FSMB: SPREADING COVID-19 VACCINE MISINFORMATION MAY PUT MEDICAL LICENSE AT RISK

WASHINGTON, D.C. (July 29, 2021) – The Federation of State Medical Boards' Board of Directors released the following statement in response to a dramatic increase in the dissemination of COVID-19 vaccine misinformation and disinformation by physicians and other health care professionals on social media platforms, online and in the media:

"Physicians who generate and spread COVID-19 vaccine misinformation or disinformation are risking disciplinary action by state medical boards, including the suspension or revocation of their medical license. Due to their specialized knowledge and training, licensed physicians possess a high degree of public trust and therefore have a powerful platform in society, whether

they recognize it or not. They also have an ethical and professional responsibility to practice medicine in the best interests of their patients and must share information that is factual, scientifically grounded and consensus-driven for the betterment of public health. Spreading inaccurate COVID-19 vaccine information contradicts that responsibility, threatens to further erode public trust in the medical profession and puts all patients at risk."

For more information about how state medical boards and the FSMB are responding to the COVID-19 pandemic, visit **FSMB's webpage** dedicated to providing resources and information to states and the public about COVID-19.

AMA adopts new policy aimed at addressing public health disinformation

ama-assn.org/press-center/press-releases/ama-adopts-new-policy-aimed-addressing-public-health-disinformation

CHICAGO — With the spread of disinformation continuing to negatively impact efforts to combat the COVID-19 pandemic and sowing distrust in vaccines, public health mitigation efforts and U.S. health institutions, the American Medical Association (AMA) today adopted policy during the Annual Meeting of its House of Delegates to address health-related disinformation spread by health professionals. As part of a report developed by the AMA Board of Trustees, the new policy provides a comprehensive strategy aimed at stopping the spread of disinformation and protecting the health of the public, including actions that can be taken by the AMA, social medial companies, publishers, state licensing bodies, credentialing boards, state and specialty health professional societies, and by those who accredit continuing education.

The report outlines how disinformation claims made by health professionals can be directly linked to topics such as the promotion of unproven COVID-19 treatments, false claims of vaccine side effects, and public health guidance that is not evidence-based. While disinformation by health professionals has spread rampantly during the COVID-19 pandemic, the report cites a Center for Countering Digital Hate study that found nearly two-thirds of the anti-vaccine social media posts—or more than 812,000 individual posts—could be traced back to a mere twelve individuals, nicknamed the "Disinformation Dozen." Given that financial gain can often be the reason for spreading disinformation, the report notes the need to address both the person's ability to find an audience to deceive and their ability to benefit financially from that audience.

"Physicians are a trusted source of information for patients and the public alike, but the spread of disinformation by a few has implications for the entire profession and causes harm. Physicians have an ethical and professional responsibility to share truthful information, correct misleading and inaccurate information, and direct people to reliable sources of health information," said AMA President Gerald E. Harmon, M.D. "The AMA is committed to confronting disinformation, and we need to address the root of the problem. We must ensure that health professionals spreading disinformation aren't able to use far-reaching platforms, often benefitting them financially, to disseminate dangerous health claims. While we are unlikely to undo the harms caused by disinformation campaigns during the COVID-19 pandemic, we can act now to help prevent the spread of disinformation in the future."

Expanding upon AMA's existing efforts to address disinformation, the new policy calls for the AMA to work with health professional societies and other relevant organizations to implement a comprehensive strategy that includes the following priorities:

- Maintain AMA as a trusted source of evidence-based information for physicians and patients,
- Ensure evidence-based medical and public health information is accessible by engaging with publishers, research institutions and media organizations to develop best practices around paywalls and preprints to improve access to evidence-based information and analysis,
- Address disinformation disseminated by health professionals via social media platforms and address the monetization of spreading disinformation on social media platforms,
- Educate health professionals and the public on how to recognize disinformation as well as how it spreads,
- Consider the role of health professional societies in serving as appropriate fact-checking entities for health-related information disseminated by various media platforms,
- Encourage continuing education to be available for health professionals who serve as fact-checker to help prevent the dissemination of health-related disinformation,
- Ensure licensing boards have the authority to take disciplinary action against health professionals for spreading health-related disinformation and affirms that all speech in which a health professional is utilizing their credentials is professional conduct and can be scrutinized by their licensing entity,
- Ensure specialty boards have the authority to take action against board certification for health professionals spreading health-related disinformation, and
- Encourage state and local medical societies to engage in dispelling disinformation in their jurisdictions.

The new report provides an overview of the ways that disinformation is disseminated by health professionals, particularly through social media platforms. While the report notes that disinformation existed long before the internet and social media became commonplace, social media platforms have acted as a multiplier of disinformation spread—especially fueling the prevalence of disinformation about COVID-19. The report concludes that combating disinformation spread by health professionals, particularly over social media, will require a three-pronged approach: deprioritizing disinformation in social media algorithms, affirming and empowering the role of reactive fact-checking, and addressing any underlying incentive structure for health professionals spreading health-related disinformation.

Throughout the COVID-19 pandemic, the AMA has led numerous efforts to bolster vaccine confidence, advocate for science and confront disinformation and misinformation, including urging the CEOs of six leading social media and e-commerce companies to remain vigilant against the proliferation of both purposeful disinformation and unintentional misinformation on their platforms. Since the beginning of the pandemic, the AMA has provided physicians with up-to-date information about COVID-19 news, research, vaccines and therapeutics through its online COVID-19 resource center. The AMA will continue to

leverage its communications channels and network to provide physicians with the most relevant, fact-based information and resources to share with their patients and continue to support policies to combat the further spread of health misinformation and disinformation.

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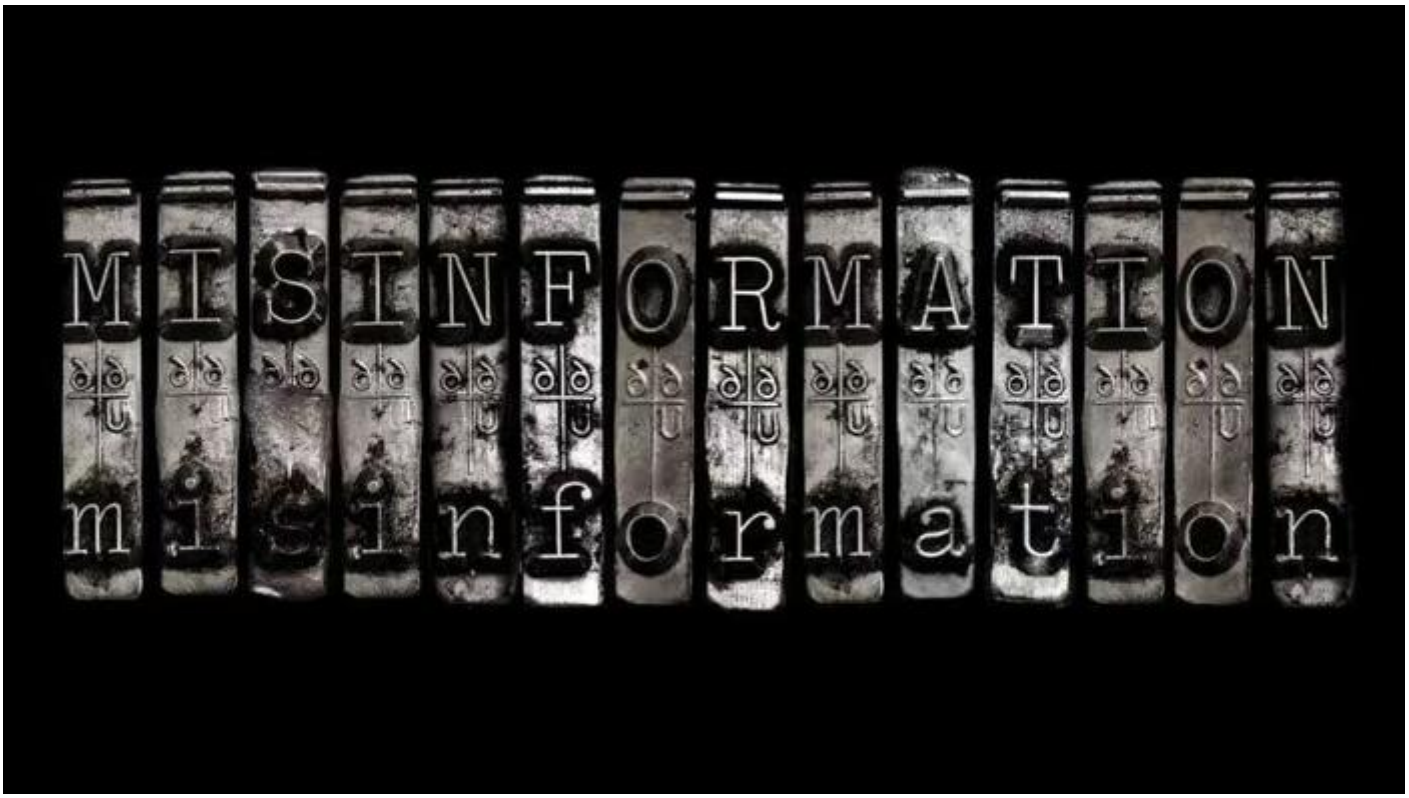
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About the American Medical Association

The American Medical Association is the physicians' powerful ally in patient care. As the only medical association that convenes 190+ state and specialty medical societies and other critical stakeholders, the AMA represents physicians with a unified voice to all key players in health care. The AMA leverages its strength by removing the obstacles that interfere with patient care, leading the charge to prevent chronic disease and confront public health crises and, driving the future of medicine to tackle the biggest challenges in health care.

Misinformation Is A Word We Use To Shut You Up



Authored by Daniel Klein via the Brownstone Institute,

The policing of “information” is the stuff of Naziism, Stalinism, Maoism, and similar anti-liberal regimes. To repress criticism of their dicta and diktats, anti-liberals label criticism “misinformation” or “disinformation.” Those labels are instruments to crush dissent.

This paper offers an understanding of knowledge as involving three chief facets: information, interpretation, and judgment. Usually, what people argue fervently over is not information, but interpretation and judgment.

What is being labeled and attacked as “misinformation” is not a matter of true or false information, but of true or false *knowledge*—meaning that disagreement more commonly arises over interpretations and judgments as to which interpretations to take stock in or believe. We make judgments, “good” and “bad,” “wise” and “foolish,” about interpretations, “true” and “false.”

On that understanding, the paper explains that the projects and policies now afoot styled “anti-misinformation” and “anti-disinformation” are dishonest, as it should be obvious to all that those projects and

policies would, if advanced honestly, be called something like “anti-falsehood” campaigns.

But to prosecute an “anti-falsehood” campaign would make obvious the true nature of what is afoot—an Orwellian boot to stomp on Wrongthink. To support governmental policing of “information” is to confess one’s anti-liberalism and illiberality. The essay offers a spiral diagram to show the three chief facets of knowledge (information, interpretation, and judgment) plus a fourth facet, fact, which also deserves distinct conceptualization, even though the spiral reminds us: Facts are theory-laden.

Introduction

Writing at *Discourse*, published by the Mercatus Center, Martin Gurri describes “disinformation” as follows:

> The word means, ‘Shut up, peasant.’ It’s a bullet aimed at killing the conversation. It’s loaded with hostility to reason, evidence, debate and all the stuff that makes our democracy great. (Gurri 2023)

That is from Gurri’s excellent piece, “Disinformation Is the Word I Use When I Want You to Shut Up.” The piece prompted the present essay, the title of which is a variation on his.

With such titles, Gurri and I are being polemical, of course. Not *all* usages of “disinformation” and “misinformation” come from people intent on shutting someone up. But a lot are. The “anti-misinformation” and “anti-disinformation” projects now afoot or in effect are about shutting up opponents.

In 2019 the Poynter Institute for Media Studies published “A Guide to Anti-misinformation Actions around the World.” There you survey examples of anti-misinformation and anti-disinformation projects and policies, which have no doubt soared further since 2019.

The policing of ‘information’ is the stuff of Naziism, Stalinism, Maoism, and similar anti-liberal regimes. In my title “Misinformation Is a Word We Use to Shut You Up,” anti-liberals are the “We.” To repress criticism of their dicta and diktats, they stamp criticism as “misinformation” or “disinformation.” Those stamps are Orwellian tools that anti-liberals wield in the hope of stamping out Wrongthink—for example, on climate, election integrity, the origins of the Covid virus, therapeutics such as Ivermectin and Hydroxychloroquine, the effectiveness of masking, the effectiveness of the Covid injections, the safety of the Covid injections, and the effectiveness of lock-downs. “Anti-misinformation” could be deployed in keeping with whatever the next *THE CURRENT THING* might be, with associated slogans against, say, China, Putin, Nord Stream, racists, white supremacists, MAGA Republicans, “deniers,” et cetera. And then, of course, there’s all that “misinformation” disseminated by “conspiracy theorists”.

In speaking of “policing,” I mean government throwing its weight and its coercion around against “misinformation” or “disinformation.” And, besides government coercion, there are allies. These allies often enjoy monopolistic positions, stemming either from government handouts, privileges, and sweetheart deals, as with broadcasters, universities, and pharmaceutical companies, or from having cornered certain network externalities, as with certain huge media platforms. Allies of various sorts sometimes do the bidding of the

despots because they themselves are threatened and intimidated. The ecosystem leads to their debasement.

To support governmental policing of “information” is to confess one’s anti-liberalism and illiberality. Even worse, it is to flaunt them. The motive is to make and signal commitment to anti-liberalism, in a manner parallel to how religious cults sets up rituals and practices for making and signaling commitments (Iannaccone 1992). Vice signals vice, the ticket in some spheres to promotion and advancement.

Also, vicious action spurs more of the same to defend against exposé and accountability for past wrongs. In protecting their rackets, the wrongdoers verge upon a downward spiral.

Knowledge’s richness

I wrote *Knowledge and Coordination: A Liberal Interpretation* (Oxford University Press, 2012). The book says knowledge involves three chief facets. Those facets help us see why “misinformation” and “disinformation” are words anti-liberals use to shut people up. The three chief facets are information, interpretation, and judgment:

- *Information* exists within a working interpretation, natural to the context of the matter under discussion.
- *Interpretation* takes us beyond the working interpretation. It opens things up to the marvelous generation and multiplying of interpretations; you now face a portfolio or menu of interpretations, and it is a portfolio that can always grow yet another interpretation.
- *Judgment* is the action facet of knowledge. It is about, first, estimating interpretations and, second, *taking stock in* certain interpretations you estimate highly. Judgment involves a degree of commitment —belief—which propels you to act on the interpretations you take stock in. If you do not actually act on the interpretation you purport to take stock in, you are a hypocrite and a quack. If you are aware of your hypocrisy, you are a liar; if you are not aware of it, you are in denial, self-deluded. Lying, stubborn denial, self-delusion, and cynicism are features of baseness.

