metrics	Weekly	<ul style="list-style-type: none"> <li>Sprout Social</li> <li>Native OADC account analytics</li> </ul>	<ul style="list-style-type: none"> <li>Analyze # of posts, topics</li> <li>Success of messages, # of impressions, reach, # engagements</li> </ul>
	OADC Channel Comment Analysis	Daily, weekdays	<ul style="list-style-type: none"> <li>Native platform searches</li> </ul>	<ul style="list-style-type: none"> <li>Sentiment analysis</li> <li>Identify message gaps/voids</li> </ul>
<b>Direct Reports</b>	CDC-INFO Metrics	Weekly, Mondays	<ul style="list-style-type: none"> <li>CDC-INFO inquiry line list</li> <li>Prepared response (PR) usage report</li> </ul>	<ul style="list-style-type: none"> <li>Cross-compare PR usage with inquiry theme analysis</li> <li>Sentiment analysis</li> <li>Identify information gaps/voids</li> </ul>
	VTF Media Requests	Weekly, Mondays	<ul style="list-style-type: none"> <li>Media request line list</li> </ul>	<ul style="list-style-type: none"> <li>Leading indicator for news coverage</li> <li>Identify information gaps/voids</li> </ul>
	Web Metrics	Weekly, Wednesdays	<ul style="list-style-type: none"> <li>Top pages</li> <li>Google search queries</li> <li>Top FAQs</li> <li>Referring domains</li> </ul>	<ul style="list-style-type: none"> <li>Identify information gaps/voids,</li> <li>Identify keywords/search terms, changes in web traffic</li> </ul>
<b>Research</b>	Poll Review	Weekly, Mondays	<ul style="list-style-type: none"> <li>Harris Poll, PEW research, Gallup Poll, KFF</li> <li>New data related to vaccine hesitancy</li> </ul>	<ul style="list-style-type: none"> <li>Identify socio-behavior indicators related to motivation and intention to vaccinate</li> </ul>
	Literature Review	Weekly, Mondays	<ul style="list-style-type: none"> <li>PubMed, LitCovid, ProQuest Central</li> <li>New data related to vaccine hesitancy</li> </ul>	<ul style="list-style-type: none"> <li>Identify current vaccination intention</li> <li>Identify barriers to vaccination</li> </ul>
<b>Third Party Reports</b>	Tanaq Social Listening +Media Monitoring Report	Weekly	<ul style="list-style-type: none"> <li>Meltwater</li> <li>Sprout Social</li> <li>First Draft</li> <li>Native platform searches</li> </ul>	<ul style="list-style-type: none"> <li>Trending topics</li> <li>Demographic and geographic conversation monitoring</li> </ul>
	CrowdTangle content insights report	Biweekly	<ul style="list-style-type: none"> <li>Facebook</li> </ul>	<ul style="list-style-type: none"> <li>Top pages (voices), groups</li> <li>General trends/sentiment analysis</li> <li>News analysis through posts</li> </ul>
	FEMA Social Listening Report	Daily	<ul style="list-style-type: none"> <li>Hootsuite</li> <li>Brandwatch</li> <li>CrowdTangle</li> <li>Meltwater</li> </ul>	<ul style="list-style-type: none"> <li>Trends/sentiment analysis</li> <li>National and global news analysis</li> </ul>
	First Draft News Vaccine Misinformation Insights Report	Monthly	<ul style="list-style-type: none"> <li>Proprietary methods</li> </ul>	<ul style="list-style-type: none"> <li>Media trends analysis</li> <li>Emerging threats and data deficits</li> <li>Online vaccine narratives</li> </ul>
	Project VCTR	Weekly	<ul style="list-style-type: none"> <li><a href="#">Proprietary methods</a></li> </ul>	<ul style="list-style-type: none"> <li>National and regional trends in negative attitudes toward vaccination</li> <li>Conversations around Legislation</li> </ul>
	Virality Project	Weekly	<ul style="list-style-type: none"> <li>Proprietary methods</li> </ul>	<ul style="list-style-type: none"> <li>Mis- and disinformation trends related to COVID-19 vaccine</li> </ul>

**From:** Bartee, Maureen S. EOP/NSC  
**Sent:** Thu, 15 Jul 2021 21:32:43 +0000  
**To:** Bartee, Maureen S. EOP/NSC; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Rowland, Amy (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID)  
**Subject:** Informal meeting to discuss [redacted] on COVID misinformation

Hi Maureen and Amy,

Just wanted to touch base how our team can best engage with NSC. There's some [redacted] that would be worth hashing out to make sure we all have a common understanding.

Best,

Dimitri

Dimitri Prybylski, PhD, MPH  
Demand for Immunization Team Lead  
Immunization Systems Branch  
Global Immunization Division, US Centers for Disease Control and Prevention  
1600 Clifton Rd., NE, MS A-04, Atlanta, GA 30333  
Cell: [redacted] Tel: [redacted]  
Email: [hjt1@cdc.gov](mailto:hjt1@cdc.gov)



Hi there,

Maureen Bartee is inviting you to a scheduled ZoomGov meeting.

[Join Zoom Meeting](#)

One tap mobile: [redacted]  
Meeting URL: [redacted]

Meeting ID:  
Passcode:

(b)(6)

### Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

(b)(6)

Meeting ID:  
Passcode:

[International numbers](#)

### Join from an H.323/SIP room system

H.323:

(b)(6)

Meeting ID:  
Passcode:  
SIP:  
Passcode:

Obtained by America First Legal Foundation through litigation



**From:** Bartee, Maureen S. EOP/NSC  
**Sent:** Thu, 22 Jul 2021 12:57:34 +0000  
**To:** Bartee, Maureen S. EOP/NSC; Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Rowland, Amy (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID)  
**Subject:** Informal meeting to discuss [redacted] on COVID misinformation

-----Original Appointment-----

**From:** Bartee, Maureen S. EOP/NSC [redacted]  
**Sent:** Thursday, July 15, 2021 5:33 PM  
**To:** Bartee, Maureen S. EOP/NSC; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Rowland, Amy (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID)  
**Subject:** Informal meeting to discuss [redacted] on COVID misinformation  
**When:** Thursday, July 22, 2021 9:00 AM-9:30 AM (UTC-05:00) Eastern Time (US & Canada).  
**Where:** [redacted]

Hi Maureen and Amy,

Just wanted to touch base how our team can best engage with NSC. There's some [redacted] that would be worth hashing out to make sure we all have a common understanding.

Best,

Dimitri

Dimitri Prybylski, PhD, MPH  
Demand for Immunization Team Lead  
Immunization Systems Branch  
Global Immunization Division, US Centers for Disease Control and Prevention  
1600 Clifton Rd., NE, MS A-04, Atlanta, GA 30333  
Cell: [redacted] Tel: [redacted]  
Email: [hjt1@cdc.gov](mailto:hjt1@cdc.gov)



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Meeting ID:

Passcode:

(b)(6)

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For higher quality, dial a number based on your current location.

Dial:

Meeting ID:

Passcode:

(b)(6)

[International numbers](#)

### **Join from an H.323/SIP room system**

H.323:

Meeting ID:

Passcode:

SIP:

Passcode:

(b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Tue, 6 Jul 2021 14:53:28 +0000  
**To:** [REDACTED]

(b)(6)

Obtained by America First Legal Foundation through litigation

(b)(6)

**Subject:**

(b)(5)

(new room)

Colleagues,

We are rescheduling the second (b)(5) on (b)(5) to Tuesday, July 6, from 13:00-14:20 pm. SAP Caitlin Durkovich and SAP Rob Berschinski will co-chair the meeting and participation is requested at the Assistant Secretary or above level. Agenda is below. Discussion paper has been circulated on the SIPR and JWICS.

The (b)(5) meeting will occur over SVTC at the Secret-level. Please ensure your video operation center contacts the White House Situation Room at (b)(6) to confirm appropriate site connection. EOP personnel can join in SMS Large.

(b)(5)

Regards,  
Mary Beth and Brian

Obtained by America First Legal Foundation through litigation

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Tue, 6 Jul 2021 22:07:56 +0000  
**To:** Scully, Brian J. EOP/NSC  
**Subject:** (b)(5) - Please confirm D/A attendance

Thank you to everyone who joined today's (b)(5) Please confirm who attended from your Department and Agency.

Thank you!

Mary Beth Polley  
Counter Disinformation and Resilience, Media Freedom  
Democracy Directorate, National Security Council

(b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Sent:** Wed, 2 Jun 2021 09:19:51 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC  
**Subject:** Meeting Forward Notification: (b)(5) on Counter Disinformation: Lessons Learned from CDC and Census on countering dis/mis information in real time

## Your meeting was forwarded

[Wilhelm, Elisabeth \(CDC/DDID/NCIRD/OD\) \(CTR\)](#) has forwarded your meeting request to additional people.

### Meeting

(b)(5) on Counter Disinformation: Lessons Learned from CDC and Census on countering dis/mis information in real time

### Meeting Time

Wednesday, June 2, 2021 12:00 PM - Wednesday, June 2, 2021 1:15 PM

### Recipients

[Stokley, Shannon \(CDC/DDID/NCIRD/ISD\)](#), [Flores, Stephen \(CDC/DDID/NCHHSTP/DHPIRS\)](#), [Walter-Garcia, Madison \(CDC/DDID/NCIRD/OD\)](#)

All times listed are in the following time zone: (UTC-05:00) Eastern Time (US & Canada)

---

Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Sent:** Wed, 2 Jun 2021 15:31:10 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC  
**Subject:** Meeting Forward Notification: (b)(5) on Counter Disinformation: Lessons Learned from CDC and Census on countering dis/mis information in real time

## Your meeting was forwarded

[Wilhelm, Elisabeth \(CDC/DDID/NCIRD/OD\) \(CTR\)](#) has forwarded your meeting request to additional people.

### Meeting

(b)(5) on Counter Disinformation: Lessons Learned from CDC and Census on countering dis/mis information in real time

### Meeting Time

Wednesday, June 2, 2021 12:00 PM - Wednesday, June 2, 2021 1:15 PM

### Recipients

[Daskalakis, Demetre \(CDC/DDID/NCHHSTP/DHP\)](#)

All times listed are in the following time zone: (UTC-05:00) Eastern Time (US & Canada)

---

Obtained by America First Legal Foundation through litigation

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Wed, 14 Jul 2021 18:33:18 +0000  
**To:** [redacted] (b)(6)

[redacted] (b)(6)

Obtained by America First Legal Foundation through litigation

**Cc:** [redacted] (b)(6) EOP/OSTP  
**Subject:** NITRD WG on Information Integrity (Please respond by COB)

Good morning,

We have received initial interest from several Departments and Agencies in a NITRD working group. We would appreciate confirmation by COB today so we can set up a dedicated discussion to finalize the scope.



Thanks so much, Mary Beth

---

**From:** Polley, Mary Elizabeth R. EOP/NSC

**Sent:** Thursday, July 8, 2021 4:04 PM

**To:** (b)(6)

Obtained by America First Legal Foundation through litigation

(b)(6)

(b)(6)

**Subject:** Department and Agency Contacts for Possible NITRD WG on Information Integrity

Good afternoon,

As discussed at Tuesday's meeting,

(b)(5)

(b)(5)

(b)(5)

A [National Information Technology Research and Development \(NITRD\)](#) working group has been identified as an option for this type of interagency collaboration. Attached is a list of NITRD POCs across the interagency so (b)(5) participants can follow-up with their NITRD leads and confirm D/A support for a NITRD WG on Information Resilience.

The SOC, which will hopefully go around today, requests a formal response, including proposals for alternative mechanisms, by July 14.

Best,

Mary Beth

Mary Beth Polley

(b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Johnson, Carole A. EOP/WHO  
**Sent:** Thu, 12 Aug 2021 00:34:05 +0000  
**To:** Walke, Henry (CDC/DDID/NCEZID/DPEI)  
**Cc:** Walensky, Rochelle (CDC/OD)  
**Subject:** Re: brief on USVI

Thank you Henry

On Aug 11, 2021, at 8:32 PM, Walke, Henry (CDC/DDID/NCEZID/DPEI) <hfw3@cdc.gov> wrote:

Follow-up on USVI question from Deputies today. Best, Henry

---

**From:** Villanueva, Julie M. (CDC/DDID/NCEZID/DPEI) <jfv3@cdc.gov>  
**Sent:** Wednesday, August 11, 2021 1:01 PM  
**To:** Walke, Henry (CDC/DDID/NCEZID/DPEI) <hfw3@cdc.gov>  
**Cc:** Rose, Dale A. (CDC/DDID/NCEZID/DPEI) <ido8@cdc.gov>; Anderson, Mark (CDC/DDPHSIS/CGH/DGHP) <mea6@cdc.gov>; Christie, Athalia (CDC/DDPHSIS/CGH/OD) <akc9@cdc.gov>  
**Subject:** RE: brief on USVI

#### **USVI Post Deployment Summary**

CDC provided a multidisciplinary surge deployment team to join the USVI Department of Health (DOH) to join a DOH Health Brigade from July 26 – August 6, 2021 to encourage vaccination and address hesitancy issues. The territory continues to experience an increase of cases and hospitalizations, amplified by low vaccination coverage and vaccine hesitancy amongst the local population and high transmission in the neighboring British Virgin Islands. The team implemented a Rapid Community Assessment (RCA); preliminary results suggest reasons for hesitation include misinformation, knowing that vaccinated people still get COVID-19, and the rapid development of the vaccine. Efforts are planned for education, first-hand testimonials, public forums and social media to address the concerns. Community outreach by the team included an event organized by the Department of Education to about 160 instructional, administrative and janitorial staff, a religious service for close to 100 Haitian people, and several radio interviews in both English and Spanish.

---

**From:** Villanueva, Julie M. (CDC/DDID/NCEZID/DPEI)  
**Sent:** Wednesday, August 11, 2021 10:38 AM  
**To:** Walke, Henry (CDC/DDID/NCEZID/DPEI) ([hfw3@cdc.gov](mailto:hfw3@cdc.gov)) <[hfw3@cdc.gov](mailto:hfw3@cdc.gov)>  
**Cc:** Rose, Dale A. (CDC/DDID/NCEZID/DPEI) <[ido8@cdc.gov](mailto:ido8@cdc.gov)>; Anderson, Mark (CDC/DDPHSIS/CGH/DGHP) <[mea6@cdc.gov](mailto:mea6@cdc.gov)>  
**Subject:** brief on USVI

#### 1. USVI

- a. CDC's USVI 4 person deployment team returned Saturday, August 7. They collaborated with DOH to evaluate vaccine hesitancy in the islands and recommend strategies for targeting messages to different populations.
- b. The USVI team also partnered with the Department of Education to present COVID-19 information to K-12 teachers and school workers. The DOE has recommended virtual education for public schools due to the recent surge of cases.

We'll work on finding out more.

Obtained by America First Legal Foundation through litigation

**From:** Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP)  
**Sent:** Thu, 27 May 2021 11:42:35 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Cc:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Bartee, Maureen S. EOP/NSC; Scully, Brian J. EOP/NSC; Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Kolis, Jessica (CDC/DDPHSIS/CGH/GID)  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Hi Mary Beth, It does! Thanks so much and we are looking forward to it. Kate

---

**From:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>  
**Sent:** Thursday, May 27, 2021 7:32 AM  
**To:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>  
**Cc:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vx3@cdc.gov>; Bartee, Maureen S. EOP/NSC <(b)(6)>; Scully, Brian J. EOP/NSC <(b)(6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>  
**Subject:** Re: CDC & Vaccine Mis/Disinformation

Good morning,

Does the Wed 12-1 timeframe still work? We can set up an unclassified interagency briefing so we can maximize participation.

Thanks, Mary Beth

Sent from my iPhone

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Hi Mary Beth,

That sounds fabulous.

Eyeballing people's calendars, the following time frames seem to work for most on CDC side (we can do 30 min or move things around for 1 hr if you prefer):

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- 1-1:30 PM
- 1:30-2 PM

**Wednesday June 2**

- 12-12:30 PM
- 12:30-1 PM

**Thursday June 3**

- 9:30-10 AM
- 4:00-4:30 PM

Would any of these times work well for your office?

Sincerely,

**Elisabeth Wilhelm**

*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** + [redacted] (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

---

**From:** Polley, Mary Elizabeth R. EOP/NSC [redacted] (b)(6)  
**Sent:** Monday, May 24, 2021 2:05 PM  
**To:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Bartee, Maureen S. EOP/NSC [redacted] (b)(6) Scully, Brian J. EOP/NSC [redacted] (b)(6) Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>  
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**Subject:** RE: CDC & Vaccine Mis/Disinformation

Elisabeth,

It was great speaking with everyone last week and I flagged for Maureen interest in [redacted] (b)(5) discussion between [redacted] (b)(5)

[redacted] (b)(5) Have you been able to identify potential dates and times?

Best, Mary Beth

---

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>  
**Sent:** Monday, May 24, 2021 1:40 PM  
**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Polley, Mary Elizabeth R. EOP/NSC

(b)(6); Bartee, Maureen S. EOP/NSC  
(b)(6) Scully, Brian J. EOP/NSC (b)(6) Litter, David  
L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)  
<[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>  
**Cc:** Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>; Brookmeyer, Kathryn A.  
(CDC/DDID/NCHHSTP/DSTDP) <[guu1@cdc.gov](mailto:guu1@cdc.gov)>  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Dear Colleagues,

As promised, we are attached the latest “drop” of our State of Vaccine Confidence Insights Report #8 from the Insights Unit within our team, co-led by Jess Kolis and Dr. Kate Brookmeyer. I pasted a bit more information below.

Forthcoming will be a special SOVC edition on adolescents and an expanded paper on methods the Insights Unit uses to develop this report.

We look forward to hearing your feedback and are happy to discuss any other questions or would like to know more about our domestic and global infodemic management strategy and approach.

---

Hello partners and colleagues,

Attached please find the biweekly COVID-19 State of Vaccine Confidence Insights Report, #8. The biweekly COVID-19 State of Vaccine Confidence Insights Report emphasizes major themes influencing COVID-19 vaccine hesitancy and uptake, categorized by their level and type of threat to vaccine confidence, degree of spread, and directionality. By examining how Americans think and feel, social processes, and the practical issues around vaccination, the Insights Report seeks to identify emerging issues of misinformation, disinformation, and places where intervention efforts can positively impact vaccine confidence across the U.S.

Report #8 explores the new and evolving threats to vaccine confidence and vaccine uptake. CDC’s recent announcements of expanded guidance for fully vaccinated people was met with confusion in the news media and among consumers online. Unanswered questions about the implications of new guidance may undermine trust in COVID-19 vaccines and the U.S. vaccination system. To confront lagging vaccination rates, states and jurisdictions are employing novel tactics to reduce remaining access barriers and add incentives to reward vaccination. The overall effect of these novel tactics on vaccine uptake for unvaccinated adolescents and adults is still unknown; online discussion of incentives is polarized, with some people welcoming the developments and others feeling suspicious of them.

Please tell us how you and your team use the Insights Report. We are tracking this information and it helps us to continually improve our report and our distribution list. Kindly respond to [eocevent515@cdc.gov](mailto:eocevent515@cdc.gov) if you have any questions or if we can provide any further assistance.

Thank you for reading and for your continued support for this work!

Insights Unit | Vaccine Confidence Team  
Vaccine Task Force | COVID-19 Response



Sincerely,

**Elisabeth Wilhelm**

*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team

| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

-----Original Appointment-----

**From:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>

**Sent:** Wednesday, May 19, 2021 5:04 PM

**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Polley, Mary Elizabeth R. EOP/NSC; Bartee, Maureen S. EOP/NSC; Scully, Brian J. EOP/NSC; Fitter, David L. (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)

**Subject:** CDC & Vaccine Mis/Disinformation

**When:** Thursday, May 20, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Microsoft Teams Meeting

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United States (Toll-free)

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---

Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Sent:** Fri, 28 May 2021 01:23:15 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP)  
**Cc:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Bartee, Maureen S. EOP/NSC; Scully, Brian J. EOP/NSC; Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Kolis, Jessica (CDC/DDPHSIS/CGH/GID)  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Hi Mary Beth,

We'll follow up tomorrow or latest Tuesday with a full deck and short run of show for our golden 20 minute window. ☐ Thanks for the opportunity!

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence and Demand Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

---

**From:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>  
**Sent:** Thursday, May 27, 2021 11:39 AM  
**To:** Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>  
**Cc:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Bartee, Maureen S. EOP/NSC <(b)(6)>; Scully, Brian J. EOP/NSC <(b)(6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Kathryn,

Suggest you plan to speak for 20 minutes and allow for 10 minutes of questions. (b)(5)

(b)(5)

(b)(5)

(b)(5)

How does that sound?

Best, Mary Beth

---

**From:** Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <[guu1@cdc.gov](mailto:guu1@cdc.gov)>

**Sent:** Thursday, May 27, 2021 7:53 AM

**To:** Polley, Mary Elizabeth R. EOP/NSC (b)(6) Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>

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**Subject:** RE: CDC & Vaccine Mis/Disinformation

Also: how much time should we allocate to present? And, is there anything in particular that you'd like the Insights Unit to focus on (overview, methods, current report, themes over time, promising practices)?

Thank you!  
Kate

---

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| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team  
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[redacted] (b)(6) >; Bartee, Maureen S. EOP/NSC

[redacted] (b)(6); Scully, Brian J. EOP/NSC [redacted] (b)(6) Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>

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Thank you for reading and for your continued support for this work!

Insights Unit | Vaccine Confidence Team  
Vaccine Task Force | COVID-19 Response  
U.S. Centers for Disease Control and Prevention

---

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

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**When:** Thursday, May 20, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Microsoft Teams Meeting

---

Microsoft Teams meeting

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Obtained by America First Legal Foundation through litigation



**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Wed, 26 May 2021 18:45:42 +0000  
**To:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Bartee, Maureen S. EOP/NSC; Scully, Brian J. EOP/NSC; Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)  
**Cc:** Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP)  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Elisabeth,

We'd like to lock in the 12-1 time on Wednesday for an unclassified briefing to the interagency. If you are ok with it, [REDACTED] (b)(5) [REDACTED] (b)(5) [REDACTED] (b)(5) Afterward, we can follow-up and make sure you, State, USAID and the right folks at DOD are connected.

Thanks, Mary Beth

---

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>  
**Sent:** Tuesday, May 25, 2021 8:22 AM  
**To:** Polley, Mary Elizabeth R. EOP/NSC <[REDACTED] (b)(6) [REDACTED] (b)(6) [REDACTED] (b)(6)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Bartee, Maureen S. EOP/NSC <[REDACTED] (b)(6) [REDACTED] (b)(6) [REDACTED] (b)(6)>; Scully, Brian J. EOP/NSC <[REDACTED] (b)(6) [REDACTED] (b)(6) [REDACTED] (b)(6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
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**Elisabeth Wilhelm**

*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team  
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**M:** [redacted] (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

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**From:** Polley, Mary Elizabeth R. EOP/NSC [redacted] (b)(6)  
**Sent:** Monday, May 24, 2021 2:05 PM  
**To:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Bartee, Maureen S. EOP/NSC [redacted] (b)(6)>; Scully, Brian J. EOP/NSC <[redacted] (b)(6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>  
**Cc:** Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <[guu1@cdc.gov](mailto:guu1@cdc.gov)>  
**Subject:** RE: CDC & Vaccine Mis/Disinformation

Elisabeth,

It was great speaking with everyone last week and I flagged for Maureen interest [redacted] (b)(5) discussion between [redacted] (b)(5) [redacted] (b)(5) Have you been able to identify potential dates and times?

Best, Mary Beth

---

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>  
**Sent:** Monday, May 24, 2021 1:40 PM  
**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Polley, Mary Elizabeth R. EOP/NSC [redacted] (b)(6)>; Bartee, Maureen S. EOP/NSC [redacted] (b)(6)>; Scully, Brian J. EOP/NSC [redacted] (b)(6)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>  
**Cc:** Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>; Brookmeyer, Kathryn A.

(CDC/DDID/NCHHSTP/DSTDP) <[guu1@cdc.gov](mailto:guu1@cdc.gov)>

**Subject:** RE: CDC & Vaccine Mis/Disinformation

Dear Colleagues,

As promised, we are attached the latest “drop” of our State of Vaccine Confidence Insights Report #8 from the Insights Unit within our team, co-led by Jess Kolis and Dr. Kate Brookmeyer. I pasted a bit more information below.

Forthcoming will be a special SOVC edition on adolescents and an expanded paper on methods the Insights Unit uses to develop this report.

We look forward to hearing your feedback and are happy to discuss any other questions or would like to know more about our domestic and global infodemic management strategy and approach.

---

Hello partners and colleagues,

Attached please find the biweekly COVID-19 State of Vaccine Confidence Insights Report, #8. The biweekly COVID-19 State of Vaccine Confidence Insights Report emphasizes major themes influencing COVID-19 vaccine hesitancy and uptake, categorized by their level and type of threat to vaccine confidence, degree of spread, and directionality. By examining how Americans think and feel, social processes, and the practical issues around vaccination, the Insights Report seeks to identify emerging issues of misinformation, disinformation, and places where intervention efforts can positively impact vaccine confidence across the U.S.

Report #8 explores the new and evolving threats to vaccine confidence and vaccine uptake. CDC’s recent announcements of expanded guidance for fully vaccinated people was met with confusion in the news media and among consumers online. Unanswered questions about the implications of new guidance may undermine trust in COVID-19 vaccines and the U.S. vaccination system. To confront lagging vaccination rates, states and jurisdictions are employing novel tactics to reduce remaining access barriers and add incentives to reward vaccination. The overall effect of these novel tactics on vaccine uptake for unvaccinated adolescents and adults is still unknown; online discussion of incentives is polarized, with some people welcoming the developments and others feeling suspicious of them.

Please tell us how you and your team use the Insights Report. We are tracking this information and it helps us to continually improve our report and our distribution list. Kindly respond to [eocevent515@cdc.gov](mailto:eocevent515@cdc.gov) if you have any questions or if we can provide any further assistance.

Thank you for reading and for your continued support for this work!

Insights Unit | Vaccine Confidence Team  
Vaccine Task Force | COVID-19 Response  
U.S. Centers for Disease Control and Prevention

---

Sincerely,

**Elisabeth Wilhelm**

*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nfa5@cdc.gov](mailto:nfa5@cdc.gov)

| Contractor with Tanaq

-----Original Appointment-----

**From:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>

**Sent:** Wednesday, May 19, 2021 5:04 PM

**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Polley, Mary Elizabeth R. EOP/NSC; Bartee, Maureen S. EOP/NSC; Scully, Brian J. EOP/NSC; Fitter, David L. (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)

**Subject:** CDC & Vaccine Mis/Disinformation

**When:** Thursday, May 20, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Microsoft Teams Meeting

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## Microsoft Teams meeting

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United States (Toll-free)

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---

**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Wed, 20 Oct 2021 02:42:17 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]; Walensky, Rochelle (CDC/OD); Murthy, Vivek (HHS/OASH)  
**Cc:** Rowe, Courtney M. EOP/WHO; Cheema, Subhan N. EOP/WHO; Sams, Ian (HHS/ASPA); Billet, Courtney (NIH/NIAID) [E]; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); Phillips, Alexandria (HHS/OASH); Sanchez-Velasco, Marissa EOP/WHO; Saez, Mariel S. EOP/WHO; Berner, Kate K. EOP/WHO; Munoz, Kevin A. EOP/WHO; Salcido, Dorinda (Dori) (CDC/OD)  
**Subject:** RE: COVID Tough QA  
**Attachments:** Tough QA 10.19.21 9PM.docx

Hi, attached please find the latest Tough QA on COVID. Looking forward to the bright and early briefing tomorrow.

-Ben

---

**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Monday, October 18, 2021 2:16 PM  
**To:** 'Fauci, Anthony (NIH/NIAID) [E]' <(b)(6)>; 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>  
**Cc:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Cheema, Subhan N. EOP/WHO <(b)(6)>; 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO <(b)(6)>; Saez, Mariel S. EOP/WHO <(b)(6)>; Berner, Kate K. EOP/WHO <(b)(6)>; Munoz, Kevin A. EOP/WHO <(b)(6)>; 'Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>  
**Subject:** RE: COVID Tough QA

Hi, we wanted to share topline on (b)(5) passing in case you're asked.

(b)(5)

(b)(5)

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Tuesday, October 12, 2021 11:05 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' (b)(6); 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>

**Cc:** Rowe, Courtney M. EOP/WHO (b)(6); Cheema, Subhan N. EOP/WHO (b)(6); 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetec@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO (b)(6); Saez, Mariel S. EOP/WHO (b)(6); Berner, Kate K. EOP/WHO (b)(6); Munoz, Kevin A. EOP/WHO (b)(6); Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>

**Subject:** RE: COVID Tough QA

Hi All, attached please find the latest tough QA on COVID.

Thank you,  
Ben

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Wednesday, October 6, 2021 1:48 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' (b)(6); 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>

**Cc:** Rowe, Courtney M. EOP/WHO (b)(6); Cheema, Subhan N. EOP/WHO (b)(6); 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetec@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO (b)(6); Saez, Mariel S. EOP/WHO (b)(6); Berner, Kate K. EOP/WHO (b)(6); Munoz, Kevin A. EOP/WHO (b)(6); 'Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>

**Subject:** RE: COVID Tough QA

Hi all, updated QA attached based on this morning's prep. Below please find responses on Seattle:

(b)(5)

Obtained by America First Legal Foundation through litigation

(b)(5)

**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Tuesday, October 5, 2021 10:59 PM  
**To:** 'Fauci, Anthony (NIH/NIAID) [E]' (b)(6); 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO (b)(6); 'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>  
**Cc:** Rowe, Courtney M. EOP/WHO (b)(6); Cheema, Subhan N. EOP/WHO (b)(6); 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]' <mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO (b)(6); 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO (b)(6); Berner, Kate K. EOP/WHO (b)(6); Munoz, Kevin A. EOP/WHO (b)(6); 'Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>  
**Subject:** RE: COVID Tough QA

Hi, attached please find an updated tough QA.

Thank you,  
Ben

**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Friday, October 1, 2021 3:09 PM  
**To:** 'Fauci, Anthony (NIH/NIAID) [E]' (b)(6); 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO (b)(6); 'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>  
**Cc:** Rowe, Courtney M. EOP/WHO (b)(6); Cheema, Subhan N. EOP/WHO (b)(6); 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]' <mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-



Velasco, Marissa EOP/WHO (b)(6); 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO (b)(6); Berner, Kate K. EOP/WHO (b)(6); Munoz, Kevin A. EOP/WHO (b)(6); 'Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>

**Subject:** RE: COVID Tough QA

Hi, attached please find an updated version based on prep this morning. New topics from last night include:

(b)(5)

Thanks as always.

-Ben

---

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Thursday, September 30, 2021 10:31 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' (b)(6) Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO (b)(6)

'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>

**Cc:** Rowe, Courtney M. EOP/WHO (b)(6); Cheema, Subhan N. EOP/WHO

(b)(6); 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney

(NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>;

'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]'

<mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-

Velasco, Marissa EOP/WHO (b)(6); 'Perry, Sherice (OS/IEA)'

<Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO (b)(6); Berner, Kate K.

EOP/WHO (b)(6); Munoz, Kevin A. EOP/WHO

<Kevin.Munoz@who.eop.gov>; 'Salcido, Dorinda (Dori) (CDC/OD)' <spe9@cdc.gov>

**Subject:** RE: COVID Tough QA

Hi, attached please find the latest Tough QA on COVID.

For those of you attending the briefing tomorrow, our order will be slightly different than normal. (We like to keep you on your toes).

**RUN OF SHOW FOR FRIDAY BRIEFING**

- Jeff (10 second intro)
- Dr. Walensky
- Dr. Fauci
- Jeff (3 minutes)
- Dr. Murthy

Talk soon,

Ben

---

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Tuesday, September 28, 2021 8:18 AM

**To:** 'Fauci, Anthony (NIH/NIAID) [E] (b)(6)'; 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO (b)(6) <collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>

**Cc:** Rowe, Courtney M. EOP/WHO (b)(6); Cheema, Subhan N. EOP/WHO (b)(6); 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]' <mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO (b)(6); 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO (b)(6); Berner, Kate K. EOP/WHO (b)(6); Munoz, Kevin A. EOP/WHO (b)(6)

**Subject:** RE: COVID Tough QA

Hi, attached please find the latest Tough QA on COVID.

