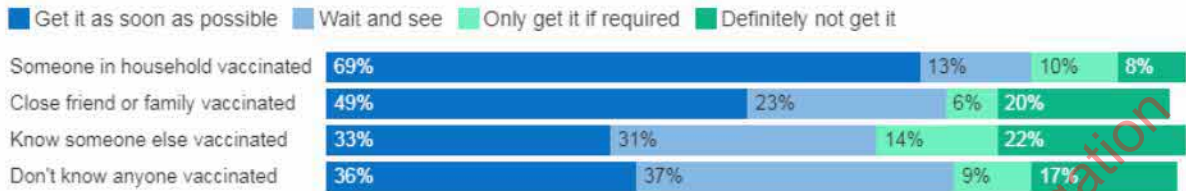


Figure 11

## Those With Closer Connections To People Who Have Been Vaccinated Are More Likely To Say They'll Get Vaccinated As Soon As Possible

When an FDA approved vaccine for COVID-19 is available to you for free, do you think you will...?



NOTE: Among those who have not been vaccinated for COVID-19. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (Feb. 15-Feb. 23, 2021) • [Download PNG](#)

KFF COVID-19  
Vaccine Monitor

We also saw positive interaction our flu campaign [#SleeveUp to #FightFlu](#) effort on social media.

-KLP

**From:** Crawford, Carol Y. (CDC/OD/OADC) <[cjy1@cdc.gov](mailto:cjy1@cdc.gov)>

**Sent:** Friday, February 26, 2021 4:57 PM

**To:** Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <[cj4@cdc.gov](mailto:cj4@cdc.gov)>; Jones, Christopher M. (CDC/DDID/NCIPC/OD) <[FJR0@cdc.gov](mailto:FJR0@cdc.gov)>; Bonds, Michelle E. (CDC/OD/OADC) <[meb0@cdc.gov](mailto:meb0@cdc.gov)>; Sokler, Lynn (CDC/OD/OADC) <[zsz0@cdc.gov](mailto:zsz0@cdc.gov)>; CDC IMS JIC Lead -2 <[eocjiclead2@cdc.gov](mailto:eocjiclead2@cdc.gov)>; OConnor, John (CDC/DDID/NCEZID/OD) <[jpo2@cdc.gov](mailto:jpo2@cdc.gov)>

**Cc:** Cory, Janine (CDC/DDID/NCIRD/DVD) <[jyc5@cdc.gov](mailto:jyc5@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Bretthauer-Mueller, Rosemary (CDC/DDID/NCIPC/OD) <[zhk0@cdc.gov](mailto:zhk0@cdc.gov)>; CDC IMS JIC OADC LNO -2 <[eocevent202@cdc.gov](mailto:eocevent202@cdc.gov)>; Dempsey, Jay H. (CDC/OD/OADC) <[ifb5@cdc.gov](mailto:ifb5@cdc.gov)>

**Subject:** RE: Awareness: Facebook "I got a COVID-19 Vaccine" frame

Answering what I have read so far in one e-mail....

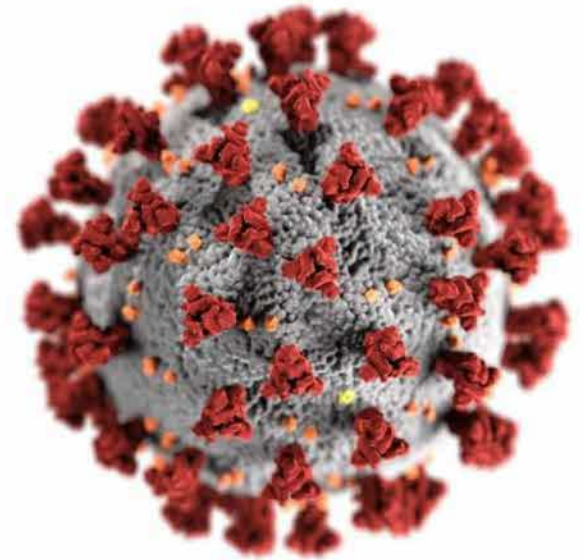
Cynthia - Yes, when we promote the frame, we can definitely be sure the promotion materials & targeted influencers represent the demographics of our ACIP stages. And just incase not clear, the frame would show up around the persons existing Facebook profile picture. So how it will seem when you are looking at your Facebook feed is you'll see your friends pictures with the frames around it, if they have been vaccinated and chose to add the frame. Also, Facebook plans to only surface the frames, at first, for those who are eligible based on demographics of their facebook profile.

As for Dagny's concerns, they did give us an option without CDC but recommended we include CDC. You do have a good point and might be a reason to drop CDC from the frame. I think however on the permission structure for relaxing prevention measures...I believe a frame or many frames will be created whether we are part of it (by some other group/orgs or Facebook themselves) as this is just a common thing done on Facebook, so I think we may want to put aside that concern. A frame was already part of the VTF plans also, FYI. But we can definitely discuss it.

Chris concerns – Facebook indicated that they would roll this out slowly and build promotion as we move further into vaccine supply but we can shore that up too.

# COVID-19 State of Vaccine Confidence Insights Report

Jess Kolis, MPH, CHES  
Kate Brookmeyer, PhD  
Insights Unit  
Vaccine Confidence and Demand Team  
Vaccine Task Force, CDC



Obtained by America First Legal Foundation through litigation



Vaccinate with **Confidence**

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Vaccine misinformation has undermined immunization campaigns and trust in health systems globally

- Measles-rubella vaccine campaign in India and Indonesia
  - Polio vaccine campaign in Peshawar, Pakistan
  - Ebola vaccine in DR Congo →
  - HPV vaccine in Japan and Denmark
- **Damage to vaccine confidence = lower uptake = more outbreaks**



A member of UNICEF's Ebola outreach team addresses the public in Beni, Democratic Republic of the Congo. © UNICEF/UN0228985/NAFTALIN

Fighting Ebola is hard. In Congo, fake news makes it harder



By law, no medicine can be sold or administered in Pakistan without certain preconditions.  
Registered manufacturer.  
Date of expiry.  
Complete medical brochure explaining ingredients/their side affects etc.  
Polio vaccine is the only medicine where end users are denied this info



# CDC's Efforts to Address Vaccine Misinformation

- 2016: Center for Global Health's Global Immunization Division creates Demand for Immunization Team
- October 2020: Vaccine Task Force (VTF) Vaccine Confidence Team created to support COVID-19 vaccine rollout
- February 2021: Insights Unit within VTF Vaccine Confidence team created to monitor and address COVID-19 vaccine-related misinformation and detect information voids that could harm health or damage vaccine confidence in the United States



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# Vaccinate with Confidence

## CDC's Strategy to Reinforce Confidence in COVID-19 Vaccines

### Build Trust

**Objective: Share clear, complete, and accurate messages about COVID-19 vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the system in coordination with federal, state, and local agencies and partners.**

- ✓ Communicate transparently about the process for authorizing, approving, making recommendations for, monitoring the safety of, distributing, and administering COVID-19 vaccines, including data handling.
- ✓ Provide regular updates on benefits, safety, side effects and effectiveness; clearly communicate what is not known.
- ✓ Proactively address and mitigate the spread and harm of misinformation via social media platforms, partners, and trusted messengers.

### Empower Healthcare Personnel

**Objective: Promote confidence among healthcare personnel\* in their decision to get vaccinated and to recommend vaccination to their patients.**

- ✓ 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.
- ✓ Ensure healthcare systems and medical practices are equipped to create a culture that builds confidence in COVID-19 vaccination.
- ✓ Strengthen the capacity of healthcare professionals to have empathetic vaccine conversations, address myths and common questions, provide tailored vaccine information to patients, and use motivational interviewing techniques when needed.

### Engage Communities & Individuals

**Objective: Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, build trust, and increase collaboration.**

- ✓ Empower vaccine recipients to share their personal stories and reasons for vaccination within their circles of influence.
- ✓ Work with health departments and national partners to engage communities around vaccine confidence and service delivery strategies, including adaptation of vaccination sites to meet community needs.
- ✓ Collaborate with trusted messengers—such as faith-based and community leaders—to tailor and share culturally relevant messages and materials with diverse communities.

\*Personnel = All staff working in healthcare settings, including physicians, PAs/NPs, nurses, allied health professionals, pharmacists, support staff, and community health workers

# What we have learned about COVID-19 misinformation and information voids and how to address them

Obtained by America First Legal Foundation through litigation



# Chasing individual pieces of misinformation in attempts to debunk them ignores the real, larger social and cultural forces that caused these pieces of misinformation to emerge and gain traction in the first place.

- Understanding why mis- and disinformation is spreading and then developing programmatic and communications approaches to address the underlying narratives is critical.



# State of Vaccine Confidence Insight Reports: What's Different

- Real-time rapid assessment of public sentiment around COVID-19 vaccination by:
  - Analyzing public perception and opinions
  - Identifying information gaps and voids and message penetration issues
  - Detecting mis- and disinformation as it emerges
- Utilizes a mixed deductive and inductive approach
- Themes include ways to act for federal agencies, states and jurisdictions, partners, and more.



## Women are experiencing unique and increased side effects after vaccination.

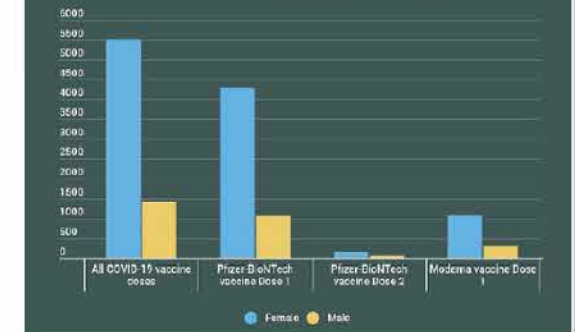
There are a growing number of media reports of women being more likely to experience side effects and experiencing different side effects than men.<sup>42</sup> More reports of headaches, fatigue, dizziness, and rashes at the site of infection were made for women than men, according to data in the Vaccine Adverse Event Reporting System (VAERS).<sup>43</sup> This sex difference could be the result of a disproportionate number of women reporting to VAERS (differential reporting), biological differences, or even gender bias in clinical trials.<sup>44,45</sup> Following vaccination, a subset of women report experiencing atypical menstruation, including changes in timing and nature of menstruation.<sup>46</sup> Such reports have been co-opted and incorporated into misinformation narratives that warn of a link between COVID-19 vaccination and infertility.<sup>47,48</sup>

Of the reported cases of CVST following vaccination with J&J/Janssen COVID-19 Vaccine, nearly all occurred in women of reproductive age.<sup>49</sup> Therefore, some experts have suggested reserving the J&J/Janssen COVID-19 Vaccine for men only and that the adverse events may be linked to hormonal differences.<sup>50,51</sup> Others argue that doing so would be premature while researchers continue to examine the issue.<sup>52</sup>

### Ways to take action:

- Conduct further research on women's health needs and COVID-19 vaccines, including irregular menstrual cycles following vaccination. Empower healthcare professionals to relay information about vaccine safety to patients; strengthen their capacity to have empathetic vaccine conversations. Offer healthcare providers and trusted advocates content prioritized for female patients concerned about vaccine safety and effectiveness.
- Partner with healthcare professionals to address misinformation clearly and transparently about COVID-19 vaccines, fertility, and reproductive health — especially those healthcare professionals who provide care to women.

## Women are up to four times more likely to experience adverse reactions to vaccine than men



Source: [COVID vaccine: Women report more side effects than men. Here's why. \(usatoday.com\)](https://www.usatoday.com/story/health/2021/05/14/covid-vaccine-women-report-more-side-effects-than-men/7111111002/)



# State of Vaccine Confidence Insights Report Process



## Identify relevant data

- Social listening
- Media monitoring
- Inquiry analysis
- Web metrics
- 3<sup>rd</sup> party listening & analysis



## Individual Analyst Theme Identification

- Repetition
- Similarities/ Differences
- Indigenous categories
- Missing data
- Deeper dives with key words in context searches



## Theme Determination & Coding

- “Lone-wolf” coder approach
- Consensus determination of report contents
- Structural and analytical coding



## Narrative Crafting

- Description of theme
- Summative statement of the reactions/ concerns
- Interpretive statement of what theme means to vaccine confidence



## Scalar Judgements

- Dimension of novelty
- Directionality
- Threat to vaccine confidence





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# Process: Scalar Judgements

## Vaccine Confidence Threat Classification Matrix

### 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>
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Obtained by America's First Legal Foundation through litigation

# Threats to Vaccine Confidence Change Over Time

## Example: Access to COVID-19 Vaccines for Communities of Color

### February

February 12

High-priority populations facing physical and digital barriers to vaccination

### March

March 1

Barriers to vaccine access remain, despite national expansion to retail pharmacy administration sites

March 15

Johnson & Johnson's Janssen COVID-19 Vaccine raises concerns about equity for communities of color

March 29

Vaccine hesitancy concerns are disguising structural and practical barriers

### May

May 10

Consumer access to vaccines remains an issue for communities of color, despite many states and jurisdictions reporting excess supply

Time

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# Using Insights to Inform Action

Inform communication actions and content within the Vaccine Task Force.