When despots label opposition “misinformation” or “disinformation” they abuse language. They invoke presuppositions built into the word *information*, presuppositions that are false. When despots label opposition “mis-” or “disinformation, they are, at best, objecting in the interpretation and judgment dimensions of knowledge, or, at worst, they are speaking in a way that has abandoned civil engagement altogether, instead using words as instruments of wickedness.

Usually, what people argue fervently over is not information, but interpretations and judgments as to which interpretations to act on. What is being labeled and attacked as “misinformation” is not a matter of true or false information, but of true or false *knowledge*. The projects and policies now afoot styled “anti-misinformation” and “anti-disinformation” are dishonest, as it should be obvious to all that those projects and policies would, if advanced honestly, be called “anti-falsehood” or “anti-falseness” or “anti-foolishness” or “anti-untruth” campaigns. But to prosecute an “anti-falsehood” campaign would make obvious the true nature of what is afoot: The persecution and silencing of Wrongthink. In misrepresenting matters of interpretation

and judgment as one of “misinformation,” they misrepresent the nature of their projects and dodge the responsibility to account for how they judge among vying interpretations.

Within the information dimension of knowledge, variance is resolved in a straightforward manner. Very little interpretative engagement and dialogue are called for. The question of whether a movie is in black-and-white or in color can almost always be readily decided, because we basically share an interpretation of “black-and-white” and “in color,” making the question a matter of information. If interpretative effort is called for, the matter is no longer within the information dimension—is *Citizen Kane* a better movie than *Roman Holiday*? Only to be ironic would someone say: Dad misinforms you when he says that *Citizen Kane* is better than *Roman Holiday*. The irony there would be in the implied high self-estimation, as the speaker sets up his own aesthetic sensibilities in judging movies as a standard so precise and accurate as to warrant “misinform” when Dad disagrees with that standard.

The despots are without irony. They dodge interpretive engagement by labeling dissenting statements “mis-” or “disinformation.” They are simply bullying and intimidating their opponents.

We notice that sometimes, as here, announcing BBC Verfiy, the despots use the novel term “mistruth,” which was scarcely ever used prior to a few decades ago (see here). The “mis-” prefix does not well fit on the word *truth*, which pervades knowledge river-deep, mountain-high. Think of

mistake, *misspeak*, *misremember*, *misplace*, *mislay*, *misquote*, *misdirect*, and so on. The prefix “mis-” is proper when the betterness of a readily identifiable alternative—the accurate quotation, for example—is hardly a matter of dispute. I doubt that much time will be spent by BBC Verify on correcting misquotations.

Misinformed by the supermarket clerk

I enter a supermarket and ask a clerk where the peanut butter is, and he responds, “Aisle 6.” I go there but don’t find it. I wander about and find it in Aisle 9.

The clerk was mistaken. He gave me false or bad information. The idea *Peanut butter is in Aisle 6* is a matter of information, an idea sitting within a set of working interpretations. The working interpretations include those of ordinary human purpose and of ordinary trust and common decency. The clerk and I were *not* playing a game, nor was it April Fools’ Day. Importantly, the working interpretations include those of plain English—the semantic conventions of “peanut butter,” “6,” the syntactical conventions of English, and so on.

April Fools’ Day tricks depart from working interpretations. The tricks create an unexpected asymmetry between the interpretation of the targeted person—who wishes to add a dash of salt to his soup—and the trickster—who unscrewed the top of the salt shaker. The target interpreted the world as presenting a salt shaker with top screwed on as usual. The trickster relished her anticipation of the victim’s shock and surprise in discovering the faultiness of his interpretation of the world.

Asymmetric interpretation is essential to humor. Another form of humor is the put-on, as when the trickster feigns his own frustrations, and we enter into the asymmetric interpretations of the amused target of the trick, as in these Buster Keaton put-ons from *Candid Camera*.

Likewise, humor often plays upon departures from semantic conventions, as in punning, “Knock, knock” jokes, and “Who’s on First” by Abbot and Costello.

A precondition of humor is a certain trust and joint interest in the truths that humor gets at. Without those preconditions, there is no humor.

Despotism conceals its designs. It conceals its true beliefs and intentions. By its nature, it abuses working interpretations. Despotism is untrustworthy. Its relationship with ordinary organic interpretation is never playful. That is why despotism is incapable of being humorous. It cannot make a joke, and it cannot take a joke. Adam Smith wrote:

> Reserve and concealment…call forth diffidence. We are afraid to follow the man who is going we do not know where.

Afraid, we attend the despot with diffidence. Despotism is grim.

I take my peanut butter to the check-out line where the same clerk is working, and say, “I found it—but in Aisle 9!,” trying to be humorous as though a joke had been played on me. Being a mere matter of information, the mistake *is readily accepted*. The clerk responds, “Ah?! Sorry about that!”

Unintentional and intentional

When one person, Bob, misinforms another, Jim, without realizing that the information is false, the mistake is amendable to ready corrected, without fuss, assuming the falseness is realized by Jim or Bob. Such misinformation events are trifling; we don’t debate them or dwell on them. Misinformation is rather like a typo, corrected by a proof-reader.

Scarcely ever do we speak of the mistake with the five-syllable Latinate word *misinformation*. Heavy usage of the word *misinformation* so often occurs in reference to “anti-misinformation” projects, usage either by the perpetrators and cheerleaders of those projects or by those who fend off threats from the perps.

When Bob misinforms Jim intentionally, however, information mistakes are dishonest. They are lies. We dwell on them as lies, not as matters of misinformation. The misinformer is a liar. Some now promulgate the word *disinformation*.

In distinguishing *misinformation* from *disinformation*, Dictionary.com explains “the critical distinction between these confusable words: intent.” Wikipedia says the same. Its entry on Disinformation begins: “Disinformation is false information deliberately spread to deceive people. It should not be confused with misinformation, which is false information but is not deliberate.”

According to those sources, then, disinformation is lying. It is false information spread by those who know that it is false information. To disinform is to lie.

The distinction based on intent is not sharp. Is the misinformer who does not know that the information he spreads is false but who failed in performing basic due diligence against its falsity a perpetrator of

disinformation? His discourse usually carries with it a claim to have done such due diligence, and that claim would be false. And if he knows he has not done due diligence, he is, once again a liar, though the lie is about his having performed due diligence, not about his knowing that the information is false. Out-and-out lying travels with a vast entourage of shabby norms and shabby understandings of the duties of due diligence. Related here would be the large topics of denial, self-deceit, self-delusion, and hypocrisy. (Adam Smith's treatment of self-deceit is explained here.) The terminus is cynicism, baseness, and miserableness.

In ordinary private-sector affairs, outside of politics and outside of heavily governmentalized affairs, lying at the level of information is naturally checked and counteracted. Again, the "information" implies reference to working interpretations. Getting things rights should not be difficult or tricky—issues there are all *within* the *working* interpretation. Sure, mistakes are made; but such mistakes are readily and easily corrected.

Liars about information lose the trust of their voluntary associates, whether those voluntary associates are friends, customers, trading partners, or employees. If liars lie about simple features of their products or their services, they could be subject to law suits from their trading partners, to public criticism, and to rival exposé by competitors. In ordinary private-sector affairs, everyone has reputational incentives not to lie systematically, and especially not to lie about information, and most of us have strong moral incentives within ourselves against lying. We dread the disapproval of "the man within the breast"—an expression Adam Smith used for the conscience.

So, you might ask: If private actors without government privileges and immunities scarcely spread false information dishonestly and programmatically, is disinformation really a thing? Before addressing that question directly, let's turn to the Godzilla of programmatic lying.

Propaganda: Government's programmatic lies

It is government, especially, that lies programmatically. The lying can be at the level of information, but it usually makes more sense to say that its lying is at the level of interpretation: The government promotes *interpretations*—for example, *The Covid virus came from nature*—, interpretations that it, the government, itself does not particularly believe. It lies about the virus having come from nature, as it lies about many other big interpretations. It propagates big lies.

And it lies with confidence. Government is the only player in society that initiates coercion in an institutionalized way. Its coercion is overt. What's more, it does so on a colossal scale. That is the most essential feature of government. Every government is a Godzilla, and we must learn to live with our Godzilla and mitigate the destruction it wreaks.

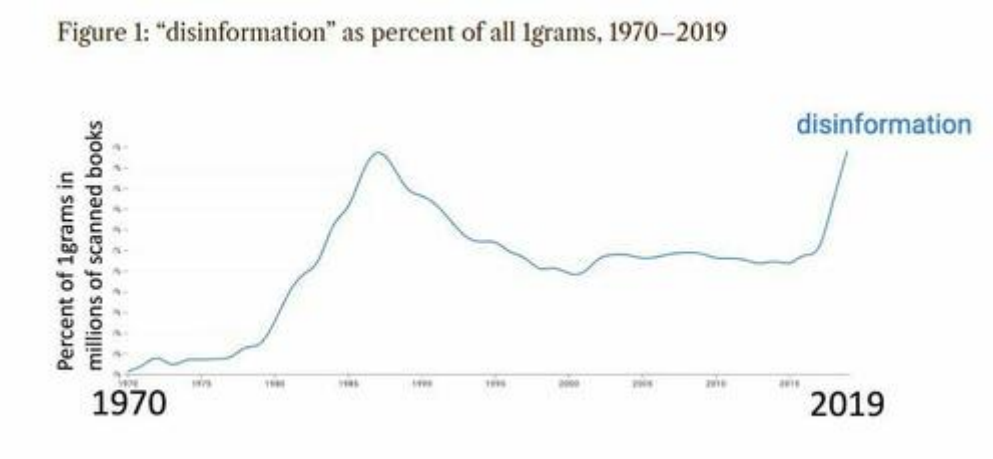
The traditional term for government's programmatic lying is propaganda—a word that once did not necessarily imply falseness (instead meaning simply ideas propagated), but is now generally used in that necessarily-pejorative sense. The falsehoods of propaganda are typically lies, in that the propagandizers usually do not particularly believe the claims they propagate.

Government can lie programmatically because it does not depend on voluntary participation for its support. It subsists on coercion, including restrictions on competitors and opponents, and takings from taxpayers.

Organizations in heavily governmentalized settings can also lie programmatically. Crony private-organizations sustain large programmatic lying only when they enjoy privileges, immunities, and protections from the government.

“Misinformation” and “disinformation” are weapons anti-liberals wield

Again, Gurri suggested that, so often, “disinformation” “means, ‘Shut up, peasant.’ It’s a bullet aimed at killing the conversation.” The term “disinformation” scarcely existed before 1980, as shown in Figure 1. The figure contains data through 2019, and it is likely that the recent surge has continued.



Source: Google Ngram Viewer link

Gilbert Doctorow writes of “the introduction of the word ‘disinformation’ into common parlance.” Doctorow writes:

The word “disinformation” has a specific context in time and intent: it is used by the powers that be and by the mainstream media they control to denigrate, marginalize and suppress sources of military, political, economic and other information that might contradict the official government narrative and so dilute the control exercised by those in power over the general population. (Doctorow 2023)

Gurri and Doctorow are describing what is now the main way, or at least the most troubling and most terrible way, that “disinformation” is used. It must be noted, however, that the word has also been used simply as a synonym of propaganda—and thus something that governments, too, perpetrate. But, now, “misinformation” and “disinformation” are most conspicuously a propagandistic term used in the manner described by Gurri and Doctorow. In that sense, “disinformation” is not a general synonym for propaganda, but is, rather, a word that propagandists use to smear their opponents.

Meanwhile, in fending off this new species of propaganda, honest people, too, resort to using “disinformation,” as a synonym for propaganda, to fling that specific word back onto the propagandists. Doctorow exemplifies what I mean, as he justly writes:

> In reality, it is these censorious states and the mass media that carry their messages with stenographic precision into print and electronic dissemination who are the ones that day after day feed *disinformation* to the public. It is cynically composed and consists of a toxic blend of 'spin,' by which is meant misleading interpretation of events, and outright lies. (Doctorow 2023)

Time again we find ourselves having to use the degraded verbalisms of the anti-

liberals to address and combat their abuses. Sometimes it seems like our civilization revolves around trying to keep the anti-liberals from burning down the house.

Base humans tend to weaponize things

But aren't governments accountable to checks and balance, divisions of power, and the rule of law? Haven't we learned to tame Godzilla, to chain down Leviathan?

It is true that the government of a rule-of-law republic, checked by an honest media, might be quite limited in its programmatic lying. But that's not how it is today, where dissent is being tarred as "mis-" and "disinformation," and where the legacy media is morally base in the extreme. Today, regimes are increasingly despotic, and despotic regimes are much less checked and limited.

The rule of law means, first and foremost, the government living up to the rules posted on its own website. Governments today don't do that. Law is applied politically, that is, with extreme partiality, upon a double-standard. Laws are selectively enforced and punishments are selectively meted out. Despots avail themselves of show trials, kangaroo bodies, and galleries filled with stooges. The "anti-misinformation" agenda is misrule.

Despotism despoils checks and balances. Despotism centralizes power formerly divided. It destroys the independency and autonomy that, theoretically, branches and units, divided and balanced, had once enjoyed. Despotism usurps powers once distributed and balanced. Despotism is unbalanced power.

Under a despotic regime, the coercive institutions unique to government become weaponized by the despots and their allies. They turn them against their opponents. But weaponization is itself always somewhat constrained by cultural norms. The existence of government implies the existence of a governed society, and the existence of society implies the existence of some basic norms, for example against theft, murder, and lying. David Hume famously pointed out that the governed always vastly outnumber the governors, and hence government depends on "opinion"—if only the opinion to acquiesce to those governors:

> Force is always on the side of the governed, the governors have nothing to support them but opinion. It is therefore, on opinion only that government is founded; and this maxim extends to the most despotic and most military governments, as well as to the most free and most popular. (Hume, *Essays*)

I wonder whether the shut-them-up projects of Naziism, Stalinism, and Maoism tarred their opponents with labels akin to "misinformation" and "disinformation." Even National Socialists and Communists gave some lip service to social norms, with their show trials and righteous objections to "the lying press" (*Lügenpresse*). But

did their languages, at those times, have words that corresponded to the English words *information*, *interpretation*, and *judgment*, along the lines of the distinctions made here? (This ngram diagram makes me wonder.) Was their vocabulary for knowledge like that of English, and did they abuse the presuppositions involved in those distinctions the way that "anti-misinformation" projects do today? For help with this question, maybe we should turn to ChatGPT.

