

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Itheme; Priya Gangolly; Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); Chelsey Lepage; Genelle Adrien; Justine Isola; Lindsay Young; Sunita Saligram; Liz Lagone
Cc: Airton Tatoug Kamdem; Nisha Deolalikar; Julia Eisman; Athas Nikolakakos; Stephanie Bousheri; Kate Thornton

- New attendees Intro
- CDC needs/questions
- FB Product updates/feedback request (COVID-HUB)
- COVID-19 Projects- CMU/FB Data Survey Update, Misinfo collab status, other

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[number](#) then enter ID (b)(6) followed by participant passcode (b)(6)

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From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Itheme; Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); Chelsey Lepage; Genelle Adrien; Cariza Arnedo
Cc: Airton Tatoug Kamdem; Julia Eisman; Liz Lagone; Carrie Adams; Kate Thornton; Jorgensen, Cynthia (CDC/DDID/NCIRD/OD)

Standing agenda:

- New attendees Intro
- CDC needs/questions
- FB Product updates/feedback request (COVID-HUB)
- COVID-19 Projects- Misinfor etc

We can use this info instead for our meeting.

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(b)(6)

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(b)(6) US
(b)(6) US (San Jose)

Meeting ID: (b)(6)

Passcode: (b)(6)

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From: Todd O'Boyle
Sent: Fri, 3 Sep 2021 06:57:32 -0700
To: Crawford, Carol Y. (CDC/OD/OADC)
Subject: (b)(6) RE: BOLO: CDC lab alert & misinformation

Thank you for your note - (b)(6) and will respond after I return on Tuesday, September 7.

Obtained by America First Legal through litigation

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Thu, 2 Sep 2021 19:53:27 +0000
To: Todd O'Boyle
Cc: Gordon, Stephanie (CDC/OD/OADC); Jamal, Catherine (CDC/OD/OADC)
Subject: BOLO: CDC lab alert & misinformation
Attachments: LOCS Twitter Examples.docx, Fact_check_for_SM_platforms.docx

Hi Todd –

A quick BOLO for a small but growing area of misinfo. One of our Lab alerts ([CDC 2019-Novel Coronavirus \(2019-nCoV\) Real-Time RT-PCR Diagnostic Panel](#)) was misinterpreted and was shared via social media. The CDC issued a [follow-up Laboratory Alert](#) to provide further clarification and prevent additional confusion but we are still seeing some social media circulation. The CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel did not fail a full review and was not revoked by the FDA. I've attached some example Twitter posts and another document with the facts around the issue.

Let us know if you have any questions!

Thanks!

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs, OADC
CDC

(b)(6)

404-498-2840



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LOCS Twitter Examples

Commonly used links related to these posts:

[Innova Medical Group Recalls Unauthorized SARS-CoV-2 Antigen Rapid Qualitative Test with Risk of False Test Results | FDA](#)

[Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing](#)

  · Jul 23 ...

The FDA announced today that the CDC PCR test for COVID-19 has failed its full review. Its Emergency Use Authorization has been REVOKED. It is a Class I recall. Too many false POSITIVES!
This is the test that started the pandemic. This was the ONLY test in use until May of 2020

Laboratory Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing





Audience: Individuals Performing COVID-19 Testing

Level: Laboratory Alert

After December 31, 2021, CDC will withdraw





 77  646  543 

  Jul 23 ...

The FDA announced today that the CDC PCR test for COVID-19 has failed its full review.

Its Emergency Use Authorization **has** been REVOKED.

People who had a Covid test can reclaim their Payments from Testing Centres and sue them for Fraud.

 110  1.1K  1.9K 

Now the CDC seems to be implying that the PCR test can't differentiate between COVID and the flu. That would explain why we had so few flu cases and deaths from the flu.

6:47 PM · Jul 25, 2021 · Twitter for iPad

251 Retweets 20 Quote Tweets 565 Likes

The FDA announced the CDC PCR test for COVID-19 has failed its review and its EUA has been revoked, too many false positives. This was the ONLY test in use until May of 2020.



Retweet icon 2 Retweet icon 12 Retweet icon 12 Retweet icon 12

Jul 27

Replying to [redacted]

FDA Announced yesterday the **CDC PCR test** for Covid 19 **has failed** full **review!!**

Stop **the** genocide!! Cases are irrelevant now!! Just an agenda!!

Reply icon 1

Retweet icon

Like icon 12

Share icon


What a shocker! 😱

FDA announced that the CDC PCR test for COVID-19 has failed its full review.

Its EUA has been REVOKED. It is a Class I recall. The most serious type of recall.

Which created CASES. Was the BASE for this pandemic. All lies.

cdc.gov/csels/dls/locs...



Audience: Individuals Performing COVID-19 Testing
Level: Laboratory Alert

After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR

Jul 22

PCR test to be withdrawn - not fit for purpose !

The FDA announced today that the CDC PCR test for COVID-19 has failed its full review.

Its Emergency Use Authorization has been REVOKED.

It is a Class I recall. The most serious type of recall.

Too many false POSITIVES!

[Show this thread](#)

Laboratory Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing



Audience: Individuals Performing COVID-19 Testing
Level: Laboratory Alert

· Jul 24



The FDA announced today that **the CDC PCR test** for COVID-19 **has failed** its full **review**. Emergency Use Authorization **has** been REVOKED. It is a Class I recall. **The** most serious type of recall. All measurements based on PCR Testing should come to an end.

cdc.gov/csels/dls/locs...

 18

 236

 291



Obtained by America First Legal through litigation

Situation:

- On July 21, 2021, the CDC Laboratory Outreach Communication System (LOCS) issued a [Laboratory Alert](#) to clinical laboratory professionals about CDC's decision to retire the use of the [CDC 2019-Novel Coronavirus \(2019-nCoV\) Real-Time RT-PCR Diagnostic Panel](#) after December 31, 2021.
- LOCS messages are designed for clinical laboratory professionals and individuals who perform COVID-19 testing; however, this message received significant media and public interest.
- The content of the message was misinterpreted and was shared via social media.
- As of August 31, 2021, the online version of this message has received **2,320,171** views.
- On August 2, 2021, CDC issued a [follow-up Laboratory Alert](#) to provide further clarification and prevent additional confusion.

Facts:

- CDC is retiring the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel because the U.S. Food and Drug Administration (FDA) has authorized hundreds of other SARS-CoV-2 diagnostic tests, many of which are now higher throughput or can test for more than one illness at a time. At the time CDC deployed the 2019-nCoV Real-Time RT-PCR Diagnostic Panel, there were no other FDA-authorized methods available within the United States.
- The CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel did **not** fail a full review and was **not** revoked by the FDA.
- There are no performance concerns with this test. The CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel is a highly accurate test. It has been used to successfully detect SARS-CoV-2 since February 2020.
- The retirement of the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time PCR Diagnostic Panel does **not** mean that the previous results from this test are invalid. Results from this test are reliable, valid, and specific to SARS-CoV-2.
- The discontinuation of Emergency Use Authorization (EUA) **only** applies to the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel test. It does **not** affect any other SARS-CoV-2 test that has received EUA from FDA.
- The CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel was specifically designed to **only** detect SARS-CoV-2 viral genetic material. It does **not** detect influenza or differentiate between influenza and SARS-CoV-2 and was not designed to do so. The presence of influenza viral genetic material within a specimen will **not** cause a false positive result.

- There are other multianalyte tests available, including the CDC Influenza SARS-CoV-2 Multiplex Assay, that can simultaneously detect and differentiate Influenza A, Influenza B, and SARS-CoV-2.
- The CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel does ***not*** confuse influenza with SARS-CoV-2. It is a highly accurate test that detects the presence or absence of SARS-CoV-2 viral genetic material within a patient specimen.
- RT-PCR-based tests are valid for the detection of SARS-CoV-2. RT-PCR tests are one type of laboratory-based [nucleic acid amplification test](#) (NAAT), which continue to be the “gold standard” of diagnostic testing for COVID-19. Many diagnostic tests for SARS-CoV-2 that have received EUA from FDA use RT-PCR-based tests, including both the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel and the CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay.
- CDC encourages public health laboratories to adopt the CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay for the simultaneous surveillance testing of both SARS-CoV-2 and influenza. The test specifies whether a patient specimen is positive for SARS-CoV-2, influenza, or both. Clinical laboratories that use a SARS-CoV-2 diagnostic test based on the CDC EUA of February 2020 should [visit the FDA website](#) for a list of authorized COVID-19 diagnostic molecular methods.
- Because there are no performance concerns with the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, laboratories and testing sites may continue to use this test until it is retired at the end of December 2021. CDC is making this announcement now to give laboratories and testing sites time to select and shift to one of the many other FDA-authorized tests.

Refer to the [follow-up Laboratory Alert](#) for additional information.

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Tue, 30 Mar 2021 21:26:47 +0000
To: Stanley Onyimba; Jan Antonaros
Cc: Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: CDC COVID-19 State of Vaccine Confidence Insights Report
Attachments: SoVC_report4_3.29.21.pdf

Jessica Kolis who was on our call today pointed out that this confidence report may also be of interest to Google/YouTube, so passing it on. I have copied Jessica if you have any questions.

Thanks for the meeting today!

Obtained by America First Legal through litigation

COVID-19 State of Vaccine Confidence Insights Report

Report 4 | March 29, 2021 | Date Range: March 2 – 15, 2021



Summary

Findings. Following President Biden’s announcement that there will be enough vaccine for every adult by the end of May, many people express a renewed sense of hope and optimism. However, the idea that “hesitancy” is used as an excuse to explain low vaccination rates among communities of color, rather than confronting long-held equity and access issues, is being increasingly highlighted. As a result, structural issues are often being met with individual-level interventions and solutions. Misinformation on social media continues to undermine vaccine confidence; current tactics by tech companies to manage misinformation often do little to combat its spread or address consumer concerns. Recent data suggest that those who do not intend to get vaccinated are also less likely to adhere to safety and mitigation guidelines, further polarizing the fully vaccinated from unvaccinated groups. In addition to vaccination status, conversations about “vaccine passports” are contributing to divisions between these groups. New studies with COVID-19 survivors investigating their immune response to one dose of the current two-dose vaccines raised consumer confusion about whether partial vaccination offers protection against the virus that causes COVID-19.

Recommendations. Federal, state, and local partners should continue to work together to increase transparency, respond to gaps in information, and confront misinformation with evidence-based messaging. The goal of these efforts is to increase confidence in COVID-19 vaccines and expand vaccine uptake more broadly. Efforts should be made to engage and deploy trusted messengers who connect with under-vaccinated groups; investigate community-specific factors contributing to low vaccine uptake; and slow the spread of misinformation while promoting trustworthy sources.



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- 4 Current tactics for addressing misinformation online are insufficient.
- 5 People who are fully vaccinated are more likely to continue to adhere to COVID-19 safety guidance.
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- 7 Continuing and Evolving Themes
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**Centers for Disease Control & Prevention,
COVID-19 Response, Vaccine Task Force
Vaccine Confidence Team, Insights Unit**







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

Aims and Methods

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

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

Theme Classification

How do you classify this theme/information?		
High risk	Moderate risk	Low risk
 <ul style="list-style-type: none"> May lead to vaccine refusals and decreased uptake Wide reach, pervasive 	 <ul style="list-style-type: none"> Potential to trigger hesitancy to vaccinate Moderate reach, modest dissemination 	 <ul style="list-style-type: none"> Concerning, but low risk to vaccine confidence Limited reach, limited dissemination
How has this theme/idea changed over time (since last report or over the course of multiple reports)?		
 <p>Increasing Information spreading rapidly</p>	 <p>Stable Information remaining constant at prior level</p>	 <p>Decreasing Information is not gaining further traction and there has been no indication of additional activity</p>

Major Themes



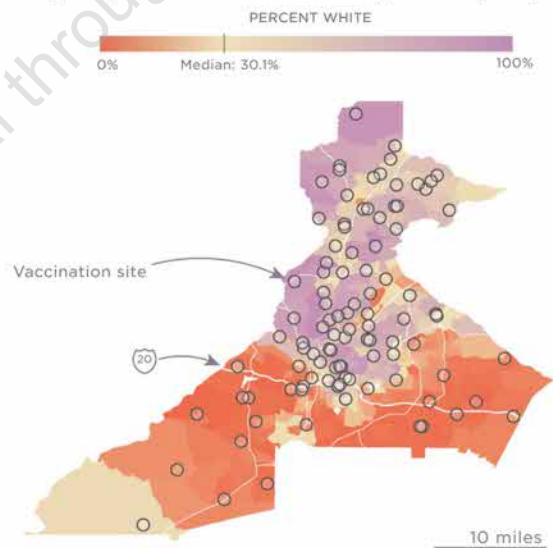
Vaccine hesitancy concerns are disguising structural and practical barriers.