## Myths and Facts about COVID-19 Vaccines

Updated May 24, 2021 | Languages | Print

Now that there are authorized and recommended COVID-19 vaccines in the United States, accurate vaccine information is critical and can help stop common myths and rumors.

**How do I know which COVID-19 vaccine information are accurate?**

It can be difficult to know which sources of information you can trust. Before considering vaccine information on the Internet, check that the information comes from a credible source and is updated on a regular basis. Learn more about [finding credible vaccine information](#).

**Do any of the COVID-19 vaccines authorized for use in the United States shed or release any of their components?**

**No.** Vaccine shedding is the term used to describe the release or discharge of any of the vaccine components in or outside of the body. Vaccine shedding can only occur when a vaccine contains a weakened version of the virus. None of the vaccines authorized for use in the United States contain a live virus.

The mRNA and viral vector vaccines are the two types of currently authorized COVID-19 vaccines available.

Learn more about [how mRNA COVID-19 vaccines work](#).

Learn more about [how viral vector vaccines work](#).



Adapting methods to perform rapid assessments and deep dives into specific issues or populations.

## Rapid COVID-19 State of Vaccine Confidence Insights Report

Recommendation to Pause Use of Johnson & Johnson's Janssen COVID-19 Vaccine  
Special Report | April 21, 2021 | Date Range: April 13-15, 2021



In response to the [joint CDC/FDA recommendation](#) to pause the use of Johnson & Johnson's Janssen COVID-19 Vaccine, a rapid assessment based on the methods and inputs from the COVID-19 State of Vaccine Confidence Insights Report was conducted.

The Rapid COVID-19 State of Vaccine Confidence Insights Report seeks to better understand consumer, provider, and state and jurisdiction **chief concerns** about the recommendation to pause use of the J&J/Janssen vaccine. The report describes threats to COVID-19 vaccine confidence, content gaps and information voids, circulating mis- and disinformation, and action steps for federal agencies to take now.

The information in this report is a snapshot from April 13, 2021 through April 15, 2021.



### Contents

1. Perceptions, Concerns, and Threats to Vaccine Confidence
2. Content Gaps and Information Voids
3. Misinformation and Disinformation Themes
4. Ways for Federal Agencies to Take Action Now
5. 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 authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC).  
CDC/RR04 | 04/2021

Collaborating with #ThisIsOurShot – grassroots campaign in California that elevates the voices of more than 25,000 health workers and vaccines advocates.



Alex M. McDonald, MD CAQSM FAAFP  
@AlexMMTr

Vaccines are working. Only 0.008% of vaccinated people in the US have caught #COVID19  
[#ThisIsOurShot @ThisIsOurShot sciencealert.com/75-million-ame... bjsm.bmj.com/content/early/...](#)



8:54 PM · Apr 20, 2021 · Twitter for iPhone

Obtained by America First Legal Foundation through litigation

# Next Steps

## Internal CDC Actions

- Evaluate who uses the Insights Reports, how reports are used, and the effectiveness of the resulting intervention efforts
- Strengthen and expand links to communications team, policy team, and funded states and jurisdictions to implement report actions

## External Actions

- Work together as USG to address and mitigate the spread of mis/disinformation via social media platforms and other online sources
  - Establish a regular cadence of communication between USG entities for mis/dis awareness and action steps needed
  - strengthen regional Inetworks for listening to and monitoring mis/disinformation.
  - Global integration and amplification

## Help Wanted

- Evaluation support, analyst deployers, confidence consultants on mis/disinformation

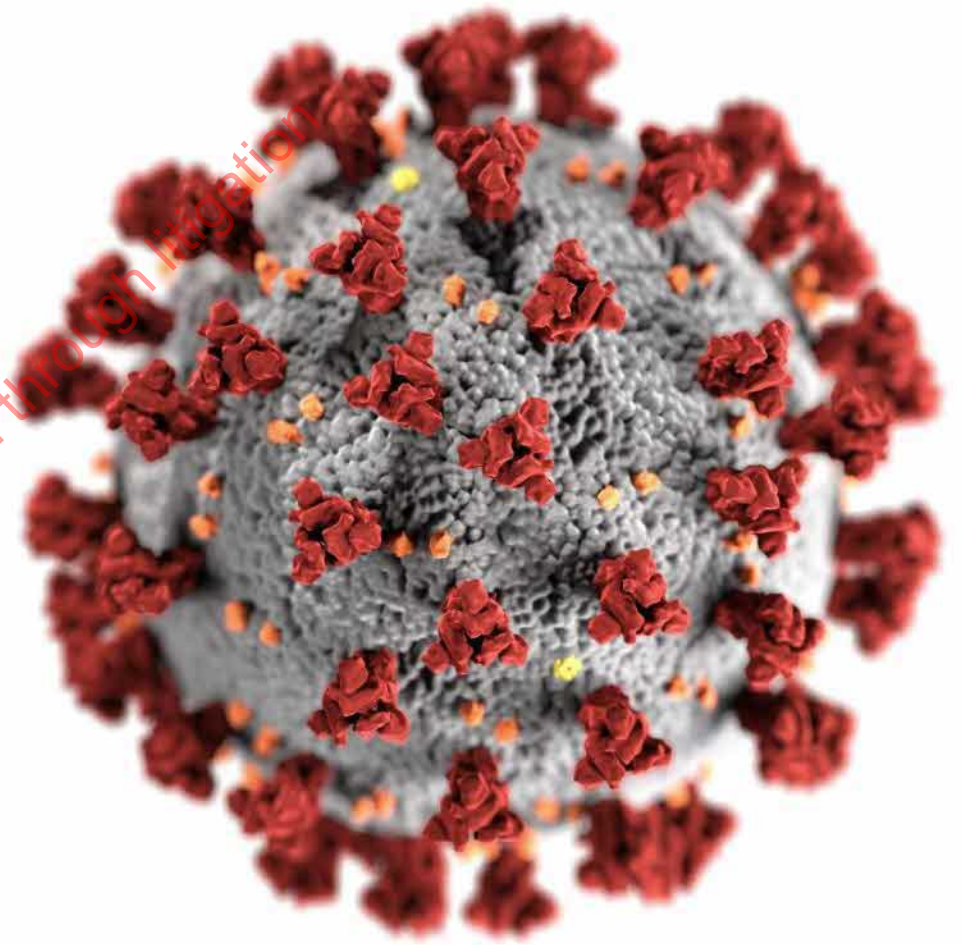
**Jess Kolis, MPH, CHES**  
[ywe5@cdc.gov](mailto:ywe5@cdc.gov)

**Kate Brookmeyer, PhD**  
[guu1@cdc.gov](mailto:guu1@cdc.gov)

To receive COVID-19 State of Vaccine Confidence Insights report, email [eocevent515@cdc.gov](mailto:eocevent515@cdc.gov)

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Obtained by America First Legal Foundation through litigation



# Global Infodemic Management: CDC Engagement to Date

In collaboration with WHO's Quantify Team in EPI-WIN\*:

1. Co-led world's **1st WHO infodemiology conference** (June '20)
2. Developed **draft global infodemic management research agenda** (Aug '20)
3. Planned **UNGA High Level Side Event on infodemic management** (Sept '20)
4. Co-led **1st WHO infodemic manager training** (Nov '20)
5. Supported launch of the **Africa Infodemic Response Alliance** (Nov '20)
6. Developed **joint call for infodemiology papers** (Feb '21)
7. Authoring **chapters in WHO-led IM textbook** (May '21)
8. Lecturing and facilitating at **4th WHO infodemiology conference** (May '21)
9. Co-leading **2nd infodemic manager training** (June '21)



\*EPI-WIN: WHO's Information Network for Epidemics

**From:** Liz Lagone  
**Sent:** Mon, 4 Oct 2021 19:33:16 +0000  
**To:** Jamal, Catherine (CDC/OD/OADC); Crawford, Carol Y. (CDC/OD/OADC)  
**Cc:** Carrie Adams  
**Subject:** [New Questions (10/4)]+ Re: Hydrogen Peroxide to treat C-19 Questions for the CDC

Hi Carol and Catherine, I hope you're doing well! I wanted to follow up on my email below given I know Carol is on (b)(6) and Catherine was also the day I sent this so it may have gotten lost in the shuffle. Please me know if you have any clarifying questions that I can help answer about the claims below—we'd love CDC's input on them.

Also, at the risk of bombarding you with questions, we have some additional questions I'd like to ask your team related to 1) vaccines generally, as per our meeting the other week, we are considering whether our current policies related to COVID-19 vaccines can also apply to all approved vaccines and 2) the upcoming FDA EUA of the COVID vaccine for children. We understand that the FDA is considering giving emergency use authorization for the COVID-19 vaccine for children in the coming weeks. We are considering how our existing policies on COVID-19 vaccines should apply to claims about children once the vaccine is approved for use.

The related questions and context are listed below. Given there are quite a few, I'm very happy to set up a time to connect and chat through any or all of these if that's easiest for your team—please just let me know! And if your team would like to answer these in chunks, we could start with the first set of questions below related to “all vaccines” and come back to the vaccine related to children claims at a later date.

MANY, MANY thanks in advance for your input into this all!! We look forward to hearing your team's thoughts on these.

All the best,  
Liz

#### 1. Questions for input - all vaccines

- Does the CDC maintain a list of all vaccines which are approved for use in the US?
- Can you please tell us 1) if the following claims are false for all vaccines approved for use today? And if “False”, 2) if believed, is likely to contribute to vaccine hesitancy and refusals?
  - Claiming that something other than a vaccine can vaccinate you or is effective in vaccinating you against a disease for which a vaccine exists (example: “taking vitamins vaccinates you against polio”)
  - Claims that approved vaccines are untested
  - Claims that vaccines contain substances or devices that can track people, such as bluetooth technology or microchips
  - Claims that vaccines are being used or have been used to control populations for non-health purposes (such as depopulation)
  - Claims that vaccines contain fetal tissue



- Claims that vaccines alter a person's genetic makeup or change one's DNA
- Claims that vaccines contain animal products or components
- What are the known (but rare) side effects of vaccines recognized by health authorities?
- Can vaccines cause any of the following side effects?
  - Amyotrophic lateral sclerosis (ALS)
  - Multiple sclerosis (MS)
  - Miscarriages
  - Alzheimer's
  - Bell's Palsy
  - Birth defects
  - Infertility
  - Prion's disease
  - Shedding
  - Cancer
  - Diabetes
  - Paralysis

## 2. Questions for input - COVID vaccines for children

Can you please tell us 1) if the following claims are false? And if "False" 2) if believed, is likely to contribute to vaccine hesitancy and refusals?

- For children 5-15, will the FDA's extension of EUA mean the vaccine is:
  - Safe?
  - Effective?
  - Provides some immunity?
  - Has been appropriately tested?
  - Is non-experimental?
- Is there any evidence that the COVID-19 vaccine kills or seriously harms children?
- Is there any evidence that the COVID-19 vaccine causes any harmful side effects in children?
- Is there any evidence that the COVID-19 vaccine causes any of the following side effects:
  - ALS
  - MS
  - COVID-19
  - Autism
  - Shedding
  - Changing one's genetic makeup or DNA
  - Blood clots
  - Alzheimer's
  - Prion's disease
  - Bell's Palsy
  - Magnetism
  - Future reproductive issues (miscarriages, infertility, birth defects, erectile dysfunction)
- Is there any evidence that the spike proteins in COVID-19 vaccines are dangerous for children?
- Is it safer for children to build immunity by getting COVID-19 rather than getting the vaccine?
- Can being near vaccinated children cause adverse effects on unvaccinated people?

- Are the ingredients in or the development of the Pfizer vaccine for children 5-15 in any way different from what has received full FDA approval for people 16+?
- Are there any toxic or harmful ingredients, microchips, human tissue from aborted fetuses, or anything not on the vaccine ingredient list?
- Did any children die as a result of the Pfizer clinical trials?
- Are the debunked conspiracy theories that the vaccine was designed to control a population for non-health purposes or that specific groups are being targeted to test the true safety and efficacy of the vaccine equally false as it relates to children?

---

**From:** Liz Lagone [REDACTED] (b)(6)

**Date:** Friday, September 24, 2021 at 11:55 AM

**To:** Jamal, Catherine (CDC/OD/OADC) [REDACTED] (b)(6) >, [REDACTED] (b)(6) < [REDACTED] (b)(6)

**Cc:** Carrie Adams [REDACTED] (b)(6)

**Subject:** Hydrogen Peroxide to treat C-19 Questions for the CDC

Hi Carol and Catherine, happy Friday!

Sorry for the late in the day email, but I'm hoping you and team can help us with a few more claims, specifically around the use hydrogen peroxide in treating Covid-19 generally and through a nebulizer, when you're able. The specific claims we'd greatly appreciate CDC weighing in on include:

- Using hydrogen peroxide is proven to be ineffective in treating COVID-19:
  - In general
  - When breathing through a nebulizer
- Using hydrogen peroxide is effective in treating COVID-19:
  - In general
  - When breathing through a nebulizer
- Using hydrogen peroxide to treat COVID-19 is safe:
  - In general
  - When breathing through a nebulizer

Many thanks and all the best,

Liz

---

**From:** Jamal, Catherine (CDC/OD/OADC) < [REDACTED] (b)(6) >

**Date:** Tuesday, September 14, 2021 at 7:52 AM

**To:** Carrie Adams [REDACTED] (b)(6) Liz Lagone [REDACTED] (b)(6)

**Subject:** RE: Ivermectin Questions for the CDC

On it, thanks!