The contested claims go far beyond information

Disagreement usually arises over interpretations and judgments as to which interpretations to take stock in or believe. We make judgments, "good" and "bad," "wise" and "foolish," about interpretations, "true" and "false."

Again, "anti-misinformation" projects presuppose the information dimension where such a presupposition is inapt. When despots declare something to be "misinformation," the discourser—say, John Campbell, Peter McCullough, Robert Malone—does not readily accept the supposed correction, unlike the clerk in the supermarket example. That is quite decisive proof that presuppositions of the information dimension do not apply. The matter is clearly beyond information.

The despots tend to invoke certain organizations as the definitive, authoritative sources of "information." They say, in effect: "The CDC, the WHO, the FDA says the mRNA injections are safe and effective, so anything that suggests otherwise is misinformation." The farce here is pretending that everyone's working interpretation consists of the dicta of some such particular organization. Never has an organization or agency had such a Mount-Olympus status for determining, throughout society, working interpretations of complex matters, and particularly not an organization with the foul characters and track-records of the CDC, WHO, FDA, and similar highly governmentalized organizations. The similitude to the Soviet Union under Stalin is obvious.

A big part of the interpretation dimension is the estimation of the wisdom and virtue of those who contend for authority. Government is a Godzilla; it is not a validator of an organization's wisdom and virtue. To be worth a damn, estimations of wisdom and virtue must emerge from arrangements not heavily governmentalized, liberal arrangements, in society, in science, and in public discourse. We shall look not to Godzilla but to certain among the human beings who check Godzilla.

What the sincere human looks like

I wrote above of "quite decisive proof that presuppositions of the information dimension do not apply," in noting that Peter McCullough does not readily accept the supposed correction. But what if McCullough is a liar? Then it would be no surprise that he does not readily accept the purported correction. What, in other words, about the possibility of *dis*information? An insincere disinformationist would stand by his informational statements and persist in misinforming his listeners.

What does sincere engagement look like?

Sincere engagement is sincere in the desire to become better aligned with the larger good, which would correspond to a universally benevolent God. The sincere human does not claim to be universally benevolent. He does not even claim to be more benevolent than the average person. But, compared to the average person, the sincere human scrupulously strives to align his conduct with universal benevolence.

The sincere human *wants* to be corrected. He *welcomes* correction. Sincerity is evident in the human's openness to engagement. The sincere human welcomes deep-dive conversation, debate, and challenge. He is eager to learn.

If the sincere human rejects a purported correction, he is eager to explain the interpretations and judgments that motivate his rejection of the purported correction. He explains why he rejects it. And he welcomes a response to his explanation. He is agreeable to continuing the engagement.

The sincere human wants to sit down, human-to-human, and hash things out. He wants to enter into the mind of his intellectual adversary and see why the adversary says what he says. The sincere human wants to hear about the adversary's portfolio of possible interpretations. The sincere human is eager to compare the adversary's portfolio to his own portfolio of interpretations.

In comparing the portfolios, the sincere human may see some interpretations that are not in his own portfolio, and wish to consider those as candidates for incorporation into his own. The sincere human wants to probe their soundness, their worthiness. The sincere human may also see that the adversary's portfolio lacks certain interpretations that are in his own, and will want to understand why those are lacking from the adversary's portfolio.

By hashing things out, the two prattlers should aim to get the contents of their respective portfolios onto the table, making a larger union of the contents of the two portfolios of possible interpretations. They can then explore together the reasons, or causes, for their difference in how they judge among the possible interpretations. They try to dwell in one another's mind, sympathetically, to get a feeling for the ways of the other's judgment. After doing so, each can then make a moment in the other's judgment into an object up for examination, an object for interpretation and estimation. "But why do you draw *that* conclusion?"

The sincere human is frank and open about the calls of his own judgment. He invites the other human to ask, "But why do you draw *that* conclusion?" Adam Smith wrote: "Frankness and openness conciliate confidence."

When two sincere humans disagree, it is as if they say to one another:

> We both purport to orient ourselves upward, toward alignment with the good of the whole. We both understand that our thinking must focus on the most important things in the issue at hand. We both look at the same world—our interpretations are, as it were, interpretations of the signals presented to us in the book of nature. And yet we draw different conclusions. Let us explore the sources of that difference, in the hope that as a result there will be an improvement, for the good of the whole, in the joint effect of (your revised outlook and my revised outlook), after your outlook and my outlook have been revised by virtue of our conversation.

That is what the sincere human looks like. He is open, frank, and eager to participate in conversation and debate with adversaries. He is eager to sit down and hash things out. He is eager to delve into the fine points, to nail down the details, to respond to challenges, to document the evidence, to continue the conversation. He relishes engagement as a sort of adventure of the mind. He takes joy in argumentation and scholarship, as actualization of the human potentiality for virtue—of serving God, as it were.

The sincere human looks like—from what I can tell—Peter McCullough.

I single out Peter McCullough as exemplar simply to single out someone. All of those who are eager to engage adversaries illustrate the most salient feature of the sincere human, and the more that that eagerness fits the rest of my description above, the more sincere that human likely is.

The sincere human loves life, and hence loves the most rewarding, most sublime of life's experiences. For scholars, researchers, thinkers, and indeed for *Man Thinking* everywhere, as humans in continual discourse about our duties to the good and our dependence on interpreting the book of nature, one of the most rewarding, sublime experiences is the sort of civil engagement described above. The sincere human, then, holds the norms, practices, and institutions that foster and safeguard that sort of civil engagement to be sacred. The sincere human, therefore, is not only a liberal in the pre-political senses of the word, but also in the political sense christened "liberal" around the 1770s by Adam Smith and other Britons. That is the political outlook that best sacralizes the norms, practices, and institutions of sincere engagement.

What the unsincere human looks like

We now turn to characters opposite of the sincere human. One would be insincere, but I wonder whether another is the human without either sincerity or insincerity. I will use "unsincere."

The features of the unsincere human are generally the opposite of the just-described ways of the sincere human. The unsincere human is not open. He is averse to sitting and hashing out differences with adversaries. He may issue brief, peremptory messages. He avoids challenges. He ignores criticism. He does not explain. He refuses engagement.

The most vicious humans hate to see adversaries finding platforms and channels to challenge their projects; they work to shut them up. Other humans fall in with, or at least stays silent about, the assaults on liberal norms and institutions, such as "anti-misinformation" projects.

The unsincere human is illiberal, and he tends to subserve anti-liberalism, even if he does not himself mouth the slogans of anti-liberalism.

Fact

I return to elaborating an understanding of knowledge, because I think that getting the understanding across can be useful to sincere efforts to advance the good. (At the end of this paper is a listing of a few philosophers whose thinking my thinking dovetails with.)

Again, the chief facets of knowledge are information, interpretation, and judgment. What about fact? Is fact not a facet of knowledge?

Consider the saying, *Facts are theory-laden*, a saying that got started in the 1960s. To relate that saying to my terminology, think of "theory" as *interpretation judged worthy or superior*. Theory, then, refers to the dimensions of interpretation and of judgment.

Facts are theory-laden is a useful saying, for it reminds us that what one person calls "fact" can be opened up to examination and challenge by another person—or even by the same person, a moment later, after having called it "fact." The simple truth is that we could, if we had cause to, dig interpretation and judgment out from underneath any of our facts.

Facts are theory-laden, but when "we" all embrace the laden theory, we call the statements fact. To call something fact is to declare that the laden theory is *not* the matter under discussion. Fact, then, is a facet of knowledge, but not a chief one. Fact designates statements that no one among "Us" wishes at all to take issue with. Facts are noncontroversial, at least for the discussion within which they are treated as facts.

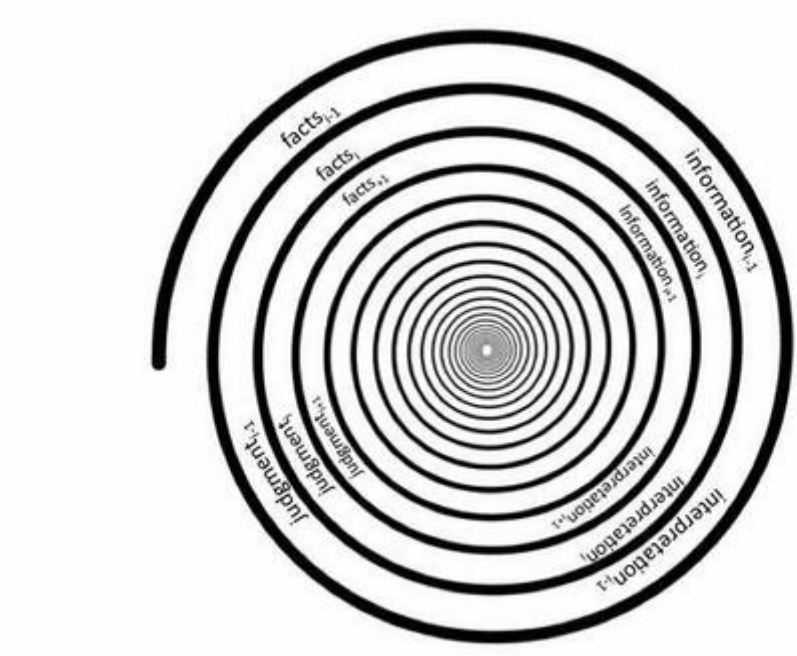
A diagram may be helpful.

The spiral of knowledge

Communication picks up midstream of human experience. We proceed upon working interpretations. "Information" is what we call the facts as seen within the working interpretation.

Figure 2: The spiral of knowledge, with four phases:

fact, information, interpretation, and judgment



Source: The author's creation

Figure 2 offers four phases (or facets) of knowledge, shown in each loop of the spiral. “Facts” reside in a more basic interpretive frame—more basic than what I have called “the working interpretation”—in which “factual” statements are presumed acceptable to all parties of the communication. When Jane and Amy “argue over the facts,” they are, as it were, revisiting what is to be treated as factual.

The loops flow one into the next, through time, from outer loops to inner loops. We travel in the clockwise direction. The spiral image on your screen is two-dimensional, but imagine a third. We hope that the spiral winds upward in wisdom and virtue, such that the inner loops are higher than the outer loops.

Suppose we sit down together with a telephone book. We call the ink markings “the facts.” Neither of us thinks to dispute statements about the printed numbers on the pages. We then proceed to talk plainly of them as *phone numbers*. We often forget this working lens—interpreting the facts as phone numbers—because we see through it.

One of us, however, may propose another interpretation: Might the list of “phone numbers” contain secret knowledge encoded by spies?

Thus, we have multiple interpretations of the ink markings that some understand as “phone numbers.” Those quotation marks signal: what the facts are called when they are seen through the working interpretation. But we may more directly speak of *multiple interpretations of the information*, as opposed to multiple interpretations of the facts. Thus, rather than interpretively pivoting off the “fact”-level interpretation—that the line reads 678-3554—let’s pivot interpretively off of what I have called “the working interpretation”—that 678-3554 is a phone number—a level *up* from the factual, and there the pivot then turns to open up the interpretation dimension: “Maybe the phone number is a secret encoded message?” Again, universal acceptance among the “we” is built into “the facts”: None of us disputes that the line says 678-3554. Wherever you want to accommodate interpretive pivoting, move “factual” to somewhere *down* from there.

Meanwhile, life rolls on, and we are called to act. The pitch races toward the plate. If the batter waits for a better interpretation, he may be called out on strikes. Again, the action facet of knowledge is judgment. As speaker, we judge of judgments—of our interlocutors and of agents existing within the descriptions we give of things. We convey our judgments of their judgments using judgmental terms.

If, among our circle of “we,” judgment is shared, then those judgments may now predicate a further conversation among us, and, thusly, those judgments present statements now *treated as fact*. Thus, we have completed the phases of the spiral and have moved from one loop to the next, where the sequence of phases may recur.

Despotic contempt for our circle of “we”

Again, what is labeled and attacked as “misinformation” or “disinformation” is not a matter of true or false information, but of true or false *knowledge*. Recognizing that knowledge, not merely information, is at issue is a matter of common decency.

The dignity of sincere discourse involves an openness, in principle a universal openness, to other human "we's" and their pursuits upward in wisdom and virtue. As we can see, the chief facets of knowledge—information, interpretation, and judgment—operate both behind and ahead of our current position in the spiral. Trying to shut us up is to show a despotic contempt for our way of weaving through the phases of knowledge. It is contemptuous towards the development of the *many loops* within which our sense-making has made a home and now operates.

By weighing interpretations and making judgments, we establish certain beliefs as fact, to predicate our further conversation. Those beliefs reflect a "we" with those beliefs. Meanwhile, in the wider world, different "we's" are forming and are addressing the public at large, representing different sets of belief, different ways of making sense of the world. We might call a "we" a distinct *sense-making community*.

The sincere human of any one of these communities is eager to learn from other communities. The sincere human has certain commitments which make it belong to the sense-making community it belongs to, but it is not wedded to that community. In fact, the entire population of that community—that is, the set of people who currently share that way of sense-making—may remake their community's way of sense-making. Those who learn from other communities may become leaders of intellectual change within their own community.

Thus, sincere humans favor the freedom of speech and the norms of frank and open discourse *for all communities*. Besides favoring that freedom, they welcome engagement across communities, for all the reasons given earlier.

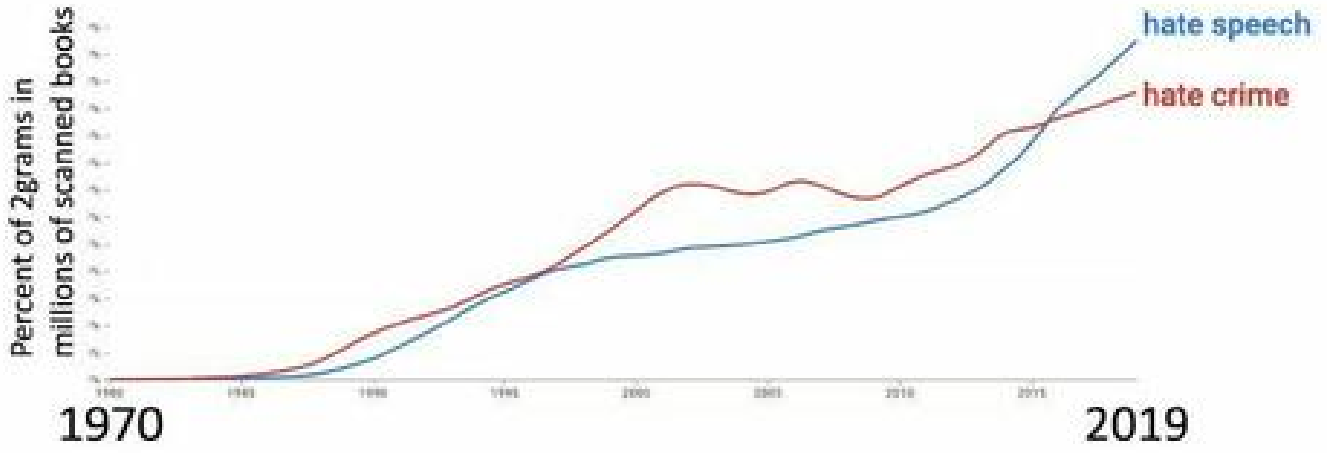
The "anti-misinformation" despots show contempt for communities at odds with their dicta and diktats. Not only are the members of the "anti-misinformation" community unwilling to engage in civil debate, but they promulgate "anti-misinformation" propaganda so as to intimidate their adversaries, to crush dissent.