Hope this helps,  
Ben

---

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Friday, September 17, 2021 9:58 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E] (b)(6)'; 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO (b)(6) <collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>

**Cc:** Rowe, Courtney M. EOP/WHO (b)(6); Cheema, Subhan N. EOP/WHO (b)(6); 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]' <mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO (b)(6); 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO (b)(6); Berner, Kate K. EOP/WHO (b)(6)

**Subject:** RE: COVID Tough QA

Hi, attached please find an updated QA with three new topics from today:

(b)(5)

Hope this helps,  
Ben

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Friday, September 17, 2021 1:00 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' <(b)(6)> 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO <(b)(6)> 'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>  
**Cc:** Rowe, Courtney M. EOP/WHO <(b)(6)> 'heema, Subhan N. EOP/WHO' <(b)(6)>; 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]' <mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO <(b)(6)>; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO <(b)(6)> Berner, Kate K. EOP/WHO <(b)(6)>

**Subject:** RE: COVID Tough QA

Hi, you may have seen a Washington Post [story](#) claiming the U.S. will buy more doses for the world. Jeff answered it at the press briefing, but we wanted to get around quick points in case anyone has media hits this afternoon. Hope this helps.

(b)(5)

**From:** Wakana, Benjamin L. EOP/WHO

**Sent:** Thursday, September 16, 2021 10:32 PM

**To:** 'Fauci, Anthony (NIH/NIAID) [E]' <(b)(6)> 'Walensky, Rochelle (CDC/OD)' <aux7@cdc.gov>; 'Murthy, Vivek (HHS/OASH)' <Vivek.Murthy@hhs.gov>; 'Rachel.Levine@hhs.gov' <Rachel.Levine@hhs.gov>; Webb, Cameron C. EOP/WHO <(b)(6)> 'collinsf@od.nih.gov' <collinsf@od.nih.gov>; 'Marcella Nunez-Smith' <marcella.nunez-smith@hhs.gov>  
**Cc:** Rowe, Courtney M. EOP/WHO <(b)(6)>; 'heema, Subhan N. EOP/WHO' <(b)(6)>; 'Sams, Ian (HHS/ASPA)' <Ian.Sams@hhs.gov>; 'Billet, Courtney (NIH/NIAID) [E]' <billetc@niaid.nih.gov>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <aws8@cdc.gov>; 'Broido, Tara (HHS/OASH)' <Tara.Broido@hhs.gov>; 'Myles, Renate (NIH/OD) [E]'

<mylesr@mail.nih.gov>; 'Phillips, Alexandria (HHS/OASH)' <Alexandria.Phillips@hhs.gov>; Sanchez-Velasco, Marissa EOP/WHO [REDACTED] (b)(6) 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Saez, Mariel S. EOP/WHO [REDACTED] (b)(6) Berner, Kate K. EOP/WHO [REDACTED] (b)(6)  
**Subject:** COVID Tough QA

Attached please find the latest Tough QA on COVID. A huge thanks to Courtney.

Hope this helps,  
Ben

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Obtained by America First Legal Foundation through litigation

(b)(5)

Obtained by America First Legal Foundation through litigation



(b)(5)

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

**From:** Wall, Mary C. EOP/WHO  
**Sent:** Wed, 9 Jun 2021 02:00:53 +0000  
**To:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Romanik, Nikki Jo (CDC/OD/OCS); Warsh, Jonathan (OS/ASPR/IO); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Nordlund, Kristen (CDC/DDID/NCIRD/OD)  
**Cc:** Flores, Stephen (CDC/DDID/NCHHSTP/DHPIRS); Stokley, Shannon (CDC/DDID/NCIRD/ISD)  
**Subject:** RE: fertility/vax

Elisabeth –

Thank you! I will bookmark this and refer back to it. I saw the fertility and menstruation QAs – is there further reading/links/resources that also expand on these answers? Would just like to be able to have something in hand to pass along when youth and college student groups ask.

Very interested to hear in what comes out of your community assessment, too!

Thanks again,  
MW

---

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>  
**Sent:** Tuesday, June 8, 2021 6:59 PM  
**To:** Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>; Wall, Mary C. EOP/WHO  
(b)(6) Warsh, Jonathan (OS/ASPR/IO) <Jonathan.Warsh@hhs.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <hok4@cdc.gov>  
**Cc:** Flores, Stephen (CDC/DDID/NCHHSTP/DHPIRS) <sif2@cdc.gov>; Stokley, Shannon (CDC/DDID/NCIRD/ISD) <zma2@cdc.gov>  
**Subject:** RE: fertility/vax

Shannon will likely chime in, but you'll want to bookmark this page—we update it as often as new misinformation/concerns begin to trend. There are several FAQs there that will answer some of your questions.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

We are doing a rapid community assessment focused on adolescents very shortly and hope that will be impetus to create for parent and teen-facing content soon.

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** [redacted] (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>

**Sent:** Tuesday, June 8, 2021 6:45 PM

**To:** Wall, Mary C. EOP/WHO [redacted] (b)(6) Warsh, Jonathan (OS/ASPR/IO) <[Jonathan.Warsh@hhs.gov](mailto:Jonathan.Warsh@hhs.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>

**Cc:** Flores, Stephen (CDC/DDID/NCHHSTP/DHPIRS) <[sif2@cdc.gov](mailto:sif2@cdc.gov)>; Stokley, Shannon (CDC/DDID/NCIRD/ISD) <[zma2@cdc.gov](mailto:zma2@cdc.gov)>

**Subject:** RE: fertility/vax

Hi Mary,

From the CDC side, I would like to loop in our Vaccine Task Force Communication lead and our Vaccine Confidence team leads to tackle this one.

CDC team, can we provide the latest messaging and advice regarding infertility concerns with the COVID-19 vaccine?

Thanks,  
Nikki

**Nikki Jo Romanik**

*White House and HHS Liaison*

*Vaccine Task Force, COVID-19 Response*

[redacted] (b)(6) (m)

[kon6@cdc.gov](mailto:kon6@cdc.gov)

---

**From:** Wall, Mary C. EOP/WHO [redacted] (b)(6)

**Sent:** Tuesday, June 8, 2021 6:34 PM

**To:** Warsh, Jonathan (OS/ASPR/IO) <[Jonathan.Warsh@hhs.gov](mailto:Jonathan.Warsh@hhs.gov)>; Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>

**Subject:** fertility/vax

Hi Jonathan and Nikki!

Hope you're well. Could you point me in the direction of whatever you think are the best resources we have on vax and fertility/menstruation concerns? I know there was a myth buster you all produced, and I think some add'l lit w parents and teens as audience.

I'm hearing it more and more from groups that I engage, and so am hoping to pass along our latest and greatest and also potentially think

(b)(5)

(b)(5)

Thanks!  
MW

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**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Thu, 15 Jul 2021 22:03:02 +0000  
**To:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Rowland, Amy (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); Bartee, Maureen S. EOP/NSC  
**Subject:** RE: Informal meeting to discuss [redacted] on COVID misinformation

Samesies. Not a lot of coordination beyond the below.

Sincerely,

**Elisabeth Wilhelm** (*she/her*)

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** [redacted] (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>  
**Sent:** Thursday, July 15, 2021 5:46 PM  
**To:** Rowland, Amy (CDC/DDPHSIS/CGH/GID) <[isc4@cdc.gov](mailto:isc4@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>; Bartee, Maureen S. EOP/NSC [redacted] (b)(6); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>  
**Subject:** RE: Informal meeting to discuss [redacted] (b)(5) on COVID misinformation

Hi, Lis can weigh in with more info but the primary node of connection to USAID re: misinformation has been with our team. We have worked with their technical folks on demand for immunization for a long time and recently have discussed mutual efforts on social listening and misinformation. We just jointly presented to the interagency this past Wednesday. I am not aware of what the ITF's coordination with USAID is more broadly.

---

**From:** Rowland, Amy (CDC/DDPHSIS/CGH/GID) <[isc4@cdc.gov](mailto:isc4@cdc.gov)>  
**Sent:** Thursday, July 15, 2021 5:42 PM  
**To:** Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>; Bartee, Maureen S. EOP/NSC [redacted] (b)(6); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>  
**Subject:** RE: Informal meeting to discuss [redacted] (b)(5) on COVID misinformation

Hi all,

Do we have visibility on the ITF's coordination with USAID on country support for COVID-19 vaccine introduction? I've heard that there is very close collaboration including "weekly meetings at operational level between ITF/Global vaccines and bi-weekly between agency leadership." [REDACTED] (b)(5)

[REDACTED] (b)(5)

Looking forward to the meeting,

Amy

p.s. HI MAUREEN!!!!

---

**From:** Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>  
**Sent:** Thursday, July 15, 2021 5:16 PM  
**To:** Bartee, Maureen S. EOP/NSC [REDACTED] (b)(6) Rowland, Amy (CDC/DDPHSIS/CGH/GID) <[isc4@cdc.gov](mailto:isc4@cdc.gov)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>  
**Subject:** RE: Informal meeting to discuss [REDACTED] (b)(5) on COVID misinformation

Great – many thanks! I can't send out a Zoom invite on my laptop but if you can from your side please do and I'll cancel the meeting invite I sent out.

---

**From:** Bartee, Maureen S. EOP/NSC [REDACTED] (b)(6)  
**Sent:** Thursday, July 15, 2021 5:15 PM  
**To:** Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>; Rowland, Amy (CDC/DDPHSIS/CGH/GID) <[isc4@cdc.gov](mailto:isc4@cdc.gov)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>  
**Subject:** RE: Informal meeting to discuss [REDACTED] (b)(5) on COVID misinformation

Thanks Dimitri. Happy to have a chat. Would you mind if we changed to zoom? I can't do teams here and I have to call in... thanks for considering. I'd be happy to send a zoom link if helpful.

-----Original Appointment-----

**From:** Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>  
**Sent:** Thursday, July 15, 2021 5:04 PM  
**To:** Bartee, Maureen S. EOP/NSC; Rowland, Amy (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID)  
**Subject:** Informal meeting to discuss [REDACTED] (b)(5) on COVID misinformation  
**When:** Thursday, July 22, 2021 9:00 AM-9:30 AM (UTC-05:00) Eastern Time (US & Canada).  
**Where:** Microsoft Teams Meeting

Hi Maureen and Amy,

Just wanted to touch base how our team can best engage with NSC.

(b)(5)

(b)(5)

Best,

Dimitri

Dimitri Prybylski, PhD, MPH  
Demand for Immunization Team Lead  
Immunization Systems Branch  
Global Immunization Division, US Centers for Disease Control and Prevention  
1600 Clifton Rd., NE, MS A-04, Atlanta, GA 30333  
Cell: (b)(6) Tel: 404-718-3476  
Email: [hjt1@cdc.gov](mailto:hjt1@cdc.gov)

---

Microsoft Teams meeting

**Join on your computer or mobile app**

[Click here to join the meeting](#)

**Or call in (audio only)**

(b)(6)

United States, Atlanta

United States (Toll-free)

Phone Conference ID: (b)(6)

[Find a local number](#) | [Reset PIN](#)

[Learn More](#) | [Meeting options](#)

---

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**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Sent:** Thu, 3 Jun 2021 14:04:09 +0000  
**To:** Jennifer Shopkorn (CENSUS/ADCOM FED); Polley, Mary Elizabeth R. EOP/NSC; Zachary Henry Schwartz (CENSUS/ITSMO FED); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)  
**Cc:** Scully, Brian J. EOP/NSC; Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP); Stokley, Shannon (CDC/DDID/NCIRD/ISD); Flores, Stephen (CDC/DDID/NCHHSTP/DHPIRS)  
**Subject:** RE: Interagency Brief on Census/CDC Efforts to Counter Disinformation  
**Attachments:** Insights-SOVC\_May2021\_cleared.pdf

Thank you, USG colleagues!

It was an honor. We're happy to speak with any agency about our process, what we're doing domestically and globally, and suggested ways to take action and behavioral interventions we are developing that lean on social inoculation to pre-bunk misinformation.

Happily, the next SOVC report will drop on Monday and we expect to have the reports all online in the next week. A more detailed methods paper is also coming soon if you're interested. Do email [eoevent515@cdc.gov](mailto:eoevent515@cdc.gov) if you'd like to be subscribed.

Meanwhile, please find our presentation attached.

Wishing you a good day ahead,

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence and Demand Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

---

**From:** Jennifer Shopkorn (CENSUS/ADCOM FED) <jennifer.shopkorn@census.gov>  
**Sent:** Thursday, June 3, 2021 9:04 AM  
**To:** Polley, Mary Elizabeth R. EOP/NSC (b)(6); Zachary Henry Schwartz (CENSUS/ITSMO FED) <zachary.henry.schwartz@census.gov>; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>

**Cc:** Scully, Brian J. EOP/NSC (b)(6)

**Subject:** Re: Interagency Brief on Census/CDC Efforts to Counter Disinformation

Mary Beth,

Thank you for the chance to share an overview of our Trust & Safety Team's work combatting mis/disinformation around the 2020 Census. We are always happy to speak with folks if additional questions arise, including talking to GEC. Please find our slides from yesterday attached.

Thanks,  
Jen

---

**Jennifer C. Shopkorn** (she/her)

Senior Advisor for Communications

Communications Directorate

U.S. Census Bureau

O: 202-465-5982 | M: (b)(6)

[census.gov](https://www.census.gov) | [@uscensusbureau](https://twitter.com/uscensusbureau) | [2020census.gov](https://www.2020census.gov)

---

**From:** Polley, Mary Elizabeth R. EOP/NSC (b)(6)

**Sent:** Wednesday, June 2, 2021 9:00 PM

**To:** Jennifer Shopkorn (CENSUS/ADCOM FED) <[jennifer.shopkorn@census.gov](mailto:jennifer.shopkorn@census.gov)>; Zachary Henry Schwartz (CENSUS/ITSMO FED) <[zachary.henry.schwartz@census.gov](mailto:zachary.henry.schwartz@census.gov)>; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

**Cc:** Scully, Brian J. EOP/NSC (b)(6)

**Subject:** RE: Interagency Brief on Census/CDC Efforts to Counter Disinformation

CDC and Census Colleagues,

Thank you so much for your presentations. I have had several requests for your slides. I have also had a request for a point-to-point briefing for the GEC at State. I can't thank you enough for taking the time to share your real world experience and look forward to building on your lessons learned going forward.

Best, Mary Beth

---

**From:** Polley, Mary Elizabeth R. EOP/NSC

**Sent:** Tuesday, June 1, 2021 9:12 PM

**To:** 'Jennifer Shopkorn (CENSUS/ADCOM FED)' <[jennifer.shopkorn@census.gov](mailto:jennifer.shopkorn@census.gov)>; 'Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)' <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

**Cc:** Scully, Brian J. EOP/NSC [REDACTED] (b)(6)

**Subject:** Interagency Brief on Census/CDC Efforts to Counter Disinformation

Census, CDC Colleagues,

Thanks so much for taking the time to talk with the interagency tomorrow about your work to counter disinformation. As we have explained, we are running an interagency process to identify ways to improve and streamline the federal government's efforts to identify, counter and build resilience to disinformation. Your work brings those discussions together with real-time events and I would encourage you to [REDACTED] (b)(5)

[REDACTED] (b)(5)

We have an hour for tomorrow's discussions so I would ask each agency to try to keep your remarks to 20 minutes to allow for Q&A. Please also share any final materials you would like shared with group and we would welcome your thoughts on how the federal government could better address disinformation, regardless of the topic or source.

Look forward to hearing from you tomorrow. You may want to log-on a few minutes early and the Zoom information has been added to the invite.

Thanks so much,  
Mary Beth

Mary Beth Polley  
Disinformation, Foreign Malign Influence (Temp) and Resiliency  
Democracy and Human Rights Directorate  
National Security Council

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Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation



Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Sun, 6 Jun 2021 19:09:03 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC  
**Subject:** RE: Interagency Brief on Census/CDC Efforts to Counter Disinformation

Hi Mary Beth,

Just let us know when and where and we'll be there with bells on. 😊

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force  
| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** + (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Polley, Mary Elizabeth R. EOP/NSC (b)(6) >  
**Sent:** Wednesday, June 2, 2021 9:01 PM  
**To:** Jennifer Shopkorn (CENSUS/ADCOM FED) <jennifer.shopkorn@census.gov>; zachary.henry.schwartz@census.gov; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Cc:** Scully, Brian J. EOP/NSC (b)(6)  
**Subject:** RE: Interagency Brief on Census/CDC Efforts to Counter Disinformation

CDC and Census Colleagues,

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Best, Mary Beth

---

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Tuesday, June 1, 2021 9:12 PM  
**To:** 'Jennifer Shopkorn (CENSUS/ADCOM FED)' <jennifer.shopkorn@census.gov>; 'Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)' <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>

**Cc:** Scully, Brian J. EOP/NSC (b)(6)

**Subject:** Interagency Brief on Census/CDC Efforts to Counter Disinformation

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(b)(5)

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Mary Beth

Mary Beth Polley  
Disinformation, Foreign Malign Influence (Temp) and Resiliency  
Democracy and Human Rights Directorate  
National Security Council

Obtained by American First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)  
**Sent:** Wed, 2 Jun 2021 11:40:32 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC; Jennifer Shopkorn (CENSUS/ADCOM FED); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)  
**Cc:** Scully, Brian J. EOP/NSC  
**Subject:** RE: Interagency Brief on Census/CDC Efforts to Counter Disinformation

Hi Mary Beth,

Message received! 😊 Talk soon.

Sincerely,

**Elisabeth Wilhelm**  
*Vaccine Confidence Strategist*

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence and Demand Team  
| Day Job: Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

| Contractor with Tanaq

---

**From:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>  
**Sent:** Tuesday, June 1, 2021 9:12 PM  
**To:** Jennifer Shopkorn (CENSUS/ADCOM FED) <jennifer.shopkorn@census.gov>; Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Cc:** Scully, Brian J. EOP/NSC <(b)(6)>  
**Subject:** Interagency Brief on Census/CDC Efforts to Counter Disinformation

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Thanks so much for taking the time to talk with the interagency tomorrow about your work to counter disinformation. As we have explained, we are running an interagency process to identify ways to improve and streamline the federal government's efforts to identify, counter and build resilience to disinformation. Your work brings those discussions together with real-time events and I would encourage you to (b)(5)

(b)(5)

(b)(5)

Thanks so much,  
Mary Beth

Mary Beth Polley  
Disinformation, Foreign Malign Influence (Temp) and Resiliency  
Democracy and Human Rights Directorate  
National Security Council

Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Thu, 12 Aug 2021 21:55:41 +0000  
**To:** Wakana, Benjamin L. EOP/WHO; Romanik, Nikki Jo (CDC/OD/OCS)  
**Cc:** Peck, Joshua (HHS/ASPA); Kim, Ann (OS/OASH); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS)  
**Subject:** RE: Misinformation Trends

Insights Team is furiously working on it and pulling cleared language for what we can. Get we get this back to you in a few hours? 😊

Sincerely,

**Elisabeth Wilhelm** (*she/her*)

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Wakana, Benjamin L. EOP/WHO (b)(6)  
**Sent:** Thursday, August 12, 2021 5:54 PM  
**To:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>  
**Cc:** Peck, Joshua (HHS/ASPA) <joshua.Peck@hhs.gov>; Kim, Ann (OS/OASH) <Ann.Kim@hhs.gov>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS) <oqo2@cdc.gov>  
**Subject:** RE: Misinformation Trends

Hi, sorry to ping. Any chance this is possible?

---

**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Thursday, August 12, 2021 10:57 AM  
**To:** 'Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)' <nla5@cdc.gov>; 'Romanik, Nikki Jo (CDC/OD/OCS)' <kon6@cdc.gov>  
**Cc:** 'Peck, Joshua (HHS/ASPA)' <joshua.Peck@hhs.gov>; 'Kim, Ann (OS/OASH)' <Ann.Kim@hhs.gov>; 'Kolis, Jessica (CDC/DDPHSIS/CGH/GID)' <ywe5@cdc.gov>; 'Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS)' <oqo2@cdc.gov>  
**Subject:** RE: Misinformation Trends

Okay. We're making progress. But I have one more request. Could CDC write in 1 or 2 sentences about what each topic is and our best response. I gave an example below.

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(b)(5)

(b)(5)

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**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Thursday, August 12, 2021 6:15 AM  
**To:** 'Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)' <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>  
**Cc:** Peck, Joshua (HHS/ASPA) <[Joshua.Peck@hhs.gov](mailto:Joshua.Peck@hhs.gov)>; Kim, Ann (OS/OASH) <[Ann.Kim@hhs.gov](mailto:Ann.Kim@hhs.gov)>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS) <[oqo2@cdc.gov](mailto:oqo2@cdc.gov)>  
**Subject:** RE: Misinformation Trends

Thank you all! Very helpful.

---

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>  
**Sent:** Wednesday, August 11, 2021 10:13 AM  
**To:** Wakana, Benjamin L. EOP/WHO <[REDACTED] (b)(6) >; Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>  
**Cc:** Peck, Joshua (HHS/ASPA) <[Joshua.Peck@hhs.gov](mailto:Joshua.Peck@hhs.gov)>; Kim, Ann (OS/OASH) <[Ann.Kim@hhs.gov](mailto:Ann.Kim@hhs.gov)>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <[ywe5@cdc.gov](mailto:ywe5@cdc.gov)>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS) <[oqo2@cdc.gov](mailto:oqo2@cdc.gov)>  
**Subject:** RE: Misinformation Trends

Hi Ben,

Here are our comments and suggestions. Please take what is useful and ignore the rest.

Let us know if you'd prefer a short call to discuss—we can do before 1:30 PM or after 4:30 PM. If you want a call, please invite me, Jess, Chris, her co-lead, and Nikki.

Sincerely,

**Elisabeth Wilhelm** *(she/her)*

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force



| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Wakana, Benjamin L. EOP/WHO (b)(6)

**Sent:** Wednesday, August 11, 2021 6:20 AM

**To:** Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>

**Cc:** Peck, Joshua (HHS/ASPA) <[Joshua.Peck@hhs.gov](mailto:Joshua.Peck@hhs.gov)>; Kim, Ann (OS/OASH) <[Ann.Kim@hhs.gov](mailto:Ann.Kim@hhs.gov)>;

Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>

**Subject:** Misinformation Trends

Hi Nikki, I've been asked to pull together a memo on the

(b)(5)

(b)(5)

I attempted to build this from CDC's vaccine confidence report but would love any edits/feedback/comments you have.

Hoping to get something to a wider group by COB today, if possible.

Many thanks,  
Ben

+++

Ben Wakana

Deputy Director for Strategic Communications and Engagement  
White House COVID Response Team

(b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Wed, 11 Aug 2021 11:41:02 +0000  
**To:** Wakana, Benjamin L. EOP/WHO; Romanik, Nikki Jo (CDC/OD/OCS)  
**Cc:** Peck, Joshua (HHS/ASPA); Kim, Ann (OS/OASH); Kolis, Jessica (CDC/DDPHSIS/CGH/GID)  
**Subject:** Re: Misinformation Trends

We're on it! :) happy to send over some comments and suggestions for consideration in next few hours. Plugging in Jess our Insights Unit Lead.

Get [Outlook for iOS](#)

**From:** Wakana, Benjamin L. EOP/WHO [REDACTED] (b)(6)  
**Sent:** Wednesday, August 11, 2021 6:19:39 AM  
**To:** Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>  
**Cc:** Peck, Joshua (HHS/ASPA) <Joshua.Peck@hhs.gov>; Kim, Ann (OS/OASH) <Ann.Kim@hhs.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>  
**Subject:** Misinformation Trends

Hi Nikki, I've been asked to pull together a memo on the [REDACTED] (b)(5)

[REDACTED] (b)(5)

I attempted to build this from CDC's vaccine confidence report but would love any edits/feedback/comments you have.

Hoping to get something to a wider group by COB today, if possible.

Many thanks,  
Ben

+++  
Ben Wakana  
Deputy Director for Strategic Communications and Engagement  
White House COVID Response Team

[REDACTED] (b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Cisneros, Eduardo EOP/WHO  
**Sent:** Wed, 7 Jul 2021 00:48:11 +0000  
**To:** Romanik, Nikki Jo (CDC/OD/OCS)  
**Cc:** Berger, Sherri (CDC/OCOO/OD)  
**Subject:** Re: Question in follow-up to today's call

Excellent, thank you!

On Jul 6, 2021, at 8:15 PM, Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov> wrote:

Hi Eduardo,

Here is a webpage that is updated as new misinformation/concerns begin to trend (fertility concerns included).

[Myths and Facts about COVID-19 Vaccines | CDC](#)

I have reached out to additional folks within the response to see if we can track down some research on the topic, but wanted to pass this website link on for now. I will follow up to let you know if we find additional materials tomorrow. (or tonight, if I hear back)

Thanks,  
Nikki

**Nikki Jo Romanik**  
*White House and HHS Liaison  
Vaccine Task Force, COVID-19 Response*  
(b)(6) (m)  
[kon6@cdc.gov](mailto:kon6@cdc.gov)

---

**From:** Cisneros, Eduardo EOP/WHO <(b)(6)>  
**Sent:** Tuesday, July 6, 2021 11:33 AM  
**To:** Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>  
**Subject:** RE: Question in follow-up to today's call

Excellent. Thanks so much, appreciate you both!

---

**From:** Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>  
**Sent:** Tuesday, July 6, 2021 11:29 AM  
**To:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Cisneros, Eduardo EOP/WHO <(b)(6)>  
**Subject:** RE: Question in follow-up to today's call

Yep, I was listening and already started this request. 😊 Eduardo, I will be in touch!

**Nikki Jo Romanik**  
White House and HHS Liaison  
Vaccine Task Force, COVID-19 Response  
(b)(6) (m)  
[kon6@cdc.gov](mailto:kon6@cdc.gov)

---

**From:** Berger, Sherri (CDC/OCOO/OD) <[sob8@cdc.gov](mailto:sob8@cdc.gov)>  
**Sent:** Tuesday, July 6, 2021 11:28 AM  
**To:** Cisneros, Eduardo EOP/WHO <(b)(6)>  
**Cc:** Romanik, Nikki Jo (CDC/OD/OCS) <[kon6@cdc.gov](mailto:kon6@cdc.gov)>  
**Subject:** RE: Question in follow-up to today's call

Hi! Nikki will track down what we have and get it to you! Thanks

---

**From:** Cisneros, Eduardo EOP/WHO <(b)(6)>  
**Sent:** Tuesday, July 6, 2021 11:26 AM  
**To:** Berger, Sherri (CDC/OCOO/OD) <[sob8@cdc.gov](mailto:sob8@cdc.gov)>  
**Subject:** FW: Question in follow-up to today's call

Hi Sherri

I hope you had a nice 4th and holiday weekend. On today's Governors call just now, AR Gov Hutchinson asked about whether we have more information, helpful messaging, or a white paper on fertility issues related to vaccines. Jeff mentioned the CDC has this information. Would you be able to share with me so that we can send a follow note to the Governors, or point me in the right direction if someone else is point.

Thank you

Eduardo

---

**From:** Ramos, Maribel <[MRamos@nga.org](mailto:MRamos@nga.org)>  
**Sent:** Tuesday, July 6, 2021 11:23 AM  
**To:** Cisneros, Eduardo EOP/WHO <(b)(6)>  
**Subject:** [EXTERNAL] Question in follow-up to today's call

Hi Eduardo,

The question that came up today on information or paper on fertility issues re: vaccines. I know there is some info but wanted to check with you re: most updated. Would like to include in Bill's email today to gov's. Would you have that handy?

Thanks!  
Maribel

**From:** Berger, Sherri (CDC/OCOO/OD)  
**Sent:** Fri, 30 Apr 2021 11:05:33 +0000  
**To:** Rowe, Courtney M. EOP/WHO; Spiro, Topher J. EOP/OMB; Pearlman, Aj (HHS/IOS); Johnson, Carole A. EOP/WHO; Sams, Ian (HHS/ASPA); Warsh, Jonathan (OS/ASPR/IO); Anderson, Charlie D. EOP/WHO  
**Cc:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); Brand, Anstice M. (CDC/OD/CDCWO); Kelly, Alison (CDC/OCOO/OFR/OA)  
**Bcc:** Holloway, Rachel (CDC/OCOO/OD)  
**Subject:** RE: Quick question  
**Attachments:** COVID Supp Agency Spend Plan 6 Narrative - CDC Vaccine Confidence Resp to OMB.docx

Here is the high level spend plan. Please let us know if this will go Tuesday or Wednesday. At CDC, we will make the jurisdiction awards before the end of next week. Thank you

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**From:** Rowe, Courtney M. EOP/WHO (b)(6)  
**Sent:** Thursday, April 29, 2021 9:20 PM  
**To:** Spiro, Topher J. EOP/OMB <(b)(6)>; Pearlman, Aj (HHS/IOS) <Aj.Pearlman@hhs.gov>; Johnson, Carole A. EOP/WHO (b)(6); Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Warsh, Jonathan (OS/ASPR/IO) <Jonathan.Warsh@hhs.gov>; Anderson, Charlie D. EOP/WHO (b)(6)>  
**Cc:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; Brand, Anstice M. (CDC/OD/CDCWO) <atb6@cdc.gov>; Kelly, Alison (CDC/OCOO/OFR/OA) <ayk7@cdc.gov>  
**Subject:** RE: Quick question

Can someone remind me (b)(5) We may want to announce this on Tuesday or Wednesday of next week

---

**From:** Spiro, Topher J. EOP/OMB  
**Sent:** Thursday, April 29, 2021 12:35 PM  
**To:** Pearlman, Aj (HHS/IOS) <Aj.Pearlman@hhs.gov>; Johnson, Carole A. EOP/WHO (b)(6); Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Rowe, Courtney M. EOP/WHO (b)(6); Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Warsh, Jonathan (OS/ASPR/IO) <Jonathan.Warsh@hhs.gov>; Anderson, Charlie D. EOP/WHO (b)(6)  
**Cc:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; Brand, Anstice M. (CDC/OD/CDCWO) <atb6@cdc.gov>; Kelly, Alison (CDC/OCOO/OFR/OA) <ayk7@cdc.gov>  
**Subject:** RE: Quick question

Full

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**From:** Pearlman, Aj (HHS/IOS) <Aj.Pearlman@hhs.gov>  
**Sent:** Thursday, April 29, 2021 10:41 AM  
**To:** Spiro, Topher J. EOP/OMB (b)(6); Johnson, Carole A. EOP/WHO

(b)(6) Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Rowe, Courtney M. EOP/WHO <(b)(6)>; Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Warsh, Jonathan (OS/ASPR/IO) <Jonathan.Warsh@hhs.gov>; Anderson, Charlie D. EOP/WHO

(b)(6)  
**Cc:** Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; Brand, Anstice M. (CDC/OD/CDCWO) <atb6@cdc.gov>; Kelly, Alison (CDC/OCOO/OFR/OA) <ayk7@cdc.gov>

**Subject:** RE: Quick question

Hi all,

Quick question - (b)(5)

Thanks in advance for the clarification.