---

**From:** Carrie Adams (b)(6)  
**Sent:** Monday, September 13, 2021 6:42 PM  
**To:** Liz Lagone (b)(6) Jamal, Catherine (CDC/OD/OADC) (b)(6)  
**Subject:** Re: Ivermectin Questions for the CDC

+ Catherine as Carol is out this week

CA

---

**From:** Liz Lagone (b)(6)  
**Date:** Monday, September 13, 2021 at 5:45 PM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Cc:** Carrie Adams (b)(6)  
**Subject:** Ivermectin Questions for the CDC

Hi Carol, hope you had a great weekend! Our team is really looking forward to our conversation next Tuesday, 9/21 on our vaccine misinformation policy developments—thank you so much for making the time and pulling the group together.

I wanted to also reach out regarding a couple of questions related to Ivermectin given we are increasingly seeing various types of claims that may be false and harmful which discuss Ivermectin and its efficacy against COVID-19. **We would like to get the CDC's input on whether these claims are false, and if believed, could contribute to people refusing the vaccine or self-medicating.**

1. **Claim: Ivermectin is effective in treating COVID**
  - Our understanding of public health guidance is that health authorities warn against taking ivermectin to treat or prevent COVID because it has not been approved for this purpose, and they do not yet know if it is effective in treating COVID. We also understand that scientific studies on the efficacy of Ivermectin in treating COVID are still ongoing and there is no consensus across public health authorities that ivermectin has been proven to be ineffective. Based on this, is our understanding that this claim is therefore *not false* accurate?
2. **Claim: Ivermectin is more effective than vaccines at preventing COVID**
3. **Claim: Ivermectin is proven to be effective at preventing or treating COVID**

Please let me know if you have any questions and thank you so much in advance for providing the CDC's insight into these claims!

Best,  
Liz

**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)  
**Cc:** Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)  
(b)(6) Michael Sullivan (b)(6) Crawford, Carol Y. (CDC/OD/OADC)  
(b)(6)  
**Subject:** Re: Brandlift

Thank you Kelsey, hope the weekend went well,

For some reason our tools still aren't picking this one up, although I can see the campaign. Do you happen to have 15 minutes within the time frames below to do a quick screenshare and align ahead of launch this week?

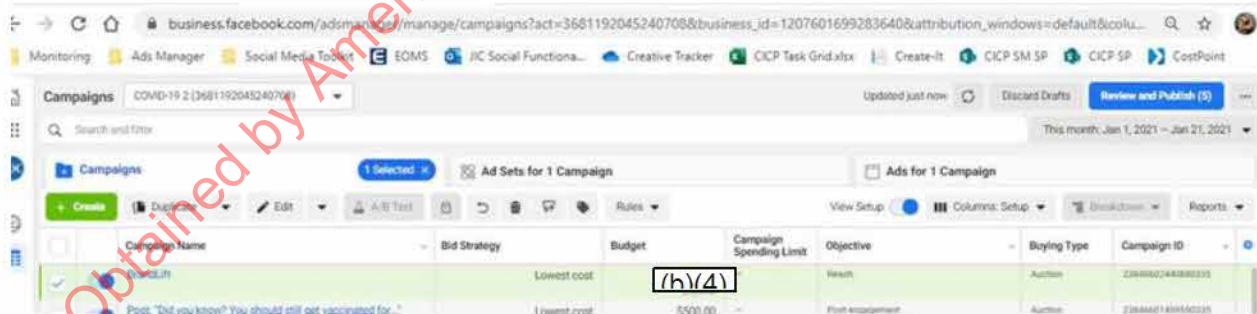
Tuesday: 10a – 12p & 3p – 5p  
Wednesday: 10a, 12:30p – 3p, 4p-5p ET

Thank you,  
**-Airton**  
Concierge support available [here](#)

---

**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Thursday, January 21, 2021 at 4:23 PM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6) Michael Sullivan (b)(6)  
"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6)  
**Subject:** RE: Brandlift

Hi Airton,  
Here is a screenshot of the Ad -



And here's the link:  
[https://business.facebook.com/adsmanager/manage/campaigns?act=3681192045240708&business\\_id=1207601699283640&attribution\\_windows=default&column\\_preset=VALIDATION\\_VIEW&selected\\_campaign\\_ids=23846602440880335](https://business.facebook.com/adsmanager/manage/campaigns?act=3681192045240708&business_id=1207601699283640&attribution_windows=default&column_preset=VALIDATION_VIEW&selected_campaign_ids=23846602440880335)

Please let me know if you need anything else.

Thanks,  
Kelsey

---

**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Wednesday, January 20, 2021 4:47 PM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)  
**Cc:** Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)  
(b)(6) Michael Sullivan (b)(6) Crawford, Carol Y. (CDC/OD/OADC)  
(b)(6)  
**Subject:** Re: Brandlift

Thank you so much Kelsey,

Feel free to set a tentative launch date of Tuesday 1/26 @12p, but we're working to try to get going even earlier if you're aligned, given the urgency of the messaging.

We're having trouble locating this campaign ID on our end however, is this still within ad account 3681192045240708 or are you working from a different ad account on this one? If you are able to share a screenshot of the campaign in ads manager and the corresponding url link to the screen you're viewing the campaign from that could be helpful as well.

Thank you,

**-Airton**

*Concierge support available [here](#)*

---

**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Wednesday, January 20, 2021 at 2:53 PM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6) Michael Sullivan (b)(6)  
"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6)  
**Subject:** RE: Brandlift

Hi Airton,

The campaign ID is 23846602440880335. Please let me know when we should schedule the ads to start/stop.

Thanks,  
Kelsey

---

**From:** Schwarz, Kelsey (CDC/OD/OADC)  
**Sent:** Wednesday, January 20, 2021 9:37 AM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)  
(b)(6) Michael Sullivan (b)(6) Crawford, Carol Y. (CDC/OD/OADC)

(b)(6)

**Subject:** Re: Brandlift

Thanks Kelsey,

That is correct -- we'll proceed with #2 as stated, please note the final question along with a slight grammatical adjustment below.

We'll follow up as soon as we're good to go from our end as well!

2. How important is wearing a mask while riding in vehicles with *others in slowing* the spread of Coronavirus (COVID-19)?

Thank you,

**-Airton**

Concierge support available [here](#)

---

**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)

**Date:** Wednesday, January 13, 2021 at 9:56 AM

**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)

**Cc:** "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6) Michael Sullivan (b)(6)

"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6)

**Subject:** RE: Brandlift

Ok, so the attitude polling question would change from #1 to #2, correct? If so, it is fine to proceed from our end.

1. How important is wearing a mask to prevent the spread of COVID-19?
2. How important is wearing a mask while riding in vehicles with others will slow the spread of Coronavirus (COVID-19)?

Thanks,  
Kelsey

---

**From:** Airton Tatoug Kamdem (b)(6)

**Sent:** Tuesday, January 12, 2021 4:33 PM

**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)

**Cc:** Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6) Michael Sullivan (b)(6) Crawford, Carol Y. (CDC/OD/OADC)

(b)(6)

**Subject:** Re: Brandlift

Thank you so much for the continued push here Kelsey and Carol!

As Julia noted, we're sending these through some layers of review on our end as well. If this still aligns with the intent of the question and doesn't further complicate things for you, we're recommending a

**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)  
"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie  
(CDC/DDID/NCIRD/OD) (CTR)" (b)(6)  
**Subject:** RE: RE: Brandlift

Quick question - For (b)(4) would that be (b)(6) people that see the add or (b)(6) people that see the polling questions (with (b)(4) seeing the ad)?

Thanks,  
Kelsey

---

**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Tuesday, December 15, 2020 12:06 PM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford,  
Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)  
(b)(6)  
**Subject:** Re: RE: Brandlift

Hi Kelsey,

Ultimately, it would depend on a number of factors around the campaign including creative, placements, optimizations etc but (b)(4) is typically the minimum bound we see for tests like this one. At (b)(4) you can reliably reach at least (b)(6) people over 2/3 weeks, which is sufficient for this test, and with (b)(4) you should be able to reach over (b)(4) people over this same time period. Please let us know if this makes sense.

Best,  
-Airton

---

**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Tuesday, December 15, 2020 at 11:18 AM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)  
"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie  
(CDC/DDID/NCIRD/OD) (CTR)" (b)(6)  
**Subject:** RE: RE: Brandlift

Thanks, Airton. Could you give me a breakdown of run time and expected reach for (b)(4) credits or more?

---

**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Tuesday, December 15, 2020 10:53 AM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford,  
Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)

(b)(6)

**Subject:** Re: RE: Brandlift

Hi Kelsey,

We're working through getting approvals on our end as well but if everything goes through on both ends, then we would need to launch the test *before* you launch any media so that our measurement team can set holdout groups. a 2–4 week test period works well, but what is also important here is actually the overall expected reach of the campaign. This is partially determined by factors such as audience size, objective, creative, and budget. Do you have a sense of how much budget you'd want to put behind this campaign/test?

Best,  
Airton

---

**From:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6)

**Sent:** Monday, December 14, 2020 9:42 AM

**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)

**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)

(b)(6)

**Subject:** RE: RE: Brandlift

Hi Airton,

I am still waiting on CDC clearance of the polling questions, but in the meantime we are drafting a schedule for these posts. Once we have approval, would we start running the ads and your team starts using the polling questions or will you wait a few days to start the questions? We propose running the ads for 2-4 weeks. Does your team have a preference based on past projects like this?

Thanks,  
Kelsey

---

**From:** Schwarz, Kelsey (CDC/OD/OADC)

**Sent:** Friday, December 11, 2020 12:05 PM

**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)

**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)

(b)(6)

**Subject:** RE: RE: Brandlift

Ok, thanks. I will let you know once they are cleared on our end.

---

**From:** Airton Tatoug Kamdem (b)(6)

**Sent:** Friday, December 11, 2020 10:59 AM

**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)

**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford,



Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)  
(b)(6)

**Subject:** Re: RE: Brandlift

Thanks Kelsey,

confirming these are good to go from our end (copied and ranked below for reference) – feel free to take the next steps on your end and we'll wait for your signal to tackle the next parts of planning.

**+Ad Recall:**

Do you recall seeing an ad **about masks** online or on mobile device in the past 2 days?

- Yes
- No
- Not sure

**1)Action Intent:**

How likely are you to **wear a mask when you are out in public**?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- I don't know

**2)Knowledge:**

Which of the following statements do you think are true about **masks**?

- **Wear over your mouth only**
- **Wear in public buildings (grocery/retail stores)**
- **Wear while riding in vehicles with others**
- **Wear everywhere outside your home, even if alone**
- I don't know

**3)Attitude:**

How important is **wearing a mask to prevent the spread of COVID-19**?

- Very important (DR)
- Somewhat important (DR)
- Somewhat unimportant
- Very unimportant
- I don't know

-A

---

**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)

**Date:** Thursday, December 10, 2020 at 3:09 PM

**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)

**Cc:** Michael Sullivan (b)(6) "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)

"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie

**Cc:** Michael Sullivan (b)(6) "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)  
**Subject:** RE: RE: Brandlift

Thanks so much. This is very helpful. We have a few options working their way through our internal clearance now and will share them with you as soon as possible to get help deciding if we should bundle them together and help with broad, but not too broad polling questions that match them.

---

**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Wednesday, November 18, 2020 11:11 AM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6)  
**Subject:** Re: RE: Brandlift

Thanks Kelsey,

Hope all is well, please find some answers below. Please let us know if this makes sense, we're happy to further discuss.

(b)(4)

Obtained by America First Legal Foundation through litigation

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**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Tuesday, November 17, 2020 at 3:08 PM  
**To:** Julia Eisman (b)(6) "Crawford, Carol Y. (CDC/OD/OADC)" (b)(6)  
"Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6)

**Cc:** Airton Tatoug Kamdem (b)(6) Michael Sullivan (b)(6)  
"Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)  
**Subject:** RE: RE: Brandlift

Hi Julia,  
To answer your question, (b)(4)

(b)(4)

Thanks,  
Kelsey

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**From:** Julia Eisman (b)(6)  
**Sent:** Thursday, November 12, 2020 12:21 PM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)  
(b)(6) Schwarz, Kelsey (CDC/OD/OADC) (b)(6)  
**Cc:** Airton Tatoug Kamdem (b)(6) Michael Sullivan (b)(6)  
**Subject:** Re: RE: Brandlift

Hi all,  
Following up from our conversation, I wanted to share the updated measurement guidance with the social approval question. Take a look and let us know any thoughts.

(b)(4)

(b)(5); (b)(4)

Anyway, let us know your thoughts!