Although COVID-19 vaccine supplies have increased and states have dramatically expanded eligibility criteria, data indicate that vaccination rates for Black people have not caught up to those of White people. In some states, White people are vaccinated at two to three times the rate of Black people.² Although early polling data reported that Black people were more likely to be vaccine-hesitant, it may be that one year later, vaccine access is a greater threat to vaccine uptake or at least a sizable additional threat.^{3,4} Increasingly, web traffic, social media, and news headlines emphasize that “hesitancy” is used as an excuse to justify low vaccination rates, as a way to avoid confronting long-standing health system-level equity and access issues. Vaccination sites are less common in Black communities and Black Americans face longer driving distances to vaccination sites than their White counterparts.^{5,6} People from White neighborhoods often claim an a larger share of vaccination appointments in Black and Hispanic neighborhoods; in addition, appointment access codes have been misused by people for whom they were not intended.⁷ Lack of internet access and technology also remain a threat to vaccination coverage. Nearly half of all people in the United States without home internet access are people of color, which is especially notable because the majority of appointment-booking systems are online.⁸ Because Black people are overrepresented in frontline and essential jobs, difficulty taking time off work is another compounding problem.^{9,10}

Adults over 65 years, non-U.S.-born people, and people living in rural areas face similar challenges. Deep concerns around infrastructure inequalities and underinvestment have driven some communities to provide access in innovative ways, such as using Meals on Wheels¹¹ to deliver vaccines to homebound older adults, and use of alternative facilities where people might feel comfortable and trust, such as public libraries, community centers, and faith-based organizations.¹² Pop-up clinics and walk-in vaccination clinics that do not require appointments are also used to combat transportation and technology challenges.^{13,14}

“The vaccine rates are low not because people don’t want the vaccine, but because those who want it can’t get it,” said Robert Fullilove, a professor of sociomedical sciences at the Columbia University Medical Center.¹

Vaccination sites concentrated in majority-White communities (Atlanta, GA)



Source: <https://www.npr.org/2021/02/05/962946721/across-the-south-covid-19-vaccine-sites-missing-from-black-and-hispanic-neighbor>

Short-term recommendations:

- Partner with states and jurisdictions to identify the many factors contributing to low vaccine uptake, including vaccine confidence and structural and practical barriers, among others. Conduct a [rapid community assessment](#) to identify intervention strategies to increase uptake and identify community leaders and trusted messengers to reach communities.
- Clearly explain the rationale underlying which vaccination sites were chosen and how people can access them. States and jurisdictions should partner with local, trusted messengers to better understand specific barriers and develop updated messages accordingly.

Long-term recommendation:

- Invest in research to understand the long-term structural issues and equity concerns impacting underlying vaccination coverage and vaccine access.
- Build case studies to explore the role of alternative vaccination systems, such as mobile vaccination units and other emerging innovations and practices, and their contribution to higher uptake and confidence in COVID-19 vaccines and the adult immunization system.



Current tactics for addressing misinformation online are insufficient.

Combating misinformation on social media platforms continues to be challenging, and tactics to manage misinformation vary across platforms. Some platforms are adding “strike” systems and attaching warning labels to messages,¹⁵ while others are turning off systems to flag anti-vaccine messages.¹⁶ However, many consumers have found ways to evade such measures by using syntax tricks, avoiding the word “vaccine” in their messages, and leveraging “wellness” influencers to share “soft” anti-vaccine messages.¹⁷ Current tactics to combat the spread of misinformation do little to provide people who have genuine concerns and information needs about COVID-19 vaccines with credible sources of information from reliable, evidence-based, and trustworthy sources.¹⁸

In the absence of a national strategy to combat misinformation and disinformation, advocacy organizations and jurisdictions are rising to the challenge. Organizations are leveraging existing health outreach programs and deploying their networks of trusted messengers to address misinformation offline. An example is the Health In-Reach and Research Initiative (HAIR), which is using a network of barbershops and beauty salons to debunk misinformation within the Black community in Maryland.¹⁹ As one of the most trusted sources of healthcare information, healthcare providers are using their status to address misinformation online and promote vaccination to their communities and social media followers. With grassroots campaigns like #ThisIsOurShot²⁰ and #Vaccinate4Love,²¹ providers seek to amplify messages aimed at increasing confidence in COVID-19 vaccines, while quickly and credibly debunking vaccine misinformation and disinformation.

Short-term recommendation:

- Partner with trusted messengers to deploy hyper-targeted messages for various demographics and social groups about vaccine confidence and address information gaps specific to their communities. Messages should be authentic, and accompanying content and assets should be carefully considered based on target audience, platform, and messenger. Offer ways for people to ask questions and get answers from trusted sources, especially healthcare providers.

Long-term recommendations:

- Work with technology companies to slow the spread of misinformation while also amplifying and promoting credible, evidence-based information and trustworthy sources. Supported by research, use what is known about trusted sources of information to ensure audiences are receiving promotional content from sources they personally trust and already look to for credible advice and information.
- Continue to partner with technology companies and researchers to better understand the interplay of digital media with vaccine confidence, including the consequences of exposure to misinformation, the pathways of misinformation and how it spreads within and across platforms, the role of influencers, and how misinformation impacts health-seeking behavior.
- Develop a network and community of practice for subject matter experts, federal partners, advocacy organizations, institutions of higher education, and states and jurisdictions focused on addressing the COVID-19 infodemic and future health infodemics in the United States.

How anti-vax rhetoric sneaks past Instagram’s content moderation system

Despite supposed efforts to limit the spread of misinformation, social media is still a fount of anti-vax content

By NICOLE KABILIS MARCH 18, 2021 12:44AM UTC





People who are fully vaccinated are more likely to continue to adhere to COVID-19 safety guidance.

Following CDC’s release of [recommendations for fully vaccinated people](#), online conversations increased about continued adherence to COVID-19 safety guidance. Some consumers expressed disapproval, saying they don’t need permission to return to normal and will gather with friends or family regardless of their vaccination status.^{22,23} This opposition was validated by recent polls, which found that people who report they will not get vaccinated were more likely to report never or rarely wearing masks in public and that their immune system is strong enough to manage COVID-19 if they were to get sick.^{i,24} Fully vaccinated people, on the other hand, were more likely to continue wearing masks and limit the size of gatherings.²⁵ [Additionally, people who report that they would get vaccinated expressed more fear of COVID-19 illness, compared to those who would likely not get vaccinated.ⁱ](#)

Such division within the U.S. population is not new—polls continue to indicate that consumers who identify as conservatives are less likely to get vaccinated, with one poll indicating that the proportion of those who do not plan to be vaccinated remains steady despite overall intent to be vaccinated increasing nationally as the number of people wanting to “wait and see” decreases.^{26,27} Engaging trusted messengers, such as primary care providers and community leaders, to reach these consumers will be essential not only to increase vaccine confidence,²⁸ but also to uphold COVID-19 mitigation and safety measures, especially as states are relaxing mitigation measures and mask mandates.²⁹

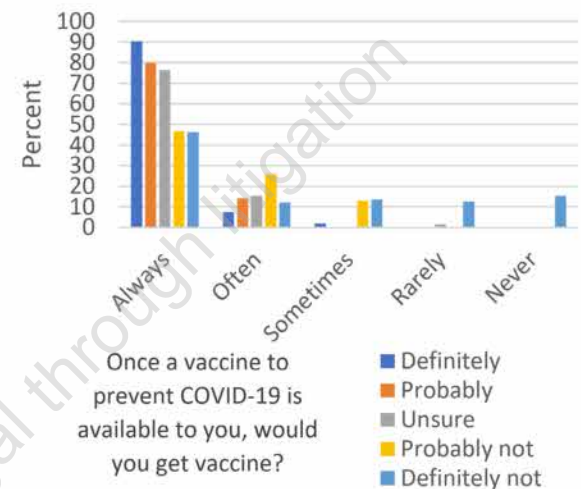
Short-term recommendations:

- Continue to engage and deploy trusted messengers to promote messages about the benefits of COVID-19 vaccination. Specifically highlight the benefits of vaccination over natural immunity and how vaccination allows people to avoid the potential “long COVID” health effects of natural infection.
- Develop specific messages and tools for healthcare providers to use in discussing the benefits of vaccination and the importance of COVID-19 mitigation measures with patients who are uncertain about or leaning toward not getting vaccinated.

Long-term recommendations:

- Bolster research to better understand vaccine motivations within diverse demographics and across a range of political leanings. Include rapid message testing, visual testing, and channel/platform questions to plan optimal online placement of messages to help agencies, partners, and trusted messengers achieve vaccine confidence and increase vaccine uptake.

Over the past week, how often have you worn a mask when in public?



Source: Unpublished data. For methods and previous Omnibus data, please see Nguyen KH, Srivastav A, Razzaghi H, et al. COVID-19 Vaccination Intent, Perceptions, and Reasons for Not Vaccinating Among Groups Prioritized for Early Vaccination — United States, September and December 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:217–222. DOI: <http://dx.doi.org/10.15585/mmwr.mm7006e3>

i Unpublished data. For methods and previous Omnibus data, please see Nguyen KH, Srivastav A, Razzaghi H, et al. COVID-19 Vaccination Intent, Perceptions, and Reasons for Not Vaccinating Among Groups Prioritized for Early Vaccination — United States, September and December 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:217–222. DOI: <http://dx.doi.org/10.15585/mmwr.mm7006e3>

Emerging Themes



Vaccine status and “vaccine passports” are contributing to division and polarization.

As [practical issues](#) with vaccination continue, especially for communities of color and other medically underserved populations, online conversations point to vaccination status and access to specific brands of vaccine as new ways to segment and divide the population.³⁰ Discussions of “vaccine passports” or “green passes” in the media have further exacerbated concerns of “immune-privilege,” with some consumers pointing out the potential of these strategies to further marginalize communities that encounter structural and practical barriers to vaccination.^{31,32} The travel and hospitality industry is perceived as encouraging the concept of vaccine passports in an effort to reassure consumers, boost pandemic-depressed travel bookings, and curb global quarantine requirements.³³ However, some feel that a passport would enable those who are fully vaccinated to do things that the unvaccinated cannot,³⁴ contributing to increased polarization within the population. At the same time, others believe that vaccine passports and postvaccination guidance are infringing on their liberties and rights and are equivalent to government-issued mandates.³⁵



Short-term recommendations:

- Continue to promote messages about current travel guidance; highlight that requiring proof of vaccination status is not currently a part of any travel or safety recommendations.
- Partner with states and jurisdictions and private industry to communicate clearly and often about interstate and international travel requirements.

Long-term recommendation:

- Investigate the intersection of vaccination coverage and the spread of virus across multiple modes of travel to inform whether “vaccine passports” have utility for interrupting viral transmission on a global scale. Additionally, evaluate the spread of virus variants to better understand the extent to which variants might blunt the effect of vaccines—meaning even vaccinated people can get sick. Communicate findings to the public.



Newly released data create confusion about whether partial vaccination offers protection against the virus that causes COVID-19.

New studies investigating the immune response after a single dose of mRNA vaccines (Pfizer-BioNTech and Moderna) indicate that for those who have previously been infected with SARS-CoV-2, a single dose may provide adequate protection against the virus that causes COVID-19.^{36,37} At the same time, consumers report struggling to complete their two-dose series within the recommended time interval due to appointment administration issues, weather events, or general time constraints.^{ii,iii} The public is confused about the extent to which the second mRNA vaccine dose is important for vaccine effectiveness or offers additional protection from virus variants, and how partial vaccination affects population immunity.

Short-term recommendations:

- Deliver clear and transparent messages around the need for the second dose of mRNA vaccines and implications for vaccine efficacy; clearly communicate what is known and not known about partial vaccination.
- Ensure that vaccine administration systems and in-clinic logistics support scheduling a second dose appointment easily and/or automatically. Partner with vaccination providers to ensure that second dose appointments are scheduled during the patient waiting period or when first dose appointments are scheduled.

ii Social Listening Team. *COVID-19 Interagency Social Listening Report*. Washington, DC, Federal Emergency Management Agency; March 4, 2021.

iii Social Listening Team. *COVID-19 Interagency Social Listening Report*. Washington, DC, Federal Emergency Management Agency; February 10, 2021.