I have explained that the "misinformation" characterization of the disagreement is false. The anti-liberals are presupposing that it is a matter within the information dimension of knowledge, when clearly the disagreement involves contentions in the interpretation and judgment dimensions. Under pretense of combatting misinformation, they are really just stomping on adversaries. As I said at the outset, it is akin to Naziism, Stalinism, and Maoism, regimes that likewise showed despotic contempt for sense-making communities at odds with their own. "Anti-misinformation" projects are a sham, just as "anti-racism" projects are a sham.

A few words about "hate"

Just as "anti-misinformation" projects are despotic, so too are "anti-hate-speech" projects. The failure is again one of bad semantics and false presuppositions. "Anti-misinformation" despots tar their opponents with "misinformation," making an "information" category error based on a false presupposition. "Anti-hate speech" projects tar their opponents with "hate," again making a category error, for they treat hatred as necessarily hateful—that is, improper. Figure 3 shows the recent onset of "hate speech" and "hate crime."

Figure 3: "hate speech" and "hate crime" are new.



But hatred is a necessary and organic part of any coherent system of morals. A coherent system of morals holds love and hate to be counterparts to one another. In a coherent system of morals, love is to be felt toward objects that are loveworthy, and hatred is to be felt toward objects that are hateworthy, although the bounds of propriety for the intensity and expression of the two respective feelings are importantly different, as Adam Smith explained (see esp. TMS, Part I, Sect. II, Chaps. 3 & 4 on the "unsocial" and "social" passions).

Moreover, the two respective sets of objects bear a counterpart relation to one another, for that which works systematically against the loveworthy is hateworthy. As Edmund Burke wrote: "They will never love where they ought to love, who do not hate where they ought to hate."

The implicit denial by anti-liberals that hatred is a necessary and organic part of any coherent system of morals is parallel to their implicit denial, in treating interpretive matters as informational matters, that asymmetric interpretation is a necessary and organic part of any coherent society of modern human beings. Just as "mis-" and "disinformation" are words they use to shut you up, "hate speech," "hate group," and "hate crime" are words they use to shut you up, ratified by show trials and kangaroo bodies. A proper court of hate would presuppose a distinction between proper hate and improper hate, just hate and unjust hate. In a liberal civilization such "courts" are not governmental. Rather, they remain in the judgment and interpretation of the individual's own being. If hate is policed in the manner that outward action is policed by governments,

> we should feel all the furies of that passion against any person in whose breast we suspected or believed such designs or affections were harboured, though they had never broken out into any actions. Sentiments, thoughts, intentions, would become the objects of punishment; and if the indignation of mankind run as high against them as against actions; if the baseness of the thought which had given birth to no action, seemed in the eyes of the world as much to call aloud for vengeance as the baseness of the action, *every court of judicature would become a real inquisition*. (Smith, TMS, italics added)

Concluding remarks

The “anti-misinformation” projects are obvious miscarriages of civility, decency, and the rule of law. We must rediscover the norms of openness, tolerance, and free speech that dignify humankind. Science depends on confidence, and confidence depends on those liberal norms. Those norms are the parents of good science, healthy sense-making, and civil tranquility. There are two roads here, namely:

1. Freedom —> openness —> confidence —> truth-tracking —> dignity;
2. Despotism —> concealment —> diffidence —> bad science —> serfdom and servility.

Let’s get back to the right road.

We must rediscover the norms of openness, tolerance, and free speech that dignify humankind. Science depends on confidence, and confidence depends on those liberal norms.

Appendix: Philosophical affinities

FWIW: My take on knowledge has affinities to the philosophizing of David Hume, Adam Smith, Friedrich Hayek, Michael Polanyi, Thomas Kuhn, Iain McGilchrist, and many others. It also has affinities to the pragmatists William James and Richard Rorty, but I regard pragmatism—seeing one’s belief as the product of one’s choosing an idea among alternative ideas, and seeing the chosen idea’s betterness (compared to actual alternatives, *not* compared to the past or to hypotheticals) as necessarily the chief basis for what one shall count as true—as a phase situated on one side of a spiral, counterposed by, on the other side of the spiral, an alternate phase that we may call Humean natural belief. Humean natural belief is belief that has emerged from depths beyond the loop in which we pass between the two phases; Humean natural belief is, within that loop, not to be treated in terms of choice; it is what we would call, as we dwell within that loop, brute reality. To open such brute reality up to the pragmatist phase would mean acceding to another loop of the spiral. But the spiral is indefinite, with no first (or lower-most) loop and no final (or upper-most) loop, so certain brute realities *at some loop or level* remainbrutish for any finite conversation. And all conversations are finite.

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www.theepochtimes.com /health/cdc-labeled-accurate-articles-as-misinformation-documents-show-5571020
Zachary Stieber ⋮⋮ 1/23/2024



CDC Labeled Accurate Articles as Misinformation, Documents Show

'This is not government working for the people, it is government as adversary to the people,' one expert says.



By Zachary Stieber

The top U.S. public health agency labeled multiple news articles as misinformation even though the articles were accurate, according to internal emails and experts.

The U.S. Centers for Disease Control and Prevention (CDC) added the misinformation labels to articles from The Epoch Times in widely-circulated internal messages, according to copies obtained by The Epoch Times.

One of the articles reported on a peer-reviewed paper that found heart inflammation, or myocarditis, was more common after COVID-19 vaccination than after COVID-19 infection.

Story continues below advertisement

Nordic researchers reviewed electronic health records and counted 109 cases of myocarditis following COVID-19 infection compared to 530 after vaccination. Their study was published by the British Medical Journal.

An internal CDC email said that the study "has been picked up by anti-vax proponents as evidence that vax was more likely to cause myocarditis than COVID-19 infection," and provided a hyperlink to The Epoch Times article.

The Feb. 7, 2023, email listed the article under "points of confusion/potential rumors/misinformation."

The CDC did not list any data or other information supporting its label.

"The Epoch Times article should not be labeled as misinformation," Dr. Tracy Hoeg, a physician-scientist at the University of California-San Francisco, told The Epoch Times via email.

Dr. Hoeg said the Nordic study aligned with earlier research, including a paper published by JAMA Cardiology that found myocarditis rates were higher among some populations after vaccination compared to after infection.

Another CDC email claimed a story reporting on how the U.S. government was receiving royalty payments from Moderna's COVID-19 vaccine was inaccurate or misleading.

The Epoch Times article reported on how Moderna officials disclosed in an earnings call that the company entered a patent agreement with the U.S. National Institute of Allergy and Infectious Diseases (NIAID), sent a payment of $400 million, and would be paying additional royalties in the future.

"Anti-vax proponents question Moderna's new patent agreement with NIAID, citing catch up payments and royalties as a 'conflict of interest," the CDC email, dated March 1, 2023, stated.

The Epoch Times article quoted Dr. Lawrence Tabak, the director at the time of the NIAID's parent agency, as admitting royalty payments in general present "an appearance of a conflict of interest."

The CDC defines employees taking part in matters in which they have a financial interest as a conflict of interest, while the U.S. Department of Health and Human Services (HHS), the parent agency of the CDC, says that financial conflicts of interest can compromise honesty "especially if the financial interests are significant."

"It is certainly interesting that, confronted with possible ethics concerns, the CDC doesn't address them but dismisses them as 'misinformation,'" Michael Chamberlain, director of the nonprofit Protect the Public's Trust, told The Epoch Times via email.

The CDC also labeled an Epoch Times video featuring a doctor describing data on COVID-19 vaccines negatively impacting gut health as misinformation, the emails show, even though the video was based on published research.

“The information contained in these documents illustrates how federal health officials so rapidly squandered the trust of the American public, and it shows the danger of government setting itself up as an arbiter of truth,” Mr. Chamberlain said. “The agency is quick to slap a derogatory label on any statements that don’t fit its preferred narrative, and just as quick to impugn the motives of anyone who dares make those statements. This is not government working for the people, it is government as adversary to the people.”

More on Emails

The emails were circulated to more than 150 people in the CDC and the HHS.

They were sent by Emily Matthews, a contractor acting on behalf of the CDC’s Research & Evaluation Team.

Additional emails showed Colin Bernatzky, a CDC public health analyst, decrying articles from The Epoch Times articles on research, including a peer-reviewed paper that analyzed autopsies done on people who died following COVID-19 vaccination and concluded many of the deaths were likely due to the vaccines.

Ms. Matthews and Mr. Bernatzky did not respond to inquiries. The CDC declined to comment.

“I know this has come up previously around CDC’s rapid response capabilities/strategies to address misinformation,” another CDC official wrote, as Mr. Bernatzky’s concerns were distributed within the agency.

“I feel like this needs to be its own special report ... and we could highlight what themes/topics are these ant-vax [sic] topics covering,” another official said, adding later that he could see the U.S. Department of Homeland Security “having opinions on this.”

The emails were obtained under the Freedom of Information Act. Large portions are redacted.

Government agencies, including the CDC, were found to have conspired with social media companies to censor a wide range of speech, including posts that provided accurate information about COVID-19 vaccines. As part of that effort, the CDC passed on misinformation to Facebook, documents showed. The agency has also offered misinformation about vaccines in presentations and on social media.
The government likely violated constitutional rights with its efforts, courts have ruled.
The Supreme Court is set to soon take up the legal case that uncovered the conspiracy.

From: Matthews, Emily (CDC/DDID/NCIRD/OD) (CTR)
Sent: Tue, 7 Feb 2023 20:00:17 +0000
To: Burns, Erin (CDC/DDID/NCIRD/ID); Olivares, Dagny (CDC/DDPHSS/NCHS/OD); Jiles, Angela (CDC/DDID/NCIRD/DBD); Nordlund, Kristen (CDC/OD/OADC); Conley, Kathleen (CDC/OD/OADC); Bedrosian, Sara (CDC/OD/OADC); Sokler, Lynn (CDC/OD/OADC); Pechta, Laura (CDC/DDPHSIS/CGH/DGHP); CDC IMS JIC All -2; CDC IMS JIC OADC LNO -2; CDC IMS JIC Research -2; Friedman, Allison (CDC/DDNID/NCCDPHP/DPH); Murrell, Laura (CDC/DDID/NCEZID/OD); Zhou, Ling (CDC/DDPHSIS/CPR/DEO); Acevedo, Daniel (CDC/OD/OADC); Barton Behravesh, Casey (CDC/DDID/NCEZID/OD); Bjork, Adam C. (CDC/DDID/NCIRD/ISD); Braden, Chris (CDC/DDID/NCEZID/OD); Dubray, Christine (CDC/DDPHSIS/CGH/DGHP); Knight, Nancy (CDC/DDPHSIS/CGH/OD); McDonald, Robert (Bobby) (CDC/DDID/NCHHSTP/DSTDP); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Novak, Ryan (CDC/DDID/NCIRD/DBD); Stewart, Rebekah (CDC/DDID/NCHHSTP/DTE); Walke, Henry (CDC/DDPHSIS/CPR/OD); Ghai, Ria (CDC/DDID/NCEZID/OD); Carpenter, Ann (CDC/DDID/NCEZID/DVBD); Caudwell, Kerry M. (CDC/OD/OCS); Silver, Margaret E. (CDC/DDID/NCEZID/DVBD); Panero, Maria (Susana) (CDC/DDNID/NCIPC/OD); 'Pratt, Michael (OS/ASPA)'; Price, Ashley (CDC/DDID/NCIRD/ID); Norris, Jennifer (CDC/DDPHSS/CSELS/OD) (CTR); Leinhos, Mary (CDC/DDPHSIS/CPR/OD); Rojanasakul, Liying (CDC/NIOSH/HELD/ACIB); Rinker, Robin (CDC/DDNID/NCIPC/DOP); Mac Kenzie, Amy Loy (CDC/DDPHSIS/CGH/DGHP); Grigg, Cheri T. (CDC/DDID/NCEZID/DHQP); Kane, Elleen (OS/ASPR/OEA); Michael, Gretchen (OS/ASPR/OEA); Hall, Bill (HHS/ASPA); CDC IMS 2022 Multi-National Mpox VTF ADS; CDC IMS Med Care and Countermeasures Task Force; CDC IMS SA Public Health Scientist (CDC); Kachur, Rachel (CDC/DDID/NCHHSTP/DSTDP); Ahmed, Faruque (CDC/DDID/NCEZID/DGMQ); Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Cohn, Amanda (CDC/DDNID/NCBDDD/DBDID); Gaines-McCollom, Molly (CDC/DDNID/NCIPC/OD); Capers, Catherine (Katy) (CDC/DDID/NCEZID/DHQP); Craig, Michael R. (CDC/DDID/NCEZID/DHQP); Spring, Christina M. (CDC/NIOSH/OD); Seeff, Laura (CDC/OD/OCS); Meunier, Jennifer (CDC/DDPHSIS/OMHHE/OD); Domaoal, Robert (CDC/DDPHSIS/CGH/DGHT); Brooks, Ashley (CDC/DDPHSS/CSELS/DSEPD); Moussakhani, Nisha (CDC/DDPHSS/OLSS/OD); Gerber, Michael (CDC/DDID/NCIRD/OD); Fast, Hannah (CDC/DDID/NCIRD/ISD); Prue, Christine (CDC/DDID/NCEZID/OD); Garcia-Williams, Amanda (CDC/DDNID/NCIPC/OD); Mitchell, Betsy (CDC/OD/OADC); Jorgensen, Cynthia (CDC/DDID/NCIRD/OD); Pitts, Dana L. (CDC/DDPHSS/OD); Seman, Caroline (CDC/DDID/NCEZID/DVBD); Gates, Suzanne (Suzi) (CDC/DDNID/NCCDPHP/DNPAO); Zviedrite, Nicole (CDC/DDID/NCEZID/DGMQ); Schnall, Amy (CDC/DDNID/NCEH/DEHSP); Baker, Kayilan (CDC/DDNID/NCBDDD/DHDD); Hayes, Locola D. (CDC/DDPHSS/OS/OD); Graff, Kaitlin (CDC/DDNID/NCCDPHP/DNPAO); Neri, Antonio (Tony) (CDC/DDNID/NCEH/DEHSP); Branam, Ian (CDC/DDPHSS/CSELS/OD); Bain, Jennifer S. (CDC/DDNID/NCCDPHP/DPH) (CTR); Whitehill, John M. (CDC/DDNID/NCCDPHP/DHDSP); Rodriguez, Heather (CDC/OD/OADC) (CTR); Miller, William (Griffin) (CDC/DDNID/NCCDPHP/DCPC) (CTR); Behm, Brittany (CDC/DDNID/NCCDPHP/DRH); Hughes, Kadeja (CDC/DDID/NCEZID/DPEI); Puddy, Richard (CDC/OD/OADPS); Patterson, Sara S. (CDC/DDPHSS/CSELS/OD); Kapil, Nisha G. (ATSDR/OAD/OD) (CTR); Miller, Joseph D. (CDC/DDID/NCEZID/DSR); CDC IMS 2019 NCOV Response Policy Partnerships; North, Sarah (CDC/OD/OADC) (CTR); Eschelbach, Julie (CDC/DDNID/NCIPC/OD); Patel, Suchita (CDC/DDID/NCIRD/ISD); Terminello, Amanda (CDC/DDID/NCHHSTP/DVH); Fisher, Allison Michelle (CDC/DDID/NCIRD/OD); Randall, Laura (CDC/DDID/NCIRD/OD) (CTR); Ramlal, Roshan (CDC/OD/OADC) (CTR); Spratling, Robin (CDC/DDID/NCIRD/ID); Butler, Jay C. (CDC/DDPHSIS/CPR/OD); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Meaney Delman, Dana M. (CDC/DDNID/NCBDDD/DBDID); Eisenberg, Emily (CDC/DDPHSIS/CPR/OD); CDC IMS 2019 NCOV Response Principal Deputy IM; CDC IMS 2019 NCOV Response Incident Manager; Sapsis, Kari (CDC/DDID/NCHHSTP/DVH); CDC IMS 2019 NCOV Response Chief Health Equity; McCurley, Carol M. (CDC/DDNID/NCEH/DEHSP); DeLuca, Nick (CDC/DDID/NCHHSTP/DTE); Donovan, John (CDC/DDID/NCIRD/ISD); Marianni, Lisa (CDC/DDPHSS/OS/OTI); Moore, Meredith