Julia

---

Julia Eisman

North America Lead

Government, Politics & Advocacy

<image001.gif>

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**From:** Julia Eisman (b)(6)  
**Date:** Tuesday, November 10, 2020 at 3:53 PM  
**To:** "Crawford, Carol Y. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6) "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Cc:** Airton Tatoug Kamdem (b)(6) Michael Sullivan (b)(6)  
**Subject:** Re: RE: Brandlift

Hi team!

Adding my colleague Mike Sullivan to this email in advance of our call today who is our marketing science expert. I also wanted to share our Covid planning guide for review so you can see how many of our health partners are thinking about brand lift for covid/health specifically. Again, this was developed in collaboration with our health partnerships team in an effort to track with the (b)(4)

Looking forward to chatting shortly,  
Julia

---

**From:** "Crawford, Carol Y. (CDC/OD/OADC)" (b)(6)  
**Date:** Monday, November 9, 2020 at 8:04 AM  
**To:** "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6) "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6) >, Julia Eisman (b)(6)  
**Cc:** Airton Tatoug Kamdem (b)(6)  
**Subject:** RE: RE: Brandlift

Either work for me – thanks!

Wednesday: 10a, 12:30p – 3p, 4p-5p ET

Thank you,

**-Airton**

Concierge support available [here](#)

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**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)

**Date:** Thursday, January 21, 2021 at 4:23 PM

**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)

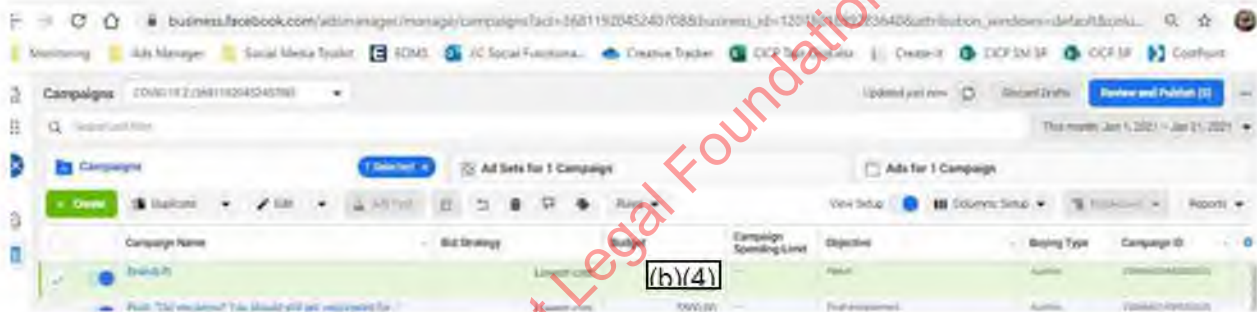
**Cc:** "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6) Michael Sullivan (b)(6)

"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6)

**Subject:** RE: Brandlift

Hi Airton,

Here is a screenshot of the Ad -



And here's the link:

[https://business.facebook.com/adsmanager/manage/campaigns?act=3681192045240708&business\\_id=1207601699283640&attribution\\_windows=default&column\\_preset=VALIDATION\\_VIEW&selected\\_campaign\\_ids=23846602440880335](https://business.facebook.com/adsmanager/manage/campaigns?act=3681192045240708&business_id=1207601699283640&attribution_windows=default&column_preset=VALIDATION_VIEW&selected_campaign_ids=23846602440880335)

Please let me know if you need anything else.

Thanks,

Kelsey

---

**From:** Airton Tatoug Kamdem (b)(6)

**Sent:** Wednesday, January 20, 2021 4:47 PM

**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)

**Cc:** Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6) Michael Sullivan (b)(6) Crawford, Carol Y. (CDC/OD/OADC)

(b)(6)

**Subject:** Re: Brandlift

Thank you so much Kelsey,

Feel free to set a tentative launch date of Tuesday 1/26 @12p, but we're working to try to get going even earlier if you're aligned, given the urgency of the messaging.

We're having trouble locating this campaign ID on our end however, is this still within ad account 3681192045240708 or are you working from a different ad account on this one? If you are able to share a screenshot of the campaign in ads manager and the corresponding url link to the screen you're viewing the campaign from that could be helpful as well.

Thank you,

**-Airton**

Concierge support available [here](#)

---

**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Wednesday, January 20, 2021 at 2:53 PM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6) Michael Sullivan (b)(6)  
"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6)  
**Subject:** RE: Brandlift

Hi Airton,

The campaign ID is 23846602440880335. Please let me know when we should schedule the ads to start/stop.

Thanks,  
Kelsey

---

**From:** Schwarz, Kelsey (CDC/OD/OADC)  
**Sent:** Wednesday, January 20, 2021 9:37 AM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)  
(b)(6) Michael Sullivan (b)(6) Crawford, Carol Y. (CDC/OD/OADC)  
(b)(6)  
**Subject:** RE: Brandlift

Hi Airton,

We are setting up the ads today and will send you the corresponding campaign IDs. We will not launch until you give us the green light.

Thanks,  
Kelsey

---

**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Wednesday, January 20, 2021 8:07 AM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)  
**Cc:** Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)

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**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Tuesday, December 15, 2020 12:06 PM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Subject:** Re: RE: Brandlift

Hi Kelsey,

Ultimately, it would depend on a number of factors around the campaign including creative, placements, optimizations etc but (b)(4) is typically the minimum bound we see for tests like this one. At (b)(4) you can reliably reach at least (b)(4) people over 2/3 weeks, which is sufficient for this test, and with (b)(4) you should be able to reach over (b)(4) people over this same time period. Please let us know if this makes sense.

Best,  
-Airton

---

**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Tuesday, December 15, 2020 at 11:18 AM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)  
"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6)  
**Subject:** RE: RE: Brandlift

Thanks, Airton. Could you give me a breakdown of run time and expected reach for (b)(4) credits or more?

---

**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Tuesday, December 15, 2020 10:53 AM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Subject:** Re: RE: Brandlift

Hi Kelsey,

We're working through getting approvals on our end as well but if everything goes through on both ends, then we would need to launch the test *before* you launch any media so that our measurement team can set holdout groups. a 2-4 week test period works well, but what is also important here is actually the overall expected reach of the campaign. This is partially determined by factors such as audience size, objective, creative, and budget. Do you have a sense of how much budget you'd want to put behind this campaign/test?

Best,  
Airton

---

**From:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6)  
**Sent:** Monday, December 14, 2020 9:42 AM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Subject:** RE: RE: Brandlift

Hi Airton,  
I am still waiting on CDC clearance of the polling questions, but in the meantime we are drafting a schedule for these posts. Once we have approval, would we start running the ads and your team starts using the polling questions or will you wait a few days to start the questions? We propose running the ads for 2-4 weeks. Does your team have a preference based on past projects like this?

Thanks,  
Kelsey

---

**From:** Schwarz, Kelsey (CDC/OD/OADC)  
**Sent:** Friday, December 11, 2020 12:05 PM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Subject:** RE: RE: Brandlift

Ok, thanks. I will let you know once they are cleared on our end.

---

**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Friday, December 11, 2020 10:59 AM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Subject:** Re: RE: Brandlift

Thanks Kelsey,

confirming these are good to go from our end (copied and ranked below for reference) – feel free to take the next steps on your end and we'll wait for your signal to tackle the next parts of planning.

**+Ad Recall:**

Do you recall seeing an ad **about masks** online or on mobile device in the past 2 days?

- Yes



- No
- Not sure

**1)Action Intent:**

How likely are you to wear a mask when you are out in public?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- I don't know

**2)Knowledge:**

Which of the following statements do you think are true about masks?

- Wear over your mouth only
- Wear in public buildings (grocery/retail stores)
- Wear while riding in vehicles with others
- Wear everywhere outside your home, even if alone
- I don't know

**3)Attitude:**

How important is wearing a mask to prevent the spread of COVID-19?

- Very important (DR)
- Somewhat important (DR)
- Somewhat unimportant
- Very unimportant
- I don't know

-A

---

**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)

**Date:** Thursday, December 10, 2020 at 3:09 PM

**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)

**Cc:** Michael Sullivan (b)(6) "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)

"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie

(CDC/DDID/NCIRD/OD) (CTR)" (b)(6)

**Subject:** RE: RE: Brandlift

Thanks!

Outside of Ad Recall, our priority of questions is as follows:

1. Action Intent/Behavior Polling Format
2. Knowledge Polling Format
3. Attitude Polling Format

As a reminder, before posting these ads and having the polling questions run, I will need to get OMB approval. Once you provide feedback, I can start that process.

Best,  
Kelsey

---

**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Thursday, December 10, 2020 1:45 PM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Subject:** Re: RE: Brandlift

Really good point Kelsey, it's actually common for organizations to include "wrong" answers here as well for the reason you just mentioned.

Ultimately, we'll follow your guidance to identify the 5 strongest candidates to include as part of the poll, we would *not* pick these at random.

Okay we will review these answers and provide feedback here as soon as possible.

--

Could we build out a knowledge question more like this –

Which of the following statements do you think are true about masks?

- Wear over your mouth only
- Wear in public buildings (grocery/retail stores)
- Wear while riding in vehicles with others
- Wear everywhere outside your home, even if alone
- I don't know

Best,  
-Airton

---

**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Thursday, December 10, 2020 at 1:40 PM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)  
"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6)  
**Subject:** RE: RE: Brandlift

Could we build out a knowledge question more like this –

Which of the following statements do you think are true about masks?

- Wear over your mouth only
- Wear in public buildings (grocery/retail stores)
- Wear while riding in vehicles with others
- Wear everywhere outside your home, even if alone
- I don't know

This way we are including two false statements other than "I don't know". If you have any suggestions or advice based on how other organizations framed these knowledge statements, please let me know.

---

**From:** Schwarz, Kelsey (CDC/OD/OADC)  
**Sent:** Thursday, December 10, 2020 1:27 PM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Subject:** RE: RE: Brandlift

Ok, we feel that we will better understand any misconceptions people have about masks if we can have a few wrong answers in the mix. Would you pick 5 at random to include for each poll or would we have to narrow it down to the same 5 for all?

---

**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Thursday, December 10, 2020 1:19 PM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Subject:** Re: RE: Brandlift

Hi Kelsey,

Yes, we're ultimately limited to 5 on these, but if you have additional strong candidates, feel free to throw them in -- never hurts to have options here.

-A

---

**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Thursday, December 10, 2020 at 1:10 PM  
**To:** Airton Tatoug Kamdem (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6) "Crawford, Carol Y. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6)  
**Subject:** RE: RE: Brandlift

Quick question – Can we only have 5 answers for the knowledge section including "I don't know"?

---

**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Thursday, December 10, 2020 10:00 AM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)

**Cc:** Michael Sullivan (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6)  
**Subject:** Re: RE: Brandlift

Thanks Kelsey,

Hope all is well, please find some answers below. Please let us know if this makes sense, we're happy to further discuss.

(b)(4)

---

**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Tuesday, November 17, 2020 at 3:08 PM  
**To:** Julia Eisman (b)(6) "Crawford, Carol Y. (CDC/OD/OADC)" (b)(6)  
"Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6)  
**Cc:** Airton Tatoug Kamdem (b)(6) Michael Sullivan (b)(6)  
"Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)  
**Subject:** RE: RE: Brandlift

Hi Julia,

To answer your question, I assume (b)(4)

(b)(4)

(b)(4)

Thanks,  
Kelsey

---

**From:** Julia Eisman (b)(6)  
**Sent:** Thursday, November 12, 2020 12:21 PM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)  
(b)(6) Schwarz, Kelsey (CDC/OD/OADC) (b)(6)  
**Cc:** Airton Tatoug Kamdem (b)(6) Michael Sullivan (b)(6)  
**Subject:** Re: RE: Brandlift

Hi all,  
Following up from our conversation, I wanted to share the updated measurement guidance with the social approval question. Take a look and let us know any thoughts.

(b)(4)

Anyhow, let us know your thoughts!  
Julia

—  
**Julia Eisman**  
North America Lead  
Government, Politics & Advocacy  
<image001.gif>

---

**From:** Julia Eisman (b)(6)  
**Date:** Tuesday, November 10, 2020 at 3:53 PM  
**To:** "Crawford, Carol Y. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6) "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Cc:** Airton Tatoug Kamdem (b)(6) Michael Sullivan (b)(6)  
**Subject:** Re: RE: Brandlift

Hi team!

Adding my colleague Mike Sullivan to this email in advance of our call today who is our marketing science expert. I also wanted to share our Covid planning guide for review so you can see how many of our health partners are thinking about brand lift for covid/health specifically. Again, this was developed in collaboration with our health partnerships team in an effort to track with the KAP model.

Looking forward to chatting shortly,  
Julia

---

**From:** "Crawford, Carol Y. (CDC/OD/OADC)" (b)(6)  
**Date:** Monday, November 9, 2020 at 8:04 AM  
**To:** "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6) "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6) Julia Eisman (b)(6)  
**Cc:** Airton Tatoug Kamdem (b)(6)  
**Subject:** RE: RE: Brandlift

Either work for me – thanks!