Best,

AJ

---

**From:** Spiro, Topher J. EOP/OMB <(b)(6)>  
**Sent:** Thursday, April 29, 2021 10:27 AM  
**To:** Johnson, Carole A. EOP/WHO <(b)(6)>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Rowe, Courtney (who.eop.gov) <(b)(6)>; Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Warsh, Jonathan (OS/ASPR/IO) <Jonathan.Warsh@hhs.gov>; Anderson, Charlie D. EOP/WHO <(b)(6)>  
**Cc:** Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; Brand, Anstice M. (CDC/OD/CDCWO) <atb6@cdc.gov>; Kelly, Alison (CDC/OCOO/OFR/OA) <ayk7@cdc.gov>; Pearlman, Aj (HHS/IOS) <Aj.Pearlman@hhs.gov>  
**Subject:** RE: Quick question

This is approved - I believe (b)(5) Thanks,

Topher

---

**From:** Johnson, Carole A. EOP/WHO  
**Sent:** Wednesday, April 28, 2021 6:41 PM  
**To:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Rowe, Courtney M. EOP/WHO <(b)(6)>; Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Warsh, Jonathan (OS/ASPR/IO) <Jonathan.Warsh@hhs.gov>; Anderson, Charlie D. EOP/WHO <(b)(6)>; Spiro, Topher J. EOP/OMB <(b)(6)>  
**Cc:** Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; Brand, Anstice M. (CDC/OD/CDCWO) <atb6@cdc.gov>; Kelly, Alison (CDC/OCOO/OFR/OA) <ayk7@cdc.gov>; Pearlman, Aj (HHS/IOS) <Aj.Pearlman@hhs.gov>  
**Subject:** RE: Quick question

+ Topher. Topher (b)(5)

(b)(5) Thanks

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**From:** Berger, Sherri (CDC/OCOO/OD) <[sob8@cdc.gov](mailto:sob8@cdc.gov)>

**Sent:** Wednesday, April 28, 2021 6:34 PM

**To:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Johnson, Carole A. EOP/WHO <(b)(6)>; Sams, Ian (HHS/ASPA) <[ian.Sams@hhs.gov](mailto:ian.Sams@hhs.gov)>; Warsh, Jonathan (OS/ASPR/IO) <[Jonathan.Warsh@hhs.gov](mailto:Jonathan.Warsh@hhs.gov)>; Anderson, Charlie D. EOP/WHO <(b)(6)>

**Cc:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Brand, Anstice M. (CDC/OD/CDCWO) <[atb6@cdc.gov](mailto:atb6@cdc.gov)>; Kelly, Alison (CDC/OCOO/OFR/OA) <[ayk7@cdc.gov](mailto:ayk7@cdc.gov)>; Pearlman, Aj (HHS/IOS) <[Aj.Pearlman@hhs.gov](mailto:Aj.Pearlman@hhs.gov)>

**Subject:** RE: Quick question

Checking if anyone has heard if this will be approved soon? We have a call w/ the state immunization program directors tomorrow, and I think (b)(5)

(b)(5) Thanks

---

**From:** Berger, Sherri (CDC/OCOO/OD)

**Sent:** Friday, April 23, 2021 11:01 AM

**To:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Johnson, Carole A. EOP/WHO <(b)(6)>; Sams, Ian (HHS/ASPA) <[ian.Sams@hhs.gov](mailto:ian.Sams@hhs.gov)>; Warsh, Jonathan (OS/ASPR/IO) <[Jonathan.Warsh@hhs.gov](mailto:Jonathan.Warsh@hhs.gov)>; Anderson, Charlie D. EOP/WHO <(b)(6)>

**Cc:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Reczek, Jeffrey (CDC/OD/CDCWO) <[msq5@cdc.gov](mailto:msq5@cdc.gov)>; Kelly, Alison (CDC/OCOO/OFR/OA) <[ayk7@cdc.gov](mailto:ayk7@cdc.gov)>; Pearlman, Aj (HHS/IOS) <[Aj.Pearlman@hhs.gov](mailto:Aj.Pearlman@hhs.gov)>

**Subject:** RE: Quick question

Quick update: We are now looking at "early May" for the STLT awards to support the vaccine campaign b/c we don't have the funds yet. Thanks

Obtained by America First Legal Foundation through litigation

(b)(5)

Obtained by America First Legal Foundation through litigation



(b)(5)

Obtained by America First Legal Foundation through litigation

(b)(5)

Obtained by America First Legal Foundation through litigation

(b)(5)

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

**From:** Choucair, Bechara N. EOP/WHO  
**Sent:** Tue, 9 Nov 2021 14:45:45 +0000  
**To:** Murthy, Vivek (HHS/OASH); Fauci, Anthony (NIH/NIAID) [E]; Woodcock, Janet (FDA/OC); Kessler, David (HHS/IOS); Levine, Rachel (HHS/OASH); Walensky, Rochelle (CDC/OD); Lander, Eric S. EOP/OSTP; Collins, Francis (NIH/OD) [E]  
**Subject:** RE: Quick update: Surgeon General Community Toolkit for Addressing Health Misinformation

Thanks Vivek. Much needed!

Bechara

Bechara Choucair, MD  
Vaccinations Coordinator  
White House COVID Response Team

(b)(6)

---

**From:** Murthy, Vivek (HHS/OASH) <Vivek.Murthy@hhs.gov>  
**Sent:** Tuesday, November 9, 2021 7:07 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b)(6)>; Woodcock, Janet (FDA/OC) <Janet.Woodcock@fda.hhs.gov>; Kessler, David (HHS/IOS) <David.Kessler@hhs.gov>; Levine, Rachel (HHS/OASH) <Rachel.Levine@hhs.gov>; Walensky, Rochelle (CDC/OD) <aux7@cdc.gov>; Lander, Eric S. EOP/OSTP <(b)(6)>; Choucair, Bechara N. EOP/WHO <(b)(6)>; Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>  
**Subject:** Quick update: Surgeon General Community Toolkit for Addressing Health Misinformation

Hi friends,

I hope you're all doing well. I wanted to let you know that later today, our office will be launching a Community Toolkit to combat health misinformation. This is a follow up to the SG Advisory we released in July and it provides concrete tools that individuals and organizations can use to identify misinformation and talk to their families about it. Especially given the rollout for kids' vaccines, we want to increase the emphasis on rooting our misinformation.

I'm including more information below and attaching the toolkit in case it is helpful. Thanks for all the support and will look forward to our next group call!

Take care  
Vivek

## BACKGROUND

Earlier this year, Dr. Murthy issued the first [Surgeon General's Advisory](#) of this Administration warning people about the urgent threat of health misinformation and calling for a whole of society approach to address it. **As the Administration enters the next critical phase of the COVID-19 vaccination campaign, vaccinating children ages 5-11, U.S. Surgeon General Dr. Vivek Murthy tomorrow will release a Community Toolkit for Addressing Health Misinformation to help Americans navigate the serious threat of health misinformation, especially online.**

The Surgeon General's Community Toolkit for Addressing Health Misinformation will provide communities with resources to help protect against this threat, helping to ensure that people across the country have access to science-based public health guidance as the country continues to confront the COVID-19 pandemic. The toolkit is interactive and collaborative using accessible language and examples to help users understand and identify misinformation and disinformation.

Resources in the Community Toolkit include:

- A Health Misinformation Checklist to help evaluate the accuracy of health-related content;
- Tips on how individuals can talk to loved ones about health misinformation;
- An outline of common types of misinformation and disinformation tactics; and
- Reflections and examples of times individuals may have encountered misinformation.

**Attached here you will find an embargoed, internal only copy of the toolkit for your awareness (embargo lifts at 7:30a EST November 9). We'd welcome your team helping amplify tomorrow, and please reach out with any questions.** If helpful, happy to loop in our Communications team here to share draft social media copy, graphics, and additional roll-out materials.

**From:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)  
**Sent:** Thu, 16 Sep 2021 20:32:21 +0000  
**To:** Molina, Jennifer EOP/WHO; Sams, Ian (HHS/ASPA); Nordlund, Kristen (CDC/DDID/NCIRD/OD); Perez Fernandez, Luisana C. EOP/WHO  
**Cc:** Haynes, Benjamin (CDC/OD/OADC); Gonzalez, Belsie (CDC/OD/OADC)  
**Subject:** RE: Spanish Language Doctors - Avail?

Jennifer,

We are pulling down some of our other interviews as well until we get through the booster effort.

Maybe Ian can weigh in and provide other options.

Regards,

Abbigail

---

**From:** Molina, Jennifer EOP/WHO <(b)(6)>  
**Sent:** Thursday, September 16, 2021 3:37 PM  
**To:** Nordlund, Kristen (CDC/DDID/NCIRD/OD) <hok4@cdc.gov>; Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>  
**Cc:** Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Haynes, Benjamin (CDC/OD/OADC) <fxq2@cdc.gov>; Gonzalez, Belsie (CDC/OD/OADC) <fqj1@cdc.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>  
**Subject:** RE: Spanish Language Doctors - Avail?

Oh no! Is there anyone else you'd recommend? The Despierta America interview is a priority for us.

---

**From:** Nordlund, Kristen (CDC/DDID/NCIRD/OD) <hok4@cdc.gov>  
**Sent:** Thursday, September 16, 2021 2:37 PM  
**To:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)> Molina, Jennifer EOP/WHO <(b)(6)>  
**Cc:** Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Haynes, Benjamin (CDC/OD/OADC) <fxq2@cdc.gov>; Gonzalez, Belsie (CDC/OD/OADC) <fqj1@cdc.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>  
**Subject:** RE: Spanish Language Doctors - Avail?

Hi Luisana,

We've checked with our Spanish-speaking SMEs, including Dr. Montero, and unfortunately we cannot support these interviews tomorrow. We hope to have more availability next week to help.

Thanks,  
Kristen

**Kristen Nordlund**  
*Acting Deputy Branch Chief*

News Media Branch

o: 404-639-7387 | c: (b)(6) e-mail: [hok4@cdc.gov](mailto:hok4@cdc.gov)

---

**From:** Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>  
**Sent:** Thursday, September 16, 2021 1:19 PM  
**To:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)> Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO <(b)(6)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Sams, Ian (HHS/ASPA) <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

I will.

Belsie González, MPH | Senior Public Affairs Specialist | Centers for Disease Control and Prevention

---

**From:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>  
**Sent:** Thursday, September 16, 2021 1:17 PM  
**To:** Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO <(b)(6)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Sams, Ian (HHS/ASPA) <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

Hi Belsie, let me know if we are good to confirm the two hits below.

Thanks!

---

**From:** Perez Fernandez, Luisana C. EOP/WHO  
**Sent:** Thursday, September 16, 2021 12:16 PM  
**To:** 'Gonzalez, Belsie (CDC/OD/OADC)' <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; 'Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)' <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO <(b)(6)>; 'Haynes, Benjamin (CDC/OD/OADC)' <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** 'Sams, Ian (HHS/ASPA)' <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; 'Nordlund, Kristen (CDC/DDID/NCIRD/OD)' <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

Belsie, this is what we have right now:

**Friday, September 15 at 8:30am (live)**

**Outlet:** Despierta America, Univision

**Surrogate:** Dr. Jose Montero

**Reporter:** TBD

**Topic:** COVID and vaccinations



**Zoom Link:**

Meeting ID:

Passcode:

**Contact:** Arianna Requenna, (305) 798-9354

**Friday, September 15 at 8:45am (taped)**

**Outlet:** Diario Las Americas

**Surrogate:** Dr. Jose Montero

**Reporter:** Frank Lopez Ballesteros

**Topic:** COVID and vaccinations

**Zoom Link:**

Meeting ID:

Passcode:

**Contact:** Frank Lopez Ballesteros, (954) 759-1320

---

**From:** Perez Fernandez, Luisana C. EOP/WHO

**Sent:** Thursday, September 16, 2021 10:14 AM

**To:** 'Gonzalez, Belsie (CDC/OD/OADC)' <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO <[REDACTED] (b)(6)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>

**Cc:** Sams, Ian (HHS/ASPA) <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>

**Subject:** RE: Spanish Language Doctors - Avail?

Thanks, Belsie.

Yes, the conversation will be about vaccination. I'm checking what other requests we have at this moment and will send them your way.

---

**From:** Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>

**Sent:** Thursday, September 16, 2021 9:20 AM

**To:** Perez Fernandez, Luisana C. EOP/WHO <[REDACTED] (b)(6)>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO

<[REDACTED] (b)(6)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>

**Cc:** Sams, Ian (HHS/ASPA) <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>

**Subject:** RE: Spanish Language Doctors - Avail?

Good morning Luisiana,

I will check if he is still available. Is this still on promoting vaccinations?

I will be able to better assist you with the other requests if I have the details of each request (e.g. outlet contact information, date, time and topic)

Regards,  
Belsie

Belsie González, MPH | Senior Public Affairs Specialist | Centers for Disease Control and Prevention | [ibgonzalez2@cdc.gov](mailto:ibgonzalez2@cdc.gov) | 404-639-0668

---

**From:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>  
**Sent:** Thursday, September 16, 2021 9:07 AM  
**To:** Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO <(b)(6)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Sams, Ian (HHS/ASPA) <[lan.Sams@hhs.gov](mailto:lan.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

Good morning Belsie,

Is Dr. Montero still available for tomorrow morning at 8:45 AM ET? We have one newspaper interested. Also, if there are any other available slots, please let me know!

Thanks,  
Luisana

---

**From:** Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>  
**Sent:** Tuesday, September 14, 2021 12:07 PM  
**To:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>; Molina, Jennifer EOP/WHO <(b)(6)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Sams, Ian (HHS/ASPA) <[lan.Sams@hhs.gov](mailto:lan.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** Re: Spanish Language Doctors - Avail?

Hi,

We have some availability tomorrow early afternoon and Friday before 9AM ET.

Please send me the media contacts.

Belsie González, MPH | Centers for Disease Control and Prevention

---

**From:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>  
**Sent:** Tuesday, September 14, 2021 11:00:20 AM  
**To:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>; Molina, Jennifer EOP/WHO <(b)(6)>; Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>

**Cc:** Sams, Ian (HHS/ASPA) <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>

**Subject:** RE: Spanish Language Doctors - Avail?

Great! Belsie will check on Dr. Montero's availability and circle back.

Regards,

Abbigail

---

**From:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>  
**Sent:** Tuesday, September 14, 2021 10:57 AM  
**To:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Molina, Jennifer EOP/WHO <(b)(6)>; Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Sams, Ian (HHS/ASPA) <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

Hi Abbigail,

We are looking to talk about vaccination in the Hispanic community, fight against misinformation, Delta variant, etc.

---

**From:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>  
**Sent:** Tuesday, September 14, 2021 10:49 AM  
**To:** Molina, Jennifer EOP/WHO <(b)(6)>; Gonzalez, Belsie (CDC/OD/OADC) <[fqi1@cdc.gov](mailto:fqi1@cdc.gov)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>; Sams, Ian (HHS/ASPA) <[Ian.Sams@hhs.gov](mailto:Ian.Sams@hhs.gov)>; Nordlund, Kristen (CDC/DDID/NCIRD/OD) <[hok4@cdc.gov](mailto:hok4@cdc.gov)>  
**Subject:** RE: Spanish Language Doctors - Avail?

Jennifer,

Thanks for reaching out!

What topics are you all looking to for us to cover?

Apologies for the delay in our response.

Regards,

Abbigail

Abbigail Tumpey, MPH CHES  
Acting Associate Director for Communication

Centers for Disease Control and Prevention  
1600 Clifton Rd. NE  
Atlanta, GA  
Phone: 404-639-1125  
Cell: (b)(6)  
Email: [atumpey@cdc.gov](mailto:atumpey@cdc.gov)

---

**From:** Molina, Jennifer EOP/WHO <(b)(6)>  
**Sent:** Monday, September 13, 2021 12:19 PM  
**To:** Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>; Gonzalez, Belsie (CDC/OD/OADC) <[fqj1@cdc.gov](mailto:fqj1@cdc.gov)>; Haynes, Benjamin (CDC/OD/OADC) <[fxq2@cdc.gov](mailto:fxq2@cdc.gov)>  
**Cc:** Perez Fernandez, Luisana C. EOP/WHO <(b)(6)>; Sams, Ian (HHS/ASPA) <[lan.Sams@hhs.gov](mailto:lan.Sams@hhs.gov)>  
**Subject:** Spanish Language Doctors - Avail?

Hi team, hope all is well! We wanted to reach out to see if we can get media availability with our Spanish Language doctors this week.

Would love to make this work. Luisana, our Hispanic Media Director can chime in with potential opportunities. Thanks all!

Jennifer Molina  
The White House  
Senior Director of Coalitions Media

C: (b)(6) | (b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Tue, 16 Nov 2021 01:36:15 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC; Chapman, Justin; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)  
**Cc:** Scully, Brian J. EOP/NSC; Hill, Gena (CDC/DDPHSIS/CGH/GID); Laskowski, Lauren C; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP); Kolis, Jessica (CDC/DDPHSIS/CGH/GID)  
**Subject:** RE: Summit for Democracy and Lessons Learned from COVID side event

Dear Mary Beth,

Apologies for the delay as we got our ducks lined up. We'd like to offer Dr. Chris Voegeli, CCed here, the current Lead of the Insights Unit on the VTF as our CDC tribute for this exciting event. Chris is in DC right now presenting at a similar event via DHS and the Swedish embassy and would be very well suited to speaking on the topic of COVID-19 mis/disinformation and what CDC has done in this space at the Summit for Democracy.

We have had a few interactions with our UK colleagues over the past year on infodemic and vaccine confidence-related international initiatives, and it's good to see more energy being channeled in this direction on how addressing and mitigating the harm of misinformation on health can be advanced in the US and globally.

Please don't hesitate to reach out if you have any further questions or needs.

Sincerely,

**Elisabeth Wilhelm**

*she/her/hers*

Health Communication Specialist

p: +1 404.444.9310

e: [nla5@cdc.gov](mailto:nla5@cdc.gov)

Demand for Immunization Team  
Global Immunization Division  
US Centers for Disease Control and Prevention

---

**From:** Polley, Mary Elizabeth R. EOP/NSC [REDACTED] (b)(6)  
**Sent:** Monday, November 15, 2021 4:35 PM  
**To:** Chapman, Justin <ChapmanJ2@state.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Cc:** Scully, Brian J. EOP/NSC [REDACTED] (b)(6); Hill, Gena (CDC/DDPHSIS/CGH/GID) <gfh5@cdc.gov>; Laskowski, Lauren C <LaskowskiLC@state.gov>  
**Subject:** RE: Summit for Democracy and Lessons Learned from COVID side event

CDC Colleagues – just wanted to circle back and confirm whether CDC could present on this panel. We are anxious to finalize US participation.

Thanks, Mary Beth

---

**From:** Chapman, Justin <[ChapmanJ2@state.gov](mailto:ChapmanJ2@state.gov)>

**Sent:** Wednesday, November 10, 2021 5:29 PM

**To:** Polley, Mary Elizabeth R. EOP/NSC <[REDACTED] (b)(6)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

**Cc:** Scully, Brian J. EOP/NSC <[REDACTED] (b)(6)> gfh5 <[gfh5@cdc.gov](mailto:gfh5@cdc.gov)>; Laskowski, Lauren C <[LaskowskiLC@state.gov](mailto:LaskowskiLC@state.gov)>

**Subject:** Re: Summit for Democracy and Lessons Learned from COVID side event

Gena and Elisabeth,

Lauren and I just spoke with a representative from the British Embassy in DC about this event. She provided the attached agenda, though it will change slightly. She is eager to put CDC's participant in touch with other organizers in the embassy and London.

You would be speaking during the second panel on COVID disinformation, which will be governments-only. There would likely be three total panelists, each expected to speak for about 10-15 minutes, followed by about 20 minutes of discussion. Each panel will last an hour (they're listed as 45 minutes in the attachment, but that will be updated).

Please let Lauren and me know if this interests you, and if we can put you in touch with the UK side for further coordination.

Best regards,

Justin

---

**From:** Chapman, Justin <[ChapmanJ2@state.gov](mailto:ChapmanJ2@state.gov)>

**Sent:** Thursday, November 4, 2021 1:27 PM

**To:** Polley, Mary Elizabeth R. EOP/NSC <[REDACTED] (b)(6)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

**Cc:** Scully, Brian J. EOP/NSC <[REDACTED] (b)(6)> gfh5 <[gfh5@cdc.gov](mailto:gfh5@cdc.gov)>; Laskowski, Lauren C <[LaskowskiLC@state.gov](mailto:LaskowskiLC@state.gov)>

**Subject:** Re: Summit for Democracy and Lessons Learned from COVID side event

Adding Lauren Laskowski, who will co-lead from the GEC side.

Best regards,

Justin

---

**From:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>  
**Sent:** Thursday, November 4, 2021 1:07 PM  
**To:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Cc:** Scully, Brian J. EOP/NSC <(b)(6)>; gfh5 <gfh5@cdc.gov>; Chapman, Justin <ChapmanJ2@state.gov>  
**Subject:** RE: Summit for Democracy and Lessons Learned from COVID side event

Gena, Elisabeth,

We are now waiting for the UK to respond with an updated proposal for this event, which will likely take place on December 6. We want to see whether CDC would be interested in presenting on the panel for a gov-only discussion on lessons learned from COVID?

Justin Chapman, cc'd above, from the State Department's Global Engagement Center will be the primary US POC for organizing this event and he can circle back as we get more details.

Thanks, Mary Beth

---

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>  
**Sent:** Wednesday, October 27, 2021 10:02 AM  
**To:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Cc:** Scully, Brian J. EOP/NSC <(b)(6)>; Hill, Gena (CDC/DDPHSIS/CGH/GID) <gfh5@cdc.gov>  
**Subject:** RE: Summit for Democracy and Lessons Learned from COVID side event

Dear Mary Beth,

Thank you for your kind and thoughtful outreach. We're CCing in our policy lead Gena from GID here for her reference.

We'd be happy to help any way we can. Sounds like a wonderful opportunity! We definitely have a few ideas for (b)(5) We have worked with both:

(b)(5)

(b)(5)

Please let me know if any of these options sound interesting and we can put people in touch with the right contacts.

(b)(5)

(b)(5)

Would a short call to hammer out how we can best support this event be helpful?

Sincerely,

**Elisabeth Wilhelm**

*she/her/hers*

Health Communication Specialist

p: +1 404.444.9310

e: [nla5@cdc.gov](mailto:nla5@cdc.gov)

Demand for Immunization Team  
Global Immunization Division  
US Centers for Disease Control and Prevention

Obtained by America First Legal Foundation through litigation



**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Wed, 27 Oct 2021 17:38:46 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)  
**Cc:** Scully, Brian J. EOP/NSC; Hill, Gena (CDC/DDPHSIS/CGH/GID)  
**Subject:** RE: Summit for Democracy and Lessons Learned from COVID side event

(b)(5)

(b)(5)

Sincerely,

**Elisabeth Wilhelm**

*she/her/hers*

Health Communication Specialist

**p:** +1 404.444.9310

**e:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

Demand for Immunization Team  
Global Immunization Division  
US Centers for Disease Control and Prevention

---

**From:** Polley, Mary Elizabeth R. EOP/NSC (b)(6)  
**Sent:** Wednesday, October 27, 2021 1:10 PM  
**To:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vx3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Cc:** Scully, Brian J. EOP/NSC (b)(6); Hill, Gena (CDC/DDPHSIS/CGH/GID) <gfh5@cdc.gov>  
**Subject:** RE: Summit for Democracy and Lessons Learned from COVID side event

Elisabeth – thanks for these ideas. Our UK colleagues were hoping to keep the session gov-gov. With that in mind, would you suggest (b)(5)

(b)(5)

---

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>  
**Sent:** Wednesday, October 27, 2021 10:02 AM  
**To:** Polley, Mary Elizabeth R. EOP/NSC (b)(6); Abad, Neetu S.

(CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>;  
Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

Cc: Scully, Brian J. EOP/NSC <(b)(6)>; Hill, Gena (CDC/DDPHSIS/CGH/GID) <[gfh5@cdc.gov](mailto:gfh5@cdc.gov)>

**Subject:** RE: Summit for Democracy and Lessons Learned from COVID side event

Dear Mary Beth,

Thank you for your kind and thoughtful outreach. We're Ccing in our policy lead Gena from GID here for her reference.

We'd be happy to help any way we can. Sounds like a wonderful opportunity! We definitely have a few ideas for (b)(5) We have worked with both:

(b)(5)

Please let me know if any of these options sound interesting and we can put people in touch with the right contacts. (b)(5)

(b)(5)

Would a short call to hammer out how we can best support this event be helpful?

Sincerely,

**Elisabeth Wilhelm**

*she/her/hers*

Health Communication Specialist

p: +1 404.444.9310

e: [nla5@cdc.gov](mailto:nla5@cdc.gov)

Demand for Immunization Team  
Global Immunization Division  
US Centers for Disease Control and Prevention

---

**From:** Polley, Mary Elizabeth R. EOP/NSC <(b)(6)>

**Sent:** Monday, October 25, 2021 2:16 PM

**To:** Jennifer Shopkorn (CENSUS/ADCOM FED) <[jennifer.shopkorn@census.gov](mailto:jennifer.shopkorn@census.gov)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vjx3@cdc.gov](mailto:vjx3@cdc.gov)>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <[vid3@cdc.gov](mailto:vid3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

**Cc:** Scully, Brian J. EOP/NSC [redacted] (b)(5)

**Subject:** Summit for Democracy and Lessons Learned from COVID side event

CDC Colleagues,

Hope you are doing well. As you may know, the White House will host a Summit for Democracy with more than 100 countries in December to launch a year of action and a second in-person Summit next year. As part of this, we are organizing a series of side events on key issues that we won't have time to dig into at the 2-day virtual summit. We have been working with the UK to design a dedicated session on disinformation and they are suggesting 3 panels (lessons learned from COVID dis/misinformation (gov-gov), strategic communications (gov-gov), and media literacy (multi-stakeholder). Would CDC want to participate in the first session on lessons learned from COVID mis/disinformation and could you

[redacted] (b)(5)

The event would be a virtual and the session would likely be 45 minutes max with up to 5 speakers and Q&A. The UK proposal is attached and this event would likely take place one morning in early December prior to the Dec. 9-10 Summit.

Best,

Mary Beth

Obtained by America First Legal Foundation through litigation

**From:** Scully, Brian J. EOP/NSC  
**Sent:** Tue, 10 Aug 2021 13:41:33 +0000  
**To:** [REDACTED] (b)(6)

[REDACTED]

(b)(6)

Obtained by America First Legal Foundation through litigation

**Subject:** RE: [REDACTED] (b)(5)  
(agenda and dial-in added)  
**Attachments:** US Interagency presentation - 10 August 2021 FINAL.pdf

Good morning,

Attached are the slides that will be used in the presentation this morning.

Regards,  
Brian

-----Original Appointment-----

**From:** Polley, Mary Elizabeth R. EOP/NSC <

(b)(6)

**Sent:** Monday, August 2, 2021 4:50 PM

**To:**

(b)(6)

Obtained by America First Legal Foundation through litigation

(b)(6)

**Subject:**

(b)(5)

(agenda and dial-in

added)

**When:** Tuesday, August 10, 2021 10:00 AM-11:30 AM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Teams with Phone Dial-In

(b)(5)

### Teams Link

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**Or call in (audio only)**

(b)(6)

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(b)(5)

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(b)(5)

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

(b)(5)

Obtained by America First Legal Foundation through litigation



(b)(5)

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

(b)(5)

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

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Obtained by America First Legal Foundation through litigation

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Obtained by America First Legal Foundation through litigation



Obtained by America First Legal Foundation through litigation

(b)(5)

Obtained by America First Legal Foundation through litigation

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Obtained by America First Legal Foundation through litigation



Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

(b)(5)

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation

Obtained by America First Legal Foundation through litigation



Obtained by America First Legal Foundation through litigation

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Tue, 13 Jul 2021 02:33:58 +0000  
**To:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); dparzik@usaid.gov; Bray, Leah; Marzouk, Amir; Nils Mueller; Joshua Machleder; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Winter, Peter B  
**Cc:** Prince, Dale; Scully, Brian J. EOP/NSC  
**Subject:** RE: Update: CDC/State/USAID Efforts to Counter COVID disinfo  
**Attachments:** SOC (b)(5) on Countering Disinformation 2June2021.pdf

CDC, USAID, and State Colleagues,

I am following up on the SOC item from the June 2 (b)(5)

(b)(5)

(b)(5) We'd like to pass forward an update to our leadership as soon as possible.

Thanks, Mary Beth

---

**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Tuesday, June 22, 2021 9:27 AM  
**To:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; dparzik@usaid.gov; Bray, Leah <BrayL2@state.gov>; Marzouk, Amir <MarzoukA@state.gov>; Nils Mueller <nmueller@usaid.gov>; Joshua Machleder <jmachleder@usaid.gov>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Tek, Nathaniel <TekN@state.gov>; Rico, Rita A.B. <RicoR@state.gov>  
**Cc:** Prince, Dale <PrinceD@state.gov>; Scully, Brian J. EOP/NSC (b)(6)  
**Subject:** RE: Update: CDC/State/USAID Efforts to Counter COVID disinfo

Elisabeth – thanks so much. Have you been able to (b)(5)

(b)(5)

(b)(5) (b)(5)

(b)(5)

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**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>  
**Sent:** Tuesday, June 22, 2021 9:10 AM  
**To:** Polley, Mary Elizabeth R. EOP/NSC (b)(6); dparzik@usaid.gov; Bray, Leah <BrayL2@state.gov>; Marzouk, Amir <MarzoukA@state.gov>; Nils Mueller <nmueller@usaid.gov>; Joshua Machleder <jmachleder@usaid.gov>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>; Tek, Nathaniel <TekN@state.gov>; Rico, Rita A.B. <RicoR@state.gov>  
**Cc:** Prince, Dale <PrinceD@state.gov>; Scully, Brian J. EOP/NSC (b)(6)  
**Subject:** RE: Update: CDC/State/USAID Efforts to Counter COVID disinfo

Hi Mary Beth,

Apologies for the tardiness—this was just cleared by PRM for sharing. Please find attached. Don't hesitate to reach out if you have any further questions.

Sincerely,

**Elisabeth Wilhelm** *(she/her)*

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** [redacted] (b)(6)

**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Polley, Mary Elizabeth R. EOP/NSC [redacted] (b)(6)

**Sent:** Tuesday, June 22, 2021 8:37 AM

**To:** dparzik@usaid.gov; Bray, Leah <BrayL2@state.gov>; Marzouk, Amir <MarzoukA@state.gov>; Nils Mueller <nmueller@usaid.gov>; Joshua Machleder <jmachleder@usaid.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP) <guu1@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vxj3@cdc.gov>; Tek, Nathaniel <TekN@state.gov>; Rico, Rita A.B. <RicoR@state.gov>

**Cc:** Prince, Dale <PrinceD@state.gov>; Scully, Brian J. EOP/NSC [redacted] (b)(6)

**Subject:** RE: Update: CDC/State/USAID Efforts to [redacted] (b)(5)

Good morning CDC, USAID, State Colleagues,

[redacted] (b)(5)

[redacted] (b)(5) Appreciate on coordination and planned activities as we move ahead with the global vaccine rollout.

\*\*\*\*\*

[redacted] (b)(5)

(b)(5)

Best, Mary Beth

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**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Mon, 9 Aug 2021 18:55:03 +0000  
**To:** Chadd, Phillipa (CDC/DDID/NCEZID/DPEI); Rao, Sujeet B. EOP/WHO; Romanik, Nikki Jo (CDC/OD/OCS); Lee, James Tseryuan (CDC/DDID/NCIRD/ISD); Yee, Daiva (CDC/DDPHSIS/CGH/GID)  
**Subject:** RE: Vaccine confidence content discussion with Sujeet

Hi everyone,

Specific meetings on vaccine confidence external to our team happen on an ad hoc basis so we don't have any standing vaccine confidence meetings per se. Happy to set up a meeting if you still have some questions we can answer.

There are other WH threads that are currently ongoing include a conversation about misinformation and another conversation about a webinar focused on messages and vaccine confidence, but neither of those are about the consults...

Sincerely,

**Elisabeth Wilhelm** (*she/her*)

*Vaccine Confidence Strategist*

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

**M:** (b)(6)  
**E:** [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Chadd, Phillipa (CDC/DDID/NCEZID/DPEI) <xl4@cdc.gov>  
**Sent:** Monday, August 9, 2021 2:34 PM  
**To:** Rao, Sujeet B. EOP/WHO (b)(6); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>; Lee, James Tseryuan (CDC/DDID/NCIRD/ISD) <yvr0@cdc.gov>; Yee, Daiva (CDC/DDPHSIS/CGH/GID) <nrr3@cdc.gov>  
**Subject:** RE: Vaccine confidence content discussion with Sujeet

I'm not aware of any conversations, so defer to Lis and Nikki (and others copied!) on this. Thanks!

---

**From:** Rao, Sujeet B. EOP/WHO (b)(6)  
**Sent:** Monday, August 9, 2021 2:28 PM  
**To:** Chadd, Phillipa (CDC/DDID/NCEZID/DPEI) <xl4@cdc.gov>; Wilhelm, Elisabeth

(CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Romanik, Nikki Jo (CDC/OD/OCS) <kon6@cdc.gov>

**Subject:** RE: Vaccine confidence content discussion with Sujeet

Hi all—I connected with Osa on my team, and I realize there might be conversations already underway on this topic. I don't want to be redundant or confuse things, so please let me know if you think it's easier for me to just join other meetings already in the works here.

-----Original Appointment-----

**From:** Chadd, Phillippa (CDC/DDID/NCEZID/DPEI) <xl4@cdc.gov>

**Sent:** Monday, August 9, 2021 9:34 AM

**To:** Chadd, Phillippa (CDC/DDID/NCEZID/DPEI); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Romanik, Nikki Jo (CDC/OD/OCS); Rao, Sujeet B. EOP/WHO

**Subject:** Vaccine confidence content discussion with Sujeet

**When:** Tuesday, August 10, 2021 12:30 PM-1:00 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Microsoft Teams Meeting

Looks like this time works for everyone to discuss, please let me know if you'd like me to find another time.

Thank you!

**Email context from Sujeet:** "As you know, in the context of our surge response posture, most states have asked for help with vaccine confidence efforts in their state, and I know CDC has been following up with all of those. And I know that CDC has been doing these consults and providing this type of support for many months based on the research it's been doing, long before this latest surge response effort. I'm curious for more details about what those consults and support resources look like. Can you help me get smarter on that?"

I ask because I know that HHS has also done a lot of research, surveys, focus groups, etc. that inform the We Can Do This campaign work. It's possible these all draw on the same base of survey research, focus groups, etc., but I wasn't sure. And I was hoping to understand the full spectrum of confidence-related resources and support we typically provide or have access to."