Continuing and Evolving Themes

Themes below have been noted in Reports 1, 2, and 3 and continue to undermine vaccine confidence. For additional context and previous recommendations on these themes see *Insights Report 1* (February 12, 2021)^{iv}, *Insights Report 2* (March 1, 2021),^v and *Insights Report 3* (March 15, 2021).^{vi}

▪ **Adverse events and side effects.** Conversations about vaccine safety increased during this report period, with top headlines focused on the pause in the use of AstraZeneca COVID-19 vaccine abroad due to concerns about reported blood clots,³⁸ newly reported deaths following vaccination,^{39,40} and concerns about mRNA vaccines causing tumor growth.⁴¹ While none of these adverse events are directly linked to vaccination, and despite the number of people who have been vaccinated with mostly common side effects, vocal vaccine deniers continue to leverage these stories to stoke fears that the vaccines are unsafe. *New recommendations:*

- Continue to promote messages about the safety and benefits of COVID-19 vaccination, the rigors of FDA authorization, and long-established safety systems used to monitor adverse events and negative side effects.
- Be prepared for questions about how the U.S. vaccine monitoring systems compare to those of other countries—specifically, how causality is assessed and how recommendations are made—which may be prompted by potentially discordant conclusions reached or recommendations made by other health systems in assessing vaccine safety signals.

▪ **Vaccine brand preference.** Consumers continue to seek out specific brands of COVID-19 vaccine and are cancelling vaccination appointments to wait for the brand or dosing schedule they prefer, with increased demand for Johnson & Johnson’s Janssen COVID-19 vaccine.⁴² Current systems, including VaccineFinder, allow consumers to search for vaccination appointments by brand, despite CDC messaging focused on getting the first vaccine offered and available. *New recommendations:*

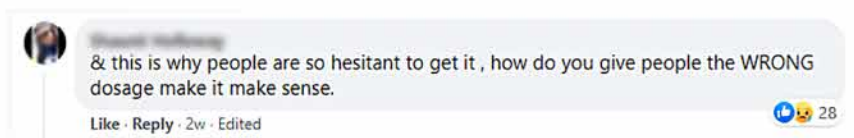
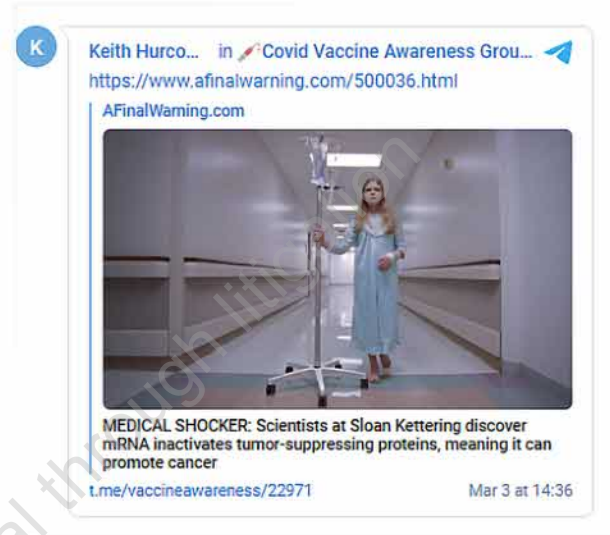
- Review current vaccine administration systems to better align vaccine brand availability with CDC messages stating no preference between the three authorized vaccines.^{43,44}
- Continue to promote messages that all three vaccines are safe and effective. Create messages and develop guidance for consumers emphasizing that whichever vaccine you are offered is the one you should accept and receive.

▪ **Prioritization and eligibility.** As states expand eligibility criteria, some consumers report feeling guilt about their ability to get vaccinated because of inequities that exist⁴⁵ or because they feel like their personal comorbidity is being broadcast and stigmatized.⁴⁶

▪ **Pregnancy and fertility.** New studies have found COVID-19 antibodies in breastmilk after vaccination, which may increase confidence in vaccines for new parents hoping to protect their babies.⁴⁷ However, a report found that surrogacy agencies are receiving calls from clients requesting that surrogates be unvaccinated.⁴⁸

▪ **Vaccine administration errors.** Reports of vaccine administration errors in the news media, such as incorrect dosages⁴⁹ and vaccines administered with empty syringes,⁵⁰ could lead to reduced confidence in COVID-19 vaccines. *New recommendations:*

- Promote vaccination trainings and tools for current and proposed future vaccinators to ensure proper vaccine storage, handling, and administration.
- Continue to highlight vaccination coverage numbers and low numbers of safety and administration issues.



iv Insights Unit, Vaccinate with Confidence Team. *State of vaccine confidence report: Report 1*. Atlanta, GA: Vaccine Task Force, Centers for Disease Control and Prevention; 2021.

v Insights Unit, Vaccinate with Confidence Team. *State of vaccine confidence report: Report 2*. Atlanta, GA: Vaccine Task Force, Centers for Disease Control and Prevention; 2021.

vi Insights Unit, Vaccinate with Confidence Team. *State of vaccine confidence report: Report 3*. Atlanta, GA: Vaccine Task Force, Centers for Disease Control and Prevention; 2021.

Appendix: Inputs and Sources

Type	Input	Cadence	Sources	Tactics for Utilization
Mixed Methods	Communication Surveillance Report	Daily, weekdays	<ul style="list-style-type: none"> Google news Meltwater CrowdTangle Native platform searches 	<ul style="list-style-type: none"> Share of voice topic analysis to identify themes Emerging topics
	Tanaq Social Listening +Media Monitoring Report	Weekly	<ul style="list-style-type: none"> Meltwater Muck Rack Sprout Social First Draft Stronger Native platform searches 	<ul style="list-style-type: none"> Trending topics Demographic and geographic conversation monitoring
	Meltwater	Daily	<ul style="list-style-type: none"> Facebook, Twitter, Instagram Blogs News media Online forums 	<ul style="list-style-type: none"> Share of voice topic analysis Emerging theme topics Identify high reach/velocity topics
Social Media Listening	OADC Channel COVID-19 Post metrics	Weekly	<ul style="list-style-type: none"> Sprout Social Native OADC account analytics 	<ul style="list-style-type: none"> Analyze # of posts, topics Success of messages, # of impressions, reach, # of engagements
	OADC Channel Comment Analysis	Daily, weekdays	<ul style="list-style-type: none"> Native platform searches 	<ul style="list-style-type: none"> Sentiment analysis Identify message gaps/voids
	CrowdTangle content insights report	Biweekly	<ul style="list-style-type: none"> Facebook 	<ul style="list-style-type: none"> Top pages (voices), groups General trends/sentiment analysis News analysis through posts
	FEMA Social Listening Report	Daily	<ul style="list-style-type: none"> Hootsuite Brandwatch CrowdTangle Meltwater 	<ul style="list-style-type: none"> Trends/sentiment analysis National and global news analysis
Direct Reports	CDC-INFO Metrics	Weekly, Mondays	<ul style="list-style-type: none"> CDC-INFO inquiry line list Prepared response (PR) usage report 	<ul style="list-style-type: none"> Cross-compare PR usage with inquiry theme analysis Sentiment analysis Identify information gaps/voids
	VTF Media Requests	Weekly, Mondays	<ul style="list-style-type: none"> Media request line list 	<ul style="list-style-type: none"> Leading indicator for news coverage Identify information gaps/voids
	Web Metrics	Weekly, Wednesdays	<ul style="list-style-type: none"> Top pages Google search queries Top FAQs Referring domains 	<ul style="list-style-type: none"> Identify information gaps/voids, identify keywords/search terms, changes in web traffic
Research	Poll Review	Weekly, Mondays	<ul style="list-style-type: none"> Harris Poll, PEW research, Gallup Poll, KFF New data related to vaccine hesitancy 	<ul style="list-style-type: none"> Identify socio-behavior indicators related to motivation and intention to vaccinate
	Literature Review	Weekly, Mondays	<ul style="list-style-type: none"> PubMed, LitCovid, ProQuest Central New data related to vaccine hesitancy 	<ul style="list-style-type: none"> Identify current vaccination intention Identify barriers to vaccination

Obtained by Americans First Legal through litigation

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Mon, 10 May 2021 16:42:50 +0000
To: Stanley Onyimba; Jan Antonaros
Subject: COVID BOLO meetings on misinformation

We would like to establish COVID BOLO meetings on misinformation and invite all platforms to join the meetings. We are aiming for our first one on Friday at noon. We have heard through the grapevine that (b)(6) would want to join. Are there other POCs on your end I should include on the invite?

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From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Mon, 10 May 2021 16:44:41 +0000
To: Payton Ihome; Genelle Adrien
Subject: COVID BOLO Misinformation meetings

We would like to establish COVID BOLO meetings on misinformation and invite all platforms to join the meetings. We are aiming for our first one on Friday at noon. I know you were considering possible process on your end, but we wanted start here just as interim first step. Are there direct POCs on your end I should include on the invite? Happy to chat if better.

THANKS!

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From: Claire Wardle (via Google Docs)
Sent: Tue, 24 Aug 2021 17:58:55 +0000
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: Document shared with you: "Vaccine misinformation resources"

(b)(6)@gmail.com shared a document

 (b)(6)@gmail.com has invited you to **edit** the following document:

Here is a starting point for the resource list we talked about.
Please add anything we've missed.

 Vaccine misinformation resources

[Open](#)

Google LLC, 1600 Amphitheatre Parkway, Mountain View, CA 94043, USA
You have received this email because (b)(6)@gmail.com shared a document with you from Google Docs.

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From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Fri, 28 May 2021 17:19:35 +0000
To: Crawford, Carol Y. (CDC/OD/OADC)
Bcc: (b)(6); Payton Iheme; Carrie Adams; Sam Huxley; Christopher Thomas
Lewitzke (CENSUS/ADCOM CTR; Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC);
(b)(6) (b)(6) Todd O'Boyle; Jan Antonaros; Aspinwall, Brooke
(CDC/DDID/NCIRD/OD)
Subject: Follow up info from BOLO meeting on 5/28
Attachments: CDCboloslides528.pdf

Thank you for those that were able to attend today. Here are the slides. Please do not share outside your trust and safety teams.

Let us know if you have any questions. Thank you.

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs
OADC
CDC
(b)(6)
404-498-2840

Obtained by America First Legal through litigation

COVID Vaccine Misinformation: Hot Topics

May 28, 2021



Obtained by America First Legal through litigation

Agenda



Introduction



Hot Topics

1. SM-102 Vaccine Ingredient Safety
2. Magnetism Rumor
3. Vaccine Male Infertility/Fertility Issues Rumor



LOGISTICS

Next Meeting Date:

- To be announced

Point of Contact:

- Want a follow-up meeting to discuss information presented? Contact **Carol Crawford**

(b)(6)



ADVISORY

Misinformation has been identified about the safety of COVID-19 vaccine ingredients.

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misinformation that the Moderna vaccine is unsafe due to the ingredient SM-102.

When	May 2021
Where	Digital Platform(s): All.
Status	Following the publication of a Moderna COVID-19 fact sheet, there have been false claims that the vaccine ingredient SM-102 listed is poisonous and unsafe for humans.
Potential Impact	Reduced vaccine acceptance.
The Facts	The manufacturing process and controls have been well characterized and qualified. The analytical procedures developed and used for the release and stability monitoring of mRNA 1273 Drug Substance (DS) and Drug Product (DP) include tests to ensure vaccine safety, identity, purity, quality, and potency.



Example post

BREAKING: Moderna COVID Vaccine Found to Contain a DEADLY POISON "SM-102 – Not for Human or Veterinary Use, Acutely Toxic, Fatal in Contact with Skin, Carcinogenic, Causes Infertility, Causes Nerve, Liver, Kidney Damage" – The EveryDay Concerned Citizen



Example post

Associated Link(s) and Hashtag(s)

- [Fact check story](#)
- [Example Post](#)
- [Example Post](#)
- [FDA Emergency Use Authorization](#)



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ADVISORY

Misinformation has been identified about the COVID-19 vaccine ingredients and related side effects.

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misleading or false information that vaccine ingredients cause vaccinated individuals to become magnetic.

When	May 2021
Where	Digital Platform(s): All.
Status	Videos shared widely on social media platforms claim to show individuals becoming “magnetic” after receiving the vaccine, further fueling the false claim that vaccines contain microchips.
Potential Impact	Reduced vaccine acceptance.
The Facts	COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the FDA’s rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization.

#magnetgate
I've seen many videos now about this. Is this bigger than we think?