---

**From:** Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Sent:** Monday, November 9, 2020 7:05 AM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6) Julia Eisman (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Cc:** Airton Tatoug Kamdem (b)(6)  
**Subject:** RE: Brandlift

I am available Tuesday 4-5pm or Thursday 1-2pm. Thanks!

---

**From:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6)  
**Sent:** Friday, November 6, 2020 4:38 PM  
**To:** Julia Eisman (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)

**From:** Payton Iheme  
**Sent:** Thu, 18 Mar 2021 19:16:14 +0000  
**To:** Payton Iheme; Priya Gangolly; Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); Chelsey Lepage; Genelle Adrien; Katherine Morris; Esther Kim; Sid Palani; Tamer Farag; (b)(6) Airton Tatoug Kamdem; Nisha Deolalikar; Julia Eisman; Stephanie Bousheri; Liz Lagone; Kate Thornton; Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Singleton, James (CDC/DDID/NCIRD/ISD); Jorgensen, Cynthia (CDC/DDID/NCIRD/OD); Sam Huxley; Jennifer Shopkorn (CENSUS/ADCOM FED); Ben Supple  
**Subject:** Re: Call or VC- Facebook weekly sync with CDC (CDC to invite other agencies as needed)  
**Attachments:** css\_vaccine\_update\_2021\_03\_18 (1).pdf

Hello everyone,

Attached is the vaccine research stemming from the COVID-19 Symptom Surveys. (presented today)

Best,

Payton and team

-CDC needs/questions

-FB Product updates/feedback request (COVID-HUB)

-COVID-19 Projects- CMU/FB Data Survey Update, Misinfo collab status, other

## Ways to join

🌐 Computer or Mobile:

(b)(6)

🖥️ Facebook Conference Room:

Use the touch panel to enter the join code (b)(6) and pin

(b)(6)

☎ Telephone:

Dial in on  # or find [an alternative number](#) then  
enter ID  followed by participant passcode

Enabled by **Rooms**

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Update 3/18/2021

Below is an update on vaccine research stemming from the COVID-19 Symptom Surveys by Delphi Group at Carnegie Mellon University in partnership with Facebook. We'd like feedback on two aspects of this work in order to best aid public health decision makers.

- Feedback on Reporting Strategy
  - What research questions are most important to answer in future reports or email updates?
  - How can we make the results more accessible to decision-makers?
  - What types of aggregate data can we report that would be valuable to decision-makers? And is the Topline Report – in addition to the CMU dashboard and publicly available contingency tables – the right way to share these data with decision-makers?
- Feedback on Questionnaire
  - As we move into a new phase of the vaccine rollout, what questions do you want us to prioritize for inclusion in the questionnaire?

We've been progressively adding items from the CDC omnibus instrument to the questionnaire in addition to other items on vaccine attitudes and behaviors. Below are the questions we've launched thus far. We will continue to revise this list.

- CDC Omnibus Questions Launched 12/19
  - Have you had a COVID-19 vaccination?
  - If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?
- Preventive Health Survey by MIT/JHU in Partnership with Facebook Question Launched 12/19
  - Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: Friends and family; Local health officials; World Health Organization (WHO); Government health officials; Politicians.
- CDC Omnibus Questions Launched 1/12
  - How many COVID-19 vaccinations have you had?
  - How concerned are you that you would experience a side effect from a COVID-19 vaccination?
- CDC Omnibus Questions Launched on 2/6 (Global) and 2/9 (US)
  - Did you receive (or do you plan to receive) all required doses?
  - Which of the following, if any, are reasons that you [only probably will/unsure if you will/probably won't/definitely won't] [get a COVID-19 vaccine/won't receive all required doses of a COVID-19 vaccine]? Please select all that apply.
  - Why don't you believe that you need a COVID-19 vaccine? Please select all that apply.
- New Questions Launched 3/1
  - Do you have an appointment to receive a COVID-19 vaccine?
  - Have you tried to get an appointment to receive a COVID-19 vaccine?
  - How informed do you feel about how you will be able to get a COVID-19 vaccine?
  - When do you think you will be able to get a COVID-19 vaccine? Please use your best guess. (Month/Year)

We also revised the questionnaire to track the priority populations listed below.

- Phase 1A
  - Healthcare personnel
- Phase 1B
  - Educators
  - Persons aged  $\geq 75$
- Phase 1C
  - Persons aged 65-74 years or older
  - Persons aged 18-64 years with high-risk medical conditions

We released the first report on the vaccine module.

- Highlights national- and state-level trends on self-reported vaccine uptake and attitudes by key population groups, including healthcare workers, age groups, and adults 18+ with eligible medical conditions in addition to race/ethnicities and genders.
- Aggregate data from 1.9 M responses collected between 1/10 and 2/27/2021.
- Available on the Facebook Data for Good Website: [https://dataforgood.fb.com/wp-content/uploads/2021/03/CMU\\_Topline\\_Vaccine\\_Report\\_20210312-1.pdf](https://dataforgood.fb.com/wp-content/uploads/2021/03/CMU_Topline_Vaccine_Report_20210312-1.pdf)

The report suggests 3 insights for vaccine messaging.

- We may be able to improve vaccine hesitancy by addressing concerns about side effects.
- Channeling recommendations through local healthcare workers may be a promising way to combat vaccine hesitancy.
- There may be greater potential to take a state-specific approach about messaging against vaccine hesitancy.

The report uses data from 4 survey items, 3 of which are CDC omnibus items.

- V1. Have you received a COVID-19 vaccination? (Yes/No/I don't know)
- V2. How many COVID-19 vaccinations have you received? (1 vaccination or dose/2 vaccinations or doses/I don't know)
- V9. How concerned are you that you would experience a side effect from a COVID-19 vaccination? (Very concerned/Moderately concerned/Slightly concerned/Not at all concerned)
- V4a. Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: (Local healthcare workers/World Health Organization (WHO)/Government health officials/Friends and family/Politicians) Note: "Local healthcare workers" was changed to "Doctors and other health professionals you go to for medical care" in Wave 8, launched on 2/6/2021

We've also published two blog posts on the US and global data.

- CMU US blog post (1/26/21): <https://delphi.cmu.edu/blog/2021/01/28/using-the-covid-19-symptom-survey-to-track-vaccination-uptake-and-sentiment-in-the-united-states/>
- UMD global blog post (2/16/21): <https://socialdatascience.umd.edu/tracking-global-covid-19-vaccination-uptake-and-sentiments-in-200-countries-and-territories-using-the-covid-symptom-survey/>

**From:** Genelle Adrien  
**Sent:** Thu, 29 Apr 2021 15:30:57 +0000  
**To:** Dempsey, Jay H. (CDC/OD/OADC); Payton Iheme  
**Cc:** Crawford, Carol Y. (CDC/OD/OADC); Chelsey Lepage; Layton, Kathleen (CDC/OD/OADC)  
**Subject:** Re: CDC "Guides" and this week's meeting

Looks great! Thank you, Jay. Excited that CDC will be included.

Best,  
Genelle

---

**From:** Dempsey, Jay H. (CDC/OD/OADC) (b)(6)  
**Date:** Thursday, April 29, 2021 at 11:28 AM  
**To:** Genelle Adrien (b)(6) Payton Iheme (b)(6)  
**Cc:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Chelsey Lepage (b)(6) Layton, Kathleen (CDC/OD/OADC) (b)(6)  
**Subject:** RE: CDC "Guides" and this week's meeting

Hi Genelle- Please see link below to our updated vaccine guide on Instagram. This is okay to run as part of your promotion next week. Thank you for including us!


<https://www.instagram.com/cdcgov/guide/covid-19-vaccines/18186825229053919/>

Jay H. Dempsey, M.Ed.  
Social Media Team Lead, Digital Media Branch, Division of Public Affairs  
Office of the Associate Director for Communication,  
U.S. Centers for Disease Control and Prevention

TELEWORKING

Mobile: (b)(6)

 Follow us on [Twitter](#)

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---

**From:** Genelle Adrien (b)(6)  
**Sent:** Wednesday, April 28, 2021 5:13 PM  
**To:** Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Payton Iheme (b)(6)  
**Cc:** Chelsey Lepage (b)(6) Layton, Kathleen (CDC/OD/OADC) (b)(6)  
**Subject:** Re: CDC "Guides" and this week's meeting

That's great—thanks, Jay! Please let me know if you have any questions. The team is hoping to lock in the Guide for promotion by Friday EOD.

I am also sharing a couple of tips from our team in case they are useful if you plan to make updates.

Best,  
Genelle

--

- Stick to a theme. This will help set expectations for your audience.
- For the cover photo, we recommend using a photograph or a simple illustration without text so the title can show clearly.
- Each post in your guide should include a title and caption with your own voice on why it is important.
- Guides can pull in content from your account and others' accounts. If including posts from other accounts, be sure they are public. If the account is private, your community will only be able to see the post if they also follow the other account.
- Ensure your guide is sharing the latest, most up-to-date, expert-backed information around COVID and vaccines.

---

**From:** Dempsey, Jay H. (CDC/OD/OADC) (b)(6)  
**Date:** Wednesday, April 28, 2021 at 4:57 PM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Payton Iheme (b)(6)  
**Cc:** Genelle Adrien (b)(6) Chelsey Lepage (b)(6) Layton, Kathleen (CDC/OD/OADC) (b)(6)  
**Subject:** RE: CDC "Guides" and this week's meeting

Hi Payton- Thank you for offering to help promote! I'm just double-checking to ensure that everything there is up to date- we may need to make a few adjustments on our end, but I'm sure we can handle that if needed. I'll follow up as soon as I'm able to confirm with the vaccine team.

Jay

---

**From:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Sent:** Wednesday, April 28, 2021 2:32 PM  
**To:** Payton Iheme (b)(6)  
**Cc:** Genelle Adrien (b)(6) Chelsey Lepage (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6)  
**Subject:** RE: CDC "Guides" and this week's meeting

+Jay to weigh in on that guide. I think he'll have latest info. I think it would be great to get that kind of promotion on it – thanks for offering.

**From:** Payton Iheme  
**Sent:** Tue, 20 Apr 2021 17:14:03 +0000  
**To:** Crawford, Carol Y. (CDC/OD/OADC)  
**Subject:** Re: CDC meeting this week

Sounds good Carol,

That would be great to hear back from the equity team/Ram on their thoughts for the next few months.

Best,

Payton

---

**From:** Carol Crawford (b)(6)  
**Date:** Tuesday, April 20, 2021 at 1:11 PM  
**To:** Payton Iheme (b)(6)  
**Subject:** RE: CDC meeting this week

That is fine.

I also heard from my health equity team and Ram (who you meet with earlier) that they plan to send some more concrete info back to me to get to you all soon.

Also, we'll be working with Julia on the 15 million in ad credits and the Code 3 work.

Thanks!

---

**From:** Payton Iheme (b)(6)  
**Sent:** Tuesday, April 20, 2021 1:06 PM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Subject:** CDC meeting this week

Hi Carol,

Hope all is well!

If it works for you, we are going to pull down this week's CDC meeting so we can do some more internal work on the misinformation workstream and completing the scoping of the government case work channel.

We can send any due outs over email.

I will pull down the meeting later this afternoon if I don't hear from you by then.

Best,

**From:** Carrie Adams  
**Sent:** Fri, 15 Oct 2021 16:36:43 +0000  
**To:** Crawford, Carol Y. (CDC/OD/OADC)  
**Subject:** Re: Check In

Wonderful! Thank you so much!

---

**From:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Date:** Friday, October 15, 2021 at 12:10 PM  
**To:** Carrie Adams (b)(6)  
**Subject:** RE: Check In

Yes, going to include Kristen Nordlund and checked her schedule before sending ties to you! 😊 I'll send appt since we need to use teams.

---

**From:** Carrie Adams (b)(6)  
**Sent:** Friday, October 15, 2021 11:14 AM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Subject:** Re: Check In

Tuesday 3pm ET works great. Could we add someone from your team who can speak to childhood vaccine misinfo? We want to get ahead of this the best we can!

Have a great weekend and talk soon.

CA

---

**From:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Date:** Thursday, October 14, 2021 at 5:14 PM  
**To:** Carrie Adams (b)(6)  
**Subject:** RE: Check In

Sounds good.

How about:

Monday: 11 or 3  
Tuesday: 9:30, 3 or 4  
Wed is bad.

---

**From:** Carrie Adams (b)(6)  
**Sent:** Thursday, October 14, 2021 3:05 PM

**From:** Crawford, Carol Y. (CDC/OD/OADC)  
**Sent:** Tue, 30 Mar 2021 11:12:58 +0000  
**To:** Kelly Perron  
**Cc:** Lauren Balog Wright; Payton Iheme; Chelsey Lepage  
**Subject:** RE: Crowd Tangle COVID-19 reports

Thank you!

---

**From:** Kelly Perron (b)(6)  
**Sent:** Monday, March 29, 2021 8:15 PM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Cc:** Lauren Balog Wright (b)(6) Payton Iheme (b)(6) Chelsey Lepage  
(b)(6)  
**Subject:** Re: Crowd Tangle COVID-19 reports

Hi Carol,

Attaching the latest CrowdTangle content insights report for the period of March 11-24 (attached).  
Here's the quick summary:

(b)(4)

Let us know if you have any questions or particular keywords/topics you'd like us to explore for the next report.