---

Microsoft Teams meeting

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(b)(6) United States, Atlanta  
(b)(6) United States (Toll-free)

Phone Conference ID: (b)(6)

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**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)  
**Sent:** Sun, 8 Aug 2021 20:49:49 +0000  
**To:** Peck, Joshua (HHS/ASPA); Anderson, Charlie D. EOP/WHO  
**Cc:** Ramamurti, Bharat R. EOP/WHO; English, Leandra EOP/WHO; Wakana, Benjamin (b)(6) Kim, Ann (OS/OASH); Romanik, Nikki Jo (CDC/OD/OCS); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Lee, James Tseryuan (CDC/DDID/NCIRD/ISD); Locke, Rachel (CDC/DDID/NCIRD/OD); Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS)  
**Subject:** RE: Vaccine misinformation  
**Attachments:** SoVC-report-12.pdf

+ Nikki for coordination (she is our HHS and WH liaison), Rachel for our section lead, James my co-lead for the Vaccine Confidence and Demand Team, and Jess and Chris, co-leads of the Insights Unit that produces the [State of Vaccine Confidence Insights Reports](#) that track information voids and misinformation.

Thanks Josh for thinking of us. Nice to meet you all.

Do let us know what is the best way to share what we know—the reports themselves are a good place to start because they contain velocity and a threat matrix for concerns, questions and misinformation we are tracking. I attached the most recent one. While there is a ton of misinformation floating out there, from a public health and vaccine confidence perspective, (b)(5)

(b)(5)  
(b)(5) We are happy to share what we know and what approaches we recommend.

From our perspective, (b)(5)

(b)(5)

We'd be happy to speak with you if a meeting next week would be helpful. I would defer to Jess as our resident expert and editor of the SOVC since February for her expertise. Or feel free to send back an email with more detailed questions and we're happy to answer them.

Just so we don't cross any wires and keep track of all these info requests, please keep Nikki looped in. ☐

Sincerely,

**Elisabeth Wilhelm** (she/her)

Vaccine Confidence Strategist

| Deployment Job: Team Co-Lead of Vaccine Confidence and Demand Team on COVID-19 Vaccine Task Force

| Day Job: Health Communications Specialist, Demand for Immunization Team, Global Immunization Division

M: [redacted] (b)(6)

E: [nla5@cdc.gov](mailto:nla5@cdc.gov)

---

**From:** Peck, Joshua (HHS/ASPA) <Joshua.Peck@hhs.gov>

**Sent:** Sunday, August 8, 2021 12:38 PM

**To:** Anderson, Charlie D. EOP/WHO [redacted] (b)(6)

**Cc:** Ramamurti, Bharat R. EOP/WHO [redacted] (b)(6); English, Leandra EOP/WHO

[redacted] (b)(6); [redacted] (b)(6)

[redacted] (b)(6); Kim, Ann (OS/OASH) <Ann.Kim@hhs.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>

**Subject:** Re: Vaccine misinformation

Adding Ann Kim from the SGs office and Elisabeth Wilhelm from the CDC.

Sent from my iPhone

On Aug 8, 2021, at 10:49 AM, Anderson, Charlie D. EOP/WHO [redacted] (b)(6) wrote:

Adding Josh Peck from HHS who will have a good sense and can bring in the right people from the Surgeon General's office. Also including Ben Wakana from our team.

Sent from my iPhone

On Aug 8, 2021, at 7:13 AM, Ramamurti, Bharat R. EOP/WHO [redacted] (b)(6) wrote:

Hey Charlie,

We are beginning some work on [redacted] (b)(5)

[redacted] (b)(5)

[redacted] (b)(5) Not to say we can necessarily address all of it, but I want to make sure we have a handle on that issue. Thanks!

Bharat

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# COVID-19 State of Vaccine Confidence Insights Report

Report 12 | July 26, 2021 | Date Range: June 21, 2021 – July 12, 2021



## Summary

**Findings.** Consumer concerns about the safety of COVID-19 vaccines were amplified by multiple, overlapping and widely circulating misinformation narratives. As a result, some consumers questioned the transparency of the government in reporting and addressing adverse events following COVID-19 vaccination. The Delta variant of the virus that causes COVID-19 continues to drive concerns about vaccine effectiveness, especially among those who are already vaccinated. However, those who remain unvaccinated are generally less likely to perceive the Delta variant as a threat, and vaccine intentions do not appear to be affected.

**Ways to take action.** Federal, state, and local partners should continue to work together to increase transparency around rationale for updated guidance, respond to gaps in information, and confront misinformation with evidence-based messaging. The goal of these efforts is to increase confidence in COVID-19 vaccines and expand vaccine uptake more broadly. Messages leveraging available data on vaccine safety and effectiveness should be disseminated, especially in relation to the Delta variant and circulating misinformation narratives. Public health agencies should partner with trusted messengers and healthcare personnel to further amplify these messages. Research efforts should be supported to further evaluate the effect of reported adverse events, side effects, and vaccine effectiveness on vaccination intent and motivation.



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- [2 Aims and Methods](#)
- [3 Consumer concerns about the safety of COVID-19 vaccines were fueled by overlapping misinformation narratives.](#)
- [4 Vaccinated consumers are concerned about vaccine effectiveness against the Delta variant while unvaccinated consumers remain mostly unconcerned about the variant's spread.](#)
- [5 Some consumers claim a COVID-19 treatment is being suppressed to unnecessarily promote vaccination.](#)
- [5 Consumers need answers about the safety and effectiveness of Johnson & Johnson's Janssen COVID-19 Vaccine.](#)
- [6 Some consumers are angered by the announcement of new "door-to-door" vaccination outreach efforts.](#)
- [7 Update on Special COVID-19 State of Vaccine Confidence Insights Report on the Authorization & Recommendation of the Pfizer-BioNTech COVID-19 Vaccine for Adolescents Aged 12 through 15 Years](#)
- [8 Continuing and Evolving Themes](#)
- [9 Appendix: Inputs and Sources](#)

**Centers for Disease Control & Prevention,  
COVID-19 Response, Vaccine Task Force  
Vaccine Confidence & Demand Team, Insights Unit**





The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC).

## Aims and Methods

By rapidly reviewing and analyzing numerous sources and inputs (see [Appendix](#)), the biweekly COVID-19 State of Vaccine Confidence Insights Report emphasizes major themes that influence COVID-19 vaccine hesitancy and uptake. These are characterized by level and type of threat to vaccine confidence, degree of spread, and directionality. By examining how consumers think and feel, social processes, and the practical issues around vaccination, the Insights Report seeks to identify emerging issues of misinformation, disinformation, and places where intervention efforts can improve vaccine confidence across the United States.

The information in this report is only a snapshot, and certain populations may be underrepresented. Images and quotes are illustrative examples and are not meant to be comprehensive of all content related to the highlighted themes.

## Theme Classification

How do you classify this theme/information?			
High risk	Moderate risk	Low risk	Positive sentiment
			
<ul style="list-style-type: none"> <li>May lead to vaccine refusals and decreased uptake</li> <li>Wide reach, pervasive</li> </ul>	<ul style="list-style-type: none"> <li>Potential to trigger hesitancy to vaccination</li> <li>Moderate reach, modest dissemination</li> </ul>	<ul style="list-style-type: none"> <li>Concerning, but low risk to vaccine confidence</li> <li>Limited reach, limited dissemination</li> </ul>	<ul style="list-style-type: none"> <li>Could increase vaccine confidence, intent, or motivation</li> <li>Variable reach and dissemination</li> </ul>

How has this theme/idea changed over time (since last report or over the course of multiple reports)?		
 <p><b>Increasing</b> Information spreading rapidly</p>	 <p><b>Stable</b> Information remaining constant at prior level</p>	 <p><b>Decreasing</b> Information is not gaining further traction and there has been no indication of additional activity</p>

## Major Themes



### Consumer concerns about the safety of COVID-19 vaccines were fueled by overlapping misinformation narratives.

Throughout the reporting period, vocal vaccine deniers circulated and amplified several misinformation narratives focused on discrediting the safety of COVID-19 vaccines. Major circulating false narratives included:

- False claims that Pfizer-BioNTech COVID-19 Vaccine contained graphene oxide, a supposedly poisonous ingredient, which can cause damage to immune systems, pneumonia, and vascular injury.<sup>1,2,3</sup>
- False claims that mRNA COVID-19 vaccines are “cytotoxic” and cause the body to produce spike proteins, which collect within organs causing damage, particularly to the ovaries.<sup>4,5,6</sup>
- COVID-19 vaccination disrupts menstrual cycles and has caused increased miscarriage rates.<sup>7,8</sup>
- A retracted journal article from *Vaccines* that falsely reported that for every three COVID-19 deaths prevented by vaccination, two injuries were caused. These claims continued to circulate despite the article being retracted.<sup>9,10,11</sup>

These narratives entered a digital landscape primed with concerns about the safety of COVID-19 vaccines as consumer fears about myocarditis and pericarditis following vaccination remained at top of mind for many.<sup>12,13,14,15</sup> Consumer fears about vaccine safety were then further fueled by FDA adding a warning on July 12, 2021, about cases of Guillain-Barré syndrome occurring following vaccination with Johnson & Johnson’s Janssen COVID-19 Vaccine.<sup>16,17,18</sup> Consumers sought answers online for information about these safety concerns with online searches for “spike protein,” “graphene oxide,” and “covid vaccine miscarriage” increasing throughout the reporting period<sup>a</sup> and searches for “guillain barre” increasing significantly from June 2021 to July 2021.<sup>b</sup>

With the large volume of misinformation narratives circulating, vocal vaccine deniers, and some consumers questioned the transparency of the government in reporting and addressing adverse events following COVID-19 vaccination.<sup>19,20,21,22</sup> In addition to lack of trust in the government, recent polls and studies confirm that among those who remain unvaccinated the most common cited reasons are concerns about the safety of vaccines and their side effects.<sup>23,24</sup>



### Ways to act:

- Continue to disseminate messages about the safety of COVID-19 vaccines, highlighting the number of people who were vaccinated without adverse events and promoting awareness of the multiple layers of safety monitoring systems in place. Amplify messages about what [Vaccine Adverse Event Reporting System \(VAERS\)](#) is, how all the safety monitoring systems work, and how reported adverse events are investigated.
- Expand available online content to debunk widely circulating myths and misinformation, and ensure that web content is optimized for search engines.
- Partner with healthcare personnel, especially women’s health providers, to address misinformation clearly and transparently about COVID-19 vaccines, fertility, and reproductive health.
- Support research to better understand consumer perception of vaccine safety, how they seek information about vaccine safety, and who are trusted sources for vaccine safety information.

<sup>a</sup>[Google Trends](#)

<sup>b</sup>[SEMrush](#)



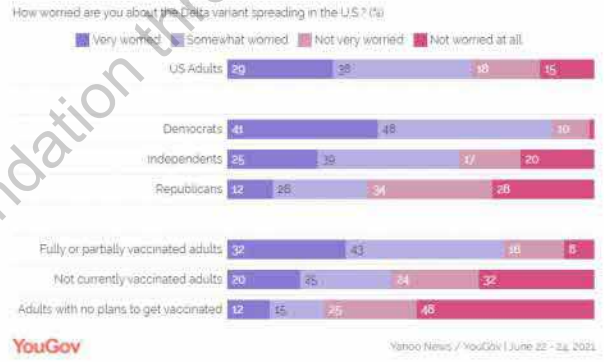
**Vaccinated consumers are concerned about vaccine effectiveness against the Delta variant while unvaccinated consumers remain mostly unconcerned about the variant’s spread.**

News coverage of the Delta variant of the virus that causes COVID-19 continued to increase from the [last report](#). Coverage ranged from the Delta variant becoming the most common cause of COVID-19 cases in the United States<sup>25</sup> to conflicting reports about whether additional doses would be needed as a result.<sup>26,27,28,29</sup> Despite [a joint statement from CDC and FDA clarifying that additional doses are not recommended at this time for fully vaccinated individuals](#), some vaccinated consumers continued to question whether an additional dose will be needed to better protect themselves against emerging variants, including Delta.<sup>30,31</sup> Several vaccinated consumers also expressed frustration online that unvaccinated consumers are posing a threat to the return to pre-pandemic life and the health and safety of people who are unable to be vaccinated, such as children under 12 years old.<sup>32,33,34</sup> At the same time, several consumers called for mitigation measures, such as mask mandates, to return, even for the fully vaccinated to help slow the spread of the Delta variant<sup>35,36</sup>

Concern about the spread of the Delta variant appears to be far less common among those who are not vaccinated than it is among those who are already vaccinated. One recent poll found that almost half of adults with no plans to get vaccinated were not worried about the Delta variant and almost one-third of adults not currently vaccinated were also not worried.<sup>37</sup> Throughout the reporting period, vocal vaccine deniers amplified narratives that the Delta variant is less serious<sup>38,39</sup> and, in some cases, not even real.<sup>40,41,42</sup> Other vocal vaccine deniers spread misinformation that those who are vaccinated were at increased risk for severe illness from the Delta variant<sup>43,44</sup> and that vaccinated people caused the emergence of variants of the virus that causes COVID-19.<sup>45,46</sup>

Confusion about the effectiveness of available vaccines against the Delta variant was widespread. Consumers and news outlets online noted data from Israel that suggests vaccines are less effective against the Delta variant than previously believed.<sup>47,48,49,50</sup> Consumers also inquired online if a particular vaccine was more effective against the Delta variant, with several indicating they believed authorized vaccines do not provide any protection against this variant.<sup>51,52</sup> However, concerns about variants were not limited to the Delta variant; the frequency of news coverage and online conversations during this period also increased about the “Delta plus” variant and Lambda variant.<sup>53,54,55,56</sup>

**Half of adults who do not plan to get vaccinated are “not worried at all” about the Delta variant**



Source: <https://today.yougov.com/topics/politics/articles-reports/2021/06/30/unvaccinated-americans-are-not-worried-about-delta>

**Ways to act:**

- Disseminate messages about the effectiveness of available COVID-19 vaccines against the Delta variant and other circulating variants in the United States. Continue to amplify messages about the benefits of vaccination, such as reducing the likelihood of severe illness causing hospitalization or death from COVID-19.
- Continue to partner with trusted messengers to amplify messages about the severity of COVID-19 illness and the benefits of vaccination, leveraging recent data that show a majority of people hospitalized for or dying from COVID-19 are not vaccinated.
- Evaluate how potential availability and authorization of additional doses affects intent to vaccinate or re-vaccinate among different consumers.

<sup>37</sup>Meltwater



## Emerging Themes



### Some consumers claim a COVID-19 treatment is being suppressed to unnecessarily promote vaccination.

Consumers on social media increasingly claimed that a COVID-19 “cure,” ivermectin, is being “suppressed” by government agencies to promote vaccination.<sup>57,58,59,60,61</sup> This claim was further amplified by a former vaccine developer from a pharmaceutical company who has perpetuated a number of misinformation narratives over the past few months<sup>62</sup> as well as other prominent misinformation outlets and vocal vaccine deniers.<sup>63,64,65</sup> While there has been minimal coverage by mainstream news outlets,<sup>66,67,68</sup> the University of Oxford announced on June 23, 2021, that it had begun investigating ivermectin as a potential treatment for COVID-19.<sup>69</sup> The narrative around ivermectin appears to recycle earlier false claims about the hydroxychloroquine as a treatment.<sup>70</sup>



#### Ways to act:

- Continue to disseminate messages that vaccination is one of the many tools that we are using to help end the COVID-19 pandemic.
- Develop and disseminate content about research efforts for treatments of COVID-19 and what is known about available effective treatments in addition to promoting vaccination.



### Consumers need answers about the safety and effectiveness of Johnson & Johnson’s Janssen COVID-19 Vaccine.

Following the release of results from a recent study suggesting that mixing mRNA and adenovirus-based COVID-19 vaccines provided a good immune response,<sup>71</sup> experts speculated about whether people who have previously received a J&J/Janssen vaccine should receive an additional dose of an mRNA COVID-19 vaccine.<sup>72,73,74</sup> Prompted by the results from this new study and [the Delta variant](#) continuing to spread across the United States, some consumers inquired whether they should receive a dose of mRNA COVID-19 vaccine to improve their level of protection.<sup>4,75,76</sup> Some consumers also expressed concern about the safety of J&J/Janssen vaccine, with cases of Guillain-Barré syndrome after vaccination gaining news media coverage in early July.<sup>77,78,79,80</sup> On July 12, 2021, the FDA [added a warning](#) about cases of Guillain-Barré syndrome occurring following vaccination with J&J/Janssen vaccine. Additionally, some consumers who received the single-dose J&J/Janssen vaccine expressed frustration about the lack of messaging from health authorities on J&J/Janssen vaccine, compared to the volume of messages about mRNA COVID-19 vaccines.<sup>81,82,83</sup>



#### Ways to act:

- Disseminate messages about J&J/Janssen COVID-19 Vaccine, leveraging available safety and effectiveness data.
- Clarify what research is being done to evaluate additional doses for those who received J&J/Janssen vaccine.



**Some consumers are angered by the announcement of new “door-to-door” vaccination outreach efforts.**

As President Biden’s goal of vaccinating 70% of U.S. adults by July 4, 2021, drew closer, news coverage increased about the likelihood of missing this goal.<sup>84,85</sup> On July 6, 2021, the White House announced a tactical shift to increase COVID-19 vaccination by bringing vaccines directly to low vaccination coverage areas.<sup>84</sup> Some consumers reacted negatively to this news, claiming that such direct government action impinges on their liberty and self-determination.<sup>86,87,88,89</sup> Some vocal vaccine deniers and politicians falsely claimed that the federal government would send “strike teams” across the country to coerce or even forcibly vaccinate adults and teens.<sup>90,91,92,93,94</sup> According to a recent poll, lack of trust in the U.S. government remains a major reason why 38% respondents remain unvaccinated.<sup>95</sup>

Despite the White House clarifying that “door-to-door” canvassing is similar to census-taking or a voter registration drive and just one element in a five-part strategy to improve vaccine availability, misinformation outlets and vocal vaccine deniers seized on the phrase “door-to-door.”<sup>96,97,98</sup> Some consumers expressed confusion and dismay online that communities are being identified and questioned whether the federal government was secretly tracking individuals’ vaccination status; others attempted to draw parallels with historical human rights abuses.<sup>99,100,101</sup> Some consumers felt that outreach might be an invasion of medical privacy if individuals are asked about their vaccination status,<sup>102,103</sup> and state-level medical freedom Facebook groups leveraged these fears to further amplify their claims of medical overreach, especially regarding vaccination.<sup>104,105,106</sup>

**Ways to act:**

- Partner with trusted messengers within communities to amplify messages about vaccination efforts, share how local health departments are making vaccination more convenient than ever, and promote the benefits of vaccination.
- Support research to better understand localized vaccination behaviors and trust in the United States vaccination program. Perform message testing to better understand message framing needs for reaching specific communities and demographics.



Obtained by America First Legal Foundation

## Update on [Special COVID-19 State of Vaccine Confidence Insights Report on the Authorization & Recommendation of the Pfizer-BioNTech COVID-19 Vaccine for Adolescents Aged 12 through 15 Years](#)

As the Delta variant of the virus that causes COVID-19 becomes more prominent in the United States, consumers continue to be divided about the urgency at which to vaccinate adolescents and children, if a COVID-19 vaccine is authorized for children under 12 years old.<sup>107,108,109</sup> Some consumers remain confused about children’s risk of COVID-19, both about the risk of severe illness and how easily children could spread the virus.<sup>110,111,112</sup> Some parents who support vaccination expressed concern over the increasing number of cases among children<sup>113,114</sup> and felt population immunity would not be possible without vaccinating more adolescents and eventually children.<sup>115</sup> Parents of children too young for vaccination specifically asked for more information about when children 11 years old and younger would be able to get vaccinated,<sup>116,117,118</sup> especially as several schools announced they would not be requiring masks for students in the fall.<sup>119,120</sup>

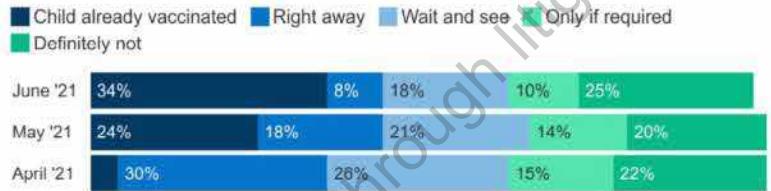
On the other hand, some parents who do not support adolescent and child vaccination amplified messages about adverse events following vaccination among teens,<sup>121,122</sup> with myocarditis and pericarditis following vaccination continuing to be their paramount concerns.<sup>123,124,125</sup> Many of these parents expressed the belief that the risk for side effects or an adverse event following vaccination was greater than the marginal risk of severe illness from COVID-19.<sup>126,127</sup> These comments from parents and vocal vaccine deniers were met with support from some political leaders who feel children are not at risk and do not need to be vaccinated, with many citing the updated World Health Organization (WHO) guidance as justification.<sup>128,129,130</sup> Misinformation also circulated among vocal vaccine deniers that health departments were seeking to vaccinate adolescents without parental consent, furthering distrust in the United States vaccination system for some parents.<sup>131,132,133</sup>

Recent polls also highlighted a divide in attitudes among parents about risk of COVID-19 in adolescents versus younger children. One poll found that even though four in 10 parents said their adolescent received at least one dose of COVID-19 vaccine, five in 10 did not plan to vaccinate their child.<sup>134</sup> However, a different poll found that more than half of those surveyed with children 12 through 17 years old planned to fully vaccinate them, while the majority of those who did not plan to fully vaccinate their child indicated they were waiting on more research about the safety of COVID-19 vaccines.<sup>e</sup>

<sup>e</sup> Harris Poll for CDC

### Four In Ten Parents Say Their Adolescent Has Already Received A COVID-19 Vaccine Or Will Do So Right Away, Similar To Last Month

As you may know, the FDA recently authorized the use of the Pfizer COVID-19 vaccine for use in children ages 12 and up. Thinking about your child or children between the ages of 12-17, do you think you will get them vaccinated...?



NOTE: Among parents or guardians of children ages 12-17. April 2021 question wording: "Once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?" See topline for full question wording.  
SOURCE: KFF COVID-19 Vaccine Monitor (June 8-21, 2021)

KFF COVID-19 Vaccine Monitor

Source: <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-june-2021/>

Obtained by [Anti-Corruption Foundation](#) through litigation

## Continuing and Evolving Themes

Themes below have been noted in previous reports and continue to undermine vaccine confidence. The information highlighted below focuses on what is new or different from previous reports. For additional context and previous recommendations on these themes see previous [Insights Reports](#).

**Breakthrough cases.** News coverage continues to highlight breakthrough cases of COVID-19 among fully vaccinated people, including among high-profile athletes.<sup>135,136</sup> Severe illness from COVID-19 among fully vaccinated people, resulting in hospitalization or death, received the most prominent coverage.<sup>137,138</sup> This coverage drove concerns for some consumers about the effectiveness of available vaccines,<sup>139,140</sup> asymptomatic spread by vaccinated people,<sup>141,142</sup> and how breakthrough cases are counted.<sup>143,144</sup> Several consumer concerns on this topic were directly linked to the circulating Delta variant of the virus that causes COVID-19.

**People with compromised immune systems.** Several consumers continue to comment online about a lack of guidance and support for immunocompromised people related to COVID-19 vaccination.<sup>145,146,147</sup> At the same time, news coverage highlighted the conflicting information consumers were seeing regarding the need for and timing of a potential third dose for immunocompromised people.<sup>148,149,150</sup>

**Vaccine administration issues.** [CDC-INFO](#) continues to field consumer inquiries about foreign vaccination and mixing vaccine brands. People who received an initial vaccine dose abroad are unsure if they should begin a new vaccination series or whether they are considered fully vaccinated if the vaccine series they received is not authorized in the United States. Other consumers sought guidance on mixing vaccine brands for those who had a reaction to the initial dose or whether they would be considered fully vaccinated if they received two doses of different COVID-19 vaccines.

Obtained by America First Legal Foundation through litigation

## Appendix: Inputs and Sources

Type	Input	Cadence	Sources	Tactics for Utilization
<b>Social Media Listening &amp; Media Monitoring</b>	Communication Surveillance Report	Daily on weekdays	<ul style="list-style-type: none"> <li>Google news</li> <li>Meltwater</li> <li>CrowdTangle</li> <li>Native platform searches</li> </ul>	<ul style="list-style-type: none"> <li>Share of voice topic analysis to identify themes</li> <li>Emerging topics</li> </ul>
	Meltwater	Daily	<ul style="list-style-type: none"> <li>Facebook, Twitter, Instagram</li> <li>Blogs</li> <li>News media</li> <li>Online forums</li> </ul>	<ul style="list-style-type: none"> <li>Share of voice topic analysis</li> <li>Emerging theme topics</li> <li>Identify high reach/velocity topics</li> </ul>
	CDC Social Media Channel COVID-19 Comment Analysis	Daily on weekdays	<ul style="list-style-type: none"> <li>Native platform searches</li> </ul>	<ul style="list-style-type: none"> <li>Sentiment analysis</li> <li>Identify message gaps/voids</li> </ul>
<b>Direct Reports</b>	CDC-INFO Metrics	Weekly	<ul style="list-style-type: none"> <li>CDC-INFO inquiry line list</li> <li>Prepared response (PR) usage report</li> </ul>	<ul style="list-style-type: none"> <li>Cross-compare PR usage with inquiry theme analysis</li> <li>Sentiment analysis</li> <li>Identify information gaps/voids</li> </ul>
	Vaccine Task Force Media Requests	Weekly	<ul style="list-style-type: none"> <li>Media request line list</li> </ul>	<ul style="list-style-type: none"> <li>Leading indicator for news coverage</li> <li>Identify information gaps/voids</li> </ul>
	Web Metrics	Weekly	<ul style="list-style-type: none"> <li>Top pages</li> <li>Google search queries</li> <li>Top FAQs</li> <li>Referring domains</li> </ul>	<ul style="list-style-type: none"> <li>Identify information gaps/voids,</li> <li>Identify keywords/search terms, changes in web traffic</li> </ul>
<b>Research</b>	Poll Review	Weekly	<ul style="list-style-type: none"> <li>Harris Poll, PEW research, Gallup Poll, Kaiser Family Foundation</li> <li>New data related to vaccine hesitancy</li> </ul>	<ul style="list-style-type: none"> <li>Identify socio-behavior indicators related to motivation and intention to vaccinate</li> </ul>
	Literature Review	Weekly	<ul style="list-style-type: none"> <li>PubMed, LitCovid, ProQuest Central</li> <li>New data related to vaccine hesitancy</li> </ul>	<ul style="list-style-type: none"> <li>Identify current vaccination intention</li> <li>Identify barriers to vaccination</li> </ul>
<b>Third Party Reports</b>	Tanaq Social Listening +Media Monitoring Report	Weekly	<ul style="list-style-type: none"> <li>Meltwater</li> <li>Sprout Social</li> <li>First Draft</li> <li>Native platform searches</li> </ul>	<ul style="list-style-type: none"> <li>Trending topics</li> <li>Demographic and geographic conversation monitoring</li> </ul>
	CrowdTangle content insights report	Biweekly	<ul style="list-style-type: none"> <li>Facebook</li> </ul>	<ul style="list-style-type: none"> <li>Top pages (voices), groups</li> <li>General trends/sentiment analysis</li> <li>News analysis through posts</li> </ul>
	First Draft News Vaccine Misinformation Insights Report	Monthly	<ul style="list-style-type: none"> <li>Proprietary methods</li> </ul>	<ul style="list-style-type: none"> <li>Media trends analysis</li> <li>Emerging threats and data deficits</li> <li>Online vaccine narratives</li> </ul>
	Project VCTR	Weekly	<ul style="list-style-type: none"> <li><a href="#">Proprietary methods</a></li> </ul>	<ul style="list-style-type: none"> <li>National and regional trends in negative attitudes toward vaccination</li> <li>Conversations around Legislation</li> </ul>
	Virality Project	Weekly	<ul style="list-style-type: none"> <li>Proprietary methods</li> </ul>	<ul style="list-style-type: none"> <li>Mis- and disinformation trends related to COVID-19 vaccine</li> </ul>

**From:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD)  
**Sent:** Sat, 5 Jun 2021 16:00:27 +0000  
**To:** Choucair, Bechara EOP/WHO  
**Cc:** Berger, Sherri (CDC/OCOO/OD); Siegel, Jared P. EOP/OMB  
**Subject:** RE: White House National Providers Town Hall

Thanks, Bechara and Jared. There is a lot of requests coming into Dr. Walensky right now. If there are options for us to utilize other CDC spokespeople, we would welcome that opportunity.

Regards,

Abbigail

---

**From:** Choucair, Bechara EOP/WHO <(b)(6)>  
**Sent:** Saturday, June 5, 2021 11:58 AM  
**To:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>  
**Cc:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Siegel, Jared P. EOP/OMB  
<(b)(6)>  
**Subject:** Re: White House National Providers Town Hall

Abbigail- thanks for looking into this. Adding Jared to see if we can find a window later in the week if Friday or Monday won't work.

Bechara

Bechara Choucair, MD  
Vaccinations Coordinator  
White House COVID Response Team

(b)(6)

Sent from my iPhone

On Jun 5, 2021, at 11:25 AM, Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)> wrote:

Bechara,

Dr. Walensky has competing requests from the WH during this time. Dr. Schuchat might be available to do this event. Let me know if that would work for your vision and line-up. We would need to confirm her schedule.

Happy to chat by phone, if easier.

Regards,

Abbigail

Abbigail Tumpey, MPH CHES  
Acting Associate Director for Communication  
Centers for Disease Control and Prevention  
1600 Clifton Rd. NE  
Atlanta, GA  
Phone: 404-639-1125  
Cell: (b)(5)  
Email: [atumpey@cdc.gov](mailto:atumpey@cdc.gov)

---

**From:** Berger, Sherri (CDC/OCOO/OD) <[sob8@cdc.gov](mailto:sob8@cdc.gov)>  
**Sent:** Saturday, June 5, 2021 8:53 AM  
**To:** Choucair, Bechara EOP/WHO (b)(6); Walensky, Rochelle (CDC/OD) <[aux7@cdc.gov](mailto:aux7@cdc.gov)>  
**Cc:** Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <[aws8@cdc.gov](mailto:aws8@cdc.gov)>  
**Subject:** RE: White House National Providers Town Hall

+Abbigail for follow up, thank you

---

**From:** Choucair, Bechara EOP/WHO (b)(6)  
**Sent:** Friday, June 4, 2021 6:37 PM  
**To:** Walensky, Rochelle (CDC/OD) <[aux7@cdc.gov](mailto:aux7@cdc.gov)>; Fauci, Anthony (NIH/NIAID) [E] (b)(6); [Marcella.Nunez-smith@hhs.gov](mailto:Marcella.Nunez-smith@hhs.gov)  
**Cc:** Vivek Murthy <[vivek.murthy@hhs.gov](mailto:vivek.murthy@hhs.gov)>; Siegel, Jared P. EOP/OMB (b)(6)  
**Subject:** White House National Providers Town Hall

Rochelle, Marcella, Tony

I wanted to follow up on our doctors call last Saturday, when Vivek briefly discussed hosting a national vaccinations town hall with doctors from across the country. Vivek and I have started to plan the event, tentatively scheduled for Friday 6/11 or Monday, 6/14, and we're hoping each of you can participate.

We are planning to have a series of conversations with providers covering different topics (e.g., health systems role in patient outreach, how PCPs can counter misinformation, best practices for improving adolescent uptake), each chaired by one of us. We are inviting the membership of the dozen or so

largest provider associations we've been working with (e.g., AMA, AAFP, AHA, AAP) and make the event a part of the President's national month of action.

We're reserving an auditorium at the WH for this virtual event, and you are welcome to join in person, or be remote. We have a draft proposal written out and can work with your teams on the agenda and topics to cover. Vivek and I wanted to confirm that you would want to participate. Of course, feel free to give me (or Vivek) a call if you have any questions.

Vivek- feel free to weigh in as well.

Thanks,  
Bechara

Bechara Choucair, MD  
Vaccinations Coordinator  
White House COVID Response Team

(b)(6)

Obtained by America First Legal Foundation through litigation



**From:** Berger, Sherri (CDC/OCOO/OD)  
**Sent:** Sat, 5 Jun 2021 22:09:55 +0000  
**To:** Siegel, Jared P. EOP/OMB; Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Folkers, Greg (NIH/NIAID) [E]; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); 'Perry, Sherice (OS/IEA)'  
**Cc:** Gonzalez, Noe EOP/WHO; Beckman, Adam (HHS/OASH); Gershman, Lynn E. (CDC/OD/OCS)  
**Subject:** RE: White House National Providers Town Hall

Correct. She will not be in the DC area, thanks

---

**From:** Siegel, Jared P. EOP/OMB <(b)(6)>  
**Sent:** Saturday, June 5, 2021 6:07 PM  
**To:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>; Barasch, Kimberly (NIH/NIAID) [C] <kimberly.barasch@nih.gov>; Folkers, Greg (NIH/NIAID) [E] <GFOLKERS@niaid.nih.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>  
**Cc:** Gonzalez, Noe EOP/WHO <(b)(6)>; Beckman, Adam (HHS/OASH) <Adam.Beckman@hhs.gov>; Gershman, Lynn E. (CDC/OD/OCS) <veu4@cdc.gov>  
**Subject:** RE: White House National Providers Town Hall

Many thanks for the quick response Sherri! And to confirm, would Dr. Walensky be remote?