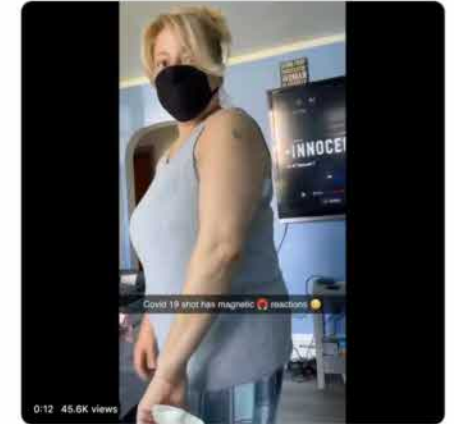


THE MAGNETISM FROM THE VACCINE REPORTEDLY SPREADS THROUGHOUT THE BODY OVER TIME.

As the self-reproducing nano particles gradually take over. And metal objects as well as magnets will also stick to you. Here in Spain.



Guys WTF is this?



Example posts

Associated Link(s) and Hashtag(s)

- [Fact check story](#)
- [Example post](#)
- [Example post](#)
- [What are the ingredients in COVID-19 vaccines?](#)
- Hashtag: #magnetgate #VaccineMagnetChallenge



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ADVISORY

A rumor has been identified regarding COVID-19 vaccines effects on male fertility.

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misinformation that vaccines cause infertility or other fertility-related issues in men.

When	April 2021 – Present
Where	Digital Platform(s): All.
Status	Recently, social media posts have falsely speculated that men should not have unprotected sex after receiving the Pfizer COVID-19 vaccine, as the “spike protein” from the virus could allegedly damage the individual’s sperm or cause infertility.
Potential Impact	Vaccine hesitancy and reduced vaccine acceptance.
The Facts	COVID-19 vaccines are safe and effective. Millions of people in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.

Absolute LIES. Women aren't ovulating, even fertility clinics are reporting embryos are not growing properly and sperm counts of vaccinated men have dropped right down. Women are experiencing the most painful periods of their life, even women who are in their 70s and 80s have started bleeding again. How dare you say its safe without actually knowing!

She also pointed out that “there is a credible reason to believe that the Covid vaccines will cross-react with the syncytin and reproductive proteins in sperm, ova, and placenta, leading to impaired fertility and impaired reproductive and gestational outcomes,” and that there are enough pregnancy losses reported thus far to warrant stopping the vaccines.

“There have been disturbing reports, ..of increased miscarriages following vaccination. I’m concerned about ... the potential of male infertility which could be permanent. ... it’s merely appropriate caution given the scientific literature.”



Example posts

Associated Link(s) and Hashtag(s)

- [Fact check story](#)
- [Example post](#)
- [Example post](#)
- [Example post](#)
- [Safety of COVID-19 Vaccines](#)



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Contact Information

Carol Crawford

Digital Media Branch Chief, Division of Public Affairs
Centers for Disease Control and Prevention (CDC)

O: 404-498-2480 | M:

(b)(6)

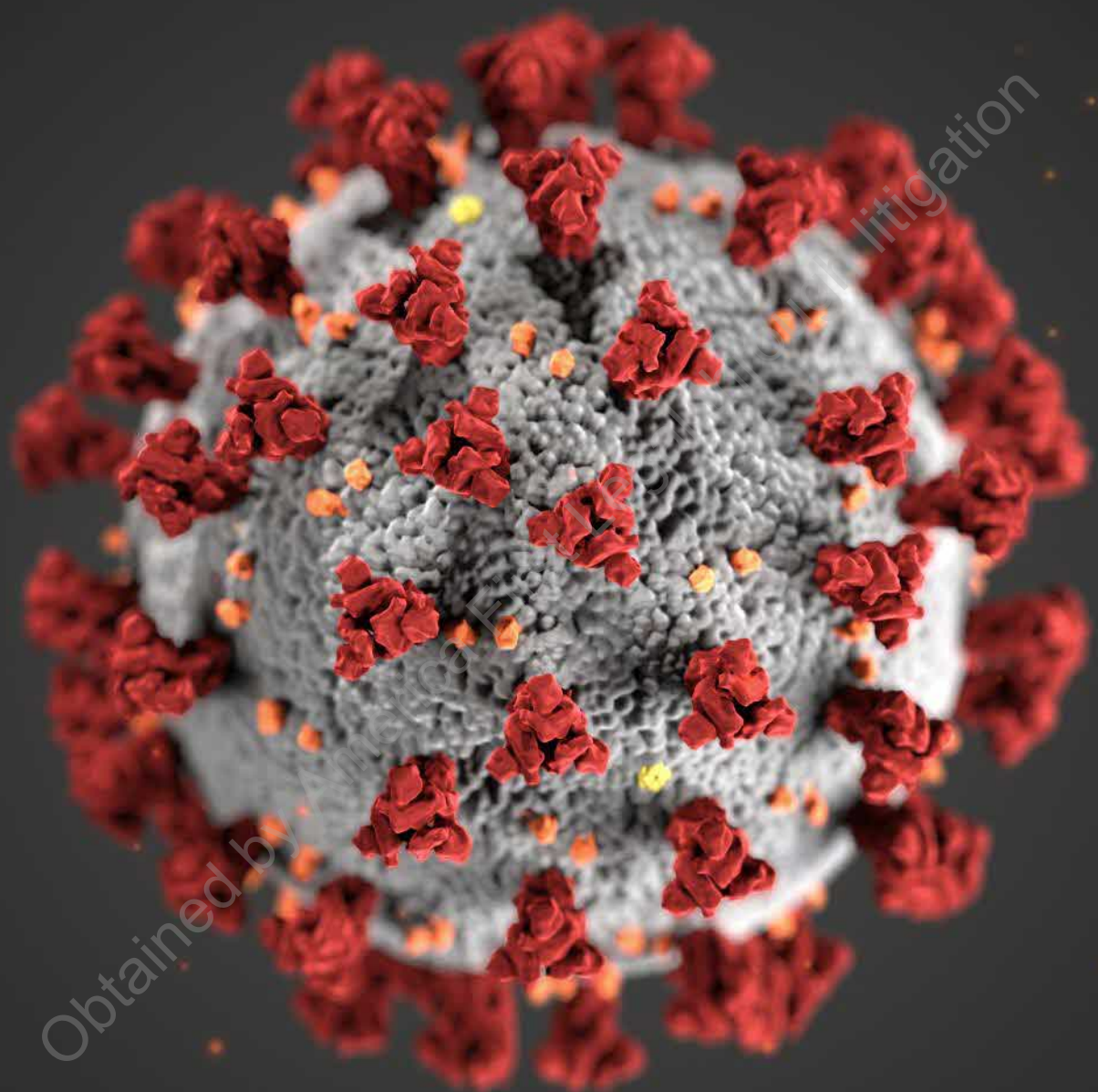
(b)(6)

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litigation

Obtained by [www.foia.com](#)

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Fri, 14 May 2021 16:34:21 +0000
To: Crawford, Carol Y. (CDC/OD/OADC)
Cc: (b)(6) Payton Iheme; Carrie Adams; Sam Huxley; Christopher Thomas Lewitzke (CENSUS/ADCOM CTR); Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Caroline.M (b)(6); (b)(6) Todd O'Boyle; Jan Antonaros
Subject: Follow up info from BOLO meeting
Attachments: CDC Working Group Meeting_20210514_vF.pdf

Thank you for attending. Here are the slides. Also, as mentioned on the call, any contextual information that can be added to posts about VAERS could be very effective in education the public about what VAERS is. CDC.gov includes authoritative information about VAERS, such as the following taken from [this page](#): *“VAERS accepts reports from anyone, including patients, family members, healthcare providers and vaccine manufacturers. VAERS is not designed to determine if a vaccine caused or contributed to an adverse event. A report to VAERS does not mean the vaccine caused the event.”*

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs
OADC
(b)(6)
404-498-2840

Obtained by America First Legal through Freedom of Information

COVID Vaccine Misinformation: Hot Topics

May 14, 2021



Obtained by America First Legal through litigation

Agenda



Introduction



Hot Topics

1. Vaccine Shedding Rumor
2. Falsified VAERS Report
3. Potentially Misleading VAERS Posts
4. Depopulation/Bioweapon Conspiracy Theories
5. Expanded Emergency Use Authorization



LOGISTICS

Next Meeting Date:

- To be announced

Point of Contact:

- Want a follow-up meeting to discuss information presented? Contact **Carol Crawford**

(b)(6)



ADVISORY

Misinformation has been identified about COVID-19 vaccine safety.

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misinformation that COVID-19 vaccines cause “shedding.”

When	April 2021 – Present
Where	Digital Platform(s): All.
Status	False claims that COVID-19 vaccine shedding can cause adverse effects in people who are near recently-vaccinated people have been spreading on social media.
Potential Impact	Reduced vaccine acceptance and harmful policies from real-world institutions.
The Facts	Individuals who have received a COVID-19 vaccine cannot shed or release any of the vaccine components. In addition, none of the vaccines authorized for use in the United States contain a live virus so it is not possible to shed it.



Example post



Example post

Associated Link(s) and Hashtag(s)

- [Myths and Facts about COVID-19 Vaccines](#)
- [Fact check article](#)
- [Example post](#)
- [Example post](#)
- Hashtag: #stoptheshed



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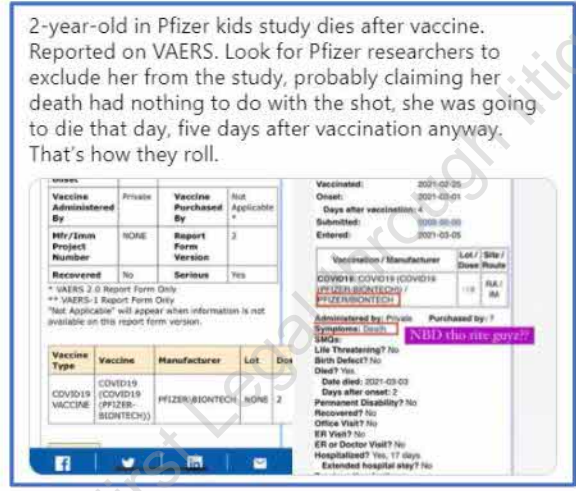
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ADVISORY

Disinformation has been identified regarding a report made in the Vaccine Adverse Event Reporting System (VAERS).

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misinformation that a 2-year-old died after receiving the vaccine.

When	May 9, 2021
Where	Digital Platform(s): All.
Status	In mid-April, a false VAERS report began spreading on social media showing that a 2-year-old had died after participating in a vaccine trial.
Potential Impact	Reduced vaccine acceptance.
The Facts	After investigation, it was determined that this report was “completely made up,” and it has been removed from the VAERS database.



Example post spreading false claim



Example post with correct information

Associated Link(s) and Hashtag(s)

- [Fact check story](#)
- [Example post](#)
- [Example post](#)



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ADVISORY

Potential Misinformation has been identified about the Vaccine Adverse Event Reporting System (VAERS).

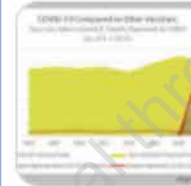
Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misleading information about VAERS reports.

When	December 2020 – Present
Where	Digital Platform(s): All.
Status	Users frequently share data and reports from VAERS that may be confusing or misleading to readers without further background or context about VAERS.
Potential Impact	Reduced vaccine acceptance and confusion.
The Facts	VAERS is a passive reporting system, meaning it relies on individuals to send in reports of their experiences to CDC and FDA. VAERS is not designed to determine if a vaccine caused a health problem but is especially useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine.

Is What The CDC's VAERS Not Telling Us The Real Danger Of The COVID Jobs?

The CDC's VAERS report has been used to gauge adverse effects and deaths from vaccines, but did you know that only roughly 1% of adverse effects and deaths occurring in the US pertaining to vaccines is actually reported? The same can be said for Europe's counterpart. could this mean that we are looking at more than 300,000 deaths in 4 months from the experimental COVID injections?

Some striking plots from the VAERS (Vaccine Adverse Event Reporting System) database.



The Deadly COVID-19 Vaccine Coverup — Virginia Stoner W...
FACT: There has been a massive increase in deaths reported to the Vaccine Adverse Event Reporting System (VAERS) fro...
virginiastoner.com

According to VAERS, USA has had about 15 years worth of vaccine related deaths in just 4 months.

Safe and effective....

Example posts

Associated Link(s) and Hashtag(s)

- [About VAERS](#)
- [Example post](#)
- [Example post](#)
- [Example post](#)
- Hashtag: #vaers



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ADVISORY

Misinformation has been identified regarding the purpose of COVID-19 vaccines.

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing vaccines contain are bioweapons, part of a depopulation scheme, or contain microchips.