Thanks,  
Kelly

**From:** Kelly Perron  
**Sent:** Tue, 11 May 2021 00:29:05 +0000  
**To:** Crawford, Carol Y. (CDC/OD/OADC)  
**Cc:** Lauren Balog Wright; Payton Iheme; Chelsey Lepage  
**Subject:** Re: Crowd Tangle COVID-19 reports  
**Attachments:** CDC x COVID Content Insights April 21-May 4.pdf

Hi Carol,

Attaching the latest CrowdTangle content insights report for the period of April 21-May 4 (attached). Here's the quick summary:



Let us know if you have any questions or particular keywords/topics you'd like us to explore for the next report.

Thanks,  
Kelly

---

**From:** Kelly Perron (b)(6)  
**Date:** Monday, March 15, 2021 at 6:19 PM  
**To:** "Crawford, Carol Y. (CDC/OD/OADC)" (b)(6)  
**Cc:** Lauren Balog Wright (b)(6) Payton Iheme (b)(6) Chelsey Lepage (b)(6)  
**Subject:** Re: Crowd Tangle COVID-19 reports

Hi Carol,



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Obtained by America First Legal Foundation through litigation

**From:** Kelly Perron  
**Sent:** Tue, 13 Apr 2021 02:41:08 +0000  
**To:** Crawford, Carol Y. (CDC/OD/OADC)  
**Cc:** Lauren Balog Wright; Payton Iheme; Chelsey Lepage  
**Subject:** Re: Crowd Tangle COVID-19 reports  
**Attachments:** CDC x COVID Content Insights March 25-April 7.pdf

Hi Carol,

Attaching the latest CrowdTangle content insights report for the period of March 25- April 7 (attached). Here's the quick summary:



Let us know if you have any questions or particular keywords/topics you'd like us to explore for the next report.

Thanks,  
Kelly

---

**From:** Kelly Perron (b)(6)  
**Date:** Monday, March 15, 2021 at 6:19 PM  
**To:** "Crawford, Carol Y. (CDC/OD/OADC)" (b)(6)  
**Cc:** Lauren Balog Wright (b)(6) Payton Iheme (b)(6) Chelsey Lepage (b)(6)  
**Subject:** Re: Crowd Tangle COVID-19 reports

Hi Carol,

(b)(4)

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Obtained by America First Legal Foundation through litigation

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Obtained by America First Legal Foundation through litigation

**From:** Kelly Perron  
**Sent:** Tue, 27 Apr 2021 01:05:16 +0000  
**To:** Crawford, Carol Y. (CDC/OD/OADC)  
**Cc:** Lauren Balog Wright; Payton Iheme; Chelsey Lepage  
**Subject:** Re: Crowd Tangle COVID-19 reports  
**Attachments:** US COVID Content Insights April 8-21.pdf

Hi Carol,

Attaching the latest CrowdTangle content insights report for the period of April 8-21 (attached). Here's the quick summary:



Let us know if you have any questions or particular keywords/topics you'd like us to explore for the next report.

Thanks,  
Kelly

---

**From:** Kelly Perron (b)(6)  
**Date:** Monday, March 15, 2021 at 6:19 PM  
**To:** "Crawford, Carol Y. (CDC/OD/OADC)" <(b)(6)>  
**Cc:** Lauren Balog Wright (b)(6) Payton Iheme (b)(6) Chelsey Lepage (b)(6)  
**Subject:** Re: Crowd Tangle COVID-19 reports

Hi Carol,



(b)(4)

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(b)(4)

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**From:** Crawford, Carol Y. (CDC/OD/OADC)  
**Sent:** Thu, 4 Feb 2021 16:25:19 +0000  
**To:** Payton Iheme  
**Subject:** RE: DHS/CISA or Census Bureau and COVID-19 misinform ?

Lets discuss it during the 3pm today – we are seeing same trends in Crowdtangle report and do have answers on our website and in our posts about it. Maybe I have not connected back as well as I intended.

Also, do we need the larger group at 3pm today? If so, great, but if not, perhaps you and I can just use the time to chat ourselves?

---

**From:** Payton Iheme <(b)(6)>  
**Sent:** Thursday, February 4, 2021 9:21 AM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) <(b)(6)>  
**Subject:** Re: DHS/CISA or Census Bureau and COVID-19 misinfo ?

Hi Carol,

A couple months back we thought perhaps some examples of the misinfo could be sent to us that way we are also educating our misinfo team and know what to be looking for. In addition, if something is especially egregious, we could also be doing the work to make sure it is not going viral.

Best,

Payton

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**From:** Carol Crawford <(b)(6)>  
**Date:** Thursday, February 4, 2021 at 7:58 AM  
**To:** Payton Iheme <(b)(6)>  
**Subject:** RE: DHS/CISA or Census Bureau and COVID-19 misinfo ?

Census is still not in place officially. We still have people working on misinfo though – are there specific areas you want to raise to us today?

I'm not up to date on CISA but I'll ask around.

---

**From:** Payton Iheme <(b)(6)>  
**Sent:** Thursday, February 4, 2021 7:28 AM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) <(b)(6)>  
**Subject:** DHS/CISA or Census Bureau and COVID-19 misinfo ?

Hi and good morning Carol,

I saw that DHS/CISA is planning /possibly working on COVID-19 misinfo concerns.

Are you aware of that aspect?

I also know that you said things are still be routed on trying to do something on this topic with the Census Bureau. There is quite a bit of focus on misinfo and it's growing among members of Congress etc. as now the focus is turning to vaccination misinfo.

We really would need to be partnered with government on this effort as we don't know what would/should be flagged as misinfo in some cases.

I wanted to send along another note on this topic before too much time goes by and see if discussions have developed more on your end with Census or CISA.

Best,

Payton

Get [Outlook for iOS](#)

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**From:** Utkarsh Yadav  
**Sent:** Tue, 29 Jun 2021 18:55:16 +0000  
**To:** Matt Schumacher; Aspinwall, Brooke (CDC/DDID/NCIRD/OD)  
**Cc:** Crawford, Carol Y. (CDC/OD/OADC)  
**Subject:** Re: FB Misinfo Portal Bug

Hi Brooke,

We just checked in with our engineers and they just re allow-listed your email address, which may take a couple hours to update.

In the meantime, please send the content you want to report in an email to [reports@content.facebook.com](mailto:reports@content.facebook.com).

You can send it in the following format:

1. *Reason for Reporting: Covid Misinformation/ Vaccine Discouragement/ Covid Vaccine Misinformation*
2. *Links to Report:*
3. *Additional Comments*

Please let us know if you have any questions.

Best,  
Utkarsh

--

Utkarsh Yadav

U.S. Politics & Government Outreach

E: [REDACTED] (b)(6)

FACEBOOK

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**From:** Matt Schumacher [REDACTED] (b)(6)  
**Date:** Tuesday, June 29, 2021 at 1:06 PM  
**To:** Aspinwall, Brooke (CDC/DDID/NCIRD/OD) [REDACTED] (b)(6), Utkarsh Yadav [REDACTED] (b)(6)  
**Cc:** Crawford, Carol Y. (CDC/OD/OADC) [REDACTED] (b)(6)  
**Subject:** Re [REDACTED] (b)(4)


Hi Brooke—looping in my colleague [REDACTED] (b)(6) here as well. We'll have our engineers look into why your domain still is not being accepted in the portal.

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**From:** Aspinwall, Brooke (CDC/DDID/NCIRD/OD) [REDACTED] (b)(6)  
**Date:** Tuesday, June 29, 2021 at 8:27 AM

**To:** Matt Schumacher (b)(6)  
**Cc:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Subject:** FB Misinfo Portal Bug

Hi Matt, I am still getting this error when trying to access the information portal:



The screenshot shows a 'Request Access' dialog box with a red error message. The error message reads: 'The email address provided is not a government issued or law enforcement email address. Please try again with a valid email address.' Below the message, there are input fields for 'Email' (containing 'ogj5@cdc.gov') and 'Name' (containing 'Brooke Aspinwall'). At the bottom, there are 'Cancel' and 'Submit' buttons. The dialog box also contains the text: 'Enter your email address to receive a unique link to the Facebook Content Request System. The link will give you access to the system for one hour.'

Carrie was looking into it last week but it looks like she's (b)(6) 've attached our correspondence, there was some sort of bug that needed fixing. Can you assist or update me on the status?

Thanks!

Brooke Aspinwall

Health Communication Specialist

JIC Social Media

COVID-19 Response

Centers for Disease Control and Prevention

Phone: 404-718-5914 (work); (b)(6) (cell)

(b)(6)

Obtained by America First Legal Foundation through litigation

2. A life-threatening AE;
  3. Inpatient hospitalization or prolongation of existing hospitalization;
  4. A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions;
  5. A congenital anomaly/birth defect;
  6. An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above.
- Cases of Multisystem Inflammatory Syndrome
  - Cases of COVID-19 that result in hospitalization or death

Healthcare providers are encouraged to report to VAERS any additional clinically significant AEs following vaccination, even if they are not sure the vaccine caused the event.”

---

**From:** Liz Lagone (b)(6)  
**Sent:** Monday, July 26, 2021 12:58 PM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Cc:** Carrie Adams (b)(6) Payton Itheme (b)(6)  
**Subject:** FB Misinformation Claims\_Help Debuning

Hi Carol, I hope you're well!

Our Misinformation Policy team has identified some claims that we were hoping your team could **help us understand if they are false and can lead to harm?** The three claims include:

1. Spike protein in COVID-19 vaccines is dangerous/cytotoxic
2. Guillain-Barre Syndrome (GBS) is a possible side effect of the COVID vaccine
3. Heart inflammation is a possible side effect of all COVID-19 vaccines (including non mRNA vaccines)

In addition, I was wondering if your team was aware of any global source of truth/database for vaccine adverse effects including possibly vaccine-related deaths?

Please let me know if you have any questions about the above, and thank you so much again for the CDC's help!

Best,  
Liz

--

Liz Lagone | Health & Well-Being Policy

FACEBOOK

**From:** Nordlund, Kristen (CDC/DDID/NCIRD/OD)  
**Sent:** Mon, 1 Nov 2021 00:09:44 +0000  
**To:** Liz Lagone; Carrie Adams  
**Cc:** Crawford, Carol Y. (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); Gordon, Stephanie (CDC/OD/OADC)  
**Subject:** RE: Follow up to Vaccine Misinformation Discussion

Hi Liz,

No problem. The answer is **yes** – and I would say any new rumor/mis or disinformation likely contributes to overall vaccine hesitancy and refusal.

Unfortunately we don't yet had data for the school year that would be 2019-2020 (or 2020-2021) to see how sentiments around COVID-19 vaccine might affect general vaccine hesitancy.

Thanks,  
Kristen

---

**From:** Liz Lagone (b)(6)  
**Sent:** Sunday, October 31, 2021 6:00 PM  
**To:** Nordlund, Kristen (CDC/DDID/NCIRD/OD) (b)(6) Carrie Adams (b)(6)  
**Cc:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6) Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Gordon, Stephanie (CDC/OD/OADC) (b)(6)  
**Subject:** Re: Follow up to Vaccine Misinformation Discussion

Actually, Kristen and team, apologies but I do have one follow up question to clarify with you all. For the claims below about all vaccines that you evaluated falsity for us, **could you also confirm that if believed, are likely to contribute to vaccine hesitancy and refusal?** An important aspect of our evaluation of harmful misinformation that should be removed from the platform is whether the claims could cause imminent physical harm (in this case, by way of vaccine refusals). Apologies if this component got lost in the shuffle of request, but could you provide that evaluation for each of the claims below?

- Claiming that something other than a vaccine can vaccinate you or is effective in vaccinating you against a disease for which a vaccine exists (example: “taking vitamins vaccinates you against polio”)
- Claims that approved vaccines are untested
- Claims that vaccines contain substances or devices that can track people, such as bluetooth technology or microchips
- Claims that vaccines are being used or have been used to control populations for non-health purposes (such as depopulation)
- Claims that vaccines contain fetal tissue
- Claims that vaccines alter a person’s genetic makeup or change one’s DNA
- Claims that vaccines contain animal products or components
- What are the known (but rare) side effects of vaccines recognized by health authorities?
- Can vaccines cause any of the following side effects?
  - Amyotrophic lateral sclerosis (ALS)
  - Multiple sclerosis (MS)
  - Miscarriages

- Alzheimer's
- Bell's Palsy
- Birth defects
- Infertility
- Prion's disease
- Shedding
- Cancer
- Diabetes
- Paralysis

Many thanks again!

Best (and Happy Halloween ☐ )  
Liz

---

**From:** Liz Lagone (b)(6)  
**Date:** Friday, October 29, 2021 at 1:07 PM  
**To:** Nordlund, Kristen (CDC/DDID/NCIRD/OD) (b)(6) > Carrie Adams (b)(6)  
**Cc:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6) > Dempsey, Jay H. (CDC/OD/OADC) (b)(6), Gordon, Stephanie (CDC/OD/OADC) (b)(6) >  
**Subject:** Re: Follow up to Vaccine Misinformation Discussion

We did, thank you! Exciting stuff.