(CDC/DDID/NCHHSTP/DTE); Dowling, Molly (CDC/DDNID/NCIPC/DOP); Dugan, Susan (CDC/DDNID/NCIPC/DIP); Myers, Brad (CDC/OD/CFA); Michener, Vanessa (CDC/DDID/NCHHSTP/DHP); Eastham, Laura (CDC/DDID/NCHHSTP/DHP); Laird, Susan (CDC/OD/OADC); Schieb, Linda (CDC/DDNID/NCCDPHP/DHDSP); Verma, Rohit (CDC/OD/OADC); CDC IMS 2019 NCOV Response CDS TM Communications; Uveges, Pam S. (ATSDR/OAD/OCHHA); Smith, Teresa M. (CDC/DDPHSS/CSELS/DSEPD); Patta, Abrienne (Brie) (CDC/DDID/NCEZID/DPEI); Wilkins, Yescenia (CDC/OD/OADGHC); Reagan, Meredith (CDC/DDPHSS/CSELS/DLS); Kukucka, Claudia D. (CDC/OD/OADC); Witbart, Lauren Ann (CDC/DDID/NCIRD/OD); Li, Zheng J. (ATSDR/OAD/OCDAPS); CDC IMS 2019 NCOV Response Policy Ops; Maiuri, Allison M. (CDC/DDID/NCHHSTP/DTE); Wingard, Rachel (CDC/DDID/NCHHSTP/OD); Meekins, Jenique (CDC/DDID/NCEZID/DGMQ); Hess, Alexandra (CDC/DDID/NCIRD/DVD) (CTR); Downs, Alycia E. (CDC/DDID/NCIRD/OD); Treffiletti, Aimee (CDC/DDNID/NCEH/DEHSP); Dennis, Hope (CDC/DDID/NCIRD/OD) (CTR); Patta, Abrienne (Brie) (CDC/DDID/NCEZID/DPEI); Wisard, Trang Nguyen (CDC/DDID/NCHHSTP/DHP); Arseniadis, Katie (CDC/DDPHSS/CSELS/DSEPD); Siegel, Vivi (CDC/DDNID/NCEH/OD); CDC IMS 2019 NCOV Response Env Health TF; 'Danko, Carol (OS/ASPR/JIC)'; Ogee-Nwankwo, Adaeze A. (CDC/DDPHSIS/CGH/OD); Wisard, Trang Nguyen (CDC/DDID/NCHHSTP/DHP); Bryant, LaKia R. (CDC/DDPHSIS/CGH/OD); 'Muni, Michael (OS/OASH)'; Sandhu, Sukhminder (FDA/CDER); Nunnally, Tammy (CDC/DDID/NCHHSTP/OD); Kachinsky, Noelle (CDC/DDPHSIS/CGH/DGHP); Roobol, Hope (CDC/DDNID/NCEH/OD); Gottlieb, Justin (CDC/DDID/NCIRD/ID); Mwidau, Jamila (FDA/CDER); Hall, Kelly (CDC/DDNID/NCCDPHP/DNPAO); Lean, Katherine (CDC/DDPHSIS/CGH/DGHT); CDC IMS 2022 NYS Polio Response Vaccine TF; Gatewood, Johanzynn (CDC/DDPHSS/CSELS/DLS); Swensen, Sue (CDC/DDPHSS/CSELS/DHIS); Tevendale, Heather D. (CDC/DDNID/NCCDPHP/DRH); Elliott, Nicole (CDC/DDNID/NCCDPHP/DNPAO); Hoffmann, Candice (CDC/DDID/NCEZID/OD); Branam, Ian (CDC/DDPHSS/CSELS/OD); Kent, Charlotte (CDC/DDPHSS/CSELS/OD); Dott, Mary (CDC/DDPHSS/CSELS/OD); Bartley, Shelton (CDC/DDPHSS/CSELS/OD); Geissler, Aimee L. (CDC/DDPHSIS/CGH/DGHP); Resha, Karen (CDC/DDID/NCHHSTP/OD); Parmer, John E. (CDC/DDID/NCHHSTP/DTE); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Mahadevan, Chitra (FDA/CDER); Nicolae, Lavinia (CDC/DDID/NCHHSTP/DSTDP); Hamburger, Tanya (CDC/DDID/NCEZID/DHQP); Gee, Julianne (CDC/DDID/NCEZID/DHQP); CDC IMS 2019 NCOV Response Epi TF Communications Team; Evans, Shenandoah (CDC/DDPHSIS/CGH/OD) (CTR); CDC IMS 2019 NCOV Response VCU Communications; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Hawkins, Brittnee (CDC/DDID/NCIRD/OD); Blau, Erin (CDC/DDPHSIS/CGH/GID); Griswold, Stephanie (CDC/DDNID/NCBDDD/DBDID); Swyers, Victoria (CDC/DDID/NCIRD/ID) (CTR); Ahmed, Nausheen (CDC/DDPHSIS/CGH/DGHP); Arshanapally, Suraj (CDC/DDID/NCEZID/DGMQ); Galloway, Summer (CDC/DDID/NCIRD/ID); NCIRD CCU Lab Policy (CDC); Abshire, Kara (CDC/DDNID/NCCDPHP/OD); CDC IMS 2019 NCOV Response DAV TF Comms Team; 'Albright, Hien (FDA/ORA)'; 'Bryan, Brad (OS/ASPR/IO)'; Santana, Alberto (CDC/DDNID/NCIPC/DVP); Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/OD); Ngounou, Laura (CDC/DDID/NCEZID/DHQP); Mandel, Samantha (CDC/DDNID/NCIPC/DVP); Johnson, Britney (CDC/DDPHSS/CSELS/DSEPD); CDCITFPPC (CDC); Ma, Yue (CDC/DDPHSS/CSELS/DLS) (CTR); Hammond, Shelley S. (CDC/DDNID/NCCDPHP/OSH); Andujar, Ashley (CDC/DDPHSIS/CGH/OD); Boyce, Latifa (CDC/DDPHSIS/CPR/DEO); Gupta, Neil (CDC/DDID/NCHHSTP/DVH); Manns, Brian Jerrad (CDC/DDID/NCIRD/OD); Bratton, James M. (CDC/DDPHSS/CSELS/DLS); Phoenix Weir, Ursula (CDC/DDNID/NCBDDD/OD); Johnson, Valerie (CDC/DDID/NCEZID/OD); Orsega, Susan (OS/OASH); Lesko, Max (HHS/OASH); Campos, Rafael D (OS/OASH) (CTR); Mullen, Jennifer (CDC/DDNID/NCCDPHP/DRH); Short, Tyiesha (HHS/OASH/OSG); Ciccarone, Rachel (CDC/OD/CFA); Houston, Marsha (CDC/DDID/NCIRD/DBD); Nolen Rosencrans, Renee (CDC/DDNID/NCCDPHP/OSH); Bousbar, Sabrina (OS/ASPR/IO); Gregg, Destiny (OS/IEA); Miller, Samantha (HRSA); Lambert, Tericka (HHS/ASPA; Beach, Michael J. (CDC/DDID/NCEZID/DFWED); Hornback, Deborah A. (CDC/NIOSH/DSI); Chuvileva, Yulia (CDC/DDNID/NCCDPHP/DPH); Funches, Latesha (CDC/DDPHSS/CSELS/DLS) (CTR); Black, Bethanne (CDC/DDID/NCIRD/OD) (CTR); Holmes,

Kathleen (CDC/DDID/NCIRD/ISD); Motteram, Amy (CDC/DDID/NCEZID/DHQP) (CTR); Helms, Jordan (CDC/DDPHSS/CSELS/DLS); Walier, Sheila (CDC/DDPHSS/CSELS/DLS) (CTR); Butryn, Deena (CDC/DDPHSIS/CGH/OD); Rodriguez, Leslie (CDC/DDID/NCIRD/OD) (CTR); Carter, Jasmine (CDC/DDID/NCEZID/DHCPP); Smith, April (CDC/OD/OADC); Daniels, Booker (CDC/DDNID/NCCDPHP/DHDSP); Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR); Voegeli, Chris (CDC/DDID/NCIRD/ISD); Gutierrez, Margaret (Maggie) (CDC/DDID/NCIRD/ISD); CDC IMS 2019 NCOV Response STLT TF HDS Comms Section; Akintan, Folorunso (CDC/DDPHSIS/CGH/DGHP); Kaplan, Emily (CDC/DDNID/NCCDPHP/DDT); Thurmond, Emily (CDC/DDID/NCEZID/DGMQ) (CTR); Ross, Kierra (CDC/DDID/NCIRD/OD) (CTR); Parker, Stacey M. (CDC/DDPHSIS/CSTLTS/OD); Serbanescu, Florina (CDC/DDNID/NCCDPHP/DRH); Keir, Jane M. (CDC/DDPHSS/CSELS/DSEPD); Allen Tchoukalov, Jessica A. (CDC/DDID/NCEZID/DGMQ); Boone, Kwanza (CDC/DDID/NCIRD/ISD) (CTR); Pai, Rima (CDC/DDPHSIS/CGH/GID) (CTR); Madden, Joseph (CDC/DDPHSS/CSELS/DSEPD); Stamps, Sharleta (CDC/DDID/NCIRD/OD) (CTR); Jones, Shantrice (CDC/DDID/NCEZID/DPEI); Park, Jennifer (CDC/DDID/NCEZID/DGMQ); Brown, Christopher K (CDC/DDPHSIS/CPR/DEO); Brodalski, Diane J. (CDC/DDID/NCIRD/OD) (CTR); Heldman, Amy B. (CDC/DDNID/NCCDPHP/DCPC); Jackson, Shallynn (CDC/DDID/NCIRD/OD) (CTR); Trotochaud, Marc (CDC/DDID/NCIRD/OD) (CTR); Williams, Paula O. (CDC/DDPHSS/CSELS/OD); Bradeen, Tessa (CDC/DDPHSS/OLSS/OD); Meyer, Cynthia (CDC/DDPHSIS/CPR/OD); Vahey, Grace (CDC/DDPHSIS/CPR/OD); Thompson, Natarsha (ATSDR/OAD); Jackson, Brendan R. (CDC/DDID/NCEZID/DFWED); Weakland, Aliki P. (CDC/DDID/NCIRD/OD)

Subject: COVID-19 Communication Surveillance Report 2.7.23

Attachments: COVID-19 Communication Surveillance Report 2.7.23.pdf

Good afternoon,

Views to news and social media pages are down from last report. CDC INFO received over 4,000 inquiries from January 31– February 6, 2023 with a majority of clinician inquiries related to vaccines, facility guidance, and testing. Top inquiries from the general public were related to testing, vaccines, travel, and treatment.

Media outlets covered changed to be faced by consumers when the National and Public Health Emergency Declarations are allowed to expire, amid growing concern for vulnerable populations, inequities and potential future outbreaks. House Republicans passed legislation Jan 31, 2023 that would repeal vaccine mandates and declare the pandemic over, ahead of the expiration of National and Public Health Emergency Declarations. There is continued coverage of the impact of long COVID on people around the country, highlighting impacts to persons of color and care givers. New data suggests molnupiravir may be driving SARS-CoV-2 mutations in some patients. Separate research findings highlight the potential for white-tailed deer as possible reservoirs for SARS-CoV-2, finding continued mutations of both Alpha and Gamma variants among the deer population after they were no longer circulating among humans.