When	December 2020 – Present
Where	Digital Platform(s): Twitter, Instagram.
Status	Conspiracy theories about the vaccine continue to spread, including that they are secretly a bioweapon or designed to control the global population. Many of these claims have been linked to Bill Gates.
Potential Impact	Reduced vaccine acceptance.
The Facts	COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the FDA's rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization.

For the trolls - vaccines are not safe they never have been. They are a slow poison taking years off peoples lives, dumbing down the kids, causing all kinds physical and psychological problems and illnesses, infertility problems. They have always been a method of depopulation

Example post



Example post

Associated Link(s) and Hashtag(s)

- [Safety of COVID-19 Vaccines](#)
- [Example post](#)
- [Example post](#)
- Hashtags: #depopulation, #billgates, #greatreset



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ADVISORY

Potential misinformation may occur about COVID-19 vaccines and adolescents.

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misinformation about the eligibility of 12- to 15-year-olds for the Pfizer/BioNTech COVID-19 vaccine.

When	May 12, 2021
Where	Digital Platform(s): All.
Status	The CDC Director adopted CDC's Advisory Committee on Immunization Practices' recommendation that endorsed the safety and effectiveness of the Pfizer-BioNTech COVID-19 vaccine and its use in 12- through 15-year-old adolescents. In recent weeks, there has been an increase in misinformation about adolescents taking the vaccine.
Potential Impact	Reduced vaccine acceptance.
The Facts	CDC now recommends that this vaccine be used among 12- through 15-year-old adolescents, and providers may begin vaccinating them right away.

Today, I adopted CDC's Advisory Committee on Immunization Practices' (ACIP) recommendation that endorsed the safety and effectiveness of the Pfizer-BioNTech COVID-19 vaccine and its use in 12- through 15-year-old adolescents. CDC now recommends that this vaccine be used among this population, and providers may begin vaccinating them right away.

Though most children with COVID-19 have mild or no symptoms, some children can get severely ill and require hospitalization. There have also been rare, tragic cases of children dying from COVID-19 and its effects, including multisystem inflammatory syndrome in children, or MIS-C.

This official CDC recommendation follows [Monday's FDA decision to authorize emergency use of this vaccine in 12- through 15-year-old adolescents](#), and is another important step to getting out of the COVID-19 pandemic, and closer to normalcy.

*Statement from
CDC Director*

It is, to speed 🇺🇸 Ppls 💰 downfall Along with drugging All the children with an untested unknown vaccination\$ that has no data or side effects listed, unlike common drugs they sell you on TV, that can harm you, but are still sold. Has government proven 2 🐝 trustworthy? No

Example post

Associated Link(s) and Hashtag(s)

- [CDC Director Statement on Pfizer's Use of COVID-19 Vaccine in Adolescents Age 12 and Older](#)
- [FDA Emergency Use Authorization](#)
- [Example post](#)



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Contact Information

Carol Crawford

Digital Media Branch Chief, Division of Public Affairs
Centers for Disease Control and Prevention (CDC)

O: 404-498-2480 | M:

(b)(6)

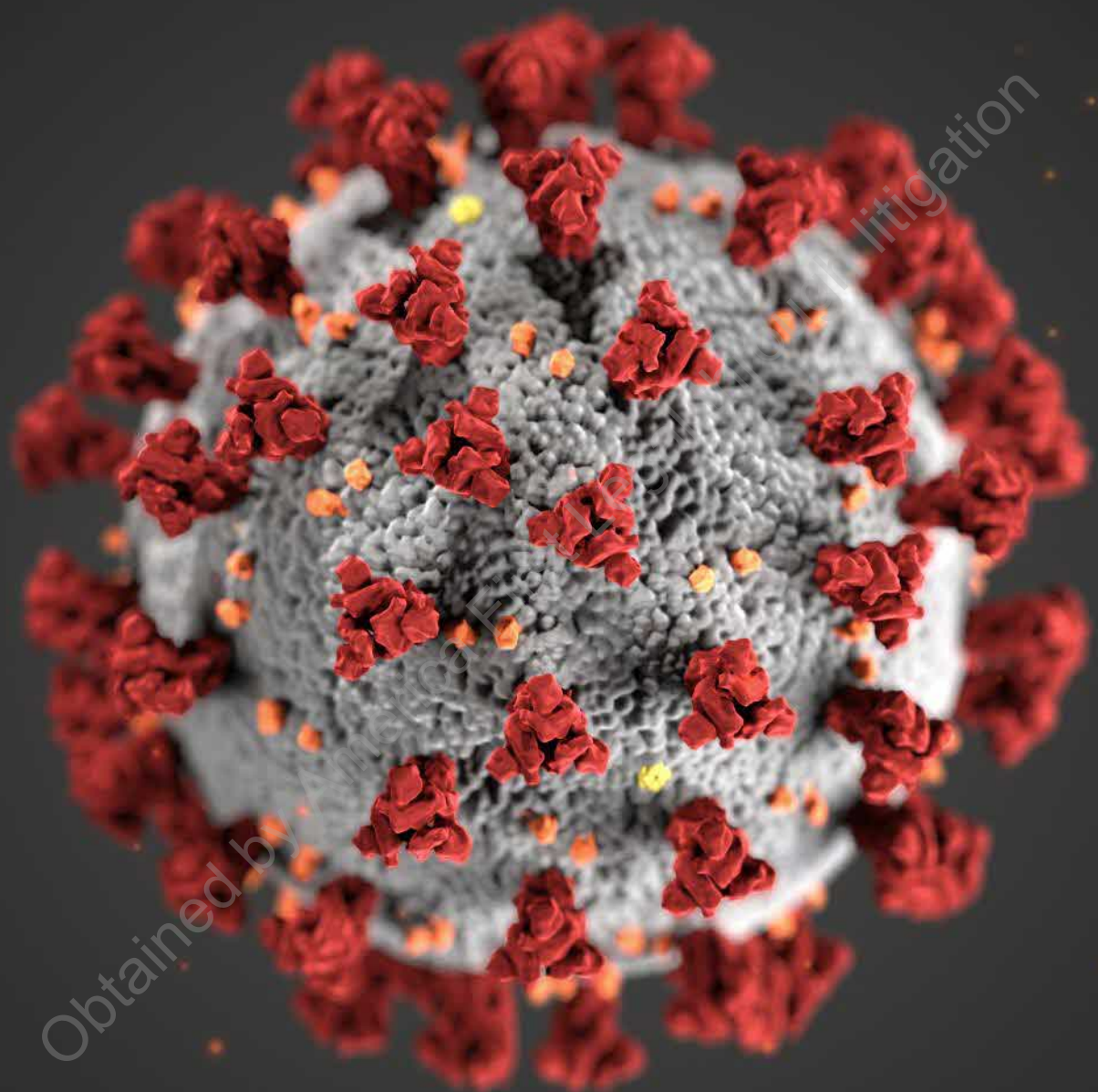
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From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Thu, 17 Jun 2021 22:19:19 +0000
To: Crawford, Carol Y. (CDC/OD/OADC)
Cc: (b)(6) Payton Itheme; Carrie Adams; Sam Huxley; Christopher Thomas
Lewitzke (CENSUS/ADCOM CTR); Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC);
(b)(6) (b)(6) Todd O'Boyle; Jan Antonaros
Subject: In lieu of a BOLO meeting tomorrow...
Attachments: CDC Working Group Meeting_20210618_v2.pptx

Given the new federal holiday, I'll be cancelling our BOLO call tomorrow. However, I am sending the slides out for your reference. Let us know if you have any questions.

Thank you!

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs, OADC
CDC

(b)(6)
404-498-2840

Obtained by America First Legal through litigation

COVID Vaccine Misinformation: Hot Topics

June 18, 2021



Obtained by America First Legal through litigation

Agenda



Introduction



Hot Topics

1. Spike Protein Accumulation
Magnetism
Rumor
Airline travel



LOGISTICS

Next Meeting Date: To be announced
Point of Contact: Want a follow-up meeting to discuss information presented? Contact Carol Crawford

(b)(6)



ADVISORY

Misinformation has been identified about the safety of COVID-19 vaccine ingredients. Please Be On the Lookout for: Statements, pictures, posts, or messages containing misinformation that spike proteins from vaccines have an effect on fertility or other harmful effects.

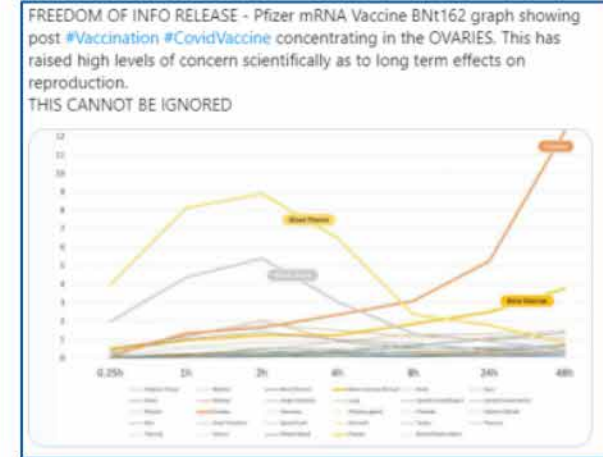
When	Early June 2021
Where	Digital Platform(s): Twitter.
Status	There has been an increase in speculation that spike proteins from the vaccine are harmful, including citing a “study” showing that COVID-19 vaccine particles accumulate in ovaries. This has been used to falsely claim that the vaccines will impact fertility.
Potential Impact	Reduced vaccine acceptance.
The Facts	There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines.

Leaked Pfizer study shows vaccine particles sequestering in OVARIES...
Those who survive the injection will probably be left infertile...

2.6.5.8. PHARMACOKINETICS: ORGAN DISTRIBUTION CONTINUED

Test Article: [90] Labeled LNP mRNA formulation containing ALC-0151 and ALC-0159
Report Number: 185550

Sample	Total lipid concentration (ng lipid equivalent per mL) (male and female combined)						% of administered dose (male and female combined)					
	0.25h	1h	2h	4h	8h	24h	0.25h	1h	2h	4h	8h	24h
Length: male (nanometers)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Length: male (micrometers)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Volume	0.022	0.001	0.002	0.010	0.000	0.007	0.001	0.000	0.000	0.000	0.000	0.000
Area	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Protein	0.001	0.007	0.014	0.001	0.000	0.000	0.000	0.007	0.004	0.000	0.000	0.000
Protein: glyco	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Protein: non-glyco	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Protein: glyco	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Protein: non-glyco	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Site	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Site: volume	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Site: protein	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Site: lipid	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Site: total	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000



The spike protein is the bio weapon

Example posts

Associated Link(s) and Hashtag(s)

- [CDC Myths and Facts](#) [Fact check article](#) [Example post](#) [Example post](#) [Example post](#)



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Office of the Director

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ADVISORY

Misinformation has been identified about the COVID-19 vaccine ingredients and related side effects. Please Be On the Lookout for: Statements, pictures, posts, or messages containing misleading or false information that vaccine ingredients cause vaccinated individuals to become magnetic.

When	May 2021 – Present
Where	Digital Platform(s): All.
Status	There continue to be videos shared widely on social media platforms claim to show individuals becoming “magnetic” after receiving the vaccine, further fueling the false claim that vaccines contain microchips.
Potential Impact	Reduced vaccine acceptance and spread in real-world spaces.
The Facts	Receiving a COVID-19 vaccine will not make you magnetic, including at the site of vaccination which is usually your arm. COVID-19 vaccines do not contain ingredients that can produce an electromagnetic field at the site of your injection.

Dr says that MAGNETISM is INTENTIONALLY ADDED TO 'VACCINE' TO FORCE MRNA THROUGH ENTIRE BODY



Example posts

Associated Link(s) and Hashtag(s)

- [Myths and Facts about COVID-19 Vaccines](#)Example postExample postWhat are the ingredients in COVID-19 vaccines?Hashtag: [#magnetgate](#) [#VaccineMagnetChallenge](#)



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ADVISORY

Misinformation has been identified about risks for individuals who have received the COVID-19 vaccine. Please Be On the Lookout for: Statements, pictures, posts, or messages containing misleading or false information that vaccinated individuals cannot travel via airplane.

When	June 2021
Where	Digital Platform(s): Twitter, Facebook, TikTok, Telegram
Status	There have been claims that because of a risk of blood clots, airlines are not allowing vaccinated individuals to travel or are discussing a potential ban.
Potential Impact	Reduced vaccine acceptance and confusion.
The Facts	CDC recommends to delay travel until fully vaccinated. Not related to the COVID-19 pandemic, airplane travel, especially flights longer than 4 hours, may increase the risk for blood clots, including deep vein thrombosis and pulmonary embolism.

Airlines Are Addressing the Problem Of Blood Clots And Recommending Vaccinated People Not To Travel.