---

**From:** Nordlund, Kristen (CDC/DDID/NCIRD/OD) (b)(6)  
**Date:** Friday, October 29, 2021 at 12:49 PM  
**To:** Liz Lagone (b)(6), Carrie Adams (b)(6)  
**Cc:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6), Dempsey, Jay H. (CDC/OD/OADC) (b)(6), Gordon, Stephanie (CDC/OD/OADC) (b)(6)  
**Subject:** RE: Follow up to Vaccine Misinformation Discussion

Thanks Liz. You've probably already seen this but FDA just announced the authorization for children:

<https://www.fda.gov/news-events/press-announcements/fda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use-children-5-through-11-years-age>

---

**From:** Liz Lagone (b)(6)  
**Sent:** Friday, October 29, 2021 2:22 PM  
**To:** Carrie Adams (b)(6), Nordlund, Kristen (CDC/DDID/NCIRD/OD) (b)(6)  
**Cc:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6), Dempsey, Jay H. (CDC/OD/OADC) (b)(6), Gordon, Stephanie (CDC/OD/OADC) (b)(6)  
**Subject:** Re: Follow up to Vaccine Misinformation Discussion



Thank you so much, Kristen! No follow up questions from our end at this point—this was crystal clear and coupled with our conversation last week, profoundly helpful to our teams. Through your insight below, we will be able to action appropriately on the misinformation claims below.

Many thanks again, especially given how busy of a week you all are having!

Best,  
Liz

---

**From:** Carrie Adams (b)(6)  
**Date:** Friday, October 29, 2021 at 6:11 AM  
**To:** Nordlund, Kristen (CDC/DDID/NCIRD/OD) (b)(6)  
**Cc:** Liz Lagone (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Gordon, Stephanie (CDC/OD/OADC)  
(b)(6)  
**Subject:** Re: Follow up to Vaccine Misinformation Discussion

Thank you so much Kristen! I know you must be completely under water right now and we so appreciate your expertise and work here — I'll let Liz review and come back with any questions she may have

**Carrie E. Adams**  
facebook, inc. | politics & government  
(b)(6) | (b)(6)

On Oct 29, 2021, at 12:34 AM, Nordlund, Kristen (CDC/DDID/NCIRD/OD) (b)(6) wrote:

Hi all,

Apologies this is so late — it's completely on me. I hope the attached helps. Happy to go through anything that's in here as well.

Thanks,  
Kristen

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**From:** Carrie Adams (b)(6)  
**Sent:** Thursday, October 28, 2021 7:12 PM  
**To:** Liz Lagone (b)(6) Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Cc:** Dempsey, Jay H. (CDC/OD/OADC) (b)(6) Gordon, Stephanie (CDC/OD/OADC)  
(b)(6) Nordlund, Kristen (CDC/DDID/NCIRD/OD) (b)(6)  
**Subject:** Re: Follow up to Vaccine Misinformation Discussion  
**Importance:** High

## Pediatric Misinformation

### COVID-19

Anything on the [myths page](#) can apply to the questions below.

- For children 5-15, will the FDA's extension of EUA mean For children 5-15, will the FDA's extension of EUA mean the vaccine is:
  - Safe?
  - Effective?
  - Provides some immunity?
  - Has been appropriately tested?
  - Is non-experimental?

FDA's EUA says that the benefits of the Pfizer-BioNTech COVID-19 Vaccine outweigh its risk for children 5-11.
  
- Is there any evidence that the COVID-19 vaccine kills or seriously harms children?
  - No.
  - If needed: The latest data on select adverse events following vaccination is posted and updated weekly at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>. This includes data on deaths reported to VAERS and a link to the latest information on TTS, which has been the only adverse event that is a direct result of vaccination. 5 people have died of TTS and they were all above the age of 18.
  
- Is there any evidence that the COVID-19 vaccine causes any harmful side effects in children?
  - This depends on what we're saying is "harmful".
  - You may have some side effects – pain at the injection site, tiredness, or muscle pain – which are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but they should go away in a few days. Some people have no side effects.
  
- Is there any evidence that the COVID-19 vaccine causes any of the following side effects:
  - ALS – no
  - MS – no
  - COVID-19 – no
  - Autism – no
  - Shedding – no
  - Changing one's genetic makeup or DNA – no
  - Blood clots – no
  - Alzheimer's – no
  - Prion's disease – no
  - Bell's Palsy – no
  - Magnetism – no
  - Future reproductive issues (miscarriages, infertility, birth defects, erectile dysfunction) – no, though it's not possible to know now if there will be future health issues after receiving the vaccine. Currently no evidence shows that any vaccines, including COVID-19 vaccines, cause fertility problems (problems trying to get pregnant) in women or men.
  - For awareness, there were a few serious adverse events during the clinical trial (slide 23 at <https://www.fda.gov/media/153513/download>), but as noted none of these were related to receiving the COVID-19 vaccine.

- **Is there any evidence that the spike proteins in COVID-19 vaccines are dangerous for children?**
  - No. First, there is no live virus in an mRNA vaccine (like the Pfizer-BioNTech vaccine recommended for children 5-11 years old). mRNA vaccines work by teaching our cells to make a harmless piece of a “spike protein,” which is found on the surface of the virus that causes COVID-19. After making the protein piece, cells display it on their surface. Our immune system then recognizes that it does not belong there and responds to get rid of it. When an immune response begins, antibodies are produced, creating the same response that happens in a natural infection.
- **Is it safer for children to build immunity by getting COVID-19 rather than getting the vaccine?**
  - No. No one should try to expose themselves or others to COVID-19 on purpose. COVID-19 can be serious and can lead to severe complications and death. Also, even people who did not have COVID-19 symptoms in the days or weeks after they were infected can have post-COVID conditions. Vaccination is the safest way to protect yourself from COVID-19 illness, severe disease, and death.
- **Can being near vaccinated children cause adverse effects on unvaccinated people?**
  - No. There is no live virus in an mRNA vaccine (like the Pfizer-BioNTech vaccine recommended for children 5-11 years old). Therefore, the occurrence of vaccine shedding, the release or discharge of any of the vaccine components in or outside of the body, does not happen with mRNA vaccines.
- **Are the ingredients in the Pfizer vaccine for children 5-15 in any way different from what has received full FDA approval for people 16+?**
  - No. The full list of ingredients in the COVID-19 vaccine authorized for children 5-11 will be included in the FDA fact sheet for patients and caregivers (this will be on the FDA Pfizer website: <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine>).
- **Do COVID-19 vaccines for children contain the mark of the beast?**
  - No
- **Are vaccines for children the reason behind the emergence of COVID variants?**
  - No. COVID-19 viruses are continuously changing and evolving. The emergence of new variants are always occurring and don't have anything to do with COVID-19 vaccines for children.
- **Was the development of the Pfizer vaccine for children 5-15 in any way different from what has received full FDA approval for people 16+?**
  - No. COVID-19 vaccines for children were developed in the same way as the adult COVID-19 vaccines. Although COVID-19 vaccines were developed quickly, there was already a previous research into mRNA vaccines dating back more than 20 years, financial backing from the U.S. government, and standard safety protocols that were followed.
- **Are there any toxic or harmful ingredients, microchips, human tissue from aborted fetuses, or anything not on the vaccine ingredient list?**
  - No.
- Excellent resource by North Dakota DoH about fetal cells is here:



COVID-19\_Vaccine\_Fetal\_Cell\_Handout.

- Did any children die as a result of the Pfizer clinical trials?
  - No.
- Are the debunked conspiracy theories that the vaccine was designed to control a population for non-health purposes or that specific groups are being targeted to test the true safety and efficacy of the vaccine equally false as it relates to children?
  - Would use content from NIH release about COVID-19 origins: <https://www.nih.gov/about-nih/who-we-are/nih-director/statements/statement-misinformation-about-sars-cov-2-origins>.
- Are the following claims downplaying the severity of COVID-19 also false as they apply to children aged 5-15?
  - Claims that COVID-19 is no more dangerous to people than the common flu or cold
    - In a normal flu season, there are between 37 to 199 flu-related pediatric deaths. During the 2009 H1N1 pandemic, from April 2009 to September 2010, 358 flu deaths in children were reported to CDC.
    - Since the beginning of the COVID-19 pandemic in January 2020, there have been 745 pediatric COVID-19 deaths reported to CDC. (Number from [COVID Tracker](#).)
  - Claims that no one has died from COVID-19
    - To say that there haven't been COVID-19 deaths is to discount more than 740,000 people who have died from the virus so far ([https://covid.cdc.gov/covid-data-tracker/#cases\\_casesper100klast7days](https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days))
  - Claims that the mortality rate of COVID-19 is the same or lower than seasonal influenza
    - Influenza burden estimates for the last decade: <https://www.cdc.gov/flu/about/burden/past-seasons.html>
    - Flu activity was high during the 2017-18 season and there were 41 million flu-related illnesses, 19 million flu-related medical visits, 710,000 flu-related hospitalizations, and 52,000 flu-related deaths.
    - We've surpassed that: [https://covid.cdc.gov/covid-data-tracker/#cases\\_casesper100klast7days](https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days)
  - Claims that getting a flu shot or flu vaccine is more likely to kill you than COVID-19
    - No.
    - Here's more information about serious adverse events after flu vaccination ([https://www.cdc.gov/vaccinesafety/vaccines/flu-vaccine.html#anchor\\_1597337635340](https://www.cdc.gov/vaccinesafety/vaccines/flu-vaccine.html#anchor_1597337635340)). GBS is the only quantifiable risk here and there are 1-2 cases per million flu vaccines administered.
  - Claims that the number of COVID-19 caused deaths are much lower than the official figure (requires additional information and/or context)
    - CDC's Dr. Bob Anderson, who handles health statistics, was interviewed by Scientific American and lays out the 3 lines of evidence for how we know that the number of COVID-19 deaths (more than 740,000 now) are true: <https://www.scientificamerican.com/article/debunking-the-false-claim-that-covid-death-counts-are-inflated1/>.

## All vaccines

We address more general vaccine safety concerns at <https://www.cdc.gov/vaccinesafety/concerns/index.html> and <https://www.cdc.gov/vaccines/parents/FAQs.html>.

- **Claiming that something other than a vaccine can vaccinate you or is effective in vaccinating you against a disease for which a vaccine exists (example: “taking vitamins vaccinates you against polio”)**
  - Vaccines are the only thing that can vaccinate you (that may sound stupid). Another way of saying this is that vaccines are the only and best way to protect yourself FROM a disease.
  - Resources:
    - <https://www.cdc.gov/vaccines/hcp/conversations/preparing-for-parent-vaccine-questions.html>
    - <https://www.cdc.gov/vaccines/hcp/conversations/understanding-vacc-work.html>
  - There are other medicines that can TREAT you, but that’s after you’ve been INFECTED with a disease. An example of this would be rabies post-exposure prophylaxis: [https://www.cdc.gov/rabies/medical\\_care/index.html](https://www.cdc.gov/rabies/medical_care/index.html).
- **Claims that approved vaccines are untested**
  - This infographic walks through how a vaccine goes from clinical trials to FDA approval to CDC recommendation: <https://www.cdc.gov/vaccines/parents/infographics/journey-of-child-vaccine.html>.
  - Also, even after they are recommended and routinely used, vaccines are continuously monitored to ensure they are safe: <https://www.cdc.gov/vaccines/hcp/conversations/ensuring-safe-vaccines.html>.
- **Claims that vaccines contain substances or devices that can track people, such as bluetooth technology or microchips**
  - No vaccines in use in the U.S. contain microchips. Vaccines are developed to fight against disease and are not administered to track your movement. Vaccines work by stimulating your immune system to produce antibodies, exactly like it would if you were exposed to the disease. After getting vaccinated, you develop immunity to that disease, without having to get the disease first.
- **Claims that vaccines are being used or have been used to control populations for non-health purposes (such as depopulation)**
  - No
- **Claims that vaccines contain fetal tissue**
  - See above (the same info applies to other non-COVID-19 vaccines)
- **Claims that vaccines alter a person’s genetic makeup or change one’s DNA**
  - No. It might be helpful to know that there are no other authorized or approved mRNA vaccines. And this myth is most commonly associated with mRNA vaccines.
- **Claims that vaccines contain animal products or components**
  - Today’s vaccines use only the ingredients they need to be as safe and effective as possible. Below are resources from CDC and FDA:
    - <https://www.cdc.gov/vaccines/vac-gen/additives.htm>

- <https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/common-ingredients-us-licensed-vaccines>
- What are the known (but rare) side effects of vaccines recognized by health authorities?
  - Vaccines can prevent infectious diseases that once killed or harmed many infants, children, and adults. Without vaccines, your child is at risk for getting seriously ill and suffering pain, disability, and even death from diseases like measles and whooping cough.
  - The main risks associated with getting vaccines are side effects, which are almost always mild (redness and swelling at the injection site) and go away within a few days. Serious side effects after vaccination, such as a severe allergic reaction, are very rare and doctors and clinic staff are trained to deal with them.
  - The disease-prevention benefits of getting vaccines are much greater than the possible side effects for almost all children. The only exceptions to this are cases in which a child has a serious chronic medical condition like cancer or a disease that weakens the immune system or has had a severe allergic reaction to a previous vaccine dose.
- Can vaccines cause any of the following side effects?
  - Amyotrophic lateral sclerosis (ALS) – no
  - Multiple sclerosis (MS) – no
  - Miscarriages (there is some data that suggested a slight association between getting consecutive single dose pandemic flu vaccines and an increase in miscarriage: <https://www.washingtonpost.com/news/to-your-health/wp/2017/09/13/researchers-find-hint-of-a-link-between-flu-vaccine-and-miscarriage/>)
  - Alzheimer's – no
  - Bell's Palsy – no
  - Birth defects – no
  - Infertility – no
  - Prion's disease – no
  - Shedding
  - Cancer – no
  - Diabetes – no
  - Paralysis (GBS with flu)
- Does the CDC maintain a list of current infectious disease epidemics around the world? Or are you aware of a reputable list of these?