Please note that this report *(attached and below)* is for internal use only and should not be forwarded. Let us know how we can improve this report. If you have any questions or want to add someone to the distribution list, please contact CDC IMS JIC Research -2 (eocjicres2@cdc.gov)

Emily Matthews, MPH
On behalf of the JIC Research & Evaluation Team

Contractor, GDIT
Joint Information Center | Research and Evaluation

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1600 Clifton Road NE Atlanta, GA 30329
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COVID-19 Response
Communication Surveillance Report
February 7, 2023

Recommendations for Communication Strategy

(b)(5)

Major Public Health Themes

- Outlets cover changes that consumers will face when Nat'l and PH COVID emergency declarations expire and reactions, consumers will have out of pocket expenses for testing, treatments, and vaccines if uninsured; CNN, NBC, Vox, Axios, KHN, PBS, Politico, ABC, yahoo, @KFF, @AmCollSurgeons
  - Growing concern for vulnerable pops, potential confusion over coverage, costs and copays, inequities, and potential future outbreaks. NYT, Harvard, CNBC
  - CA to let COVID State of Emergency expire at the end of the month, will no longer require COVID vax in public schools. NYT, Axios
- House Republicans passed legislation on Jan 31 that would repeal vaccine mandates and declare the pandemic over, ahead of the expiration of Nat'l and PH COVID emergency declarations: NYT, Politico
  - U.S. House of Reps soon voting on bill to end vaccine mandate for foreign travelers coming into the U.S. Although neg testing requirement ended in June, vaccine proof is still ongoing. Reuters
- Cont coverage of the impact of long-COVID on people around the country. Coverage of long COVID's impact on people of color and on care takers for those dealing with the condition. NPR, ABC, HarvardGazette, CNN
- New data suggests that Merck's antiviral, molnupiravir, may be driving SARS-CoV-2 mutations. The findings are based on the identification of a related-mutation using SARS-CoV-2 sequencing data. MedRxiv, Science, Bloomberg
- Research findings highlight white-tailed deer as possible COVID reservoir; study finds Alpha and Gamma variants continued to circulate and evolve among deer pop after they were no longer dominant in humans. NYT, CornellChronicle, pnas, @EricTopol

International

- Australia's health minister announced that residents 18yo+ will be eligible for a 5th vax dose later this month. Residents 65yo+ as well as individuals w/ comorbidities are encouraged to get the addt'l dose. Guardian

Treatment & Research

- A new paper in JAMA suggests that there were no excess deaths among US physicians following April 2021, largely due to vax effort among HCWs. JAMA
- Two new *Lancet* correspondence papers show that XBB.1.5 had a reproductive number 1.2x larger than XBB.1 and heightened antibody evasion capabilities. Lancet1, Lancet2, @EricTopol
- A new preprint shows that suicide deaths were at lower-than-expected levels during 2020. Researchers posit social cohesion, promotion of mental health resources, and greater focus on mental health as potential factors. medRxiv
- A CanSino CEO claims that early data on their COVID-19 mRNA vax suggests that their product is as effective as Moderna/Pfizer product. Trials for the vax will begin this year. Reuters, Daily Mail

Polls

- KFF poll: 38% of respondents reported that their household experienced either COVID-19, the flu, or RSV since the holidays; 46% reported that the news of COVID-19, flu, and RSV have made them more likely to take at least 1 protective measure. KFF, CNN

Points of Confusion/Potential Rumors/Misinformation

- An article looking at myocarditis published in The BMJ has been picked up by anti-vax proponents as evidence that vax was more likely to cause myocarditis than COVID-19 infection. @DrEliDavid, BMJ, Epoch Times
- "Sponsored by Pfizer" trends on twitter following a performance at the 2023 Grammy Awards that featured a demonic theme. Continued anti-vax pressure that vaccine is part of a larger satanic agenda. "Sponsored by Pfizer"
- "Project Veritas" videos featuring a Pfizer executive continue to attract attention. The most recent video discusses potential changes in hormone levels leading to the creation of the new term "Pfertility." The Daily Mail, MSN
- Twitter users emphasize results of a new paper evaluating the effectiveness of vitamin D as source to treat severe COVID, claim major PH agencies have been ignoring the tx. @BretWeinstein, @goddketal, Pharmaceuticals
- A rumor circulating on Twitter claims that Dr. Deborah Birx admitted to purposefully altering CDC guidelines and manipulating data to deceive the Trump administration. @BoSnerdley, @TerrenceBeBack

Information Seeking

CDC-INFO received 4,022 inquiries related to COVID-19 from Jan 31 – Feb 6, 2023. The general public were responsible for 3785 (94%) of all COVID-19 inquiries, clinicians added 187 (5%) inquiries, and the final 50 inquiries (1%) were either uncategorized or came from health departments, the media, or educators. This week, inquiries regarding testing, vaccines and travel remained high.

Clinicians Inquiries

- Vaccines (48%):
  - Common inquiries included questions regarding vax administration for patients with incomplete/foreign vax series, best practices after vax administration errors, and inquiries on how to access specific COVID vaccines.
- Facility Guidance (9%):
  - Common inquiries included regarding PPE requirements in HC settings, majority of inquires focused on mask requirements for HCWs.
- Testing (8%)
  - Common inquiries centered on ordering/renewing orders of tests for HC facilities.

General Public Inquiries

- Testing (35%)
  - The prevalence of testing inquiries remained high this week. Inquiries largely centered on the free testing program with most indiv seeking assistance while placing an order.
- Vaccines (27%)
  - Major themes included questions on vax boosters (39% of vax inquiries), inquiries regarding vax access (33%), and requests for new vax documentation (15%). Continued Qs regarding 2nd bivalent booster doses, access to prim series, and availability of Novavax and J&J vax.
- Travel (14%)

- Common inquiries centered on vax/testing requirements for incoming/outbound international travelers.
- Quarantine/Isolation/Exposure (9%)
  - Common inquiries included requests for quarantine, isolation, and exposure guidelines. Several questions regarding exiting isolation with prolonged + tests.

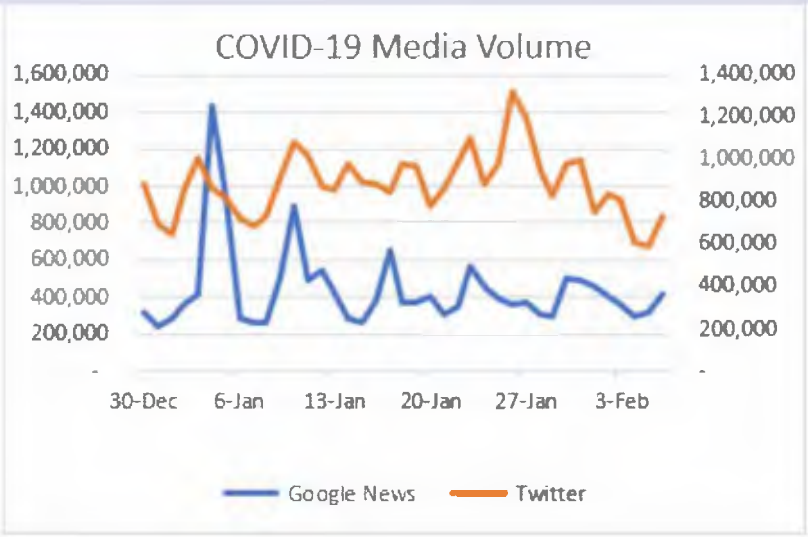
CDC/USG Mentions

- U.S. house hearings discussed the origin of COVID-19 with Republicans criticizing the gov't response early in the pandemic. Questions whether scientists should continue getting funding on virus-modifying research in China specifically. House Dems urge trusting science and research to prevent future pandemics. WSJ

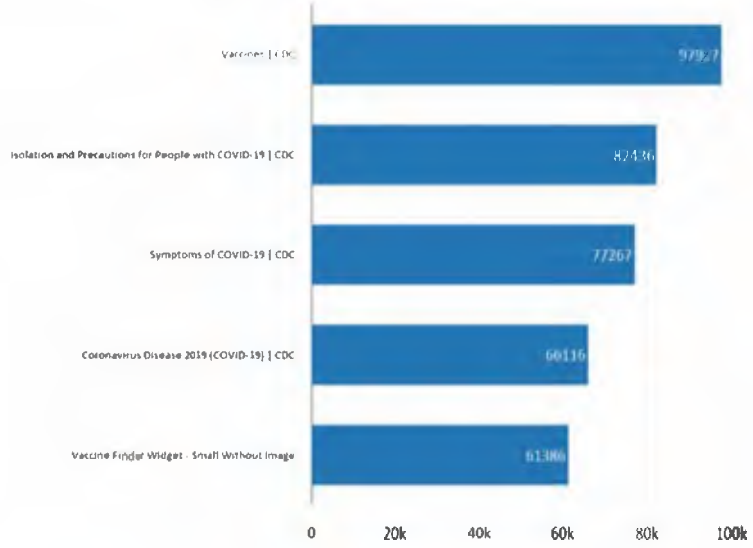
Emerging

- NYC will end its vax mandate for city workers 2/10. The plan led to a vax rate of over 96% of workers but has received media attention due to significant layoffs. NYT, ABC, WSJ, CBS, Fox
- Increasing reports regarding the drop in US COVID-19 cases, some are citing "walls" of immunity built by vax and previous infections. NPR
- Con't conversation surrounding who should get a booster; expert discourages in healthy individuals. NYT
- FDA removed positive test requirement for COVID-19 tx from Pfizer (Paxlovid) and Merck (Lagevrio); Says pts should have a current dx of mild-moderate COVID infection or known recent exposure prior to beginning tx. Reuters

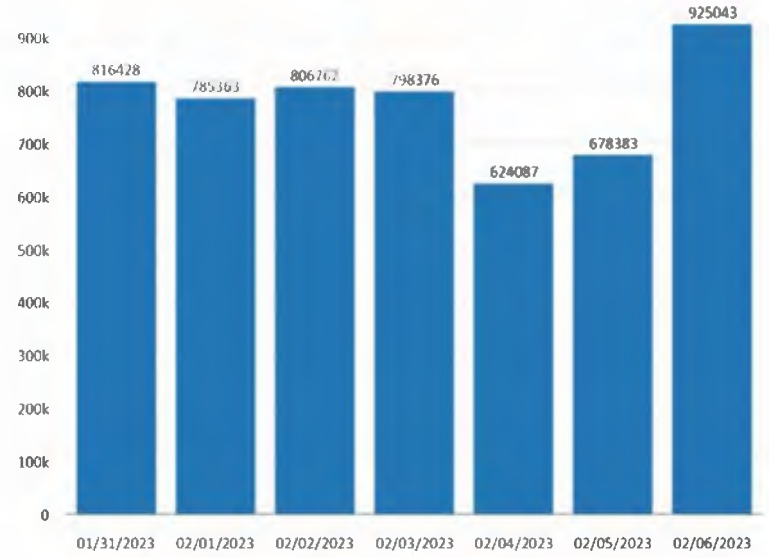
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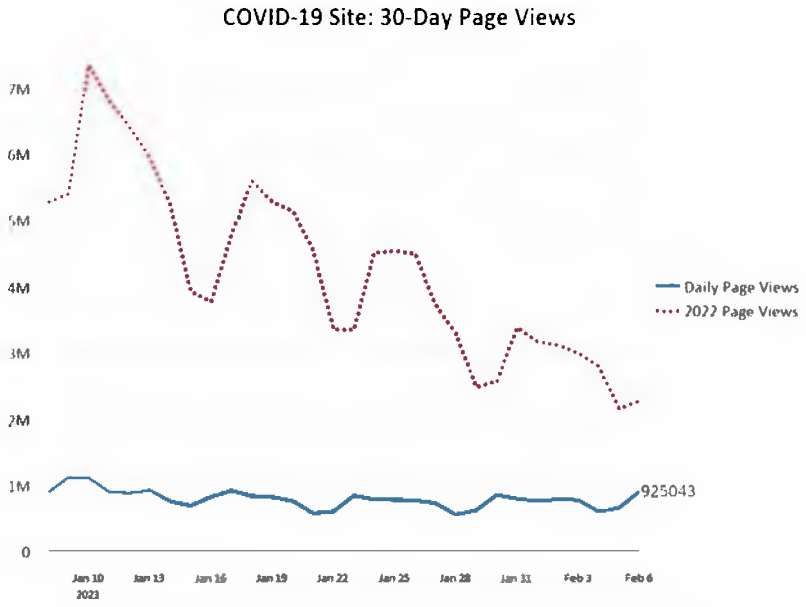


Top 5 COVID-19 Pages 02/06/2023



COVID-19 Site Traffic - Last 7 Days Page Views




COVID-19 Site: 30-Day Page Views
7M
6M
5M
4M
3M
2M
1M
0
925043
Daily Page Views
2022 Page Views
Jan 10
2023
Jan 13
Jan 16
Jan 19
Jan 22
Jan 25
Jan 28
Jan 31
Feb 3
Feb 6

COVID-19 Response
Communication Surveillance Report
February 7, 2023

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- An article looking at myocarditis published in The BMJ has been picked up by anti-vax proponents as evidence that vax was more likely to cause myocarditis than COVID-19 infection. @DrEliDavid, BMJ, Epoch Times
- "Sponsored by Pfizer" trends on twitter following a performance at the 2023 Grammy Awards that featured a demonic theme. Continued anti-vax pressure that vaccine is part of a larger satanic agenda. "Sponsored by Pfizer"
- "Project Veritas" videos featuring a Pfizer executive continue to attract attention. The most recent video discusses potential changes in hormone levels leading to the creation of the new term "Pfertility." The Daily Mail, MSN
- Twitter users emphasize results of a new paper evaluating the effectiveness of vitamin D as source to treat severe COVID, claim major PH agencies have been ignoring the tx. @BretWeinstein, @goddkelal, Pharmaceuticals
- A rumor circulating on Twitter claims that Dr. Deborah Birx admitted to purposefully altering CDC guidelines and manipulating data to deceive the Trump administration. @BoSnerdley, @TerrenceBeBack

Information Seeking

CDC-INFO received 4,022 inquiries related to COVID-19 from Jan 31 – Feb 6, 2023. The general public were responsible for 3785 (94%) of all COVID-19 inquiries, clinicians added 187 (5%) inquiries, and the final 50 inquiries (1%) were either uncategorized or came from health departments, the media, or educators. This week, inquiries regarding testing, vaccines and travel remained high.

Clinicians Inquiries

- Vaccines (48%):
  - Common inquiries included questions regarding vax administration for patients with incomplete/foreign vax series, best practices after vax administration errors, and inquiries on how to access specific COVID vaccines.
- Facility Guidance (9%):
  - Common inquiries included regarding PPE requirements in HC settings, majority of inquires focused on mask requirements for HCWs.
- Testing (8%)
  - Common inquiries centered on ordering/renewing orders of tests for HC facilities.