---

**From:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>  
**Sent:** Saturday, June 5, 2021 6:03 PM  
**To:** Siegel, Jared P. EOP/OMB <(b)(6)>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>; Barasch, Kimberly (NIH/NIAID) [C] <kimberly.barasch@nih.gov>; Folkers, Greg (NIH/NIAID) [E] <GFOLKERS@niaid.nih.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>  
**Cc:** Gonzalez, Noe EOP/WHO <(b)(6)>; Beckman, Adam (HHS/OASH) <Adam.Beckman@hhs.gov>; Gershman, Lynn E. (CDC/OD/OCS) <veu4@cdc.gov>  
**Subject:** RE: White House National Providers Town Hall

Hi Jared,

For Rochelle, it looks like:

- 3-4PM works
- 2-3PM could work as a back up (we would have to decline another WH meeting)

Thanks,  
Sherri

---

**From:** Siegel, Jared P. EOP/OMB <(b)(6)>  
**Sent:** Saturday, June 5, 2021 5:58 PM  
**To:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Conrad, Patricia (NIH/NIAID) [E]

<conradpa@niaid.nih.gov>; Barasch, Kimberly (NIH/NIAID) [C] <kimberly.barasch@nih.gov>; Folkers, Greg (NIH/NIAID) [E] <GFOLKERS@niaid.nih.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>

**Cc:** Gonzalez, Noe EOP/WHO (b)(6); Beckman, Adam (HHS/OASH) <Adam.Beckman@hhs.gov>

**Subject:** RE: White House National Providers Town Hall

Hi all –

We are very much looking forward to the National Provider Town Hall that Bechara outlined below. For those I haven't met, it is a pleasure to meet you. I work with Bechara on the WH COVID team.

We are shooting to host the 1-hour event on Friday 6/11, sometime after the COVID Response press conference. Would you be able to share if Drs. Walensky, Fauci, and Nunez-Smith can make any times between 12:30 PM and 4:30 PM, and if so, which slots? We're reserving an auditorium at the WH for this virtual event, and you are welcome to join in person, or be remote, but we are hoping to reserve by the end of the weekend. Bechara and, most likely Dr. Murthy, will be in person.

I will follow-up tomorrow with more information on the event, building on the vision Bechara shared. As he mentioned, we are hoping to do a series of short ~10 min. conversations with providers, each chaired by a different principal. We have a hypothesis of topics each principal could cover, but I want to work with each of your teams to get your input on that and on how you'd most like to structure your part of the conversation.

Don't hesitate to reach out with any questions in the interim.

Many thanks,  
Jared

---

**From:** Walensky, Rochelle (CDC/OD) <aux7@cdc.gov>

**Sent:** Saturday, June 5, 2021 2:57 PM

**To:** Fauci, Anthony (NIH/NIAID) [E] (b)(6); Murthy, Vivek (HHS/OASH) <Vivek.Murthy@hhs.gov>; Choucair, Bechara EOP/WHO (b)(6); Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <Marcella.Nunez-Smith@hhs.gov>

**Cc:** Siegel, Jared P. EOP/OMB (b)(6); Beckman, Adam (HHS/OASH) <Adam.Beckman@hhs.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>; Barasch, Kimberly (NIH/NIAID) [C] <kimberly.barasch@nih.gov>; Folkers, Greg (NIH/NIAID) [E] <GFOLKERS@niaid.nih.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>

**Subject:** RE: White House National Providers Town Hall

Good afternoon, all,  
I'm looping in my team as well.  
My best,  
Rochelle

---

**From:** Fauci, Anthony (NIH/NIAID) [E] (b)(6)  
**Sent:** Saturday, June 5, 2021 10:49 AM  
**To:** Murthy, Vivek (HHS/OASH) <[Vivek.Murthy@hhs.gov](mailto:Vivek.Murthy@hhs.gov)>; Choucair, Bechara EOP/WHO (b)(6); Walensky, Rochelle (CDC/OD) <[aux7@cdc.gov](mailto:aux7@cdc.gov)>; Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <[Marcella.Nunez-Smith@hhs.gov](mailto:Marcella.Nunez-Smith@hhs.gov)>  
**Cc:** Siegel, Jared P. EOP/OMB (b)(6); Beckman, Adam (HHS/OASH) <[Adam.Beckman@hhs.gov](mailto:Adam.Beckman@hhs.gov)>; Conrad, Patricia (NIH/NIAID) [E] <[conradpa@niaid.nih.gov](mailto:conradpa@niaid.nih.gov)>; Barasch, Kimberly (NIH/NIAID) [C] <[kimberly.barasch@nih.gov](mailto:kimberly.barasch@nih.gov)>; Folkers, Greg (NIH/NIAID) [E] <[GFOLKERS@niaid.nih.gov](mailto:GFOLKERS@niaid.nih.gov)>  
**Subject:** RE: White House National Providers Town Hall

Team:

Happy to join and participate. I am copying my relevant staff to alert them to this upcoming event.

Best regards,

Tony

---

**From:** Murthy, Vivek (HHS/OASH) <[Vivek.Murthy@hhs.gov](mailto:Vivek.Murthy@hhs.gov)>  
**Sent:** Saturday, June 5, 2021 10:46 AM  
**To:** Choucair, Bechara EOP/WHO (b)(6); Walensky, Rochelle (CDC/OD) <[aux7@cdc.gov](mailto:aux7@cdc.gov)>; Fauci, Anthony (NIH/NIAID) [E] (b)(6); Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <[Marcella.Nunez-Smith@hhs.gov](mailto:Marcella.Nunez-Smith@hhs.gov)>  
**Cc:** Siegel, Jared P. EOP/OMB (b)(6); Beckman, Adam (HHS/OASH) <[Adam.Beckman@hhs.gov](mailto:Adam.Beckman@hhs.gov)>  
**Subject:** Re: White House National Providers Town Hall

Hi Friends, it would be great to have you join for this event that is coming together. We're hoping this event will be our chance to speak colleague to colleague to our fellow clinicians across the country.

Vivek

--

**Vivek Murthy**

U.S. Surgeon General

Vice Admiral, U.S. Public Health Service

The information in this e-mail and its attachments are confidential, pre-decisional and deliberative. Contents may include sensitive information and are for official use only. If you are not the original intended recipient, please delete the content and notify the sender.

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**From:** Choucair, Bechara EOP/WHO (b)(6)  
**Sent:** Friday, June 4, 2021 6:36 PM  
**To:** Walensky, Rochelle (CDC/OD) <[aux7@cdc.gov](mailto:aux7@cdc.gov)>; Fauci, Anthony (NIH/NIAID) [E] (b)(6); Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <[Marcella.Nunez-Smith@hhs.gov](mailto:Marcella.Nunez-Smith@hhs.gov)>  
**Cc:** Murthy, Vivek (HHS/OASH) <[Vivek.Murthy@hhs.gov](mailto:Vivek.Murthy@hhs.gov)>; Siegel, Jared P. EOP/OMB

(b)(6)

**Subject:** White House National Providers Town Hall

Rochelle, Marcella, Tony

I wanted to follow up on our doctors call last Saturday, when Vivek briefly discussed hosting a national vaccinations town hall with doctors from across the country. Vivek and I have started to plan the event, tentatively scheduled for Friday 6/11 or Monday, 6/14, and we're hoping each of you can participate.

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We're reserving an auditorium at the WH for this virtual event, and you are welcome to join in person, or be remote. We have a draft proposal written out and can work with your teams on the agenda and topics to cover. Vivek and I wanted to confirm that you would want to participate. Of course, feel free to give me (or Vivek) a call if you have any questions.

Vivek- feel free to weigh in as well.

Thanks,  
Bechara

Bechara Choucair, MD  
Vaccinations Coordinator  
White House COVID Response Team

(b)(6)

Obtained by America First Legal Foundation through litigation

**From:** Rowe, Courtney M. EOP/WHO  
**Sent:** Tue, 26 Oct 2021 15:12:45 +0000  
**To:** Webb, Cameron C. EOP/WHO; Perry, Sherice (OS/IEA); Wakana, Benjamin L. EOP/WHO; Sanchez-Velasco, Marissa EOP/WHO; Humphrey, Clarke E. EOP/WHO; Saenz, Adrian EOP/WHO; Smith, Carissa A. EOP/WHO; Okolo, Osaremen F. EOP/WHO; Figueroa, Marvin (HHS/IEA); Peck, Joshua (HHS/ASPA); Schake, Kristina (HHS/IOS); Allen, Kirsten (HHS/ASPA); O'Connell, Dawn (OS/ASPR/IO); Sams, Ian (HHS/ASPA); Weiss, Rachel (OS/IEA); Pugh, Carrie (OS/IEA); Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); Salcido, Dorinda (Dori) (CDC/OD); Dutta, Trina (SAMHSA/OAS); Lynk, Beth (CMS/OA); Grossman, Jordan (HRSA)  
**Cc:** Nunez-Smith, Marcella (OS/ASPR/IO) (CTR); Bristol, Hannah M. EOP/WHO  
**Subject:** RE: Youth Listening Session Notes: October

Very helpful . The long COVID one as well

---

**From:** Webb, Cameron C. EOP/WHO  
**Sent:** Tuesday, October 26, 2021 11:11 AM  
**To:** 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Rowe, Courtney M. EOP/WHO  
(b)(6) Wakana, Benjamin L. EOP/WHO  
>; Sanchez-Velasco, Marissa EOP/WHO (b)(6)  
(b)(6) Humphrey, Clarke E. EOP/WHO (b)(6); Saenz, Adrian EOP/WHO <(b)(6)>; Smith, Carissa A. EOP/WHO (b)(6); Okolo, Osaremen F. EOP/WHO (b)(6)  
Figueroa, Marvin (HHS/IEA) <Marvin.Figueroa@hhs.gov>; Peck, Joshua (HHS/ASPA) <Joshua.Peck@hhs.gov>; Schake, Kristina (HHS/IOS) <Kristina.Schake@hhs.gov>; Allen, Kirsten (HHS/ASPA) <Kirsten.Allen@hhs.gov>; O'Connell, Dawn (OS/ASPR/IO) <Dawn.Oconnell@hhs.gov>; Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Weiss, Rachel (OS/IEA) <Rachel.Weiss@hhs.gov>; Pugh, Carrie (OS/IEA) <Carrie.Pugh@hhs.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; spe9 <spe9@cdc.gov>; Dutta, Trina (SAMHSA/OAS) <Trina.Dutta@samhsa.hhs.gov>; Lynk, Beth (CMS/OA) <Florence.Lynk@cms.hhs.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>  
**Cc:** Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <Marcella.Nunez-smith@hhs.gov>; Bristol, Hannah M. EOP/WHO <(b)(6)>  
**Subject:** RE: Youth Listening Session Notes: October

Thanks for sending these notes, Sherice! Super helpful!

---

**From:** Perry, Sherice (OS/IEA) <Sherice.Perry@hhs.gov>  
**Sent:** Monday, October 25, 2021 10:53 PM  
**To:** Rowe, Courtney M. EOP/WHO (b)(6); Wakana, Benjamin L. EOP/WHO (b)(6); Sanchez-Velasco, Marissa EOP/WHO <Marissa.Sanchez-Velasco@hhs.gov>; Humphrey, Clarke E. EOP/WHO (b)(6) Saenz, Adrian EOP/WHO (b)(6); Smith, Carissa A. EOP/WHO (b)(6); Webb, Cameron C. EOP/WHO (b)(6); Okolo, Osaremen F. EOP/WHO (b)(6); Figueroa, Marvin (HHS/IEA) <Marvin.Figueroa@hhs.gov>; Peck, Joshua (HHS/ASPA) <Joshua.Peck@hhs.gov>; Schake, Kristina (HHS/IOS) <Kristina.Schake@hhs.gov>; Allen, Kirsten (HHS/ASPA) <Kirsten.Allen@hhs.gov>; O'Connell, Dawn (OS/ASPR/IO) <Dawn.Oconnell@hhs.gov>; Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Weiss, Rachel (OS/IEA) <Rachel.Weiss@hhs.gov>; Pugh, Carrie (OS/IEA) <Carrie.Pugh@hhs.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; spe9 <spe9@cdc.gov>; Dutta, Trina (SAMHSA/OAS) <Trina.Dutta@samhsa.hhs.gov>; Lynk, Beth (CMS/OA) <Florence.Lynk@cms.hhs.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>

Rachel (OS/IEA) <Rachel.Weiss@hhs.gov>; Pugh, Carrie (OS/IEA) <Carrie.Pugh@hhs.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; spe9 <spe9@cdc.gov>; Dutta, Trina (SAMHSA/OAS) <Trina.Dutta@samhsa.hhs.gov>; Lynk, Beth (CMS/OA) <Florence.Lynk@cms.hhs.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>

**Cc:** Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <Marcella.Nunez-smith@hhs.gov>; Bristol, Hannah M. EOP/WHO <[REDACTED] (b)(6)>

**Subject:** Youth Listening Session Notes: October

Team –

Sharing notes from latest youth listening session.

Hannah, this cohort was a really impressive group of young folks. Thanks for all your work helping with this session.

Sherice

###

### **Youth Stakeholders Roundtable Conversation**

#### ***Individuals in attendance represented:***

- Planned Parenthood
- Young Invincibles
- Trevor Project
- YMCA
- Boys and Girls Club
- Chicago Vaccine Angels
- COVID Campus Coalition

#### ***What folks are hearing/talking/experiencing on the ground:***

(b)(5)

(b)(5)

Obtained by America First Legal Foundation through litigation

(b)(5)

**From:** Perry, Sherice (OS/IEA)

**Sent:** Sunday, June 27, 2021 12:24 AM

**To:** Rowe, Courtney (who.eop.gov) <(b)(6)>; Wakana, Benjamin

<(b)(6)>; Sanchez-Velasco, Marissa EOP/WHO

<(b)(6)>; Clarke.Humphrey <(b)(6)>; Saenz, Adrian EOP/WHO <(b)(6)>; Smith, Carissa A. EOP/WHO

<(b)(6)>; Webb, Cameron C. EOP/WHO <(b)(6)>; Okolo, Osaremen F. EOP/WHO <(b)(6)>; Figueroa, Marvin (HHS/IEA)

<Marvin.Figueroa@hhs.gov>; Cancela, Yvanna (HHS/IEA) <Yvanna.Cancela@hhs.gov>; Peck, Joshua

(HHS/ASPA) <Joshua.Peck@hhs.gov>; Schake, Kristina (HHS/IOS) <Kristina.Schake@hhs.gov>; Allen,

Kirsten (HHS/ASPA) <Kirsten.Allen@hhs.gov>; O'Connell, Dawn (HHS/IOS) <Dawn.Oconnell@hhs.gov>;

Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>

**Cc:** Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <Marcella.Nunez-smith@hhs.gov>; Hannah Bristol

<(b)(6)>

**Subject:** Youth Listening Session Notes

All,

Below you'll find notes from last week's Youth RT Dr. Nunez-Smith did with Hannah – lots of good info here to consider, particularly for reaching Youth not tied to a college or university. Lots of mention in this session about messaging, importance of peer-to-peer engagement, and differences in minor consent laws.

Feel free to let us know if you have any questions or feedback.

Thanks,  
Sherice

###

**Youth Engagement COVID Roundtable Conversation  
June 24, 2021**

***Individuals in attendance represented:***

- Waianae Coast Comprehensive Health Center (Hawaii)
- CLASP
- Rise
- Brotherhood Crusade
- Schoolhouse Connection
- National Network For Youth
- National Foster Youth Institute



- Young Invincibles
- Juvenile Law Center
- National Youth Employment Coalition
- NAACP Youth & College Division
- Youth Will

Obtained by America First Legal Foundation through litigation

(b)(5)

(b)(5)

Obtained by America First Legal Foundation through litigation

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**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Thu, 3 Jun 2021 18:46:07 +0000  
**To:** Scully, Brian J. EOP/NSC  
**Cc:** DL NSC Democracy; DL NSC Resilience  
**Subject:** SOC: (b)(5) on Countering Disinformation and presentations from CDC and Census  
**Attachments:** SOC (b)(5) on Countering Disinformation 2June2021.pdf, Census 0602 (b)(5) (b)(5) Presentation on Trust and Safety.pdf, Insights-SOVC\_May2021\_cleared.pdf

Please see the attached SOC from yesterday's (b)(5) along with the briefings from Census and CDC on their efforts to counter disinformation and build public trust.

Best, Mary Beth

Mary Beth Polley  
Counter Disinformation and Resilience, Media Freedom  
Democracy Directorate, National Security Council

(b)(6)

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**From:** Rowe, Courtney M. EOP/WHO  
**Sent:** Thu, 29 Apr 2021 18:29:47 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]; Walensky, Rochelle (CDC/OD); Murthy, Vivek (HHS/OASH)  
**Cc:** Sams, Ian (HHS/ASPA)  
**Subject:** STAT--Vaccinations are plateauing. Don't blame it on 'resistance'

## [Vaccinations are plateauing. Don't blame it on 'resistance' - STAT \(statnews.com\)](#)

# Vaccinations are plateauing. Don't blame it on 'resistance'

By Stefanie Friedhoff April 27, 2021

The signs are clear: The U.S. vaccine rollout is plateauing.

A remarkable 230 million shots have been given in a few short months, fully vaccinating [about 95 million Americans](#) as I write this. The next 100 million shots will be harder.

News reports are [chronicling a slowdown](#) in appointments across the nation. The number of daily doses administered is down from the [peak of 4.6 million](#) on April 10 to about 3 million today. By now, this historic effort has captured the vaccine-hungry individuals who are eager, well-resourced, technologically savvy, and excited to get vaccinated. But as fewer people sign up to get their shots, a dominant narrative is emerging: It's because of [hesitancy](#) — too many people [don't want to get the vaccine](#). Some even call this [vaccine resistance](#).

Those are convenient narratives. But they are false, and can have harmful consequences.

Let's start here: If you didn't get your flu shot last year, are you "vaccine hesitant"? If you haven't been vaccinated yet and aren't actively seeking an appointment to do that, are you "resisting"? If you skipped your vaccination appointment because the Food and Drug Administration's [pause of the Johnson & Johnson vaccine](#) raised questions you wanted answered first, are you a "vaccine skeptic"?

Few people would answer any of these questions with "yes," yet experts and commentators are quick to use hesitancy to explain the recent dip in vaccinations.

We have seen this before: When the Johnson & Johnson vaccine was found in January [to be 72% effective](#) in U.S. studies — lower than the Pfizer and Moderna vaccines — many predicted this difference [would make people less likely](#) to get the J&J vaccine. [It did not](#). Instead, this vaccine became the go-to for [hard-to-reach groups](#) that prefer a one-shot deal.

[Related:](#)

[A user's guide: How to talk to those hesitant about the Covid-19 vaccine](#)

After the pause was announced for the J&J vaccine, [many worried](#) about its possible impact [on the intent to vaccinate](#) for *all* vaccines. This, too, was unfounded. [In one new poll](#), 71% of people said the pause didn't matter to them, or that it was a good example of rigorous safety monitoring. In another poll, [88% said](#) the pause was the right call.

As daily vaccination rates settle and the country's progress toward herd immunity slows down, let's not rush to the same misguided conclusion that this is mostly about lack of vaccine confidence.

Individuals who aren't seeking a Covid-19 vaccine right now are not necessarily the same people as those who are truly anti-vaccine. Instead of talking up hesitancy, it's time to talk about [what motivates people](#) to get vaccinated and identify the ongoing barriers to vaccination. Here are three ways to do this.

First, retire the term "vaccine hesitancy." As any crisis communications expert will point out, it's not a good idea to say things you don't want people to be thinking. Repeating the term over and over again unwittingly communicates that there may be something to be hesitant about. The more people [talk about it](#), the [more it becomes](#) a self-fulfilling prophecy. It's the same psychology that puts guardrails around using the word suicide, which news media are urged not to [put in headlines](#) and to apply with utmost caution.

Second, keep in mind that vaccine confidence is not a [fixed mindset](#). Instead, it describes where someone is in his or her vaccination decision-making at a specific time. Are people who aren't ready today to get the Covid-19 vaccine skeptics? Or do they just have important questions about the vaccine? Did they check the "no" box in the poll because they knew enough and truly didn't want the vaccine, or because they [didn't know](#) how and where to get a vaccine, were concerned about health insurance bills, didn't have time to make an appointment, were worried about [missing work](#), or have had negative encounters with the health care system?

Narratives that assume vaccine hesitance or resistance also assume that vaccines are [easily and equally available](#) to all Americans. That [just isn't true](#).

Third, looking past the behavior of individuals can shed light on the more systemic drivers of what prevents people from getting vaccinated against Covid-19, which include a host of systematic health and information inequalities.

I lead a team at Brown University School of Public Health that is undertaking new research in partnership with the Rockefeller Foundation and community organizations across the U.S. to understand people's experiences regarding vaccination, public health, and the health care system more generally, rather than just their intentions about this specific vaccine. What we have learned so far [from this survey](#), fielded by HIT Strategies in communities of color in five U.S. cities, is telling: Even though a majority of Black and Latino Americans want to get vaccinated — 72% in this survey — a surprising 63% said they didn't have enough information about where to get the shot. In addition, more than 20% said they had regularly been treated with disrespect when getting health care in the past, and 20% said they have had trouble finding health care when needed.

Despite these systemic barriers, only 3% of the total sample said that nothing at all would move them to get the Covid-19 vaccine.

Everyone else, even those who said "no" to getting a vaccine now, listed reasons that would motivate them to get a shot, such as "seeing a person I trust get the vaccine" or having "a vaccination site close to my home."

In fact, "having more information" is the single most important concern expressed by those unsure about the Covid-19 vaccine, according to almost every poll [that asks this question](#). This is true across the political spectrum. Blaming conservative Americans for taking their time or for believing lies, and labeling them as hesitant or resisters [only hardens their viewpoints](#). Instead, the public health community needs to

come to grips with [what motivates people](#), and also with the harmful impact of misinformation on Americans who do not have access to quality information.

It's still a long road to getting most Americans vaccinated against Covid-19. It can be shortened by worrying less about today's confidence polls and more about persistent barriers to vaccination. The health and public health communities need to continue the hard work of making vaccines ubiquitous and available without complex sign-up procedures — at churches, grocery stores, barber shops, food pantries, and yes, even in [bars and restaurants](#).

People's questions must be answered and false narratives preempted by flooding online and offline spaces with high-quality information in the languages people speak on the platforms they frequent. Concerted effort is needed to [expose misinformation tactics](#) and how they are unleashed to generate confusion, as well as to regulate the [platforms that empower them](#).

For most Americans — and that [includes conservatives](#) — who are given the chance to discuss vaccination [on their own terms and timelines](#) and for whom vaccination is easy, nearby, and supported by employers, the question shifts from if they will get vaccinated to when and how.

*Stefanie Friedhoff is a professor of the practice in health services, policy, and practice as well as strategy director at Brown University School of Public Health.*

Obtained by America First Legal Foundation through litigation



**From:** Polley, Mary Elizabeth R. EOP/NSC  
**Sent:** Thu, 8 Jul 2021 22:52:17 +0000  
**To:** Polley, Mary Elizabeth R. EOP/NSC (b)(6)

(b)(6)

**Subject:** (b)(5) on Counter-Disinformation

Please note this meeting is now 50 minutes. Agenda is below and discussion paper will be sent in separate email.

Agenda:

(b)(5)

Obtained by America First Legal Foundation through litigation

**From:** Kwak, Grace J. EOP/WHO  
**Sent:** Tue, 9 Nov 2021 01:51:09 +0000  
**To:** Kwak, Grace J. EOP/WHO  
**Cc:** Murthy, Vivek (HHS/OASH); Beckman, Adam (HHS/OASH)  
**Subject:** [Embargoed until tomorrow 11/9] Surgeon General Community Toolkit for Addressing Health Misinformation  
**Attachments:** HealthMisinformationToolkit\_English\_Remediated\_final.pdf

Good evening everyone,

With many thanks to Dr. Murthy and team, please find attached an embargoed, internal copy of the Surgeon General's Community Toolkit for Addressing Health Misinformation, as well as additional details below.

Thank you!

Grace

###

Good evening,

Earlier this year, Dr. Murthy issued the first [Surgeon General's Advisory](#) of this Administration warning people about the urgent threat of health misinformation and calling for a whole of society approach to address it. **As the Administration enters the next critical phase of the COVID-19 vaccination campaign, vaccinating children ages 5-11, U.S. Surgeon General Dr. Vivek Murthy tomorrow will release a Community Toolkit for Addressing Health Misinformation to help Americans navigate the serious threat of health misinformation, especially online.**

The Surgeon General's Community Toolkit for Addressing Health Misinformation will provide communities with resources to help protect against this threat, helping to ensure that people across the country have access to science-based public health guidance as the country continues to confront the COVID-19 pandemic. The toolkit is interactive and collaborative using accessible language and examples to help users understand and identify misinformation and disinformation.

Resources in the Community Toolkit include:

- A Health Misinformation Checklist to help evaluate the accuracy of health-related content;

- Tips on how individuals can talk to loved ones about health misinformation;
- An outline of common types of misinformation and disinformation tactics; and
- Reflections and examples of times individuals may have encountered misinformation.

Attached here you will find an **embargoed, internal only** copy of the toolkit for your awareness (embargo lifts at 7:30a EST tomorrow November 9). We'd welcome your team helping amplify tomorrow, and please reach out with any questions. If helpful, happy to loop in our Communications team here to share draft social media copy, graphics, and additional roll-out materials.

Thanks!  
Adam

—

Adam Beckman

Special Advisor to the Surgeon General

Obtained by America First Legal Foundation through litigation



# A Community Toolkit for Addressing Health Misinformation

Information that is **false, inaccurate, or misleading** ←  
according to the best available evidence at the time

# A Note From The U.S. Surgeon General



If you're wondering whether this toolkit is for you, let me assure you that the answer is **yes**.

It's for all of us. Because health misinformation has reached nearly every corner of our society – and it poses an increasing danger to us and to our loved ones.

We all have the power to shape our information environment, but we must use that power together. This resource is here to provide a set of tools for you to understand, identify, and stop misinformation, and help others do the same. Only then will we be able to work toward a better information environment – one that empowers us to build a healthier, kinder, and more connected world.

A handwritten signature in blue ink that reads "Vivek Murthy".

**Vivek H. Murthy, M.D., M.B.A.**  
Vice Admiral, U.S. Public Health Service  
Surgeon General of the United States



# What's in This Toolkit?

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SECTION 2

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# Summary

False or misleading information about diseases, illnesses, potential treatments and cures, vaccines, diets and cosmetic procedures are causing people to make decisions that could have dangerous consequences for their health.

This type of information can spread through communities, within families, and between friends. Often, we're trying to help – so we share information that seems helpful. But the truth is that information connected to health and medicine involves rigorous research and complex science. Advice might change as more research is undertaken, meaning even “official” advice from a few months ago might be out of date. When we rely on friends or internet searches for the best information, we might inadvertently be putting ourselves in harm's way.

Health misinformation is causing harm to individuals and to communities, but talking to one another about its impact can help slow the spread by prompting us to think twice about the information we're reading and sharing. This toolkit will help you get started.

## What is health misinformation?

- It is information that is false, inaccurate, or misleading according to the best available evidence at the time.

## Why are we all susceptible to being influenced by misinformation and why is it so tempting to share it?

- We like to feel that we have new information that others don't know.
- We want to protect the people we care about.
- We may be seeking explanations or wanting to share information that helps us make sense of events.
- We want to feel connected to others.

## Tips for talking with your family, friends and community about misinformation

- Listen
- Empathize
- Point to credible sources
- Don't publicly shame
- Use inclusive language

### HEALTH MISINFORMATION CHECKLIST

**Use this checklist every time you come across health-related content you are not sure about.**

- |   |   |
|---|---|
| <input type="checkbox"/> Did you check with the CDC or local public health department to see whether there is any information about the claim being made? | <input type="checkbox"/> Did you type the claim into a search engine to see if it has been verified by a credible source? |
| <input type="checkbox"/> Did you ask a credible health care professional such as your doctor or nurse if they have any additional information?            | <input type="checkbox"/> Did you look at the “About Us” page on the website to see if you can trust the source?           |
|   | <input type="checkbox"/> If you're not sure, don't share!   |

# Welcome

When it comes to our health, having good information is crucial. False or misleading information can cause serious harm.

It might be that you've just received a worrying diagnosis and the information you find online drives you to believe that an alternative supplement or cure might be a better route than advice from your doctor. It might be that you're trying to lose weight and you end up buying pills advertised online that actually damage your health. It might be that you're not sure you should get vaccinated because you've been told, incorrectly, that the shot will cost you money.

We now live in an era of information overload. It's becoming harder to navigate the overwhelming amount of information we see every day. Not only is there more information, some of it is false or misleading. It's hard to know who or what to trust, and it requires us to learn a new set of skills.

While anyone should find the information in this toolkit useful, it is mostly designed as a resource for those who are in a position to help others learn these new skills.

Maybe you run a neighborhood page on Facebook, host a reading group, coach a softball team, run a professional association, or own a coffee shop or salon where members of your community get together. Maybe you're a faith leader, a nonprofit executive, a librarian, an educator, or a local radio host.

Whoever we are, we have people who trust us — so we all have an important role to play in addressing health misinformation and this toolkit can help us help our community.



## REFLECT & DISCUSS

Do you have people who come to you for health information? Who are they? You might be a trusted messenger even if you don't know it.



# Who This Toolkit Is For

Are you a health care professional or administrator who has experienced the impact of health misinformation with patients?

Are you a teacher, school administrator, or librarian who struggles to find ways to teach the fundamentals of health literacy?

Are you a faith leader who would like to engage with your congregation on the topic of health misinformation?

Are you a trusted member of your community who wants to help those around you become more empowered with health-related issues?

We've created this toolkit for you.

There are many ways to use this toolkit, but what's most important is to get started! Here are a few lessons and activities to engage your community, colleagues, family, and friends about health misinformation now.



## Health Care Professionals and Administrators

Invite your colleagues to a webinar and give an overview of this toolkit. Ask them to share their best practices for talking to patients about health misinformation.

## Teachers, School Administrators, and Librarians

Host after school sessions with students and teachers, facilitating workshops using the exercises provided here. Consider printing the most useful parts of the toolkit so participants can take them home. You can also hang them on your walls, doors, and community boards for reference.

## Faith Leaders

Organize a meeting after service and facilitate a discussion with your congregation about the impact of health misinformation and actions you can take together. And try sharing some of the tips in the toolkit in your newsletters and on your social media channels.

## Trusted Community Members

Train others to use this toolkit in their neighborhoods and communities. Get creative in how you share the content.

Access presentation slides(pdf), infographics, and other social media graphics that you can easily share with your community at [SurgeonGeneral.gov/HealthMisinformation](https://www.surgeongeneral.gov/HealthMisinformation)



# What Is Health Misinformation?

Misinformation is information that is false, inaccurate, or misleading according to the best available evidence at the time. This content is often posted on the internet or shared via text messages or emails. But it's not something that only happens online. Misinformation can also come in the form of false, misleading or conspiratorial claims made in speeches, via pamphlets or posters, by news outlets, or in advertisements.

Mostly, misinformation is shared by people who do not know the claims, images or videos are false or misleading. They are sharing because they want to help people and would hate to think that they were hurting them instead.

It's common to think that misinformation doesn't impact us. But all of us are vulnerable, and all of us can help.



## MISINFORMATION VS. DISINFORMATION

### Misinformation

Information that is false, inaccurate, or misleading according to the best available evidence at the time\*

"**Misinformation** can sometimes be spread intentionally to serve a malicious purpose, such as to trick people into believing something for financial gain or political advantage. This is usually called "**disinformation**." But many people who share misinformation aren't trying to misinform. Instead, they may be raising a concern, making sense of conflicting information, or seeking answers to honest questions."

*Confronting Health Misinformation: The U.S. Surgeon General's Advisory on Building a Healthy Information Environment, 2021.*

\*Scientific knowledge constantly evolves and that's why we're now able to treat illnesses like cancer in ways that never used to seem possible. Updating guidance and recommendations based on new evidence is an essential part of the scientific process, but when we find ourselves in new situations, such as the COVID-19 pandemic, it can be difficult to know how to figure out what to believe, which sources to trust, and how to keep up with changing knowledge and guidance. That's why we need to help.