The COVID vaccine side effects are beginning to stack up.

via Qtime - Telegram



Example posts

Associated Link(s) and Hashtag(s)

- [Domestic Travel during COVID-19 Before You Travel](#) [Fact check story](#) [Example post](#) [Example post](#)



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Contact Information

Carol Crawford Digital Media Branch Chief, Division of Public Affairs Centers for Disease Control and Prevention (CDC) O: 404-498-2480 | M: (b)(6)

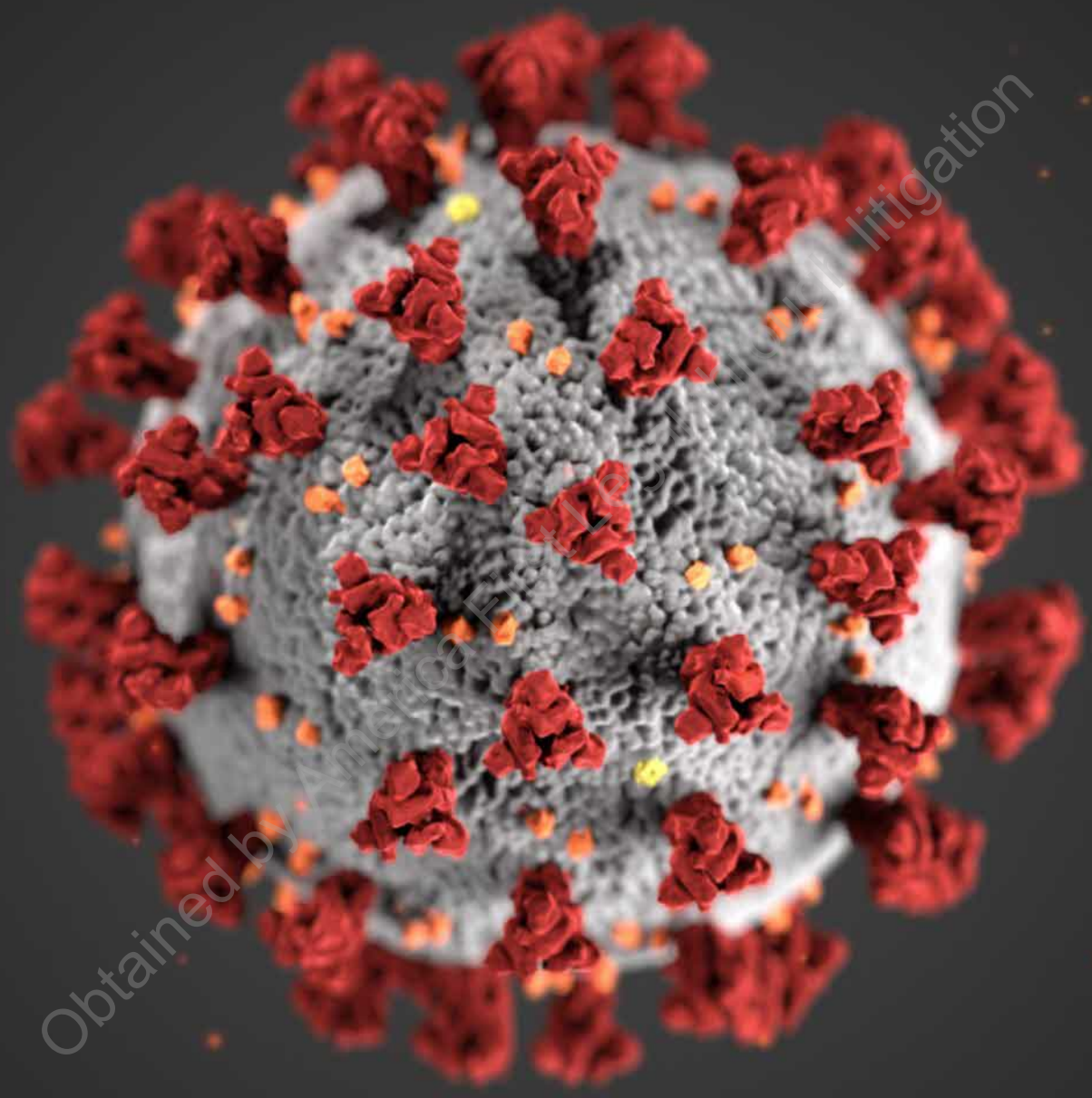
(b)(6)

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From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Fri, 7 May 2021 00:55:03 +0000
To: Payton Iheme; Genelle Adrien
Cc: Sam Huxley; Christopher Lewitzke; Jennifer Shopkorn (CENSUS/ADCOM FED); Sokler, Lynn (CDC/OD/OADC)
Subject: Misinfo on two issues

Payton/Genelle-

As mentioned, here are two issues we are seeing a great deal of misinfo on that we wanted to flag for you all – vaccine shedding and microchips. These are just some example posts. We do plan to post something shortly to address vaccine shedding and I can send that link soon. Our census team copied here, has much more info on it if needed.

Thanks!

Facebook and Instagram

Post text	Link
<p><i>Screenshot that reads:</i> For a year, we were told that we need to socially distance and wear masks to avoid asymptomatic spreaders. NOW, the vaccinated ARE the asymptomatic spreaders through viral shedding of their vaccine.</p>	<p>https://www.instagram.com/p/COTIIZMHsUN/</p>
<p>SWIPE: For weeks, it has been rumored that viral shedding from Covid-19 vaccinated to Covid-19 unvaccinated people was the cause of problems with women and their menstrual cycles. Some of these problems include miscarriage.</p>	<p>https://www.instagram.com/p/COTQ9OdH1_t/</p>
<p><i>Screenshot that reads:</i> We now know the COVID jab sheds. The first distribution of this nightmare went to healthcare providers who are now shedding on their patients and then to teachers</p>	<p>https://www.instagram.com/p/COUA5w9AuoW/</p>

who are now shedding on our children.	
If it is being used for depopulation, then why are they giving it to the key people like NHS workers, carers, the military, etc? If all these people end up dying from the poison, then what? Do the poisons have a sterility agent that won't kill the person, but will make them sterile, thus reducing the population in the future? Any thoughts?	https://www.facebook.com/1100924840381516/posts/1126327577841242
Former VP Of Pfizer Drops Terrifying Bombshell On Vaccine Scheme: "Entirely Possible This Will Be Used For Massive-Scale Depopulation" https://www.teaparty.org/former-vp-of-pfizer-drops.../	https://www.facebook.com/172526489431467/posts/4877608792256523
Only ones really pushing these unapproved jabs are those in with Gates Foundation, that are behind depopulation of the planet.	https://www.facebook.com/225877282549585/posts/273569341113712
No medical degree yet controls the field of medicine? No agricultural degree yet has purchased LARGE quantities of land? Father worked with planned parenthood and was indeed a EUGENICIST? So what is the goal of these 🦋's Mr. Gates? The same as your fathers = Depopulation...	https://www.instagram.com/tv/COeT0qUnwPU/
Dr. Sherri Tenpenny Explains How the Depopulation COVID Vaccines Will Start Working in 3-6 Months	https://www.instagram.com/p/COVPvcqDARd/
Vaccine Shedding Causing Miscarriages and Blood Clots in Unvaccinated Females	https://www.facebook.com/104622279580575/posts/3987080758001355
Turns out Pfizer did tests and found that the spiked protein	https://www.facebook.com/59453552191/posts/10159109994267192

<p>can “shed” (their word) and affect unvaccinated people. Are you concerned about being around people who may be unknowingly emitting the filthy vaccine?</p>	
<p>Seeing more and more signs like this in stores because of shedding. Be aware that for up to four months after you get your vaccine you can really get others extremely ill [Note: Fact checked but not removed]</p>	<p>https://www.facebook.com/1141356506338028/posts/1173137176493294</p>
<p>Has anyone else heard of people that have gotten the Vaccine, making people that didnt get vaccine sick(after being in close contact with them)? Symptoms such as- itching, migraines, bad stomach cramps, periods happening randomly or 2 times a month when they are usually pretty consistent, and etc? The Term they are using is "Shedding".</p>	<p>https://www.facebook.com/819249958919372/posts/910044976506536</p>
<p>Stay tuned and follow @sharyl_attkisson & Dr. Larry Palevsky, Dr. Tenpenny, so many more on Twitter and keep your eye out for the whistle blower videos on the spike protein shedding and causing damage to reproductive organs. There is NO PROOF that this IS NOT occurring, none...</p>	<p>https://www.instagram.com/p/COMtAVJnHbE/</p>
<p>[Repost of above]</p>	<p>https://www.instagram.com/p/CONztCUAdRI/</p>
<p>In a disturbing twist of the genocide program, women are reporting strange menstrual cycles, and even miscarriages, after being close to those who have had the</p>	<p>https://www.instagram.com/p/CN98SoDAAWO/</p>

SPIKE PROTEIN CONFUSION -
V SHEDDING, BLOOD AND
FERTILITY

<https://www.instagram.com/tv/COPDR1aAEgm/>

This is a clip from Amandha
Vollmer's bitchute account
Doctor_Yummy that explains
what's going on with the spike
proteins and shedding quite
well.

Obtained by America First Legal through litigation

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Wed, 24 Feb 2021 19:36:11 +0000
To: Chelsey LePage; Payton Ihome
Subject: Misinformation on Vaccines - data?

Our Vaccine Confidence group asked me if it was possible to get data on what type of content has been removed or flagged for vaccines so they could analyze it. I have no idea if this is even possible? Any options?

By the way, the Census IAA is finally in place so I'm hoping we get the long awaited work underway.

Thanks.

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From: Megan Dorward
Sent: Thu, 18 Mar 2021 17:34:31 -0700
To: Crawford, Carol Y. (CDC/OD/OADC)
Subject: Offline Re: Vaccine Misinformation

Hello! I am offline. I'll be back in action Tuesday, March 22!

--

Megan Dorward
Twitter, Inc.

@ (b)(6)

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From: noreply+feedproxy@google.com on behalf of "Public Health Newswire"
<noreply+feedproxy@google.com>
Sent: Mon, 19 Jul 2021 18:17:46 +0000
To: Dempsey, Jay H. (CDC/OD/OADC)
Subject: Public Health Newswire

Public Health Newswire

Misinformation harming US health, surgeon general says

Posted: 19 Jul 2021 10:01 AM PDT

Falsehoods threaten progress on COVID-19

You are subscribed to email updates from [Public Health Newswire](#).

To stop receiving these emails, you may [unsubscribe now](#).

Google, 1600 Amphitheatre Parkway, Mountain View, CA 94043, United States

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From: Carrie Adams
Sent: Wed, 1 Sep 2021 20:37:18 +0000
To: Crawford, Carol Y. (CDC/OD/OADC)
Cc: Gordon, Stephanie (CDC/OD/OADC); Jamal, Catherine (CDC/OD/OADC)
Subject: Re: BOLO: CDC lab alert & misinformation

Thank you Carol! Will pass to our folks.

CA

From: Crawford, Carol Y. (CDC/OD/OADC) (b)(6)
Date: Wednesday, September 1, 2021 at 4:23 PM
To: Carrie Adams (b)(6)
Cc: Gordon, Stephanie (CDC/OD/OADC) (b)(6), Jamal, Catherine (CDC/OD/OADC) (b)(6)
Subject: BOLO: CDC lab alert & misinformation

Carrie – BOLO for a small but growing area of misinfo. One of our Lab alerts ([CDC 2019-Novel Coronavirus \(2019-nCoV\) Real-Time RT-PCR Diagnostic Panel](#)) was misinterpreted and was shared via social media. The CDC issued a [follow-up Laboratory Alert](#) to provide further clarification and prevent additional confusion but we are still seeing some social media circulation. The CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel did not fail a full review and was not revoked by the FDA. I've attached some example Facebook posts and another document with the facts around the issue.

Let us know if you have any questions!

Carol

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From: Berger, Sherri (CDC/OCOO/OD)
Sent: Mon, 19 Apr 2021 23:47:02 +0000
To: Lesko, Max (HHS/OASH); Beckman, Adam (HHS/OASH); Handley, Elisabeth (OS/OASH/ORI); Roman, Ruth (HHS/OASH); DeVoss, Elizabeth (HRSA); Schake, Kristina (HHS/IOS); Peck, Joshua (HHS/ASPA)
Cc: Falisi, Angela (OS/ASFR); Cabezas, Miriam (HHS/ASFR); Pearlman, Aj (HHS/IOS); Kalinowski, Paul (HHS/ASFR)
Subject: CDC Vaccine Confidence - Additional OMB Questions: Responses Needed
Attachments: COVID Supp Agency Spend Plan 6 Narrative - CDC Vaccine Confidence Resp to OMB 4.16.21 - Additional OMB Questions.docx
Importance: High

All – please see attached for another round of Qs from OMB. Can you send responses ASAP to ASFR? Thank you, Sherri

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From: Liz Lagone
Sent: Tue, 3 Aug 2021 00:06:46 +0000
To: Crawford, Carol Y. (CDC/OD/OADC); Carrie Adams
Cc: Payton Iheme; Gordon, Stephanie (CDC/OD/OADC)
Subject: Re: Misinfo questions

Super helpful, thank you Carol!!