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**From:** Chelsey Lepage (b)(6)  
**Sent:** Wednesday, April 7, 2021 4:47 PM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Cc:** Genelle Adrien (b)(6) Payton Itheme (b)(6)  
**Subject:** Re: Follow-up from todays weekly sync

Hi Carol,

For tomorrow's call, we'd love to bring in the CrowdTangle team to highlight how they are evolving the use of their tools to help gather insights on emerging trends and conversations specifically around the COVID-19 vaccine. We think it would be useful to have the Census team join in based on last week's discussion, but definitely defer to you here. What we're proposing is:

- **State level demo** | 10 min: Our CT lead will demonstrate how to do a COVID-19 vaccine-focused search that can surface the kinds of themes your team highlighted in the misinfo report & Chris mentioned last week. If this is something the team is excited about, we can then schedule a follow-on more in-depth training
- **Global snapshots/Exploring opportunities** | 10 min: We'd also plan to talk through some of the ways the CT team is collecting regional snapshots around the world, and better understand what would be most useful to the CDC so this team can further customize the bi-weekly reports going forward (i.e. CDC can suggest regions or themes to shape the reports, or the reverse)

I wanted to highlight that their team will be presenting so it would be great if folks were able to join via computer for this one. We'd be happy to use whichever VS option works best on your side for this.

Thanks,  
Chelsey

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**From:** Payton Itheme (b)(6)  
**Sent:** Wednesday, April 7, 2021 9:11 AM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Cc:** Genelle Adrien (b)(6) Chelsey Lepage (b)(6)  
**Subject:** Re: Follow-up from todays weekly sync

We were thinking a COVID-19 specific Crowd Tangle demo could be good if they do join. A version 2...more focused.

Chelsey can share more thoughts on what that could be and we can decide. I think it would be helpful for them/broader call.

Best,

Payton

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**From:** Carol Crawford (b)(6)  
**Date:** Wednesday, April 7, 2021 at 12:09 PM  
**To:** Payton Iheme (b)(6)  
**Cc:** Genelle Adrien (b)(6) Chelsey Lepage (b)(6)  
**Subject:** Re: Follow-up from todays weekly sync

Do we need Census at our call tomorrow? I am thinking your doing that offline but have not seen anything so wanted to confirm.

---

**From:** Crawford, Carol Y. (CDC/OD/OADC)  
**Sent:** Friday, April 2, 2021 3:07 PM  
**To:** Payton Iheme (b)(6)  
**Cc:** Genelle Adrien (b)(6) Chelsey Lepage (b)(6)  
**Subject:** RE: Follow-up from todays weekly sync

I'm sorry, its been a day.

Your list seems accurate. Yes, please copy me on work with Census.

Citing SVI should not be an issue, here is our official guidance on that: [Use of Agency Materials | Other | CDC](#)

At the present, I don't have specific other agenda items for next week. I'm thinking we should be relatively done with general misinfo discussion as long as we get the channel for Census sorted out. We could use the time for Crowdtangle options as I believe your suggesting in your list below.

Thank you!

---

**From:** Payton Iheme (b)(6)  
**Sent:** Friday, April 2, 2021 2:49 PM  
**To:** Crawford, Carol Y. (CDC/OD/OADC) (b)(6)  
**Cc:** Genelle Adrien (b)(6) Chelsey Lepage (b)(6)  
**Subject:** Re: Follow-up from todays weekly sync

Carol,

Just bumping this up considering the late hour I sent it.

Best,



Payton

---

**From:** Payton Itheme (b)(6)  
**Date:** Thursday, April 1, 2021 at 8:20 PM  
**To:** Carol Crawford (b)(6)  
**Cc:** Genelle Adrien (b)(6) Chelsey Lepage (b)(6)  
**Subject:** Follow-up from todays weekly sync

Good evening Carol,

Quick check in with you. I am relooking at the items from our meeting today and think we covered all of them. I would be curious to know what items you want to bring forward for next week.

1. Government Reporting system onboarding update (we confirmed we can do this)
2. CrowdTangle options (we offered some solutions we want to present next week)
3. Other questions raised by email—groups CDC/Census flagged (answered)
4. Authoritative info + our approach to using influencers (Should be ongoing and based on what the team would like to partner on.)
5. More discussion/more action on how we will organize the misinfo section of the meeting, which we look forward to next time (agreed)

As far as due outs, we owe the team a summary of CrowdTangle reports/summary of dashboards based on the key items CDC/Census reps flagged as current/trending COVID-19 misinfo themes. Chelsey will help to lead that aspect with the group. We also owe the CDC/Census team follow-up to establish the Facebook government casework reporting channel. Genelle and I can start emailing the Census team on that, as much of that process is over email. Do you want to be copied on those notes or prefer another CDC rep to be included?

Lastly, the CDC Social Vulnerability Index (SVI) data was mentioned on the call. The team at Facebook is exploring what we can do to support vulnerable communities. The CDC's Social Vulnerability Index (SVI) surfaced as a good [source](#) to identify which locations might be more vulnerable and could benefit from additional targeting, for example. If we proceed in that direction, we'd want to ensure we're crediting CDC properly. Please let us know if you have any concerns. We can follow-up with someone with the messaging around the accreditation and answer any other questions.

Best,

Hi Kelsey,

Thanks for the note, the format you previously shared (below) actually works well so making sure to include only true statements as part of this format could work here. Please let us know if this makes sense?

Which of the following statements do you think are true about masks?

- Wear over your mouth only
- Wear in public buildings (grocery/retail stores)
- Wear while riding in vehicles with others
- Wear everywhere outside your home, even if alone
- I don't know

Thank you,  
-Airton

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**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Wednesday, December 16, 2020 at 8:28 PM  
**To:** Airton Tatoug Kamdem (b)(6); Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6); "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6); "Crawford, Carol Y. (CDC/OD/OADC)" (b)(6); "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6)  
**Subject:** RE: RE: Brandlift

Thanks, Airton. Carol informed me that you and her discussed changing the knowledge question based on our internal review feedback. Before we go back to the original answers (all true + I don't know), let me know if your team has any suggestions on a better knowledge question or how to reframe this one.

Thanks,  
Kelsey

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**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Tuesday, December 15, 2020 12:38 PM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6); Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6); Dempsey, Jay H. (CDC/OD/OADC) (b)(6); Crawford, Carol Y. (CDC/OD/OADC) (b)(6); Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Subject:** Re: RE: Brandlift

(b)(4) would just be the total reach, we only poll a couple hundred people.

-A

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**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Tuesday, December 15, 2020 at 12:35 PM

**To:** Airton Tatoug Kamdem (b)(6), Julia Eisman <(b)(6)>  
**Cc:** Michael Sullivan (b)(6), "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)  
"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6), "Averbach, Hallie  
(CDC/DDID/NCIRD/OD) (CTR)" (b)(6)  
**Subject:** RE: RE: Brandlift

Quick question - For (b)(4) would that be (b)(4) people that see the add or (b)(4) people that see the polling questions (with 2.5 M seeing the ad)?

Thanks,  
Kelsey

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**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Tuesday, December 15, 2020 12:06 PM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6), Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6); Dempsey, Jay H. (CDC/OD/OADC) (b)(6), Crawford,  
Carol Y. (CDC/OD/OADC) (b)(6); Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)  
(b)(6) >  
**Subject:** Re: RE: Brandlift

Hi Kelsey,

Ultimately, it would depend on a number of factors around the campaign including creative, placements, optimizations etc but (b)(4) is typically the minimum bound we see for tests like this one. At (b)(4) you can reliably reach at least 4 people over 2/3 weeks, which is sufficient for this test, and with 4 you should be able to reach over (b)(4) people over this same time period. Please let us know if this makes sense.

Best,  
-Airton

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**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Tuesday, December 15, 2020 at 11:18 AM  
**To:** Airton Tatoug Kamdem (b)(6), Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6), "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)  
"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6), "Averbach, Hallie  
(CDC/DDID/NCIRD/OD) (CTR)" (b)(6)  
**Subject:** RE: RE: Brandlift

Thanks, Airton. Could you give me a breakdown of run time and expected reach for (b)(4)  
(b)(4)

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**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Tuesday, December 15, 2020 10:53 AM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6), Julia Eisman <(b)(6)>  
**Cc:** Michael Sullivan (b)(6), Dempsey, Jay H. (CDC/OD/OADC) (b)(6), Crawford,  
Carol Y. (CDC/OD/OADC) (b)(6), Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)

Carol Y. (CDC/OD/OADC) <[cjy1@cdc.gov](mailto:cjy1@cdc.gov)>; Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) <[gck9@cdc.gov](mailto:gck9@cdc.gov)>

**Subject:** Re: RE: Brandlift

Thanks Kelsey,

confirming these are good to go from our end (copied and ranked below for reference) – feel free to take the next steps on your end and we'll wait for your signal to tackle the next parts of planning.

**+Ad Recall:**

Do you recall seeing an ad **about masks** online or on mobile device in the past 2 days?

- Yes
- No
- Not sure

**1)Action Intent:**

How likely are you to **wear a mask when you are out in public**?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- I don't know

**2)Knowledge:**

Which of the following statements do you think are true about **masks**?

- **Wear over your mouth only**
- **Wear in public buildings (grocery/retail stores)**
- **Wear while riding in vehicles with others**
- **Wear everywhere outside your home, even if alone**
- I don't know

**3)Attitude:**

How important is **wearing a mask to prevent the spread of COVID-19**?

- Very important (DR)
- Somewhat important (DR)
- Somewhat unimportant
- Very unimportant
- I don't know

-A

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**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)

**Date:** Thursday, December 10, 2020 at 3:09 PM

**To:** Airton Tatoug Kamdem (b)(6) Julia Eisma (b)(6)

**Cc:** Michael Sullivan (b)(6) "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6)

"Crawford, Carol Y. (CDC/OD/OADC)" (b)(6) "Averbach, Hallie"

This way we are including two false statements other than "I don't know". If you have any suggestions or advice based on how other organizations framed these knowledge statements, please let me know.

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**From:** Schwarz, Kelsey (CDC/OD/OADC)  
**Sent:** Thursday, December 10, 2020 1:27 PM  
**To:** Airton Tatoug Kamdem (b)(6); Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6); Dempsey, Jay H. (CDC/OD/OADC) (b)(6); Crawford, Carol Y. (CDC/OD/OADC) (b)(6); Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Subject:** RE: RE: Brandlift

Ok, we feel that we will better understand any misconceptions people have about masks if we can have a few wrong answers in the mix. Would you pick 5 at random to include for each poll or would we have to narrow it down to the same 5 for all?

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**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Thursday, December 10, 2020 1:19 PM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6); Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6); Dempsey, Jay H. (CDC/OD/OADC) (b)(6); Crawford, Carol Y. (CDC/OD/OADC) (b)(6); Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR) (b)(6)  
**Subject:** Re: RE: Brandlift

Hi Kelsey,

Yes, we're ultimately limited to 5 on these, but if you have additional strong candidates, feel free to throw them in -- never hurts to have options here.

-A

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**From:** "Schwarz, Kelsey (CDC/OD/OADC)" (b)(6)  
**Date:** Thursday, December 10, 2020 at 1:10 PM  
**To:** Airton Tatoug Kamdem (b)(6), Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6), "Dempsey, Jay H. (CDC/OD/OADC)" (b)(6), "Crawford, Carol Y. (CDC/OD/OADC)" (b)(6), "Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)" (b)(6)  
**Subject:** RE: RE: Brandlift

Quick question – Can we only have 5 answers for the knowledge section including "I don't know"?

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**From:** Airton Tatoug Kamdem (b)(6)  
**Sent:** Thursday, December 10, 2020 10:00 AM  
**To:** Schwarz, Kelsey (CDC/OD/OADC) (b)(6); Julia Eisman (b)(6)  
**Cc:** Michael Sullivan (b)(6); Dempsey, Jay H. (CDC/OD/OADC) (b)(6); Crawford, Carol Y. (CDC/OD/OADC) (b)(6); Averbach, Hallie (CDC/DDID/NCIRD/OD) (CTR)