# Find These Common Types of Health Misinformation.

What types of health misinformation exist? Go online and see if you can find any of these common types of health misinformation.



Memes (fun, colorful images or graphics) that were created as a joke, but people started re-sharing thinking it was true.

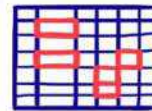
As you can see, a lot of misinformation isn't completely false or 'fake', it's actually information or imagery that lacks context. Something that has a 'kernel of truth' to it is much more believable.



Websites that look professional (often designed to look like news sites) but the stories are all false or misleading. They have sensational headlines designed to make us click on them.



Quotations where the beginning or end have been deleted to change the meaning. The person did say that, but without the full context it's not a fair representation of what they said.



Cherry-picked statistics. Too often we see people choosing the number that supports what they want to argue, but without all the data, they haven't provided all the context.



Misleading graphs or diagrams that look official but don't tell the whole story.



Old images that recirculate as if they are actually very recent.



Videos that have been edited to change the meaning.

REFLECT & DISCUSS

Can you think of an example of health misinformation you've seen recently? Where did you see or hear it? Who shared it with you? Did it fit into any of the categories we've described on page 8?

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*Aunt Janice:*  
Don't know if this is true, but better to be safe than sorry. Love u ♥  
READ THIS: ...



**Breaking News!!!**  
The doctors are hiding important information about the virus!!! Listen to what this one nurse has to say about it...



"Look at how he lost 30 pounds in just a month!"


# Why Is It So Tempting to Share Health Misinformation?

There are a number of reasons why people unknowingly share health misinformation:

**1. We like to feel that we have new information that others don't know.**

And we like to share information that others may not know yet. So when it seems like there might be a new cure or potential beauty secret, people are excited to share.

**2. We want to protect the people we care about.** Often, when people are asked about their online sharing habits, they will say things like:



I admit it. Sometimes I share things I see without checking first, but honestly, I feel that it's better to be safe than sorry.

**3. We may be seeking explanations or wanting to share information that helps us make sense of events.**

For example, during the uncertainty of the COVID-19 pandemic there has been a great deal of misinformation. When we are unsure or frightened, we often seek and share information that can provide explanations — without checking where or who it came from.



#### 4. We want to feel connected to others.

More of us are living alone and may feel disconnected from our local communities. But online communities are thriving, and unfortunately, some of the most active online communities are based around misinformation. We can gravitate toward other people who believe the same things we do and then increasingly feel connected to them. While a group might initially be about dieting, over time, members end up feeling like friends with other users even though they may have never met.

This feeling of connection is incredibly powerful and is one of the reasons why conspiracy communities are able to grow. People who are interviewed about their experiences frequently mention the connection they feel with others members of that community.



#### REFLECT & DISCUSS

Can you think of another example of harmful misinformation you've seen? If you can't think of anything, maybe scroll through your social media feeds and see what is being shared with you today. Is there anything you're not sure about?

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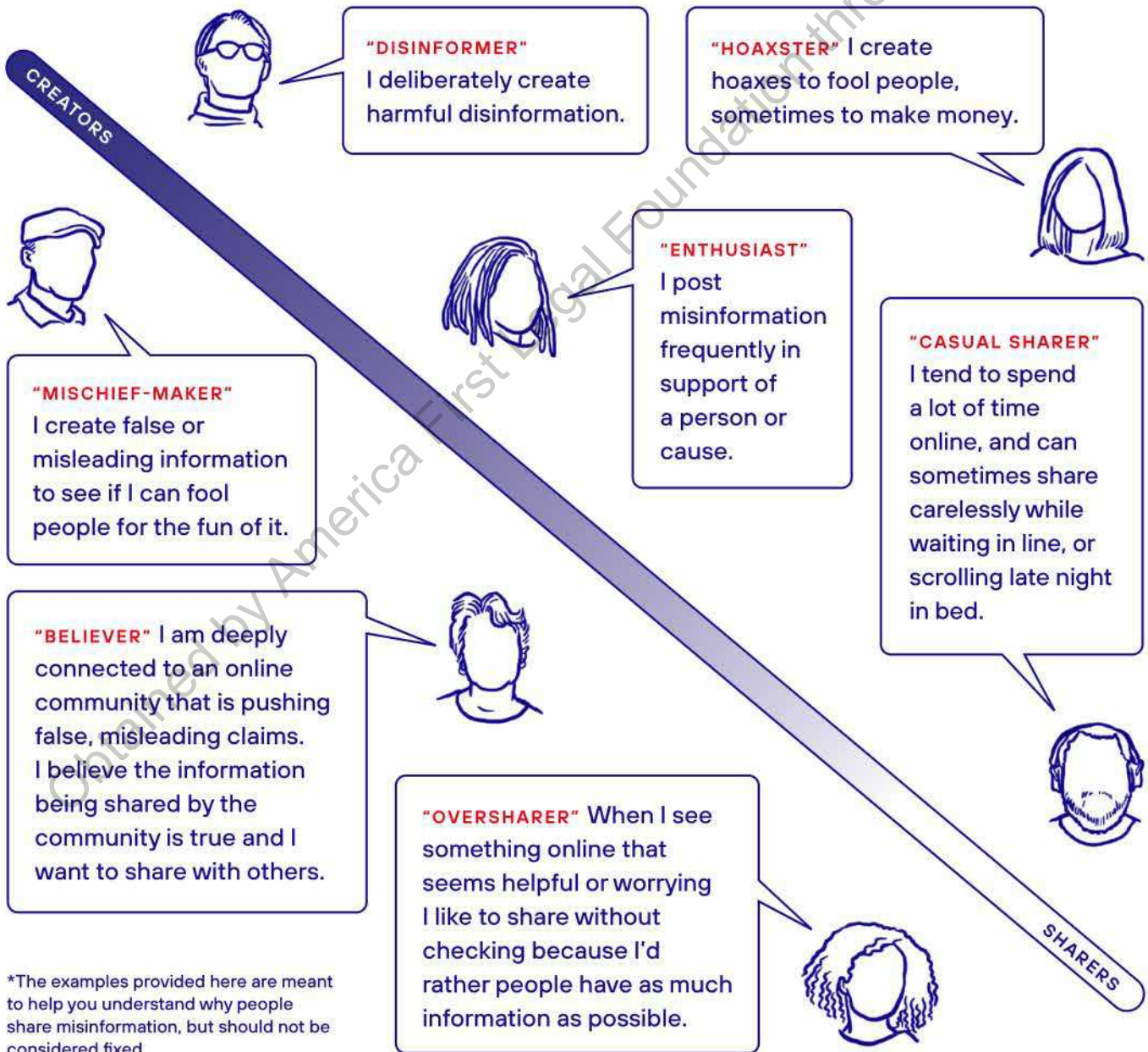
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# Understand Why People Create or Share Harmful Information.\*

Which of these examples have you seen in your community?

Sometimes, we may not be able to fully understand why someone shares or creates harmful information. Their intentions can be mixed, unclear, and even change over time—they might not fit nicely into these categories. Because of this, rather than quickly jumping to conclusions or calling them out, try to listen first and engage in an open conversation.



\*The examples provided here are meant to help you understand why people share misinformation, but should not be considered fixed.

# Bring These Practices to Your Communities



## PRACTICE 1: EASY

### What Would You Do? A Comic Strip

Read this short comic strip with your community. Find out how your loved ones can be misinformed, and how you can help. Follow up with the discussion questions provided.



## PRACTICE 2: INTERMEDIATE

### How to Talk About Health Misinformation With Your Family, Friends and Community

Talking to others who are sharing misinformation does not always work unless it is done in the right way. Try these tips and best practices to reach your family, friends, and community.



## PRACTICE 3: DIFFICULT

### Common Disinformation Tactics

What are some disinformation tactics? Encourage your community to find any of these common disinformation tactics online and discuss why they are effective.



## PRACTICE 4

### If You're Not Sure, Don't Share!

Misinformation can often be hard to detect. Try to identify the common types of misinformation in real world examples. What might you consider before sharing with others?

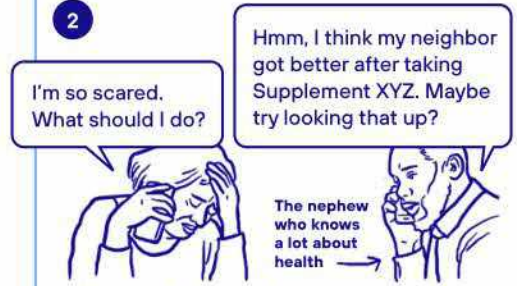


# What Would You Do?

Your family member is diagnosed with a serious illness. Find out how your loved ones can be misinformed and how you can help.



1 When we get a diagnosis, we are less likely to act rationally. We are often scared and desperate for anything that might help.



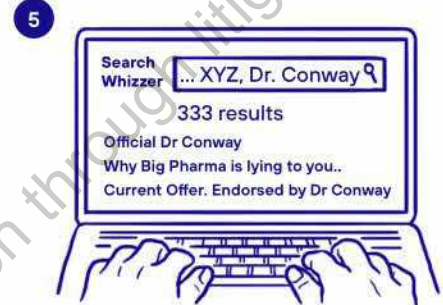
2 When we feel scared, we turn to people that we trust for advice. But they might not always be the best people to provide advice regarding our health. **Pause and Ask:** Who do you go to for health information and why?



3 Often when we search online, we get millions of results. It's hard to know which ones to trust. **Pause and Ask:** How do you verify which websites are trustworthy?



4 When people are sharing misinformation, whether they know it or not, they'll often give you specific words to search for. By doing so, they often limit results to sites that support their point of view.



5 For example, adding a specific name will severely limit your results. **Pause and Ask:** What are some red flags you have seen about health information online?



7 Just because someone is in a white coat or holding a stethoscope, it doesn't mean they are actually a licensed health professional. **Pause and Ask:** How do you check if someone is a legitimate health professional?



8 When we feel vulnerable, online communities can feel especially welcoming. People show that they care about you and share their own stories that are similar to yours.



9 When people are scared and hoping something will help, they may not be open to being told they are wrong. **Pause and Ask:** Does this remind you of a conversation you've had?



**Pause and Ask:** How would you talk to your loved one about their concerns? How might you encourage them to seek professional advice before seeking treatment?

**REFLECT & DISCUSS**

In this made-up scenario, Dr. Conway is not a real doctor. He decided to use fears about this illness to make money, 'inventing' a new medicine but it's really generic pills designed to lower cholesterol.

1. What is the motivation for Dr. Conway?

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2. Who is he targeting?

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3. Why are people susceptible?

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4. What are some of the tactics used by Dr. Conway?

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5. Why do people start believing it?

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# How to Talk About Health Misinformation With Your Family, Friends and Community

In this section, we're going to talk about how people can talk to others who are sharing misinformation. As discussed in the previous section, simply sharing fact-checks does not always work unless it is done in the right way. Try using these tips and best practices to reach your family, friends, and community.



## 1. Listen

- The best way to change someone's mind about misinformation is to listen to their fears and why they believe what they do.
- Try not to focus on the content or the false claim; instead, focus on the wider issue and how they feel about that issue.
- While sometimes it can be tempting to pull out a 'fact-check' as proof someone is wrong, this approach can often shut down a conversation.

### TRY THIS

Imagine your friend is worried about potential side effects from a flu shot. How might you talk to her about her fears?

- Ask her specifically what side effects she's worried about and listen to her answer. Rather than telling her she shouldn't be afraid, try to help her find trusted information that could help her make a more informed decision.
- Suggest she talks to a health professional she trusts (her doctor, nurse practitioner or pharmacist) about her specific concerns.
- Ask her to show you what she's seeing online that is worrying to her, and then searching the CDC website with her to see what the latest research is saying.

### AVOID

- Sharing fact-checks from sources she doesn't know or trust.
- Minimizing her concerns, criticizing her for not having information, or telling her she's wrong.

## 2. Empathize

- When talking with a friend or family members, emphasize the fact that you understand that there are often reasons why people find it difficult to trust certain sources of information.
- Ask questions to understand where they are coming from.
- Admit that you have struggled and continue to struggle with knowing what is true and false.
- Where possible, talk about times when you have fallen for misinformation, and explain why you were susceptible.

### TRY THIS

Imagine your uncle has just been diagnosed with a serious illness and is convinced that an obscure cure being sold online will help him. How could you talk to him about the potential harm that he could be causing?

- Talk to him about the struggles you've had figuring out what to trust in terms of health information available online.
- Talk to him about how frightened he must be by this diagnoses and that you will help him find the most trustworthy information.

### AVOID

- Searching for information only to prove a point.
- Implying that you never fall for false or misleading information.



## 3. Point to credible sources

- Underscore that finding accurate information can be hard, especially during events like the pandemic when the information is constantly changing (which will always happen with a new virus or disease).
- Emphasize the need to find credible sources, who are not in a position to personally profit or to gain power or influence when seeking information.
- Remind them that an expert on one topic might not be the best expert to turn to around another topic.

### TRY THIS

Imagine your neighbor seems to have started following conspiracy communities online and is beginning to believe increasingly outlandish claims. How might you talk to them about this?

- Ask them to share the online sources he trusts to understand where he is getting his information from.
- Discuss how hard it is to get accurate information when the research is continuously being updated, but point to sites that you think do a good job of being transparent.

### AVOID

- Being judgmental about any of the sources of information used by your neighbor.
- Making assumptions that your neighbor should know where to go for accurate information.

#### 4. Don't publicly shame

- Where possible, try to have conversations one on one, either face to face or via direct messages on social media sites. Remember, no one likes to appear wrong.
- Having conversations in the comments under a post has the potential to backfire or means more people might see the misinformation.
- A caring tone of voice could help more people. Be gentle in your replies and remember to listen and be empathetic.

##### TRY THIS

Imagine an old friend from your friend group from high school is sharing misinformation about a new diet. What might you do?

- Share that you wish there was an easy dieting solution but you're worried that the people selling this diet online might be doing it for profit.
- Follow up privately with your friend to say you'd love to chat about it as you're struggling to know what and who to trust online.

##### AVOID

- Publicly embarrassing your friend.
- Sharing any fact-checks that make fun of those who are following this diet.

#### 5. Use inclusive language

- Where possible, use inclusive language that makes it clear that you see yourself being impacted in the same way.
- Show how you sometimes struggle to figure out whom or what to trust.

##### TRY THIS

Imagine you're talking to someone you often see at your local community center. They are worried about getting their new baby vaccinated. How would you talk to them about their fears?

- Use phrases such as "I understand", "I've been confused too", "it's so hard to know who to trust."
- Use phrases that include terms like 'our community', 'our families', 'we' and 'us', so the person feels that you identify with them.

##### AVOID

- Using phrases such as "You're just wrong. Listen to me."
- Sharing materials that poke fun at people who are vaccine hesitant.

#### REFLECT & DISCUSS

Have you tried to talk about health misinformation with someone you know? How did it go? What could you have done differently? Think about ways you might approach a conversation based on these techniques. How do you think it might go, remembering you can rarely change people's minds quickly?

# Learn These Common Disinformation\* Tactics.

Go online and see if you can find any of these common disinformation tactics. Discuss why they are effective.

\*Learn more about disinformation on page 7.

We normally rely on these kinds of mental cues to quickly make sense of the world. But those who are trying to mislead us use these same cues to fool us. It's a really good idea to learn these tactics, so you can spot them and protect yourself and those you care about.



Including the logo of an established organization, like adding the CDC or a news network logo to a post



Using visual cues like someone wearing a white coat or holding a stethoscope



Creating a professional, slick looking website as our brain sees that visual cue as a "proof" of trustworthiness



Including in a post something like: "My brother works for the government and has inside knowledge. He just told me that..." or "My sister is a nurse and just called me from the ICU to tell me..."



Using unique or rare terms so that when someone searches for content connected to that term, there are fewer links and therefore it is less likely that there will be available fact-checks or debunks

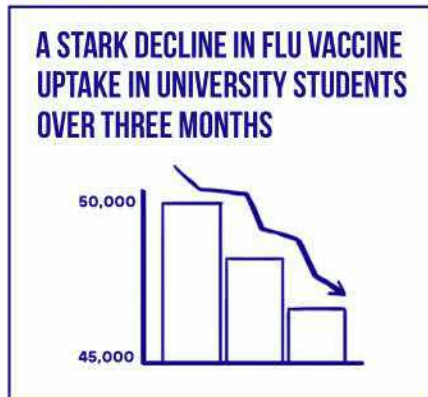


Creating content that looks like a first person experience. It's very difficult to "fact-check" someone who says, "This happened to me." Those trying to push disinformation will therefore deliberately create content that looks like real life stories from real people when it's all made up

# If You're Not Sure, Don't Share!

Misinformation can often be hard to detect. Try to identify the common types of misinformation below. What might you consider before sharing with others?

EXAMPLE A



This is a graph that misrepresents the data. Here, the numbers on the vertical axis make it appear as if there is a stark decline. If the axis started at zero, the graph would look less dramatic.

EXAMPLE B



This is an old image that is recirculating as if it's current. Here, we see an old photo of a maskless crowd from 2015 depicted as happening in the midst of the COVID-19 pandemic.

EXAMPLE C

This is a website that looks professional (often designed to look like news sites) but the stories are all false or misleading. They are often trying to sell a product.

Now that you've seen these common types of misinformation, would you do any of the following before sharing? What else might you do?  
**Remember — if you're not sure, don't share!**



## HEALTH MISINFORMATION CHECKLIST

- Did you check with the CDC or local public health department to see whether there is any information about the claim being made?
- Did you ask a credible health care professional such as your doctor or nurse if they have any additional information?
- Did you type the claim into a search engine to see if it has been verified by a credible source?
- Did you look at the "About Us" page on the website to see if you can trust the source?
- If you're not sure, don't share!

# Health

# Misinformation

# Checklist

Information that is **false, inaccurate, or misleading** according to the best available evidence at the time



Use this checklist every time you come across health-related content you are not sure about.



Did you check with the CDC or local public health department to see whether there is any information about the claim being made?



Did you ask a credible health care professional such as your doctor or nurse if they have any additional information?



Did you type the claim into a search engine to see if it has been verified by a credible source?



Did you look at the “About Us” page on the website to see if you can trust the source?



If you're not sure, don't share!



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U.S. Surgeon General

Read the Health Misinformation Community Toolkit  
at [SurgeonGeneral.gov/HealthMisinformation](https://www.surgeongeneral.gov/HealthMisinformation)

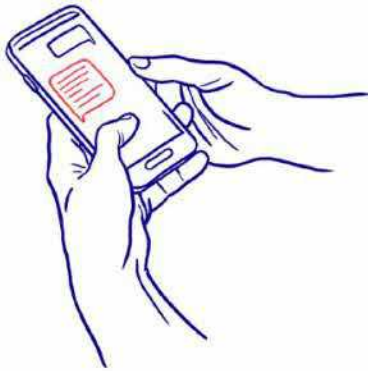




# Talk to Your Community About Health Misinformation.

## 1 What is health misinformation?

It is information that is **false, inaccurate, or misleading** according to the best available evidence at the time.



## 2 Why are we all susceptible to being influenced by misinformation and why is it so tempting to share it?



We like to feel that we have new information that others don't know.



We want to protect the people we care about.



We may be seeking explanations or wanting to share information that helps us make sense of events.



We want to feel connected to others.

## 3 What are some tips for talking with your family, friends and community about misinformation?

- Listen
- Empathize
- Point to Credible Sources
- Don't Publicly Shame
- Use Inclusive Language

## 4 What are some common types of health misinformation?



Memes that were created as a joke, but people started re-sharing thinking it was true.



Websites that look professional but the stories are all false or misleading.



Quotations where the beginning or end have been deleted to change the meaning.



Cherry-picked statistics. Without all the data, people haven't provided all the context.



Misleading graphs or diagrams that look official but don't tell the whole story.



Old images that recirculate as if they are actually very recent.



Videos that have been edited to change the meaning.



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U.S. Surgeon General

Read the Health Misinformation Community Toolkit at [SurgeonGeneral.gov/HealthMisinformation](https://www.surgeongeneral.gov/HealthMisinformation)



**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Thu, 22 Jul 2021 03:18:50 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]; Walensky, Rochelle (CDC/OD); Vivek Murthy; Collins, Francis (NIH/OD) [E]  
**Cc:** Rowe, Courtney M. EOP/WHO; Sams, Ian (HHS/ASPA); Billet, Courtney (NIH/NIAID) [E]; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); Phillips, Alexandria (HHS/OASH); Myles, Renate (NIH/OD) [E]; Sanchez-Velasco, Marissa EOP/WHO; Cheema, Subhan N. EOP/WHO; Munoz, Kevin A. EOP/WHO; Berner, Kate K. EOP/WHO; Saez, Mariel S. EOP/WHO  
**Subject:** COVID Tough QA  
**Attachments:** JZ Tough QA 7.21.21 11PM.docx

Hi, attached please find the latest Tough QA ahead of tomorrow's COVID press briefing.

Many thanks,  
Ben

+++

Ben Wakana  
Deputy Director for Strategic Communications and Engagement  
White House COVID Response Team

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**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Fri, 16 Jul 2021 02:18:06 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]; Walensky, Rochelle (CDC/OD); Vivek Murthy; Collins, Francis (NIH/OD) [E]  
**Cc:** Rowe, Courtney M. EOP/WHO; Sams, Ian (HHS/ASPA); Billet, Courtney (NIH/NIAID) [E]; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); Phillips, Alexandria (HHS/OASH); Myles, Renate (NIH/OD) [E]; Sanchez-Velasco, Marissa EOP/WHO; Cheema, Subhan N. EOP/WHO; Munoz, Kevin A. EOP/WHO; Berner, Kate K. EOP/WHO; Saez, Mariel S. EOP/WHO  
**Subject:** COVID Tough QA  
**Attachments:** JZ Tough QA 07.15.21 10PM.docx

Hi, attached please find the latest Tough QA ahead of tomorrow's COVID press briefing (which I know is the highlight of everyone's week).

Many thanks,  
Ben

+++  
Ben Wakana  
Deputy Director for Strategic Communications and Engagement  
White House COVID Response Team

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**From:** Wakana, Benjamin L. EOP/WHO  
**Sent:** Wed, 27 Oct 2021 02:05:58 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]; Walensky, Rochelle (CDC/OD); Murthy, Vivek (HHS/OASH)  
**Cc:** Rowe, Courtney M. EOP/WHO; Cheema, Subhan N. EOP/WHO; Sams, Ian (HHS/ASPA); Billet, Courtney (NIH/NIAID) [E]; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); Phillips, Alexandria (HHS/OASH); Sanchez-Velasco, Marissa EOP/WHO; Saez, Mariel S. EOP/WHO; Berner, Kate K. EOP/WHO; Munoz, Kevin A. EOP/WHO; Salcido, Dorinda (Dori) (CDC/OD)  
**Subject:** COVID Tough QA  
**Attachments:** Tough QA 10.26.21 9PM.docx

Hi, attached please find the latest Tough QA on COVID. In addition to the topics attached, we anticipate

(b)(5)

Hope this helps,  
Ben

Lastly, for all you Atlanta residents: Go Braves (and long live the Red Sox).

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**From:** Berger, Sherri (CDC/OCOO/OD)  
**Sent:** Mon, 19 Apr 2021 23:47:02 +0000  
**To:** Lesko, Max (HHS/OASH); Beckman, Adam (HHS/OASH); Handley, Elisabeth (OS/OASH/ORI); Roman, Ruth (HHS/OASH); DeVoss, Elizabeth (HRSA); Schake, Kristina (HHS/IOS); Peck, Joshua (HHS/ASPA)  
**Cc:** Falisi, Angela (OS/ASFR); Cabezas, Miriam (HHS/ASFR); Pearlman, Aj (HHS/IOS); Kalinowski, Paul (HHS/ASFR)  
**Subject:** CDC Vaccine Confidence - Additional OMB Questions: Responses Needed  
**Attachments:** COVID Supp Agency Spend Plan 6 Narrative - CDC Vaccine Confidence Resp to OMB 4.16.21 - Additional OMB Questions.docx  
**Importance:** High

All – please see attached for another round of Qs from OMB. Can you send responses ASAP to ASFR? Thank you, Sherri

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**From:** Rowe, Courtney M. EOP/WHO  
**Sent:** Tue, 26 Oct 2021 15:12:45 +0000  
**To:** Webb, Cameron C. EOP/WHO; Perry, Sherice (OS/IEA); Wakana, Benjamin L. EOP/WHO; Sanchez-Velasco, Marissa EOP/WHO; Humphrey, Clarke E. EOP/WHO; Saenz, Adrian EOP/WHO; Smith, Carissa A. EOP/WHO; Okolo, Osaremen F. EOP/WHO; Figueroa, Marvin (HHS/IEA); Peck, Joshua (HHS/ASPA); Schake, Kristina (HHS/IOS); Allen, Kirsten (HHS/ASPA); O'Connell, Dawn (OS/ASPR/IO); Sams, Ian (HHS/ASPA); Weiss, Rachel (OS/IEA); Pugh, Carrie (OS/IEA); Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); Salcido, Dorinda (Dori) (CDC/OD); Dutta, Trina (SAMHSA/OAS); Lynk, Beth (CMS/OA); Grossman, Jordan (HRSA)  
**Cc:** Nunez-Smith, Marcella (OS/ASPR/IO) (CTR); Bristol, Hannah M. EOP/WHO  
**Subject:** RE: Youth Listening Session Notes: October

Very helpful . The long COVID one as well

---

**From:** Webb, Cameron C. EOP/WHO  
**Sent:** Tuesday, October 26, 2021 11:11 AM  
**To:** 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Rowe, Courtney M. EOP/WHO  
(b)(6) Wakana, Benjamin L. EOP/WHO  
(b)(6) Sanchez-Velasco, Marissa EOP/WHO <Marissa.Sanchez-  
(b)(6) Humphrey, Clarke E. EOP/WHO (b)(6)>; Saenz,  
Adrian EOP/WHO (b)(6); Smith, Carissa A. EOP/WHO  
(b)(6) Okolo, Osaremen F. EOP/WHO (b)(6)  
Figueroa, Marvin (HHS/IEA) <Marvin.Figueroa@hhs.gov>; Peck, Joshua (HHS/ASPA)  
<Joshua.Peck@hhs.gov>; Schake, Kristina (HHS/IOS) <Kristina.Schake@hhs.gov>; Allen, Kirsten  
(HHS/ASPA) <Kirsten.Allen@hhs.gov>; O'Connell, Dawn (OS/ASPR/IO) <Dawn.Oconnell@hhs.gov>;  
Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Weiss, Rachel (OS/IEA) <Rachel.Weiss@hhs.gov>; Pugh,  
Carrie (OS/IEA) <Carrie.Pugh@hhs.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>;  
spe9 <spe9@cdc.gov>; Dutta, Trina (SAMHSA/OAS) <Trina.Dutta@samhsa.hhs.gov>; Lynk, Beth  
(CMS/OA) <Florence.Lynk@cms.hhs.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>  
**Cc:** Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <Marcella.Nunez-smith@hhs.gov>; Bristol, Hannah M.  
EOP/WHO (b)(6)  
**Subject:** RE: Youth Listening Session Notes: October

Thanks for sending these notes, Sherice! Super helpful!

---

**From:** Perry, Sherice (OS/IEA) <Sherice.Perry@hhs.gov>  
**Sent:** Monday, October 25, 2021 10:53 PM  
**To:** Rowe, Courtney M. EOP/WHO (b)(6) Wakana, Benjamin L. EOP/WHO  
(b)(6); Sanchez-Velasco, Marissa EOP/WHO <Marissa.Sanchez-  
(b)(6) Humphrey, Clarke E. EOP/WHO (b)(6)>; Saenz,  
Adrian EOP/WHO (b)(6); Smith, Carissa A. EOP/WHO  
(b)(6) Webb, Cameron C. EOP/WHO (b)(6); Okolo,  
Osaremen F. EOP/WHO (b)(6); Figueroa, Marvin (HHS/IEA)  
<Marvin.Figueroa@hhs.gov>; Peck, Joshua (HHS/ASPA) <Joshua.Peck@hhs.gov>; Schake, Kristina  
(HHS/IOS) <Kristina.Schake@hhs.gov>; Allen, Kirsten (HHS/ASPA) <Kirsten.Allen@hhs.gov>; O'Connell,  
Dawn (OS/ASPR/IO) <Dawn.Oconnell@hhs.gov>; Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Weiss,

Rachel (OS/IEA) <Rachel.Weiss@hhs.gov>; Pugh, Carrie (OS/IEA) <Carrie.Pugh@hhs.gov>; Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; spe9 <spe9@cdc.gov>; Dutta, Trina (SAMHSA/OAS) <Trina.Dutta@samhsa.hhs.gov>; Lynk, Beth (CMS/OA) <Florence.Lynk@cms.hhs.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>

Cc: Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <Marcella.Nunez-smith@hhs.gov>; Bristol, Hannah M. EOP/WHO <(b)(6)>

**Subject:** Youth Listening Session Notes: October

Team –

Sharing notes from latest youth listening session.

Hannah, this cohort was a really impressive group of young folks. Thanks for all your work helping with this session.

Sherice

###

### **Youth Stakeholders Roundtable Conversation**

#### ***Individuals in attendance represented:***

- Planned Parenthood
- Young Invincibles
- Trevor Project
- YMCA
- Boys and Girls Club
- Chicago Vaccine Angels
- COVID Campus Coalition

#### ***What folks are hearing/talking/experiencing on the ground:***

- The mental health and social isolation impacts of COVID hit youth particularly hard, including those with difficult home environments.
- This is especially true among the LGBTQ+ community, which already had the highest suicide rate among youth before the pandemic. The inability to attend school in-person – an environment that many feel is more inclusive and welcoming than their own homes – was detrimental.
- Convenience is king: School-based vaccine clinics are essential to improving youth vaccination rates, as they are more convenient to get to and less dependent on other planning factors like transportation, scheduling, and parental hesitancy.
- The patchwork system of minor consent laws across state lines make developing communication strategies more difficult. It is necessary to inform all stakeholders of the relevant laws in their locales, including teachers/administrators.
- English as a Second Language students are being left behind because resources for both public health and academics are not being translated and shared broadly.

- Ingrained distrust of the public health system is a leading cause for lower vaccine acceptance rates amongst youth. Historical medical racism was often cited in interviews as the root cause.

***What is working for these advocacy groups:***

- Messaging that comes across as not politicized/polarized and from trusted organizations/messengers is best.
- Field organizing works as a means to have meaningful interpersonal conversations with peers, learn about concerns, myth-bust against dis/misinformation, and move youth to actually schedule an appointment for vaccination.
- Funding mechanisms are not set up to be able to employ youth to do organizing work year-round/outside of campaign cycles, and they need stability in income when also being asked to attend school et al.
- Resources on mental and behavioral health go a long way for marginalized youth to be able to care for themselves when their home environments may not be structured for such wraparound care – specifically among the LGBTQ+ community.
- Hospital, pharmacy, and clinic partnerships are needed to operationalize school-based clinics, especially considering the dearth of school-based nurses/medical professionals.

***Asks of the White House and/or HHS:***

- Better amplify and share culturally-responsive messaging and resources that can be leveraged by smaller organizations (vis-à-vis COVID Community Corps or other means).
- Highlight minor consent laws and/or work with NCSL to expand/safeguard minor consent laws at the state level.
- Investigate how funding streams from American Rescue Plan can continue to keep youth and trusted messengers engaged and employed to continue field organizing.
- Amplify messaging and awareness to highlight mental health impacts of the pandemic and social isolation.

***Next Steps:***

- Connect with Comms Team to highlight toolkits for youth messaging and minor consent laws.
- Work with pharmacy partners and Department of Education to highlight best practices for school-based clinics and how to operationalize expansion of on-campus services as the vaccine-eligible audience expands to the 5-11 age group.
- Work with Policy Teams to identify how funding from ARP may continue to be leveraged for youth-specific organizing, either through state Education funding or through NGOs a la Navigator funding for Open Enrollment/ACA outreach.