From: Crawford, Carol Y. (CDC/OD/OADC) (b)(6)
Date: Saturday, July 31, 2021 at 7:30 AM
To: Liz Lagone (b)(6), Carrie Adams (b)(6)
Cc: Payton Iheme (b)(6), Gordon, Stephanie (CDC/OD/OADC) (b)(6)
Subject: Misinfo questions

Liz – Per our conversation here is some additional info that might help you all. I know you maybe on vacation so hopefully others will forward on to your team. 😊

1. Spike protein in COVID-19 vaccines is dangerous/cytotoxic **False**
2. Guillain-Barre Syndrome (GBS) is a possible side effect of the COVID vaccine **True, there have been increased reports of Guillain-Barré Syndrome (GBS) in people who have received the J&J/Janssen COVID-19 Vaccine, but not the mRNA COVID-19 vaccines. These reports are rare.** CDC will continue to monitor for and evaluate reports of GBS occurring after COVID-19 vaccination and will share more information as it becomes available.
3. Heart inflammation is a possible side effect of COVID-19 vaccines **True, there have been increased reports of myocarditis, mostly in younger males under 30 years of age, who received mRNA COVID-19 vaccines. These reports are rare.** CDC and its partners are investigating these reports to assess the relationship to COVID-19 vaccination.

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs, OADC
CDC

(b)(6)
404-498-2840

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Thu, 25 Mar 2021 15:33:00 +0000
To: Payton Iheme
Cc: Chelsey Lepage
Subject: RE: Thursday meeting
Attachments: CDC_Facebook Misinformationv2 .pptx

Sorry for delay in sending. This is a deck Census would like to discuss and we'd also like to fit in a discussion of topic types removed from Facebook.

Here are the primary attendees on our end (I'm sure we'll have a larger crowd).

Census partners:

Zack Schwartz, Division Chief, IT Service Management Office, U.S. Census Bureau
Sam Huxley, Digital Monitoring and Crisis Management, Reingold, (Census Bureau contractor)
Christopher Lewitzke, Senior Digital Marketing Associate, Reingold, (Census Bureau contractor)
Jennifer C. Shopkorn, Senior advisor for Comms, Census

CDC:

Kate Galatas, Deputy Director, Office of the Associate Director for Communication, CDC - PROGRAM LEAD
Lynn Sokler, Senior advisor
Jessica Kolis, Vaccine with Confidence Team
Rosie Bretthauer-Muller and Kathleen LaPorte, Vaccine Content Leads

From: Payton Iheme (b)(6)
Sent: Wednesday, March 24, 2021 12:26 PM
To: Crawford, Carol Y. (CDC/OD/OADC) (b)(6)
Subject: Re: Thursday meeting

That's correct Carol. No CMU Thursday.

We will have Justin Isola (Misinformation Manager), Lexi Sturdy, Liz Lagone (will be leading from our side on misinformation briefing for your team. They all work on our COVID-19 policies.

Who will be your leads? Sam Huxley and others? Do they have titles?

Best,

Payton

From: Carol Crawford (b)(6)
Date: Wednesday, March 24, 2021 at 7:52 AM

To: Payton Itheme [REDACTED] (b)(6)
Subject: RE: Thursday meeting

Ok, I'm sorry I wasn't free yesterday – one of those days! This sounds good and I'll assume CMU info isn't coming up so I want include that group in the meeting.

I am not has booked up today if we still need to chat.

Thanks!

From: Payton Itheme [REDACTED] (b)(6)
Sent: Wednesday, March 24, 2021 4:24 AM
To: Crawford, Carol Y. (CDC/OD/OADC) [REDACTED] (b)(6)
Subject: Thursday meeting

Hi Carol,

As we discussed last week, we will present on COVID-19 misinformation this session/meeting and have some of our team that is focused on that workstream provide a briefing on the current policies and approach as well as the current trends we are identifying.

Best,

Payton

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MARCH 2021

COVID Vaccine Misinformation: Issue Overview

Facebook



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Misinformation Topics

- These topics were selected due to high volume, continued public discussion, and high-profile coverage. Issues included in this presentation are concerns about infertility, misinformation about side effects, and claims of vaccines leading to deaths.

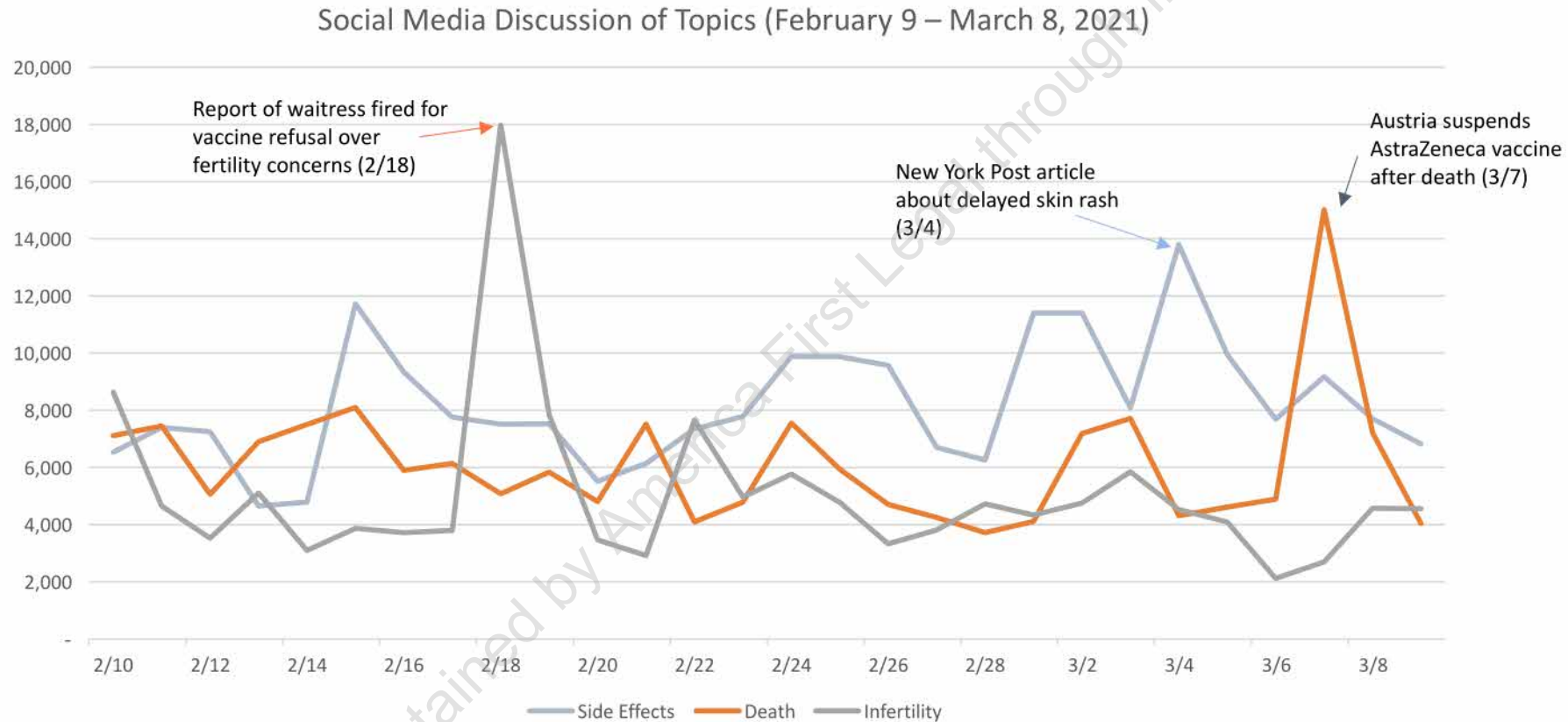
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Discussion of Topics



Background Information: Vaccine Infertility Claims

- Common claims about the COVID vaccine's side effects include that it causes infertility in women and men, miscarriages, and stillbirth. In early December, a former Pfizer employee and researcher petitioned the European Medical Association to stop trials of the Pfizer vaccine, citing fears of infertility. These claims were escalated and amplified on blogs and social media. According to CDC there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines. Several of Facebook's fact check partners have covered this claim. CDC also established the v-safe COVID-19 Vaccine Pregnancy Registry in multiple languages to gather more data.



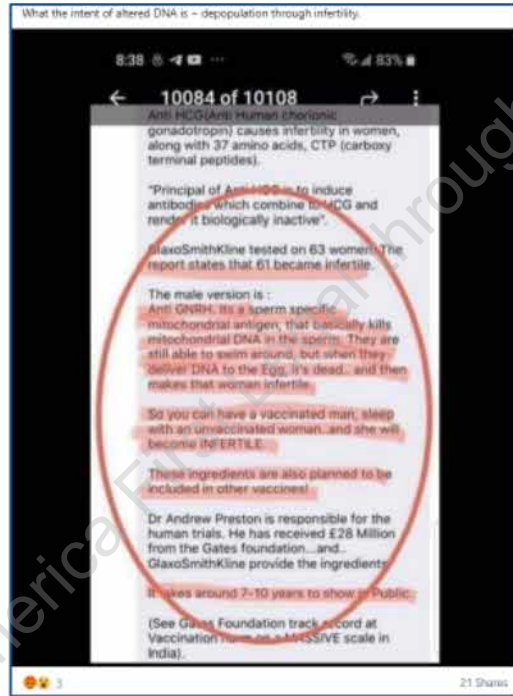
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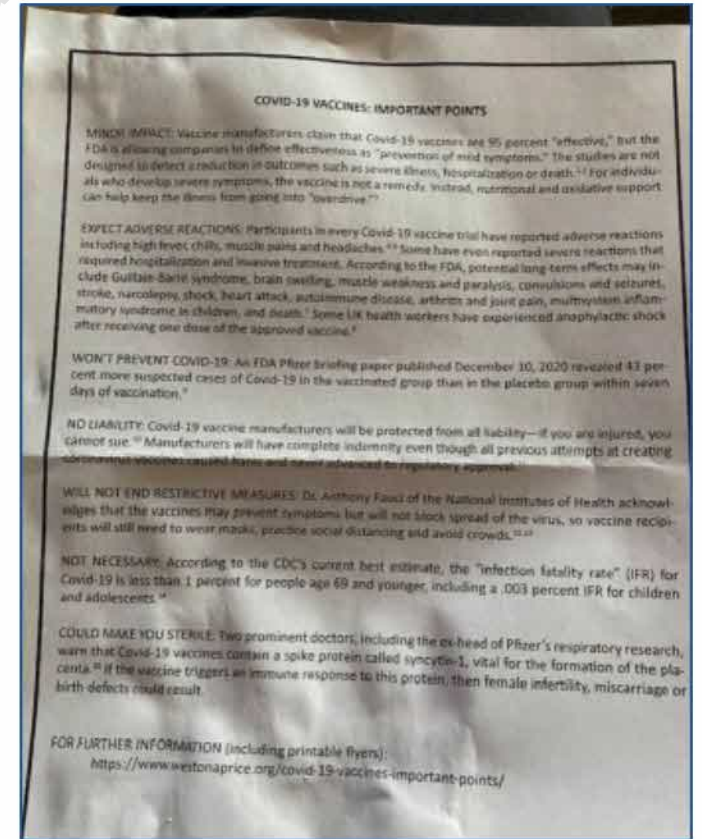
Examples of Infertility Claims: Facebook and Instagram



[Instagram Post](#): "no fertility testing at all" (February 18, 2021)



[Facebook Post](#): "So you can have a vaccinated man, sleep with an unvaccinated woman...and she will become INFERTILE." (March 2, 2021)



[Facebook Post](#): "COULD MAKE YOU STERILE" (February 25, 2021)



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Additional Examples of Infertility Claims

COVID-19 virus and **vaccines** are artificial reconstruction of biological DNA coupled with a Sun. **Vaccine mRNA causes** neurodegenerative disorders and **infertility** for life.