General Public Inquiries

- Testing (35%)
  - The prevalence of testing inquiries remained high this week. Inquiries largely centered on the free testing program with most indiv seeking assistance while placing an order.
- Vaccines (27%)
  - Major themes included questions on vax boosters (39% of vax inquiries), inquiries regarding vax access (33%), and requests for new vax documentation (15%). Continued Qs regarding 2nd bivalent booster doses, access to prim series, and availability of Novavax and J&J vax.
- Travel (14%)
  - Common inquiries centered on vax/testing requirements for incoming/outbound international travelers.
- Quarantine/Isolation/Exposure (9%)
  - Common inquiries included requests for quarantine, isolation, and exposure guidelines. Several questions regarding exiting isolation with prolonged + tests.

CDC/USG Mentions

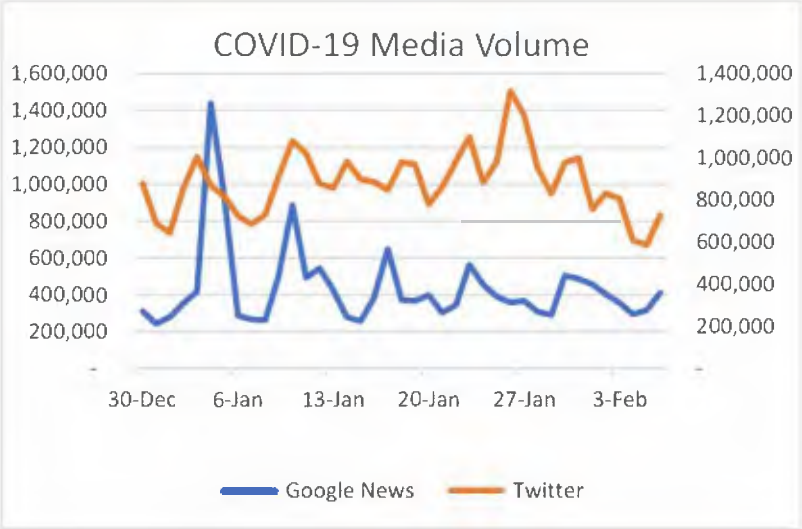
- U.S. house hearings discussed the origin of COVID-19 with Republicans criticizing the gov't response early in the pandemic. Questions whether scientists should continue getting funding on virus-modifying research in China specifically. House Dems urge trusting science and research to prevent future pandemics. WSJ

Emerging

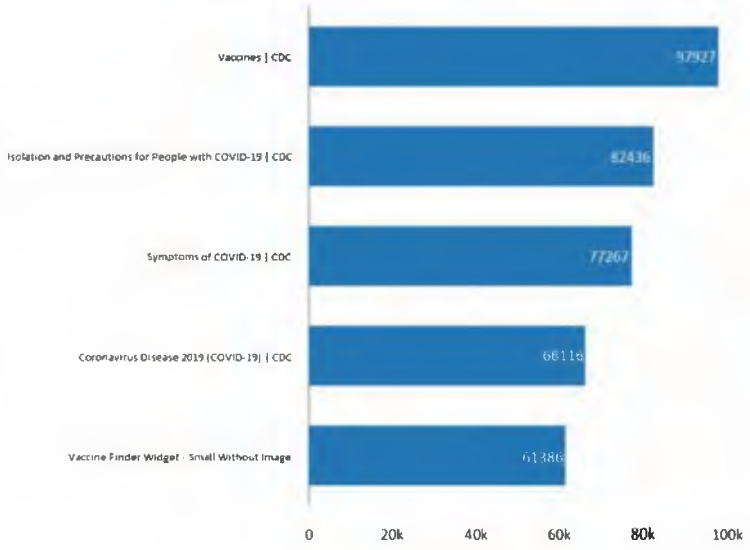
- NYC will end its vax mandate for city workers 2/10. The plan led to a vax rate of over 96% of workers but has received media attention due to significant layoffs. NYT, ABC, WSJ, CBS, Fox
- Increasing reports regarding the drop in US COVID-19 cases, some are citing "walls" of immunity built by vax and previous infections. NPR

- Con't conversation surrounding who should get a booster; expert discourages in healthy individuals. NYT
- FDA removed positive test requirement for COVID-19 tx from Pfizer (Paxlovid) and Merck (Lagevrio); Says pts should have a current dx of mild-moderate COVID infection or known recent exposure prior to beginning tx. Reuters

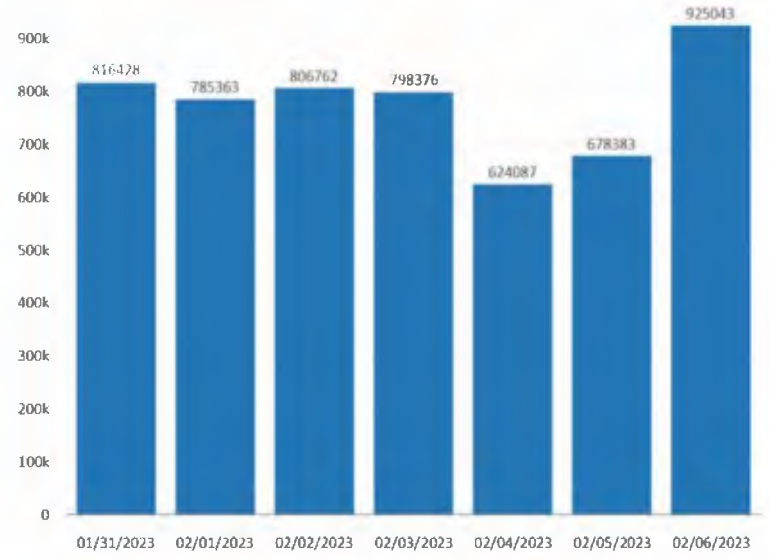
Metrics



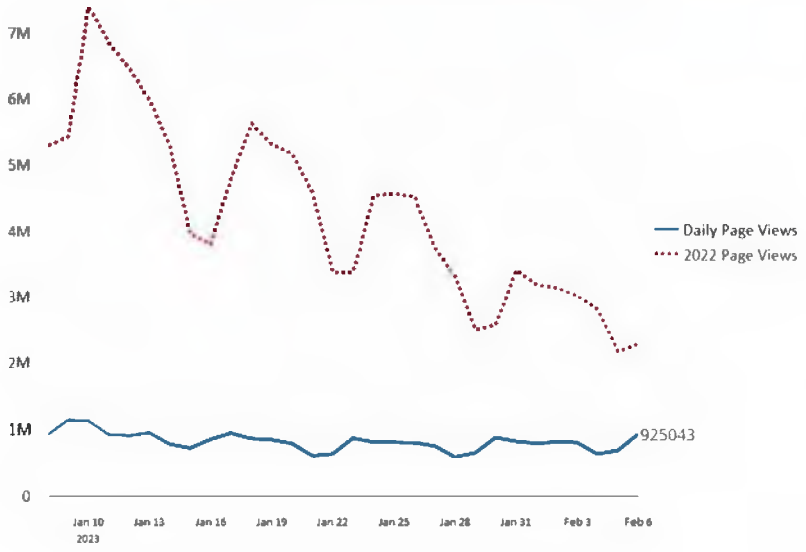
Top 5 COVID-19 Pages 02/06/2023



COVID-19 Site Traffic - Last 7 Days Page Views



COVID-19 Site: 30-Day Page Views



From: Matthews, Emily (CDC/DDID/NCIRD/OD) (CTR)
Sent: Wed, 1 Mar 2023 20:00:51 +0000
To: Burns, Erin (CDC/DDID/NCIRD/ID); Olivares, Dagny (CDC/DDPHSS/NCHS/OD); Jiles, Angela (CDC/DDID/NCIRD/DBD); Nordlund, Kristen (CDC/OD/OADC); Conley, Kathleen (CDC/OD/OADC); Bedrosian, Sara (CDC/OD/OADC); Sokler, Lynn (CDC/OD/OADC); Pechta, Laura (CDC/DDPHSIS/CGH/DGHP); CDC IMS JIC All -2; CDC IMS JIC OADC LNO -2; CDC IMS JIC Research -2; Friedman, Allison (CDC/DDNID/NCCDPHP/DPH); Murrell, Laura (CDC/DDID/NCEZID/OD); Zhou, Ling (CDC/DDPHSIS/CPR/DEO); Acevedo, Daniel (CDC/OD/OADC); Barton Behravesh, Casey (CDC/DDID/NCEZID/OD); Bjork, Adam C. (CDC/DDID/NCIRD/ISD); Braden, Chris (CDC/DDID/NCEZID/OD); Dubray, Christine (CDC/DDPHSIS/CGH/DGHP); Knight, Nancy (CDC/DDPHSIS/CGH/OD); McDonald, Robert (Bobby) (CDC/DDID/NCHHSTP/DSTDP); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Novak, Ryan (CDC/DDID/NCIRD/DBD); Stewart, Rebekah (CDC/DDID/NCHHSTP/DTE); Walke, Henry (CDC/DDPHSIS/CPR/OD); Ghai, Ria (CDC/DDID/NCEZID/OD); Carpenter, Ann (CDC/DDID/NCEZID/DVBD); Caudwell, Kerry M. (CDC/OD/OCS); Silver, Margaret E. (CDC/DDID/NCEZID/DVBD); Panero, Maria (Susana) (CDC/DDNID/NCIPC/OD); 'Pratt, Michael (OS/ASPA)'; Price, Ashley (CDC/DDID/NCIRD/ID); Norris, Jennifer (CDC/DDPHSS/CSELS/DSEPD); Leinhos, Mary (CDC/DDPHSIS/CPR/OD); Rojanasakul, Liying (CDC/NIOSH/HELD/ACIB); Rinker, Robin (CDC/DDNID/NCIPC/DOP); Mac Kenzie, Amy Loy (CDC/DDPHSIS/CGH/DGHP); Grigg, Cheri T. (CDC/DDID/NCEZID/DHQP); Kane, Elleen (OS/ASPR/OEA); Michael, Gretchen (OS/ASPR/OEA); Hall, Bill (HHS/ASPA); CDC IMS 2022 Multi-National Mpox VTF ADS; CDC IMS Med Care and Countermeasures Task Force; CDC IMS SA Public Health Scientist (CDC); Kachur, Rachel (CDC/DDID/NCHHSTP/DSTDP); Ahmed, Faruque (CDC/DDID/NCEZID/DGMQ); Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Cohn, Amanda (CDC/DDNID/NCBDDD/DBDID); Gaines-McCollom, Molly (CDC/DDNID/NCIPC/OD); Capers, Catherine (Katy) (CDC/DDID/NCEZID/DHQP); Craig, Michael R. (CDC/DDID/NCEZID/DHQP); Spring, Christina M. (CDC/NIOSH/OD); Seeff, Laura (CDC/OD/OCS); Meunier, Jennifer (CDC/DDPHSIS/OMHHE/OD); Domaoal, Robert (CDC/DDPHSIS/CGH/DGHT); Brooks, Ashley (CDC/DDPHSS/CSELS/DSEPD); Moussakhani, Nisha (CDC/DDPHSS/OLSS/OD); Gerber, Michael (CDC/DDID/NCIRD/OD); Fast, Hannah (CDC/DDID/NCIRD/ISD); Prue, Christine (CDC/DDID/NCEZID/OD); Garcia-Williams, Amanda (CDC/DDNID/NCIPC/OD); Mitchell, Betsy (CDC/OD/OADC); Jorgensen, Cynthia (CDC/DDID/NCIRD/OD); Pitts, Dana L. (CDC/DDPHSS/OD); Seman, Caroline (CDC/DDID/NCEZID/DVBD); Gates, Suzanne (Suzi) (CDC/DDNID/NCCDPHP/DNPAO); Zviedrite, Nicole (CDC/DDID/NCEZID/DGMQ); Schnall, Amy (CDC/DDNID/NCEH/DEHSP); Baker, Kayilan (CDC/DDNID/NCBDDD/DHDD); Hayes, Locola D. (CDC/DDPHSS/OS/OD); Graff, Kaitlin (CDC/DDNID/NCCDPHP/DNPAO); Neri, Antonio (Tony) (CDC/DDNID/NCEH/DEHSP); Branam, Ian (CDC/DDPHSS/OS/OD); Bain, Jennifer S. (CDC/DDNID/NCCDPHP/DPH) (CTR); Whitehill, John M. (CDC/DDNID/NCCDPHP/DHDSP); Rodriguez, Heather (CDC/OD/OADC) (CTR); Miller, William (Griffin) (CDC/DDNID/NCCDPHP/DCPC) (CTR); Behm, Brittany (CDC/DDNID/NCCDPHP/DRH); Hughes, Kadeja (CDC/DDID/NCEZID/DPEI); Puddy, Richard (CDC/OD/OADPS); Patterson, Sara S. (CDC/DDPHSS/CSELS/OD); Kapil, Nisha G. (ATSDR/OAD/OD) (CTR); Miller, Joseph D. (CDC/DDID/NCEZID/DSR); CDC IMS 2019 NCOV Response Policy Partnerships; North, Sarah (CDC/OD/OADC) (CTR); Eschelbach, Julie (CDC/DDNID/NCIPC/OD); Patel, Suchita (CDC/DDID/NCIRD/ISD); Terminello, Amanda (CDC/DDID/NCHHSTP/DVH); Fisher, Allison Michelle (CDC/DDID/NCIRD/OD); Randall, Laura (CDC/DDID/NCIRD/OD) (CTR); Ramlal, Roshan (CDC/OD/OADC) (CTR); Spratling, Robin (CDC/DDID/NCIRD/ID); Butler, Jay C. (CDC/DDPHSIS/CPR/OD); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Meaney Delman, Dana M. (CDC/DDNID/NCBDDD/DBDID); Eisenberg, Emily (CDC/DDPHSIS/CPR/OD); CDC IMS 2019 NCOV Response Principal Deputy IM; CDC IMS 2019 NCOV Response Incident Manager; Sapsis, Kari (CDC/DDID/NCHHSTP/DVH); CDC IMS 2019 NCOV Response Chief Health Equity; McCurley, Carol M. (CDC/DDNID/NCEH/DEHSP); DeLuca, Nick (CDC/DDID/NCHHSTP/DTE); Donovan, John (CDC/DDID/NCIRD/ISD); Marianni, Lisa (CDC/DDPHSS/OS/OTI); Moore, Meredith