***After Action Resources for Review:***

The Trevor Project

- [New Data Further Highlights Suicide Risk Disparity Among Queer Youth](#) (August 2021)
- [Evidence of Covid-19 Suicide Risk and LGBTQ Youth](#) (January 2021)
- [Implications of COVID-19 For LGBTQ Youth Mental Health and Suicide Prevention](#) (April 2020)

Young Invincibles

- Focus group summations: <https://younginvincibles.org/wp-content/uploads/2021/09/Perspectives-on-the-Covid-19-Vaccine-Final-Report-2.4.pdf>

- The Mural Grand Opening video from Long Beach,  
CA: [https://drive.google.com/file/d/1hrRuTdGWUX5yC1ecxNTHHU6J7F\\_kFccz/view?usp=sharing](https://drive.google.com/file/d/1hrRuTdGWUX5yC1ecxNTHHU6J7F_kFccz/view?usp=sharing)

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**From:** Perry, Sherice (OS/IEA)

**Sent:** Sunday, June 27, 2021 12:24 AM

**To:** Rowe, Courtney (who.eop.gov) <(b)(6)>; Wakana, Benjamin (who.eop.gov) <(b)(6)>; Sanchez-Velasco, Marissa EOP/WHO <(b)(6)>; Clarke.Humphrey <(b)(6)>; Saenz, Adrian EOP/WHO <(b)(6)>; Smith, Carissa A. EOP/WHO <(b)(6)>; Webb, Cameron C. EOP/WHO <(b)(6)>; Okolo, Osaremen F. EOP/WHO <(b)(6)>; Figueroa, Marvin (HHS/IEA) <Marvin.Figueroa@hhs.gov>; Cancela, Yvanna (HHS/IEA) <Yvanna.Cancela@hhs.gov>; Peck, Joshua (HHS/ASPA) <Joshua.Peck@hhs.gov>; Schake, Kristina (HHS/IOS) <Kristina.Schake@hhs.gov>; Allen, Kirsten (HHS/ASPA) <Kirsten.Allen@hhs.gov>; O'Connell, Dawn (HHS/IOS) <Dawn.Oconnell@hhs.gov>; Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>

**Cc:** Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <Marcella.Nunez-smith@hhs.gov>; Hannah Bristol <(b)(6)>

**Subject:** Youth Listening Session Notes

All,

Below you'll find notes from last week's Youth RT Dr. Nunez-Smith did with Hannah – lots of good info here to consider, particularly for reaching Youth not tied to a college or university. Lots of mention in this session about messaging, importance of peer-to-peer engagement, and differences in minor consent laws.

Feel free to let us know if you have any questions or feedback.

Thanks,  
Sherice

###

### **Youth Engagement COVID Roundtable Conversation June 24, 2021**

#### ***Individuals in attendance represented:***

- Waianae Coast Comprehensive Health Center (Hawaii)
- CLASP
- Rise
- Brotherhood Crusade
- Schoolhouse Connection
- National Network For Youth
- National Foster Youth Institute

- Young Invincibles
- Juvenile Law Center
- National Youth Employment Coalition
- NAACP Youth & College Division
- Youth Will

***What folks are hearing/talking/experiencing on the ground:***

- Dis/Misinformation, especially on social media, is leading to lower vaccine uptake. Stories of note include that the vaccines will magnetize you or will change your DNA.
- Many youth are getting their information – and debating the facts – on Instagram or Twitter. Tik Tok and Facebook are in play.
- Labeling youth as “superspreaders” for their social behavior is detrimental when trying to motivate them to get vaccinated, as it only increases the desire to be rebellious.
- Prevalence of adverse reactions leads to perception bias. Media focus on the select few breakthrough infections, myocarditis, and anaphylaxis leads to overstating the true likelihood of occurrence within the population.
- Administration rate of second doses underperforms the national average.
- In many instances, parents are the roadblock to youth being vaccinated. The youth react well to educational information, but their guardians may be personally resistant or resistant to their child getting vaccinated.
- Specifically: in group home environments, information about testing and vaccinations has been slow (or nonexistent) throughout the pandemic.
- Minor consent laws are not well known or understood. Many minors do not know their rights to consent to their own vaccination, a problem that is complicated by a patchwork framework across jurisdictions.
- In addition to age differences, consent laws may differ if a minor is unaccompanied or emancipated.
- Specific request made for Federal support in expanding minor consent laws from Blane Garcia at Waianae Coast Comprehensive Health Center.
- Government-issued ID requirements are prohibitive for youth, especially for unhoused youth and those under age 16.
- Information on social media information that goes beyond *why* to get vaccinated with experiential information/anecdotes about where and how to get vaccinated with move youth. There are youth who will travel an hour or more when they have heard good stories about a peer’s experience at a vaccination site.
- While often cited as a We Can Do This incentive, it’s unclear whether minors can use rideshare programs alone like Uber/Lyft alone to get to a vaccination site.
- The historical debt of vaccinations and vaccine research practices has not been addressed sufficiently enough for hesitant communities.
- More information for “what’s next?” in the pandemic is needed. What does life post-COVID look like in the fall or in 2022? The endgame of testing and vaccination are not well communicated, just that it needs to be done for an abstract “return to normal.”

***What is working for these advocacy groups:***

- Convenient vaccination sites – mobile sites, on-campus sites specifically – improve vaccination uptake.
- Peer-to-peer messaging breaks through the noise. A hard ask of their peers is effective in moving from knowledge to action. Microinfluencers are well embedded in their communities and already seen as trusted sources.
- Text platforms and text banking are helpful because it opens up dialogue and is an easy resource that people can pay forward to their peers. Instagram Live is also an active and easily shareable resource.
- Incentives work, even when small, if the logistical barriers to get vaccinated are low.
- Using youth as the conduit to get factual, accurate information to guardians/multigenerational households has convinced entire households to get vaccinated. When youth are empowered to educate their families, they are credible messengers. A message in the household of accountability and mutual support goes a long way.
- Town Halls/ Q&As with younger experts that have other intersectional linkages to the community are well-attended and convincing.
- Overlaying COVID messaging with other hot topics like health insurance literacy provides captive audiences across in-person, virtual, and social media events.
- When possible, case managers can effectively message about vaccination and eliminate barriers to accessing them.
- In group home settings, mass vaccination of all residents is effective. Mobile units allow for this to occur.

***Asks of the White House and/or HHS:***

- Request a Federal stance on minor consent laws and pushing for their expansion.
- Request further assistance in messaging on minor consent laws that are currently on the books so that youth know their rights.
- Request more town halls and more clear information from experts is the best we can do at the moment
- Request better oversight of group home/congregate care settings to ensure timely, correct information is making it to directors and residents
- Clarify ID requirements at vaccination sites for youth, including alternate forms of ID or if any ID is needed.

***Testimony of Note:***

Kristin McGuire of Young Invincibles: highlighting the success of the Chicken Pox vaccine has been effective. Many youth have never had or aren't familiar with chicken pox. However, most everyone 35+ have, which is a testament to the success of vaccines.

Wisdom Cole of NAACP: the power of microinfluencers is large since they are members of and understand the nuance within their community. For instance, they had the idea to have young Black doctors like Britney Peterson to answer questions and provide information on COVID vaccinations because she was young, identified as a member of the community, and came across well on their Instagram Live. However, information needs to go beyond just having the right information or how to get to sites, but needs to address the endgame. What does life look like in a post-COVID world? When those conclusions can be articulated, it helps crystalize action to get vaccinated and achieve those goals.

Jordyn Roark of Schoolhouse Connection: Herself an unaccompanied homeless youth in her life, it's important to recognize that unhoused youth are in survival mode. Schools (and similar)

systems are key for information dissemination since the youth are in a stable environment. Even relocating a few blocks away from their previous home can eliminate stability, which impacts things like second dose administration more difficult. Leveraging school systems for vaccination is important as well. However, thousands of students have fallen out of the traditional school system over the past year due to the pandemic.

**Next Steps:**

- Email chain for all participants on the call to share resources with each other, with potential for a follow-up conversation.

Obtained by America First Legal Foundation through litigation

**From:** Murthy, Vivek (HHS/OASH)  
**Sent:** Tue, 9 Nov 2021 12:07:08 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]; Woodcock, Janet (FDA/OC); Kessler, David (HHS/IOS); Levine, Rachel (HHS/OASH); Walensky, Rochelle (CDC/OD); Eric Lander; Choucair, Bechara EOP/WHO; Collins, Francis (NIH/OD) [E]  
**Subject:** Quick update: Surgeon General Community Toolkit for Addressing Health Misinformation  
**Attachments:** HealthMisinformationToolkit\_English\_Remediated\_final.pdf

Hi friends,

I hope you're all doing well. I wanted to let you know that later today, our office will be launching a Community Toolkit to combat health misinformation. This is a follow up to the SG Advisory we released in July and it provides concrete tools that individuals and organizations can use to identify misinformation and talk to their families about it. Especially given the rollout for kids' vaccines, we want to increase the emphasis on rooting our misinformation.

I'm including more information below and attaching the toolkit in case it is helpful. Thanks for all the support and will look forward to our next group call!

Take care

Vivek

BACKGROUND

Earlier this year, Dr. Murthy issued the first [Surgeon General's Advisory](#) of this Administration warning people about the urgent threat of health misinformation and calling for a whole of society approach to address it. **As the Administration enters the next critical phase of the COVID-19 vaccination campaign, vaccinating children ages 5-11, U.S. Surgeon General Dr. Vivek Murthy tomorrow will release a Community Toolkit for Addressing Health Misinformation to help Americans navigate the serious threat of health misinformation, especially online.**

The Surgeon General's Community Toolkit for Addressing Health Misinformation will provide communities with resources to help protect against this threat, helping to ensure that people across the country have access to science-based public health guidance as the country continues to confront the COVID-19 pandemic. The toolkit is interactive and collaborative using accessible language and examples to help users understand and identify misinformation and disinformation.

Resources in the Community Toolkit include:

- A Health Misinformation Checklist to help evaluate the accuracy of health-related content;
- Tips on how individuals can talk to loved ones about health misinformation;
- An outline of common types of misinformation and disinformation tactics; and
- Reflections and examples of times individuals may have encountered misinformation.

**Attached here you will find an [embargoed, internal only](#) copy of the toolkit for your awareness (embargo lifts at 7:30a EST November 9). We'd welcome your team helping amplify tomorrow, and please reach out with any questions.** If helpful, happy to loop in our Communications team here to share draft social media copy, graphics, and additional roll-out materials.





# A Community Toolkit for Addressing Health Misinformation

Information that is **false, inaccurate, or misleading** ←  
according to the best available evidence at the time

# A Note From The U.S. Surgeon General



If you're wondering whether this toolkit is for you, let me assure you that the answer is **yes**.

It's for all of us. Because health misinformation has reached nearly every corner of our society – and it poses an increasing danger to us and to our loved ones.

We all have the power to shape our information environment, but we must use that power together. This resource is here to provide a set of tools for you to understand, identify, and stop misinformation, and help others do the same. Only then will we be able to work toward a better information environment – one that empowers us to build a healthier, kinder, and more connected world.

A handwritten signature in blue ink that reads "Vivek Murthy".

**Vivek H. Murthy, M.D., M.B.A.**  
Vice Admiral, U.S. Public Health Service  
Surgeon General of the United States



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# Summary

False or misleading information about diseases, illnesses, potential treatments and cures, vaccines, diets and cosmetic procedures are causing people to make decisions that could have dangerous consequences for their health.

This type of information can spread through communities, within families, and between friends. Often, we're trying to help – so we share information that seems helpful. But the truth is that information connected to health and medicine involves rigorous research and complex science. Advice might change as more research is undertaken, meaning even “official” advice from a few months ago might be out of date. When we rely on friends or internet searches for the best information, we might inadvertently be putting ourselves in harm's way.

Health misinformation is causing harm to individuals and to communities, but talking to one another about its impact can help slow the spread by prompting us to think twice about the information we're reading and sharing. This toolkit will help you get started.

## What is health misinformation?

- It is information that is false, inaccurate, or misleading according to the best available evidence at the time.

## Why are we all susceptible to being influenced by misinformation and why is it so tempting to share it?

- We like to feel that we have new information that others don't know.
- We want to protect the people we care about.
- We may be seeking explanations or wanting to share information that helps us make sense of events.
- We want to feel connected to others.

## Tips for talking with your family, friends and community about misinformation

- Listen
- Empathize
- Point to credible sources
- Don't publicly shame
- Use inclusive language

## HEALTH MISINFORMATION CHECKLIST

**Use this checklist every time you come across health-related content you are not sure about.**

- |   |   |
|---|---|
| <input type="checkbox"/> Did you check with the CDC or local public health department to see whether there is any information about the claim being made? | <input type="checkbox"/> Did you type the claim into a search engine to see if it has been verified by a credible source? |
| <input type="checkbox"/> Did you ask a credible health care professional such as your doctor or nurse if they have any additional information?            | <input type="checkbox"/> Did you look at the “About Us” page on the website to see if you can trust the source?           |
|   | <input type="checkbox"/> If you're not sure, don't share!   |

# Welcome

When it comes to our health, having good information is crucial. False or misleading information can cause serious harm.

It might be that you've just received a worrying diagnosis and the information you find online drives you to believe that an alternative supplement or cure might be a better route than advice from your doctor. It might be that you're trying to lose weight and you end up buying pills advertised online that actually damage your health. It might be that you're not sure you should get vaccinated because you've been told, incorrectly, that the shot will cost you money.

We now live in an era of information overload. It's becoming harder to navigate the overwhelming amount of information we see every day. Not only is there more information, some of it is false or misleading. It's hard to know who or what to trust, and it requires us to learn a new set of skills.



While anyone should find the information in this toolkit useful, it is mostly designed as a resource for those who are in a position to help others learn these new skills.

Maybe you run a neighborhood page on Facebook, host a reading group, coach a softball team, run a professional association, or own a coffee shop or salon where members of your community get together. Maybe you're a faith leader, a nonprofit executive, a librarian, an educator, or a local radio host.

Whoever we are, we have people who trust us — so we all have an important role to play in addressing health misinformation and this toolkit can help us help our community.

## REFLECT & DISCUSS

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Do you have people who come to you for health information? Who are they? You might be a trusted messenger even if you don't know it.

# Who This Toolkit Is For

Are you a health care professional or administrator who has experienced the impact of health misinformation with patients?

Are you a teacher, school administrator, or librarian who struggles to find ways to teach the fundamentals of health literacy?

Are you a faith leader who would like to engage with your congregation on the topic of health misinformation?

Are you a trusted member of your community who wants to help those around you become more empowered with health-related issues?

We've created this toolkit for you.

There are many ways to use this toolkit, but what's most important is to get started! Here are a few lessons and activities to engage your community, colleagues, family, and friends about health misinformation now.



## Health Care Professionals and Administrators

Invite your colleagues to a webinar and give an overview of this toolkit. Ask them to share their best practices for talking to patients about health misinformation.

## Teachers, School Administrators, and Librarians

Host after school sessions with students and teachers, facilitating workshops using the exercises provided here. Consider printing the most useful parts of the toolkit so participants can take them home. You can also hang them on your walls, doors, and community boards for reference.

## Faith Leaders

Organize a meeting after service and facilitate a discussion with your congregation about the impact of health misinformation and actions you can take together. And try sharing some of the tips in the toolkit in your newsletters and on your social media channels.

## Trusted Community Members

Train others to use this toolkit in their neighborhoods and communities. Get creative in how you share the content.

Access presentation slides(pdf), infographics, and other social media graphics that you can easily share with your community at [SurgeonGeneral.gov/HealthMisinformation](https://www.surgeongeneral.gov/HealthMisinformation)



# What Is Health Misinformation?

Misinformation is information that is false, inaccurate, or misleading according to the best available evidence at the time. This content is often posted on the internet or shared via text messages or emails. But it's not something that only happens online. Misinformation can also come in the form of false, misleading or conspiratorial claims made in speeches, via pamphlets or posters, by news outlets, or in advertisements.

Mostly, misinformation is shared by people who do not know the claims, images or videos are false or misleading. They are sharing because they want to help people and would hate to think that they were hurting them instead.

It's common to think that misinformation doesn't impact us. But all of us are vulnerable, and all of us can help.



## MISINFORMATION VS. DISINFORMATION

### Misinformation

Information that is false, inaccurate, or misleading according to the best available evidence at the time\*

"**Misinformation** can sometimes be spread intentionally to serve a malicious purpose, such as to trick people into believing something for financial gain or political advantage. This is usually called "**disinformation**." But many people who share misinformation aren't trying to misinform. Instead, they may be raising a concern, making sense of conflicting information, or seeking answers to honest questions."

*Confronting Health Misinformation: The U.S. Surgeon General's Advisory on Building a Healthy Information Environment, 2021.*

\*Scientific knowledge constantly evolves and that's why we're now able to treat illnesses like cancer in ways that never used to seem possible. Updating guidance and recommendations based on new evidence is an essential part of the scientific process, but when we find ourselves in new situations, such as the COVID-19 pandemic, it can be difficult to know how to figure out what to believe, which sources to trust, and how to keep up with changing knowledge and guidance. That's why we need to help.

# Find These Common Types of Health Misinformation.

What types of health misinformation exist? Go online and see if you can find any of these common types of health misinformation.



Memes (fun, colorful images or graphics) that were created as a joke, but people started re-sharing thinking it was true.

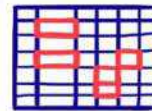
As you can see, a lot of misinformation isn't completely false or 'fake', it's actually information or imagery that lacks context. Something that has a 'kernel of truth' to it is much more believable.



Websites that look professional (often designed to look like news sites) but the stories are all false or misleading. They have sensational headlines designed to make us click on them.



Quotations where the beginning or end have been deleted to change the meaning. The person did say that, but without the full context it's not a fair representation of what they said.



Cherry-picked statistics. Too often we see people choosing the number that supports what they want to argue, but without all the data, they haven't provided all the context.



Misleading graphs or diagrams that look official but don't tell the whole story.



Old images that recirculate as if they are actually very recent.



Videos that have been edited to change the meaning.





# Why Is It So Tempting to Share Health Misinformation?

There are a number of reasons why people unknowingly share health misinformation:

**1. We like to feel that we have new information that others don't know.**

And we like to share information that others may not know yet. So when it seems like there might be a new cure or potential beauty secret, people are excited to share.

**2. We want to protect the people we care about.** Often, when people are asked about their online sharing habits, they will say things like:

I admit it. Sometimes I share things I see without checking first, but honestly, I feel that it's better to be safe than sorry.



Have you seen this video? I don't know who made it, but everything seems to make sense now!

**3. We may be seeking explanations or wanting to share information that helps us make sense of events.**

For example, during the uncertainty of the COVID-19 pandemic there has been a great deal of misinformation. When we are unsure or frightened, we often seek and share information that can provide explanations — without checking where or who it came from.

#### 4. We want to feel connected to others.

More of us are living alone and may feel disconnected from our local communities. But online communities are thriving, and unfortunately, some of the most active online communities are based around misinformation. We can gravitate toward other people who believe the same things we do and then increasingly feel connected to them. While a group might initially be about dieting, over time, members end up feeling like friends with other users even though they may have never met.

This feeling of connection is incredibly powerful and is one of the reasons why conspiracy communities are able to grow. People who are interviewed about their experiences frequently mention the connection they feel with others members of that community.



#### REFLECT & DISCUSS

Can you think of another example of harmful misinformation you've seen? If you can't think of anything, maybe scroll through your social media feeds and see what is being shared with you today. Is there anything you're not sure about?

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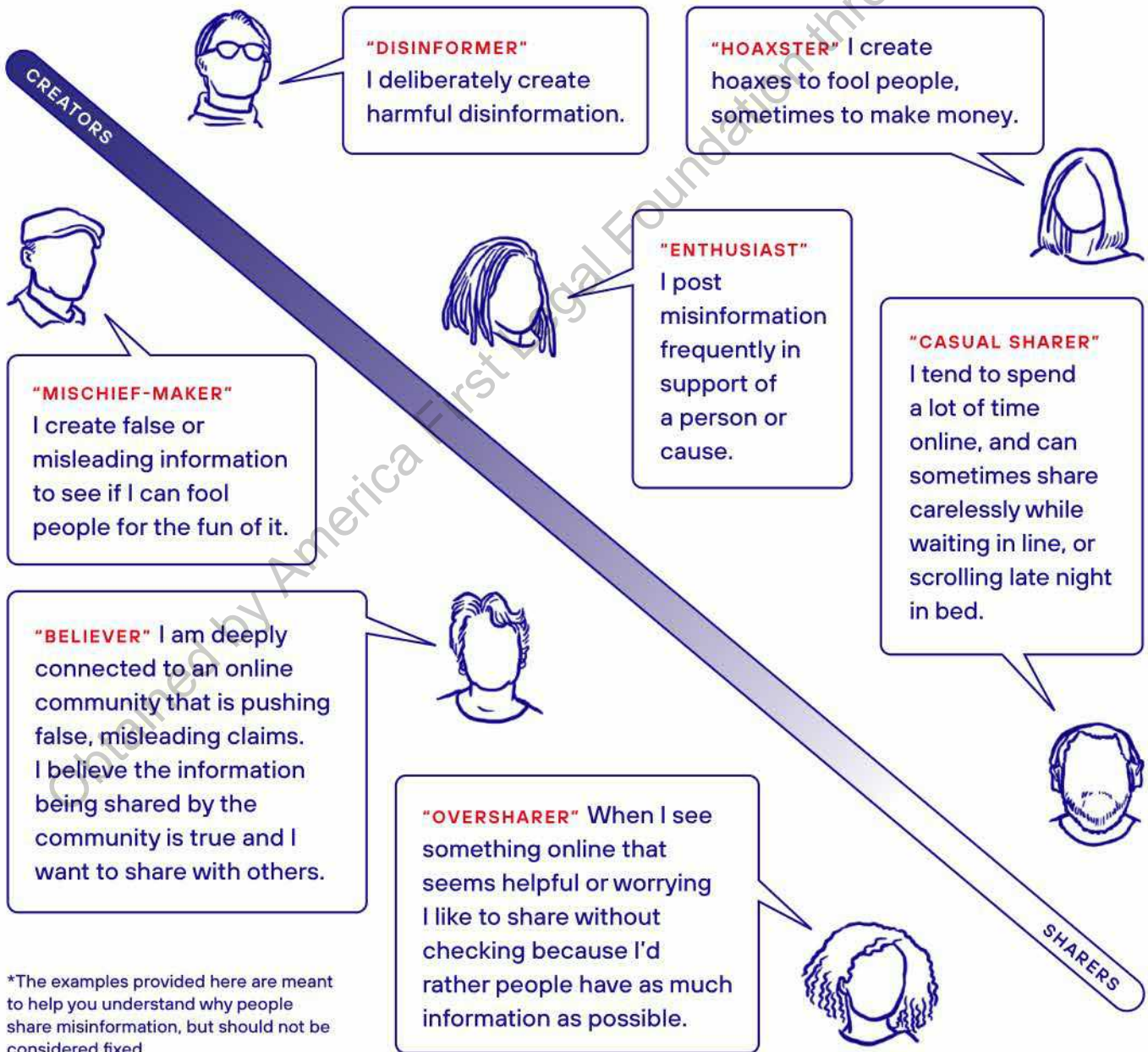
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# Understand Why People Create or Share Harmful Information.\*

Which of these examples have you seen in your community?

Sometimes, we may not be able to fully understand why someone shares or creates harmful information. Their intentions can be mixed, unclear, and even change over time—they might not fit nicely into these categories. Because of this, rather than quickly jumping to conclusions or calling them out, try to listen first and engage in an open conversation.



\*The examples provided here are meant to help you understand why people share misinformation, but should not be considered fixed.

# Bring These Practices to Your Communities



## PRACTICE 1: EASY

### What Would You Do? A Comic Strip

Read this short comic strip with your community. Find out how your loved ones can be misinformed, and how you can help. Follow up with the discussion questions provided.



## PRACTICE 2: INTERMEDIATE

### How to Talk About Health Misinformation With Your Family, Friends and Community

Talking to others who are sharing misinformation does not always work unless it is done in the right way. Try these tips and best practices to reach your family, friends, and community.



## PRACTICE 3: DIFFICULT

### Common Disinformation Tactics

What are some disinformation tactics? Encourage your community to find any of these common disinformation tactics online and discuss why they are effective.



## PRACTICE 4

### If You're Not Sure, Don't Share!

Misinformation can often be hard to detect. Try to identify the common types of misinformation in real world examples. What might you consider before sharing with others?

# What Would You Do?

Your family member is diagnosed with a serious illness. Find out how your loved ones can be misinformed and how you can help.



1 When we get a diagnosis, we are less likely to act rationally. We are often scared and desperate for anything that might help.



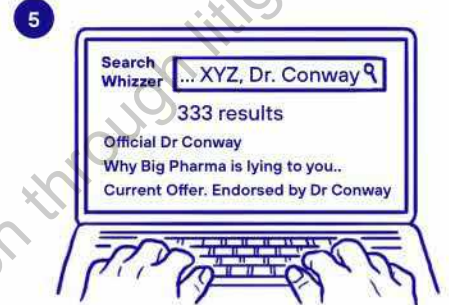
2 When we feel scared, we turn to people that we trust for advice. But they might not always be the best people to provide advice regarding our health. **Pause and Ask:** Who do you go to for health information and why?



3 Often when we search online, we get millions of results. It's hard to know which ones to trust. **Pause and Ask:** How do you verify which websites are trustworthy?



4 When people are sharing misinformation, whether they know it or not, they'll often give you specific words to search for. By doing so, they often limit results to sites that support their point of view.



5 For example, adding a specific name will severely limit your results. **Pause and Ask:** What are some red flags you have seen about health information online?



7 Just because someone is in a white coat or holding a stethoscope, it doesn't mean they are actually a licensed health professional. **Pause and Ask:** How do you check if someone is a legitimate health professional?



8 When we feel vulnerable, online communities can feel especially welcoming. People show that they care about you and share their own stories that are similar to yours.



9 When people are scared and hoping something will help, they may not be open to being told they are wrong. **Pause and Ask:** Does this remind you of a conversation you've had?



**Pause and Ask:** How would you talk to your loved one about their concerns? How might you encourage them to seek professional advice before seeking treatment?

**REFLECT & DISCUSS**

In this made-up scenario, Dr. Conway is not a real doctor. He decided to use fears about this illness to make money, 'inventing' a new medicine but it's really generic pills designed to lower cholesterol.

1. What is the motivation for Dr. Conway?

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2. Who is he targeting?

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3. Why are people susceptible?

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4. What are some of the tactics used by Dr. Conway?

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5. Why do people start believing it?

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Obtained by America First Legal Foundation through litigation

# How to Talk About Health Misinformation With Your Family, Friends and Community

In this section, we're going to talk about how people can talk to others who are sharing misinformation. As discussed in the previous section, simply sharing fact-checks does not always work unless it is done in the right way. Try using these tips and best practices to reach your family, friends, and community.



## 1. Listen

- The best way to change someone's mind about misinformation is to listen to their fears and why they believe what they do.
- Try not to focus on the content or the false claim; instead, focus on the wider issue and how they feel about that issue.
- While sometimes it can be tempting to pull out a 'fact-check' as proof someone is wrong, this approach can often shut down a conversation.

### TRY THIS

Imagine your friend is worried about potential side effects from a flu shot. How might you talk to her about her fears?

- Ask her specifically what side effects she's worried about and listen to her answer. Rather than telling her she shouldn't be afraid, try to help her find trusted information that could help her make a more informed decision.
- Suggest she talks to a health professional she trusts (her doctor, nurse practitioner or pharmacist) about her specific concerns.
- Ask her to show you what she's seeing online that is worrying to her, and then searching the CDC website with her to see what the latest research is saying.

### AVOID

- Sharing fact-checks from sources she doesn't know or trust.
- Minimizing her concerns, criticizing her for not having information, or telling her she's wrong.



## 2. Empathize

- When talking with a friend or family members, emphasize the fact that you understand that there are often reasons why people find it difficult to trust certain sources of information.
- Ask questions to understand where they are coming from.
- Admit that you have struggled and continue to struggle with knowing what is true and false.
- Where possible, talk about times when you have fallen for misinformation, and explain why you were susceptible.

## 3. Point to credible sources

- Underscore that finding accurate information can be hard, especially during events like the pandemic when the information is constantly changing (which will always happen with a new virus or disease).
- Emphasize the need to find credible sources, who are not in a position to personally profit or to gain power or influence when seeking information.
- Remind them that an expert on one topic might not be the best expert to turn to around another topic.

### TRY THIS

Imagine your uncle has just been diagnosed with a serious illness and is convinced that an obscure cure being sold online will help him. How could you talk to him about the potential harm that he could be causing?

- Talk to him about the struggles you've had figuring out what to trust in terms of health information available online.
- Talk to him about how frightened he must be by this diagnoses and that you will help him find the most trustworthy information.

### AVOID

- Searching for information only to prove a point.
- Implying that you never fall for false or misleading information.



### TRY THIS

Imagine your neighbor seems to have started following conspiracy communities online and is beginning to believe increasingly outlandish claims. How might you talk to them about this?

- Ask them to share the online sources he trusts to understand where he is getting his information from.
- Discuss how hard it is to get accurate information when the research is continuously being updated, but point to sites that you think do a good job of being transparent.

### AVOID

- Being judgmental about any of the sources of information used by your neighbor.
- Making assumptions that your neighbor should know where to go for accurate information.

#### 4. Don't publicly shame

- Where possible, try to have conversations one on one, either face to face or via direct messages on social media sites. Remember, no one likes to appear wrong.
- Having conversations in the comments under a post has the potential to backfire or means more people might see the misinformation.
- A caring tone of voice could help more people. Be gentle in your replies and remember to listen and be empathetic.

##### TRY THIS

Imagine an old friend from your friend group from high school is sharing misinformation about a new diet. What might you do?

- Share that you wish there was an easy dieting solution but you're worried that the people selling this diet online might be doing it for profit.
- Follow up privately with your friend to say you'd love to chat about it as you're struggling to know what and who to trust online.

##### AVOID

- Publicly embarrassing your friend.
- Sharing any fact-checks that make fun of those who are following this diet.

#### 5. Use inclusive language

- Where possible, use inclusive language that makes it clear that you see yourself being impacted in the same way.
- Show how you sometimes struggle to figure out whom or what to trust.

##### TRY THIS

Imagine you're talking to someone you often see at your local community center. They are worried about getting their new baby vaccinated. How would you talk to them about their fears?

- Use phrases such as "I understand", "I've been confused too", "it's so hard to know who to trust."
- Use phrases that include terms like 'our community', 'our families', 'we' and 'us', so the person feels that you identify with them.

##### AVOID

- Using phrases such as "You're just wrong. Listen to me."
- Sharing materials that poke fun at people who are vaccine hesitant.

#### REFLECT & DISCUSS

Have you tried to talk about health misinformation with someone you know? How did it go? What could you have done differently? Think about ways you might approach a conversation based on these techniques. How do you think it might go, remembering you can rarely change people's minds quickly?

# Learn These Common Disinformation\* Tactics.

Go online and see if you can find any of these common disinformation tactics. Discuss why they are effective.

\*Learn more about disinformation on page 7.

We normally rely on these kinds of mental cues to quickly make sense of the world. But those who are trying to mislead us use these same cues to fool us. It's a really good idea to learn these tactics, so you can spot them and protect yourself and those you care about.



Including the logo of an established organization, like adding the CDC or a news network logo to a post



Using visual cues like someone wearing a white coat or holding a stethoscope



Creating a professional, slick looking website as our brain sees that visual cue as a “proof” of trustworthiness



Including in a post something like: “My brother works for the government and has inside knowledge. He just told me that...” or “My sister is a nurse and just called me from the ICU to tell me...”



Using unique or rare terms so that when someone searches for content connected to that term, there are fewer links and therefore it is less likely that there will be available fact-checks or debunks

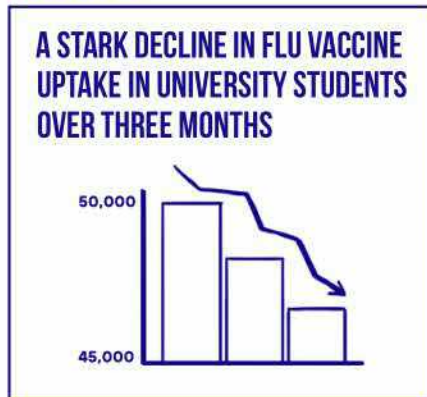


Creating content that looks like a first person experience. It's very difficult to “fact-check” someone who says, “This happened to me.” Those trying to push disinformation will therefore deliberately create content that looks like real life stories from real people when it's all made up

# If You're Not Sure, Don't Share!

Misinformation can often be hard to detect. Try to identify the common types of misinformation below. What might you consider before sharing with others?

EXAMPLE A



This is a graph that misrepresents the data. Here, the numbers on the vertical axis make it appear as if there is a stark decline. If the axis started at zero, the graph would look less dramatic.

EXAMPLE B



This is an old image that is recirculating as if it's current. Here, we see an old photo of a maskless crowd from 2015 depicted as happening in the midst of the COVID-19 pandemic.

EXAMPLE C

This is a website that looks professional (often designed to look like news sites) but the stories are all false or misleading. They are often trying to sell a product.

Now that you've seen these common types of misinformation, would you do any of the following before sharing? What else might you do?

**Remember — if you're not sure, don't share!**



## HEALTH MISINFORMATION CHECKLIST

- Did you check with the CDC or local public health department to see whether there is any information about the claim being made?
- Did you ask a credible health care professional such as your doctor or nurse if they have any additional information?
- Did you type the claim into a search engine to see if it has been verified by a credible source?
- Did you look at the "About Us" page on the website to see if you can trust the source?
- If you're not sure, don't share!