Immunologist: Pfizer, Moderna **Vaccines** Could Cause Long-Term Chronic Illness



Immunologist: Pfizer, Moderna Vaccines Could Cau...
Immunologist: Pfizer, Moderna Vaccines Could Cause Long-Term Chronic Illness
humansarefree.com


"Vaccine mRNA causes neurodegenerative disorders and infertility for life." (February 28, 2021)

Experts such as Dr. Mike Yeadon (a former Pfizer Chief Science Officer) warned about vaccine-induced female infertility & miscarriages before the mass vaccination began (see this thread: [twitter.com/NikolovScience...](https://twitter.com/NikolovScience))

This seems to be happening now!

Dr. Simone Gold @drsimegold · Mar 8
According to the FDA's adverse reporting system, 3 dozen cases of spontaneous miscarriages or stillbirths occurred after taking the Covid-19 vaccination.

This raises ethical concerns about offering pregnant women experimental biological agents.
[mjpost.com/breaking-news/...](https://mjpost.com/breaking-news/)



have been submitted to the Vaccine Adverse Event Reporting System (VAERS).

VAERS is a passive reporting system that allows people to submit a report of an adverse event after vaccination and is run by the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC). Research funded by the CDC has shown that fewer than 1 percent of reactions from vaccinations are being reported on VAERS.

3 Dozen Cases of Spontaneous Miscarriages, Stillbirths Occurring After COVID-19 Vaccination

Reports made in VAERS do not necessarily mean that a vaccine may have caused the event or reaction. Miscarriages are labeled as spontaneous abortions or abortions in the reporting system.

"Experts...warned about vaccine-induced infertility....This seems to be happening now!" (March 9, 2021)

We're in the midst of self-inflicted genocide and the bourgeoisie occupies itself with writing poetry about love & loss while steadfastly refusing to name the elephant in the room. Fact: coronavirus vaccines cause miscarriage & stillbirth. Wake the f*ck up people.

sally @sallyKP · Feb 24

Saturday 2/20/21

Megan [redacted] is with [redacted] 41 weeks today and I'm officially fully vaccinated with the Pfizer vaccine! Clearly [redacted] wanted to be born to a fully vaccinated mama! 🥰👶

I am scheduled to be induced on Wednesday evening if he hasn't arrived by then!

It's crazy. This time last year we were exactly 2 weeks away from beginning our journey with IVF. Now our precious babe is about to make his entrance into the world. It is not lost on me how incredibly lucky we are that the process moved so quickly and smoothly for us. A lot of couples don't have the pleasure of that same outcome.

Motherhood is going to be amazing and I'm 100% sure

Not sure if this is allowed... I don't have the energy to read the rules as I'm currently 12 hours into induced labor with my precious baby who is NO longer living.

My dream of becoming a mother came true 9 months ago after 2 years battling infertility and a successful go with IVF. And it was ripped away from me in the blink of an eye at 8am this morning.

Part of that dream into motherhood was breastfeeding. And so I'm reacting out to find out if any other mamas have experienced a loss of this magnitude and then gone on to pump for the purpose of donating their milk?

If this isn't the right forum for this question, can someone point me in the direction of a better one?

"We're in the midst of self-inflicted genocide... Fact: coronavirus vaccines cause miscarriage & stillbirth." (February 24, 2021)



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Background Information: Side Effects

- Speculation and misinformation about side effects caused after taking the COVID vaccine have been prevalent on social media since the first vaccines were approved. Common claims include that side effects are unknown, the side effects of the vaccine are more severe than the virus itself, and unsubstantiated links to new side effects. According to CDC, common side effects include pain or swelling at the injection site and fever, chills, fatigue, or headache. Anaphylaxis after COVID-19 vaccination is rare. If this occurs, vaccination providers can effectively and immediately treat the reaction. The Vaccine Adverse Event Reporting System (VAERS) is a national vaccine safety surveillance program run by CDC and FDA but can be a source of misinformation if taken out of context.



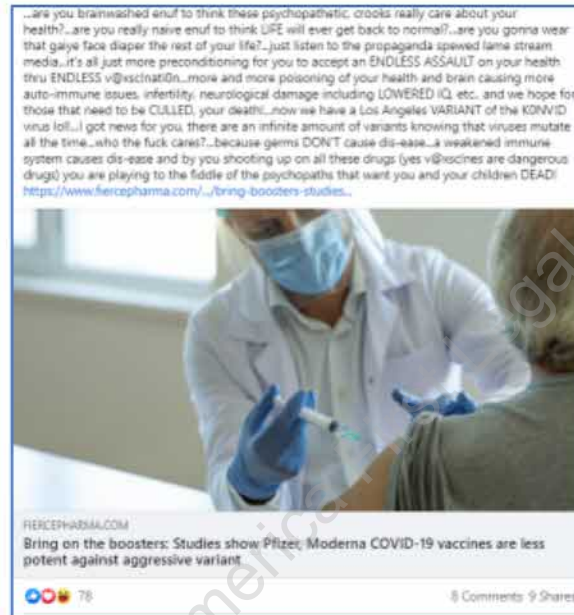
Side Effects Examples: Facebook and Instagram



COVID-19 Vaccine Side Effects

Public group · 19.9K members

Facebook Group: "I've read that people are feeling a lot more irritable..." (February 26, 2021)



Facebook Page: "more and more poisoning of your health and brain causing more auto-immune issues, infertility, neurological damage including LOWERED IQ" (February 28, 2021)



Instagram Post: "You can't take untested, unnecessary, rushed to market deadly and dangerous drugs and not expect to suffer consequences." (March 4, 2021)



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Additional Side Effects Examples

You are more likely to suffer side effects from the vaccine than you are to get Covid.
(Awaits the hate)

Post published February 23, 2021

You're pushing a false narrative, because these vaccines have not been properly tested, it takes 5 to 10 years to know the side effects of any vaccine.

Post published February 21, 2021



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Background Information: Death from Vaccines

- Vaccine-hesitant groups spreading misinformation and conspiracy theories about alleged vaccine-related deaths erode trust in the COVID-19 vaccine and the public health system. Reliance on anonymous, unverified, and conspiracy-based claims that remain unproven or are demonstrably untrue, to spread speculation and misinformation about deaths resulting from the vaccine. According to CDC, VAERS has not detected patterns in cause of death that would indicate a safety problem with COVID-19 vaccines.



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Death from Vaccines Examples: Facebook and Instagram



[Instagram post](#): "All of these people are fine before the vaccine then dying after they receive the vaccine shot"(February 20, 2021)

[Facebook post](#): "My dad died 72 hrs after receiving the Moderna jab. He was 75....Not a coincidence. " (February 8, 2021)

[Facebook post](#): "Died a month after getting the vaccine. Obviously from Covid. Not the vaccine....." (February 25, 2021)



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Additional Death from Vaccines Examples



Video: "If everyone gets the vaccination, that would be over 100,000 deaths [from the vaccine]." (March 1, 2021)



March 7, 2021

I'm still trying to figure out how 1% dying as a side effect of a vaccine campaign is okay because we need to save 1% from dying of covid... 🤔

February 21, 2021



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Contact Information

Carol Crawford Digital Media Branch Chief, Division of Public Affairs Centers for Disease Control and Prevention (CDC) O: 404-498-2480 | M: (b)(6)

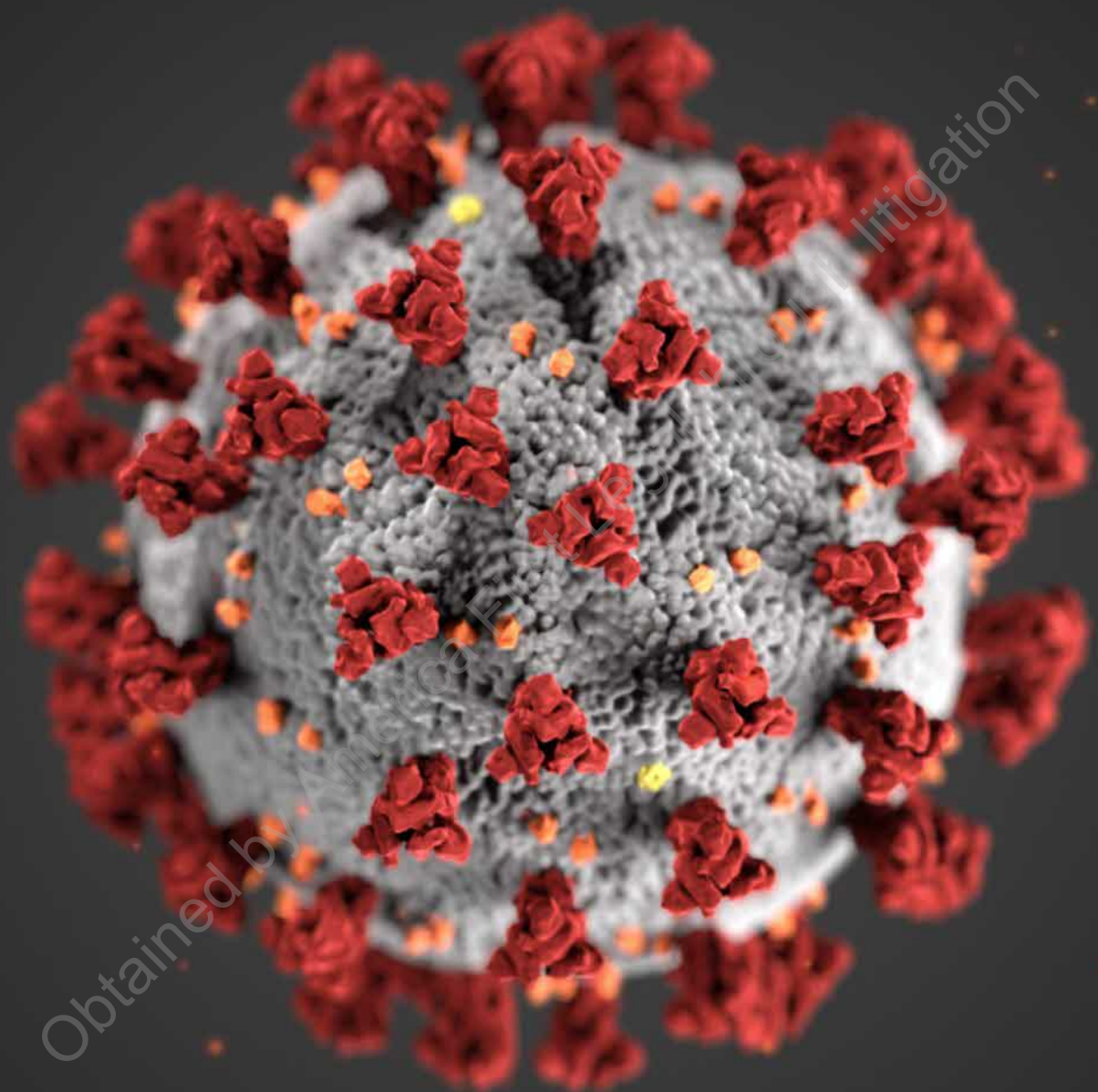
(b)(6) **Kate Galatas** Associate Deputy Director, OADC Centers for Disease Control and Prevention (CDC) O: 404-639-2064 | M: (b)(6) (b)(6)

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From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Wed, 12 May 2021 15:46:47 +0000
To: Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC);
Dempsey, Jay H. (CDC/OD/OADC); (b)(6); (b)(6)
(b)(6); (b)(6); Carrie Adams; Payton Iheme; Sokler, Lynn
(CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC)
Cc: Michelle Christine O'Malley (CENSUS/CTO CTR); Caroline Morgan Faught
(CENSUS/CNMP CTR); Aspinwall, Brooke (CDC/DDID/NCIRD/OD)
Subject: Training for Facebook's Misinfo Reporting Channel

Holding 1 hour but expect it to be closer to 30 minutes.

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

Passcode: (b)(6)

One tap mobile

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

Dial by your location

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

Meeting ID: (b)(6)

Passcode (b)(6)

Find your local number: (b)(6)

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From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Wed, 19 May 2021 04:45:56 +0000
To: Crawford, Carol Y. (CDC/OD/OADC); Sokler, Lynn (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC) (b)(6)
(b)(6) (b)(6) (b)(6) Carrie Adams; Payton Itheme; Galatas, Kate (CDC/OD/OADC)
Cc: Michelle Christine O'Malley (CENSUS/CTO CTR); Caroline Morgan Faught (CENSUS/CNMP CTR); Aspinwall, Brooke (CDC/DDID/NCIRD/OD)
Subject: Training for Facebook's Misinfo Reporting Channel

Exchange Server re-created a meeting that was missing from your calendar.

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