# Health

# Misinformation

# Checklist

Information that is **false, inaccurate, or misleading** according to the best available evidence at the time



Use this checklist every time you come across health-related content you are not sure about.



Did you check with the CDC or local public health department to see whether there is any information about the claim being made?



Did you ask a credible health care professional such as your doctor or nurse if they have any additional information?



Did you type the claim into a search engine to see if it has been verified by a credible source?



Did you look at the “About Us” page on the website to see if you can trust the source?



If you're not sure, don't share!



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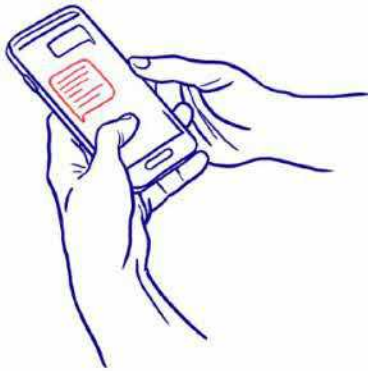
Read the Health Misinformation Community Toolkit  
at [SurgeonGeneral.gov/HealthMisinformation](https://www.surgeongeneral.gov/HealthMisinformation)



# Talk to Your Community About Health Misinformation.

## 1 What is health misinformation?

It is information that is **false, inaccurate, or misleading** according to the best available evidence at the time.



## 2 Why are we all susceptible to being influenced by misinformation and why is it so tempting to share it?



We like to feel that we have new information that others don't know.



We want to protect the people we care about.



We may be seeking explanations or wanting to share information that helps us make sense of events.



We want to feel connected to others.

## 3 What are some tips for talking with your family, friends and community about misinformation?

Listen

Empathize

Point to Credible Sources

Don't Publicly Shame

Use Inclusive Language

## 4 What are some common types of health misinformation?



Memes that were created as a joke, but people started re-sharing thinking it was true.



Websites that look professional but the stories are all false or misleading.



Quotations where the beginning or end have been deleted to change the meaning.



Cherry-picked statistics. Without all the data, people haven't provided all the context.



Misleading graphs or diagrams that look official but don't tell the whole story.



Old images that recirculate as if they are actually very recent.



Videos that have been edited to change the meaning.



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Read the Health Misinformation Community Toolkit at [SurgeonGeneral.gov/HealthMisinformation](https://www.surgeongeneral.gov/HealthMisinformation)



**From:** Rowe, Courtney M. EOP/WHO  
**Sent:** Tue, 26 Oct 2021 15:12:45 +0000  
**To:** Webb, Cameron C. EOP/WHO; Perry, Sherice (OS/IEA); Wakana, Benjamin L. EOP/WHO; Sanchez-Velasco, Marissa EOP/WHO; Humphrey, Clarke E. EOP/WHO; Saenz, Adrian EOP/WHO; Smith, Carissa A. EOP/WHO; Okolo, Osaremen F. EOP/WHO; Figueroa, Marvin (HHS/IEA); Peck, Joshua (HHS/ASPA); Schake, Kristina (HHS/IOS); Allen, Kirsten (HHS/ASPA); O'Connell, Dawn (OS/ASPR/IO); Sams, Ian (HHS/ASPA); Weiss, Rachel (OS/IEA); Pugh, Carrie (OS/IEA); Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); Salcido, Dorinda (Dori) (CDC/OD); Dutta, Trina (SAMHSA/OAS); Lynk, Beth (CMS/OA); Grossman, Jordan (HRSA)  
**Cc:** Nunez-Smith, Marcella (OS/ASPR/IO) (CTR); Bristol, Hannah M. EOP/WHO  
**Subject:** RE: Youth Listening Session Notes: October

Very helpful . The long COVID one as well

---

**From:** Webb, Cameron C. EOP/WHO  
**Sent:** Tuesday, October 26, 2021 11:11 AM  
**To:** 'Perry, Sherice (OS/IEA)' <Sherice.Perry@hhs.gov>; Rowe, Courtney M. EOP/WHO <(b)(6)>; Wakana, Benjamin L. EOP/WHO <(b)(6)>; Sanchez-Velasco, Marissa EOP/WHO <Marissa.Sanchez-Velasco@hhs.gov>; Humphrey, Clarke E. EOP/WHO <(b)(6)>; Saenz, Adrian EOP/WHO <(b)(6)>; Smith, Carissa A. EOP/WHO <(b)(6)>; Okolo, Osaremen F. EOP/WHO <(b)(6)>; Figueroa, Marvin (HHS/IEA) <Marvin.Figueroa@hhs.gov>; Peck, Joshua (HHS/ASPA) <Joshua.Peck@hhs.gov>; Schake, Kristina (HHS/IOS) <Kristina.Schake@hhs.gov>; Allen, Kirsten (HHS/ASPA) <Kirsten.Allen@hhs.gov>; O'Connell, Dawn (OS/ASPR/IO) <Dawn.Oconnell@hhs.gov>; Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Weiss, Rachel (OS/IEA) <Rachel.Weiss@hhs.gov>; Pugh, Carrie (OS/IEA) <Carrie.Pugh@hhs.gov>; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; spe9 <spe9@cdc.gov>; Dutta, Trina (SAMHSA/OAS) <Trina.Dutta@samhsa.hhs.gov>; Lynk, Beth (CMS/OA) <Florence.Lynk@cms.hhs.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>  
**Cc:** Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <Marcella.Nunez-smith@hhs.gov>; Bristol, Hannah M. EOP/WHO <(b)(6)>  
**Subject:** RE: Youth Listening Session Notes: October

Thanks for sending these notes, Sherice! Super helpful!

---

**From:** Perry, Sherice (OS/IEA) <Sherice.Perry@hhs.gov>  
**Sent:** Monday, October 25, 2021 10:53 PM  
**To:** Rowe, Courtney M. EOP/WHO <(b)(6)>; Wakana, Benjamin L. EOP/WHO <(b)(6)>; Sanchez-Velasco, Marissa EOP/WHO <Marissa.Sanchez-Velasco@hhs.gov>; Humphrey, Clarke E. EOP/WHO <(b)(6)>; Saenz, Adrian EOP/WHO <(b)(6)>; Smith, Carissa A. EOP/WHO <(b)(6)>; Webb, Cameron C. EOP/WHO <(b)(6)>; Okolo, Osaremen F. EOP/WHO <(b)(6)>; Figueroa, Marvin (HHS/IEA) <Marvin.Figueroa@hhs.gov>; Peck, Joshua (HHS/ASPA) <Joshua.Peck@hhs.gov>; Schake, Kristina (HHS/IOS) <Kristina.Schake@hhs.gov>; Allen, Kirsten (HHS/ASPA) <Kirsten.Allen@hhs.gov>; O'Connell, Dawn (OS/ASPR/IO) <Dawn.Oconnell@hhs.gov>; Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>; Weiss,

Rachel (OS/IEA) <Rachel.Weiss@hhs.gov>; Pugh, Carrie (OS/IEA) <Carrie.Pugh@hhs.gov>; Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) <aws8@cdc.gov>; spe9 <spe9@cdc.gov>; Dutta, Trina (SAMHSA/OAS) <Trina.Dutta@samhsa.hhs.gov>; Lynk, Beth (CMS/OA) <Florence.Lynk@cms.hhs.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>

**Cc:** Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <Marcella.Nunez-smith@hhs.gov>; Bristol, Hannah M. EOP/WHO <[REDACTED] (b)(6)>

**Subject:** Youth Listening Session Notes: October

Team –

Sharing notes from latest youth listening session.

Hannah, this cohort was a really impressive group of young folks. Thanks for all your work helping with this session.

Sherice

###

### **Youth Stakeholders Roundtable Conversation**

#### ***Individuals in attendance represented:***

- Planned Parenthood
- Young Invincibles
- Trevor Project
- YMCA
- Boys and Girls Club
- Chicago Vaccine Angels
- COVID Campus Coalition

#### ***What folks are hearing/talking/experiencing on the ground:***

- The mental health and social isolation impacts of COVID hit youth particularly hard, including those with difficult home environments.
- This is especially true among the LGBTQ+ community, which already had the highest suicide rate among youth before the pandemic. The inability to attend school in-person – an environment that many feel is more inclusive and welcoming than their own homes – was detrimental.
- Convenience is king: School-based vaccine clinics are essential to improving youth vaccination rates, as they are more convenient to get to and less dependent on other planning factors like transportation, scheduling, and parental hesitancy.
- The patchwork system of minor consent laws across state lines make developing communication strategies more difficult. It is necessary to inform all stakeholders of the relevant laws in their locales, including teachers/administrators.
- English as a Second Language students are being left behind because resources for both public health and academics are not being translated and shared broadly.



- Ingrained distrust of the public health system is a leading cause for lower vaccine acceptance rates amongst youth. Historical medical racism was often cited in interviews as the root cause.

***What is working for these advocacy groups:***

- Messaging that comes across as not politicized/polarized and from trusted organizations/messengers is best.
- Field organizing works as a means to have meaningful interpersonal conversations with peers, learn about concerns, myth-bust against dis/misinformation, and move youth to actually schedule an appointment for vaccination.
- Funding mechanisms are not set up to be able to employ youth to do organizing work year-round/outside of campaign cycles, and they need stability in income when also being asked to attend school et al.
- Resources on mental and behavioral health go a long way for marginalized youth to be able to care for themselves when their home environments may not be structured for such wraparound care – specifically among the LGBTQ+ community.
- Hospital, pharmacy, and clinic partnerships are needed to operationalize school-based clinics, especially considering the dearth of school-based nurses/medical professionals.

***Asks of the White House and/or HHS:***

- Better amplify and share culturally-responsive messaging and resources that can be leveraged by smaller organizations (vis-à-vis COVID Community Corps or other means).
- Highlight minor consent laws and/or work with NCSL to expand/safeguard minor consent laws at the state level.
- Investigate how funding streams from American Rescue Plan can continue to keep youth and trusted messengers engaged and employed to continue field organizing.
- Amplify messaging and awareness to highlight mental health impacts of the pandemic and social isolation.

***Next Steps:***

- Connect with Comms Team to highlight toolkits for youth messaging and minor consent laws.
- Work with pharmacy partners and Department of Education to highlight best practices for school-based clinics and how to operationalize expansion of on-campus services as the vaccine-eligible audience expands to the 5-11 age group.
- Work with Policy Teams to identify how funding from ARP may continue to be leveraged for youth-specific organizing, either through state Education funding or through NGOs a la Navigator funding for Open Enrollment/ACA outreach.

***After Action Resources for Review:***

The Trevor Project

- [New Data Further Highlights Suicide Risk Disparity Among Queer Youth](#) (August 2021)
- [Evidence of Covid-19 Suicide Risk and LGBTQ Youth](#) (January 2021)
- [Implications of COVID-19 For LGBTQ Youth Mental Health and Suicide Prevention](#) (April 2020)

Young Invincibles

- Focus group summations: <https://younginvincibles.org/wp-content/uploads/2021/09/Perspectives-on-the-Covid-19-Vaccine-Final-Report-2.4.pdf>

- The Mural Grand Opening video from Long Beach,  
CA: [https://drive.google.com/file/d/1hrRuTdGWUX5yC1ecxNTHHU6J7F\\_kFccz/view?usp=sharing](https://drive.google.com/file/d/1hrRuTdGWUX5yC1ecxNTHHU6J7F_kFccz/view?usp=sharing)

---

**From:** Perry, Sherice (OS/IEA)

**Sent:** Sunday, June 27, 2021 12:24 AM

**To:** Rowe, Courtney (who.eop.gov) <(b)(6)>; Wakana, Benjamin (who.eop.gov) <(b)(6)>; Sanchez-Velasco, Marissa EOP/WHO <(b)(6)>; Clarke.Humphrey <(b)(6)>; Saenz, Adrian EOP/WHO <(b)(6)>; Smith, Carissa A. EOP/WHO <(b)(6)>; Webb, Cameron C. EOP/WHO <(b)(6)> Okolo, Osaremen F. EOP/WHO <(b)(6)>; Figueroa, Marvin (HHS/IEA) <Marvin.Figueroa@hhs.gov>; Cancela, Yvanna (HHS/IEA) <Yvanna.Cancela@hhs.gov>; Peck, Joshua (HHS/ASPA) <Joshua.Peck@hhs.gov>; Schake, Kristina (HHS/IOS) <Kristina.Schake@hhs.gov>; Allen, Kirsten (HHS/ASPA) <Kirsten.Allen@hhs.gov>; O'Connell, Dawn (HHS/IOS) <Dawn.Oconnell@hhs.gov>; Sams, Ian (HHS/ASPA) <Ian.Sams@hhs.gov>

**Cc:** Nunez-Smith, Marcella (OS/ASPR/IO) (CTR) <Marcella.Nunez-smith@hhs.gov>; Hannah Bristol <(b)(6)>

**Subject:** Youth Listening Session Notes

All,

Below you'll find notes from last week's Youth RT Dr. Nunez-Smith did with Hannah – lots of good info here to consider, particularly for reaching Youth not tied to a college or university. Lots of mention in this session about messaging, importance of peer-to-peer engagement, and differences in minor consent laws.

Feel free to let us know if you have any questions or feedback.

Thanks,  
Sherice

###

### **Youth Engagement COVID Roundtable Conversation June 24, 2021**

#### ***Individuals in attendance represented:***

- Waianae Coast Comprehensive Health Center (Hawaii)
- CLASP
- Rise
- Brotherhood Crusade
- Schoolhouse Connection
- National Network For Youth
- National Foster Youth Institute

- Young Invincibles
- Juvenile Law Center
- National Youth Employment Coalition
- NAACP Youth & College Division
- Youth Will

***What folks are hearing/talking/experiencing on the ground:***

- Dis/Misinformation, especially on social media, is leading to lower vaccine uptake. Stories of note include that the vaccines will magnetize you or will change your DNA.
- Many youth are getting their information – and debating the facts – on Instagram or Twitter. Tik Tok and Facebook are in play.
- Labeling youth as “superspreaders” for their social behavior is detrimental when trying to motivate them to get vaccinated, as it only increases the desire to be rebellious.
- Prevalence of adverse reactions leads to perception bias. Media focus on the select few breakthrough infections, myocarditis, and anaphylaxis leads to overstating the true likelihood of occurrence within the population.
- Administration rate of second doses underperforms the national average.
- In many instances, parents are the roadblock to youth being vaccinated. The youth react well to educational information, but their guardians may be personally resistant or resistant to their child getting vaccinated.
- Specifically: in group home environments, information about testing and vaccinations has been slow (or nonexistent) throughout the pandemic.
- Minor consent laws are not well known or understood. Many minors do not know their rights to consent to their own vaccination, a problem that is complicated by a patchwork framework across jurisdictions.
- In addition to age differences, consent laws may differ if a minor is unaccompanied or emancipated.
- Specific request made for Federal support in expanding minor consent laws from Blane Garcia at Waianae Coast Comprehensive Health Center.
- Government-issued ID requirements are prohibitive for youth, especially for unhoused youth and those under age 16.
- Information on social media information that goes beyond *why* to get vaccinated with experiential information/anecdotes about where and how to get vaccinated with move youth. There are youth who will travel an hour or more when they have heard good stories about a peer’s experience at a vaccination site.
- While often cited as a We Can Do This incentive, it’s unclear whether minors can use rideshare programs alone like Uber/Lyft alone to get to a vaccination site.
- The historical debt of vaccinations and vaccine research practices has not been addressed sufficiently enough for hesitant communities.
- More information for “what’s next?” in the pandemic is needed. What does life post-COVID look like in the fall or in 2022? The endgame of testing and vaccination are not well communicated, just that it needs to be done for an abstract “return to normal.”

***What is working for these advocacy groups:***

- Convenient vaccination sites – mobile sites, on-campus sites specifically – improve vaccination uptake.
- Peer-to-peer messaging breaks through the noise. A hard ask of their peers is effective in moving from knowledge to action. Microinfluencers are well embedded in their communities and already seen as trusted sources.
- Text platforms and text banking are helpful because it opens up dialogue and is an easy resource that people can pay forward to their peers. Instagram Live is also an active and easily shareable resource.
- Incentives work, even when small, if the logistical barriers to get vaccinated are low.
- Using youth as the conduit to get factual, accurate information to guardians/multigenerational households has convinced entire households to get vaccinated. When youth are empowered to educate their families, they are credible messengers. A message in the household of accountability and mutual support goes a long way.
- Town Halls/ Q&As with younger experts that have other intersectional linkages to the community are well-attended and convincing.
- Overlaying COVID messaging with other hot topics like health insurance literacy provides captive audiences across in-person, virtual, and social media events.
- When possible, case managers can effectively message about vaccination and eliminate barriers to accessing them.
- In group home settings, mass vaccination of all residents is effective. Mobile units allow for this to occur.

***Asks of the White House and/or HHS:***

- Request a Federal stance on minor consent laws and pushing for their expansion.
- Request further assistance in messaging on minor consent laws that are currently on the books so that youth know their rights.
- Request more town halls and more clear information from experts is the best we can do at the moment
- Request better oversight of group home/congregate care settings to ensure timely, correct information is making it to directors and residents
- Clarify ID requirements at vaccination sites for youth, including alternate forms of ID or if any ID is needed.

***Testimony of Note:***

Kristin McGuire of Young Invincibles: highlighting the success of the Chicken Pox vaccine has been effective. Many youth have never had or aren't familiar with chicken pox. However, most everyone 35+ have, which is a testament to the success of vaccines.

Wisdom Cole of NAACP: the power of microinfluencers is large since they are members of and understand the nuance within their community. For instance, they had the idea to have young Black doctors like Britney Peterson to answer questions and provide information on COVID vaccinations because she was young, identified as a member of the community, and came across well on their Instagram Live. However, information needs to go beyond just having the right information or how to get to sites, but needs to address the endgame. What does life look like in a post-COVID world? When those conclusions can be articulated, it helps crystalize action to get vaccinated and achieve those goals.

Jordyn Roark of Schoolhouse Connection: Herself an unaccompanied homeless youth in her life, it's important to recognize that unhoused youth are in survival mode. Schools (and similar)

systems are key for information dissemination since the youth are in a stable environment. Even relocating a few blocks away from their previous home can eliminate stability, which impacts things like second dose administration more difficult. Leveraging school systems for vaccination is important as well. However, thousands of students have fallen out of the traditional school system over the past year due to the pandemic.

**Next Steps:**

- Email chain for all participants on the call to share resources with each other, with potential for a follow-up conversation.

Obtained by America First Legal Foundation through litigation

**From:** Pearlman, Aj (HHS/IOS)  
**Sent:** Mon, 26 Apr 2021 01:24:48 +0000  
**To:** Sackner-Bernstein, Sonya E. EOP/WHO  
**Cc:** Inglesby, Thomas (OS/ASPR/IO); Berger, Sherri (CDC/OCOO/OD); O'Connell, Dawn (HHS/IOS)  
**Subject:** Adolescent Vaccination Plans  
**Attachments:** Adolescent Vaccination Operational Plan\_25APR2021 final.pptx, Adolescent Vaccination Operational Plan\_25APR2021.xlsx, Adolescent Communications Plan 4.25.21 Final.docx, Adolescent Vaccination Rollout Partnership Strategy\_25APR2021.docx

Hi Sonya,

I hope you had a nice weekend and had a chance to step away from the computer for a bit!

Attached are the updated versions of the adolescent vaccination planning documents. They include:

- Slide deck with the Operational Plan for Adolescent Vaccinations
- Excel Spreadsheet laying out milestones and metrics for the Operational Plan
- High Level Communications Plan
- Example of a rollout Partnership Strategy from CDC

We look forward to talking with you and the whole team early this week. We'll wait to hear from you on a meeting invite, but in the meantime, don't hesitate to reach out if you have questions or feedback and we'll continue to build out our plans.

Thanks,  
AJ

AJ Pearlman  
Chief of Staff, COVID-19 Response  
Department of Health and Human Services

[AJ.Pearlman@hhs.gov](mailto:AJ.Pearlman@hhs.gov)

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Obtained by America First Legal Foundation through litigation

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Obtained by America First Legal Foundation through litigation



Vaccinate with **Confidence**

**Adolescent Edition**

## HHS COVID-19 ADOLESCENT VACCINATIONS COMMUNICATIONS PLAN

### Top Line Summary

Pfizer has submitted a request for an Emergency Use Authorization for adolescents ages 12-15; we anticipate the EUA will be approved by FDA in May. In anticipation of authorization and recommendation for adolescents to get vaccinated against COVID-19, HHS is scaling up educational and promotional materials and, as part of the ongoing public education campaign to encourage all Americans to get vaccinated, HHS will roll out a sustained communications effort to target parents (especially mothers ages 35-49) and adolescents to drive vaccinations of teenagers across the country. The goal is to build confidence among parents to ensure uptake of COVID-19 vaccines.

### What Success Looks Like

Adolescents and their parents or guardians are confident in their decision to get vaccinated. High vaccination rates are achieved rapidly and equitably using a variety of multi-pronged strategies. The decision to vaccinate is the easiest one for adolescents and their parents and guardians.

### Key Messages

- **COVID-19 vaccines are both safe and effective.**
  - All COVID-19 vaccines available in the United States are effective at preventing severe COVID-19 disease.
  - COVID-19 vaccination is an important tool to help stop the COVID-19 pandemic.
  - COVID-19 vaccination helps protect people from getting sick or severely ill with COVID-19 and might also help protect people around them.
  - CDC recommends you get a COVID-19 vaccine as soon as one is available to you.
- **Do your part to protect your family, your loved ones, and your community.**
  - Rapid and extensive vaccination of all Americans is vital to reducing spread of the virus that causes COVID-19.
- **Vaccination can help us all with a “return to normal.”**
  - Depending on the [jurisdiction](#), schools may require some routine immunizations for attendance.

### Proposed Strategy

Building vaccine confidence among parents and healthcare providers will be the foundation of our strategy. Parental consent is needed for adolescent vaccination in most states, and healthcare providers

are parents' most trusted source of information about vaccines. We also know from experience that engaging both parents and adolescents is critical to the success of adolescent health interventions. Adolescents are already thinking about COVID-19 vaccines. According to one recent national survey, young people (ages 14-24) said that they would be willing to receive a COVID-19 vaccine if it is perceived as safe and recommended by trusted experts<sup>1</sup>.

Although CDC has not traditionally engaged adolescents in routine immunization campaigns, we believe this be an important strategy for creating social norms that support COVID-19 vaccination. We will use social media, influencers and other celebrities to target adolescents directly and inform them of the benefits of getting vaccinated. We anticipate that adolescents will be affected by peer behaviors and motivated by the opportunity to engage with friends and return to fun activities like parties, sports, camps, and concerts. Older adolescents may also be motivated by the opportunity to attend college in-person.

HHS is incorporating both parent-focused and youth-focused messaging into its [We Can Do This Campaign](#) and, similarly, CDC has modified its [existing Vaccinate with Confidence strategy](#) to focus on adolescents, per the graphic in Appendix A. The proposed interventions fall under three buckets:

- Building trust by sharing clear, complete, and accurate messages with parents, adolescents, and the schools and community institutions that support them;
- Empowering healthcare personnel to confidently recommend COVID-19 vaccination parents and adolescents; and
- Engaging families, communities, and schools in two-way communication to listen, address concerns, and create positive social norms to support vaccination.

Following are examples of activities that could be implemented to achieve the objectives of each bucket (*NOTE: This list is illustrative and will be expanded and finalized in the coming weeks*).

#### **Diagnose**

- Utilize national and state-level survey mechanisms to assess barriers and facilitators to vaccine confidence and uptake among adolescents and their parents to inform vaccine rollout

#### **Build Trust**

- Work across HHS to ensure that toolkits, key messages, web content, and social media content are crafted in a way that builds confidence among parents and adolescents.
- Expand CDC's State of Vaccine Confidence Report to include a focus on adolescent vaccination as emerging issues arise in order to quickly identify hot button issues and provide actionable recommendations.
- Expand planned roundtable events with specialty media to discuss adolescent vaccination.
- Tailor campaign approaches to reach a range of audiences, including communities of color, young parents, and teenagers.

#### **Empower Healthcare Providers**

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<sup>1</sup> Brandt, E. J., Rosenberg, J., Waselewski, M. E., Amaro, X., Wasag, J., & Chang, T. (2021). National Study of Youth Opinions on Vaccination for COVID-19 in the US. *Journal of Adolescent Health*.

- Collaborate across HHS to develop adolescent vaccination toolkits for pediatric providers, including best practices for increasing adolescent vaccination uptake.
- Partner with national medical associations to provide training on how to have empathetic and effective COVID-19 vaccine conversations with parents and adolescents.
- Enable partners share learnings about successful strategies for building vaccine confidence in medical settings.
- Conduct live Q&A or listening sessions with pediatric providers to educate on vaccine basics and answer basic questions.

### Engage Families, Communities, & Schools

- Engage with faith-based organizations and community organizations serving families, such as YMCAs, Boys/Girls clubs, food banks, and disability advocacy groups.
- Engage with youth groups, sports leagues, camps, Boy Scouts/Girl Scouts, camp associations and other extracurricular associations.
- Offer guidance for how to build vaccine confidence in school settings, including how to talk to parents, how to integrate vaccination content into health and science classes, and ways to make vaccine confidence visible (ex: poster contests, school social media, etc.)
- Share stories from parents who were initially hesitant but chose vaccination and encourage parents to share their own testimonials.
- Draft guidance for providing safe spaces/ways for adolescents to ask vaccine questions, such as peer education programs and texting hotlines.
- Draft guidance for how community organizations and schools can make vaccination events fun and engaging for adolescents.

### Communications materials

- Internal Materials:
  - Research on Vaccine Hesitancy and Targeted Groups
  - Editorial Calendar
- External Components:
  - Toolkits and informational materials for:
    - Schools
    - Parents groups
    - Pediatricians / PCPs
    - School-based health centers
    - National organizations that have wide audiences
  - Collateral for paid media (mostly digital) and earned media

### Main components

- **Trusted Messengers Partnerships/COVID-19 Community Corps**
  - **Schools:** Work with DOE and superintendents around the country to get the word out to students, and make vaccinations available in schools (where feasible)
  - **Health care organizations/providers:** Enlist physicians and other health care providers to build confidence in COVID-19 vaccine safety and efficacy (AAP, AAFP)
  - **Parents groups:** Engage moms to build support for adolescent COVID-19 vaccination



- **Youth:** Use social media, influencers, and other celebrities to target adolescents directly and inform them of the benefits of getting vaccinated
- **Community members:** Drive local trusted messengers' efforts by working with on-the-ground community-based organizations (including faith-based organizations)
- **Influencers:** Heavily leverage celebrities (actors, social media influencers, athletes, musicians) to target both parents and children
- **Corporate Partnerships**
- **Influencers**
  - Social media
  - Other earned media
- **Paid Media**
  - Paid media budget development
  - Digital Advertisements to be pushed out quickly through paid media channels
- **Social Media** Frames and targeted teenager social media campaign
  - Content
  - Paid social media budget
  - Influencers / Celebrities
  - Partnerships with specific social media channels (e.g., Snapchat, Tiktok)
- **Earned Media**
- **Digital Media**

### Rollout Implementation

Vaccine confidence activities will follow a stepwise approach, in line with the approach to increase access to vaccine. Upon announcement by the FDA and ACIP that the EUA is approved and is recommended for 12-15 year old age group, we will engage multiple validators as well as trusted messengers in a full-fledged push to discuss the importance of vaccinations. See Appendix B for examples of how our activities can align with activities to increase vaccine access for adolescents.

### Rough timeline

- **Early May**
  - Build out all necessary communication materials (toolkits, FAQs, paid media)
  - Engage key stakeholders (medical associations, parent groups)
  - Conduct outreach to social media influencers / other celebrities
  - Establish corporate partnerships
- **Late May / early June**
  - Launch paid media campaign
  - Launch earned media campaign
- **August**
  - Renewed outreach for both earned and paid media in advance of school year

## APPENDIX A



# Vaccinate with Confidence Adolescent Edition

## CDC's Strategy to Reinforce Confidence in COVID-19 Vaccines in Adolescents (12-18) and Their Families

### Build Trust

**Objective:** Share clear, complete, and accurate messages about COVID-19 vaccines with parents, adolescents, and the schools and community institutions that support them.

- ✓ Communicate transparently about the process for authorizing, approving, making recommendations for, monitoring the safety of, distributing, and administering COVID-19 vaccines for adolescents.
- ✓ Provide regular updates on benefits, safety, side effects and effectiveness for adolescents; clearly communicate what is not known.
- ✓ Proactively address and mitigate the spread and harm of misinformation via social media platforms, partners, and trusted messengers, including those that target adolescents.

### Empower Healthcare Providers

**Objective:** Ensure that healthcare providers are confident in COVID-19 vaccines and in their ability to recommend vaccination for adolescents.

- ✓ Engage national professional associations, health systems, and healthcare personnel often and early to ensure a clear understanding of the vaccine development and approval process, new vaccine technologies, and the benefits of vaccination for adolescents.
- ✓ Ensure that healthcare systems, community clinics, and school systems are equipped to create a culture that builds confidence in COVID-19 vaccination.
- ✓ Strengthen the capacity of healthcare professionals to have empathetic vaccine conversations with parents and adolescents, address myths and common questions, provide tailored vaccine information, and use motivational interviewing techniques when needed.

### Engage Families, Communities & Schools

**Objective:** Engage families, communities, and schools in two-way communication to listen, address concerns, and create positive social norms.

- ✓ Educate parents and adolescents so they feel confident in the adolescent's decision to get a COVID-19 vaccine.
- ✓ Work with community-based organizations, camps, parent-teacher organizations, and school systems/administrators to engage families and expand access to vaccination.
- ✓ Collaborate with messengers trusted by adolescents and parents—such as teachers, faith-based and community leaders—to tailor and share culturally relevant messages and materials.

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**From:** Soto, Nadya I. (CMS/CCSQ)  
**Sent:** Mon, 23 Aug 2021 22:30:23 +0000  
**To:** Shahpar, Cyrus (CDC who.eop.gov)  
**Cc:** Jarman-Miller, Hannah (CDC who.eop.gov); Williams, Ian (CDC/DDPHSIS/CPR/OD); Shapiro, Craig (CDC/DDID/NCEZID/OD); Imbriale, Samuel (OS/ASPR/SIIM); Cozzarelli, Tara (mail.mil); SOC Information Management Section Chief (OS/ASPR); Fullerton, Katie (CDC/DDID/OD); Anderson, Kayla (CDC/DDNID/NCIPC/DVP); Bennett, Kelly (OS/ASPR/SIIM); Fuld, Jennifer (CDC/OD/OADPS); Lochner, Kimberly (CDC/DDPHSIS/CPR/OD); CDC IMS 2019 NCOV Response Data On-Call Team; Zendt, Mackenzie (NIH/NIAID) [E]; Woolfork, Makhabele (Nolana) (CDC/DDID/NCIRD/ID); Bather, Donika (CDC/DDPHSS/CSELS/DHIS) (CTR); Remmie, Bianca (CDC/DDPHSS/CSELS/DHIS) (CTR); Kang, Gloria (CDC/DDID/NCEZID/DPEI); Graff, Philip (jhuapl.edu); Nicholas, Paul (jhuapl.edu); Peterson, Elisha (jhuapl.edu); 'Groch, Erik J.'; 'Gallagher, Molly E.'; apl-current-ops-products@jhuapl.edu; Tumpey, Abbigail (CDC/DDPHSS/CSELS/OD); Kadzik, Melissa (CDC/DDID/NCEZID/OD); Goldstein, Robert (CDC/OD/OADPS); Romanik, Nikki Jo (CDC/OD/OCS); Henao, Olga (CDC/DDPHSIS/CGH/DGHP); Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID); Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM); Dennehy, Heather (CDC/OD/OCS); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Lubell, Keri M. (CDC/DDPHSIS/CPR/DEO); CDC IMS JIC Research -2; CDC IMS SA Public Health Scientist (CDC); Stokley, Shannon (CDC/DDID/NCIRD/ISD); Layden, Jennifer (CDC/DDPHSS/OS/OD); Lane, Lindsay (CDC/DDPHSIS/CPR/DEO); Gomez, Yessica (CDC/DDNID/NCCDPHP/OSH)  
**Subject:** CDU 24 Aug - Final  
**Attachments:** COVID Daily Update 20210824 vf.pptx, COVID Daily Update 20210824 vf.pdf

Dear Cyrus and colleagues,

Please see the COVID Daily Update attached as a pdf and ppt for 8/24/21. Included this evening is the community transmission report (page 11). Please let us know if you have any questions.

Many thanks and have a nice evening,  
IAV 2.0 co-leads

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