(CDC/DDID/NCHHSTP/DTE); Dowling, Molly (CDC/DDNID/NCIPC/DOP); Dugan, Susan (CDC/DDNID/NCIPC/DIP); Myers, Brad (CDC/OD/CFA); Michener, Vanessa (CDC/DDID/NCHHSTP/DHP); Eastham, Laura (CDC/DDID/NCHHSTP/DHP); Laird, Susan (CDC/OD/OADC); Schieb, Linda (CDC/DDNID/NCCDPHP/DHDSP); Verma, Rohit (CDC/OD/OADC); CDC IMS 2019 NCOV Response CDS TM Communications; Uveges, Pam S. (ATSDR/OAD/OCHHA); Smith, Teresa M. (CDC/DDPHSS/CSELS/DSEPD); Patta, Abrienne (Brie) (CDC/DDID/NCEZID/DPEI); Wilkins, Yescenia (CDC/DDPHSIS/CGH/OD); Reagan, Meredith (CDC/DDPHSS/CSELS/DLS); Kukucka, Claudia D. (CDC/OD/OADC); Witbart, Lauren Ann (CDC/DDID/NCIRD/OD); Li, Zheng J. (ATSDR/OAD/OCDAPS); CDC IMS 2019 NCOV Response Policy Ops; Maiuri, Allison M. (CDC/DDID/NCHHSTP/DTE); Wingard, Rachel (CDC/DDID/NCHHSTP/OD); Meekins, Jenique (CDC/DDID/NCEZID/DGMQ); Hess, Alexandra (CDC/DDID/NCIRD/DVD) (CTR); Downs, Alycia E. (CDC/DDID/NCIRD/OD); Treffiletti, Aimee (CDC/DDNID/NCEH/DEHSP); Dennis, Hope (CDC/DDPHSIS/OMHHE); Patta, Abrienne (Brie) (CDC/DDID/NCEZID/DPEI); Wisard, Trang Nguyen (CDC/DDID/NCHHSTP/DHP); Arseniadis, Katie (CDC/DDPHSS/CSELS/DSEPD); Siegel, Vivi (CDC/DDNID/NCEH/OD); CDC IMS 2019 NCOV Response Env Health TF; 'Danko, Carol (OS/ASPR/JIC)'; Ogee-Nwankwo, Adaeze A. (CDC/DDPHSIS/CGH/OD); Wisard, Trang Nguyen (CDC/DDID/NCHHSTP/DHP); Bryant, LaKia R. (CDC/DDPHSIS/CGH/OD); 'Muni, Michael (OS/OASH)'; Sandhu, Sukhminder (FDA/CDER); Nunnally, Tammy (CDC/DDID/NCHHSTP/OD); Kachinsky, Noelle (CDC/DDPHSIS/CGH/DGHP); Roobol, Hope (CDC/DDNID/NCEH/OD); Gottlieb, Justin (CDC/DDID/NCIRD/ID); Mwidau, Jamila (FDA/CDER); Hall, Kelly (CDC/DDNID/NCCDPHP/DNPAO); Lean, Katherine (CDC/DDPHSIS/CGH/DGHT); CDC IMS 2022 NYS Polio Response Vaccine TF; Gatewood, Johanzynn (CDC/DDPHSS/CSELS/DLS); Swensen, Sue (CDC/DDPHSS/CSELS/DHIS); Tevendale, Heather D. (CDC/DDNID/NCCDPHP/DRH); Elliott, Nicole (CDC/DDNID/NCCDPHP/DNPAO); Hoffmann, Candice (CDC/DDID/NCEZID/OD); Branam, Ian (CDC/DDPHSS/OS/OD); Kent, Charlotte (CDC/DDPHSS/OS/OD); Dott, Mary (CDC/DDPHSS/CSELS/OD); Bartley, Shelton (CDC/DDPHSS/CSELS/OD); Geissler, Aimee L. (CDC/DDPHSIS/CGH/DGHP); Resha, Karen (CDC/DDID/NCHHSTP/OD); Parmer, John E. (CDC/DDID/NCHHSTP/DTE); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Mahadevan, Chitra (FDA/CDER); Nicolae, Lavinia (CDC/DDID/NCHHSTP/DSTDP); Hamburger, Tanya (CDC/DDID/NCEZID/DHQP); Gee, Julianne (CDC/DDID/NCEZID/DHQP); CDC IMS 2019 NCOV Response Epi TF Communications Team; Evans, Shenandoah (CDC/DDPHSIS/CGH/OD) (CTR); CDC IMS 2019 NCOV Response VCU Communications; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Hawkins, Brittnee (CDC/DDID/NCIRD/OD); Blau, Erin (CDC/DDPHSIS/CGH/GID); Griswold, Stephanie (CDC/DDNID/NCBDDD/DBDID); Swyers, Victoria (CDC/DDID/NCIRD/ID); Ahmed, Nausheen (CDC/DDPHSIS/CGH/GID); Arshanapally, Suraj (CDC/DDID/NCEZID/DGMQ); Galloway, Summer (CDC/DDID/NCIRD/ID); NCIRD CCU Lab Policy (CDC); Abshire, Kara (CDC/DDNID/NCCDPHP/OD); CDC IMS 2019 NCOV Response DAV TF Comms Team; 'Albright, Hien (FDA/ORA)'; 'Bryan, Brad (OS/ASPR/IO)'; Santana, Alberto (CDC/DDNID/NCIPC/DVP); Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/OD); Ngounou, Laura (CDC/DDID/NCEZID/DHQP); Mandel, Samantha (CDC/DDNID/NCIPC/DVP); Johnson, Britney (CDC/DDPHSS/CSELS/DSEPD); CDCITFPPC (CDC); Ma, Yue (CDC/DDPHSS/CSELS/DLS) (CTR); Hammond, Shelley S. (CDC/DDNID/NCCDPHP/OSH); Andujar, Ashley (CDC/DDPHSIS/CGH/OD); Boyce, Latifa (CDC/DDPHSIS/CPR/DEO); Gupta, Neil (CDC/DDID/NCHHSTP/DVH); Manns, Brian Jerrad (CDC/DDID/NCIRD/OD); Bratton, James M. (CDC/DDPHSS/CSELS/DLS); Phoenix Weir, Ursula (CDC/DDNID/NCBDDD/OD); Johnson, Valerie (CDC/DDID/NCEZID/OD); Orsega, Susan (OS/OASH); Lesko, Max (HHS/OASH); Campos, Rafael D (OS/OASH) (CTR); Mullen, Jennifer (CDC/DDNID/NCCDPHP/DRH); Short, Tyiesha (HHS/OASH/OSG); Ciccarone, Rachel (CDC/OD/CFA); Houston, Marsha (CDC/DDID/NCIRD/DBD); Nolen Rosencrans, Renee (CDC/DDNID/NCCDPHP/OSH); Bousbar, Sabrina (OS/ASPR/IO); Gregg, Destiny (OS/IEA); Miller, Samantha (HRSA); Lambert, Tericka (HHS/ASPA; Beach, Michael J. (CDC/DDID/NCEZID/DFWED); Hornback, Deborah A. (CDC/NIOSH/DSI); Chuvileva, Yulia (CDC/DDNID/NCCDPHP/DPH); Funches, Latesha (CDC/DDPHSS/CSELS/DLS) (CTR); Black, Bethanne (CDC/DDID/NCIRD/OD) (CTR); Holmes,

Kathleen (CDC/DDID/NCIRD/ISD); Motteram, Amy (CDC/DDID/NCEZID/DHQP) (CTR); Helms, Jordan (CDC/DDPHSS/CSELS/DLS); Walier, Sheila (CDC/DDPHSS/CSELS/DLS) (CTR); Butryn, Deena (CDC/DDPHSIS/CGH/OD); Rodriguez, Leslie (CDC/DDID/NCIRD/OD) (CTR); Carter, Jasmine (CDC/DDID/NCEZID/DHCPP); Smith, April (CDC/OD/OADC); Daniels, Booker (CDC/DDNID/NCCDPHP/DHDSP); Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR); Voegeli, Chris (CDC/DDID/NCIRD/ISD); Gutierrez, Margaret (Maggie) (CDC/DDID/NCIRD/ISD); CDC IMS 2019 NCOV Response STLT TF HDS Comms Section; Akintan, Folorunso (CDC/DDPHSIS/CGH/DGHP); Kaplan, Emily (CDC/DDNID/NCCDPHP/DDT); Thurmond, Emily (CDC/DDID/NCEZID/DGMQ) (CTR); Ross, Kierra (CDC/DDID/NCIRD/OD) (CTR); Parker, Stacey M. (CDC/DDPHSS/CSELS/OD); Serbanescu, Florina (CDC/DDNID/NCCDPHP/DRH); Keir, Jane M. (CDC/DDPHSS/CSELS/DSEPD); Allen Tchoukalov, Jessica A. (CDC/DDID/NCEZID/DGMQ); Boone, Kwanza (CDC/DDID/NCIRD/ISD) (CTR); Pai, Rima (CDC/DDPHSIS/CGH/GID) (CTR); Madden, Joseph (CDC/DDPHSS/CSELS/DSEPD); Stamps, Sharleta (CDC/DDID/NCIRD/OD) (CTR); Jones, Shantrice (CDC/DDID/NCEZID/DPEI); Park, Jennifer (CDC/DDID/NCEZID/DGMQ); Brown, Christopher K (CDC/DDPHSIS/CPR/DEO); Brodalski, Diane J. (CDC/DDID/NCIRD/OD) (CTR); Heldman, Amy B. (CDC/DDNID/NCCDPHP/DCPC); Jackson, Shallynn (CDC/DDID/NCIRD/OD) (CTR); Trotochaud, Marc (CDC/DDID/NCIRD/OD) (CTR); Williams, Paula O. (CDC/DDPHSS/CSELS/OD); Bradeen, Tessa (CDC/DDPHSS/OLSS/OD); Meyer, Cynthia (CDC/DDPHSIS/CPR/OD); Vahey, Grace (CDC/DDID/NCEZID/DFWED); Thompson, Natarsha (ATSDR/OAD); Jackson, Brendan R. (CDC/DDID/NCEZID/DFWED); Weakland, Aliki P. (CDC/DDID/NCIRD/OD); EOC Report2 (CDC); McCalla, Haley (CDC/DDID/NCIRD/ISD); ISD Communications (CDC); Woods, Alyssa (CDC/DDPHSS/CSELS/OD) (CTR); Cooper, Alison (CDC/DDPHSS/CSELS/DHIS) (CTR)

Subject: COVID-19 Communication Surveillance Report 3.1.23

Attachments: COVID-19 Communication Surveillance Report 3.1.23.pdf

Good afternoon,

Views to news and social media pages are down from last report. CDC INFO received over 3,000 inquiries from February 22– 28, 2023 with a majority of clinician inquiries related to vaccines, facility guidance, and treatment. Top inquiries from the general public were related to vaccines, testing, travel, and treatment. Additional metrics were not available this week.

A newly released report from the Dept. of Energy found, with low confidence, that a Chinese lab leak is the "most likely" origin of SARS-CoV-2. Actor Woody Harrelson promoted a pervasive COVID-19 conspiracy theory in the opening monologue of Saturday Night Live. The FDA has issued Emergency Use Authorization for the first home test that is able to detect both COVID-19 and influenza infection. The Lee County FL GOP passed a resolution that, if signed by Gov. DeSantis, would ban administration of the COVID-19 vaccine throughout the state of Florida. TODAY Show co-host Savannah Guthrie tested positive for COVID-19 live on air. A recent study published in the BMJ finds celebrity influence helped spread anti-vaccine opinions, misinformation and anti-science sentiment among the public, likely contributing to public mistrust in public health efforts.

Please note that this report *(attached and below)* is for internal use only and should not be forwarded. Let us know how we can improve this report. If you have any questions or want to add someone to the distribution list, please contact CDC IMS JIC Research -2 (eocjicres2@cdc.gov)

Emily Matthews, MPH
On behalf of the JIC Research & Evaluation Team

Contractor, GDIT
Joint Information Center | Research and Evaluation

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1600 Clifton Road NE Atlanta, GA 30329
Phone: 214.907.4513
Email : tto6@cdc.gov

COVID-19 Response
Communication Surveillance Report
March 1, 2023

Recommendations for Communication Strategy

(b)(5)

Major Public Health Themes

- Newly released assessment from the Dept of Energy finds Chinese lab leak as the "most likely" origin of SARS-CoV-2, citing newly updated classified intelligence. Report also denotes DOE has "low confidence" in these findings. WSJ, NYT, Fox, NBC, ABC, CBS, CNN, Bloomberg
  - Chinese officials dismiss the report, stating US should stop with the lab leak narrative and politicization of origin tracing TheHill
  - FBI Dir. Wray publicly acknowledged in interview that the bureau believes, "with moderate confidence", the pandemic was likely the result of a Wuhan lab accident CNN, NPR
  - Release of the report has led to an outpouring of support from those who feel that their questions on origins were denied or labeled as misinformation. Several members of Congress have promoted the findings. Newsweek, NY Post, @RepMTG, @RandPaul
- Actor Woody Harrelson, in Saturday Night Live opening monologue, promoted a pervasive COVID-19 conspiracy theory in which he theorized "…all the big drug cartels came together and made everyone stay home unless they took their drugs repeatedly…" SNL, WaPo, TMZ, THR, Variety DailyBeast, Insider, DailyMail, @DogRightGirl, @PopBase_
- FDA issued EUA for the first home test that can detect both flu and COVID (*Lucira*, mfg); test is authorized for persons aged 2y+. The test demonstrated ~88% accuracy in detecting COVID-19 infections and ~90% in detecting influenza NPR, STAT, USAToday, CNN, WaPo, AP, NYT, ABC, Time
- Lee County FL GOP passed resolution referenced as "Ban the Jab", which would ban COVID vax throughout the state. Resolution is now awaiting decision by Gov DeSantis. Forbes, CBSMiami, WINK, CapeCoralBreeze
  - Mfg Lucira recently filed for bankruptcy, it is unknown when test will be commercially available
- TODAY show co-host Savannah Guthrie tested positive for COVID-19 live on air prompting her departure prior to the show's end. TODAY, People, Yahoo, DailyBeast, EW, DailyMail, NBC, MSN
- Recent study published in *BMJ* finds celebrity influence helped spread anti-vax opinions, COVID misinformation, suggesting that anti-science sentiment from celebrities may share some of the blame for public mistrust *BMJ*, CNN, MedpageToday, Medicalpress

International

- The United Kingdom sees their fourth week in a row of increased COVID-19 cases/hospitalizations. @DrEricDing

- Chinese health officials announced on Thursday that the country's COVID-19 epidemic is "basically ended", though not completely over. Outside experts estimate the death toll to be between 1M and 1.5M persons since the removal of 'zero-COVID' policies 2.5 months ago Reuters, MSN, TheAtlantic

Treatment & Research

- COVID-19 infection found in pre-print retrospective analysis to increase risk of developing autoimmune disease by 43% medRxiv, LiveScience
- Meta-analysis published in *BMJ* finds pregnant persons infected with COVID-19 are more likely to be admitted into ICU/die than those without COVID-19 infection. Vaccination was found to reduce risk "significantly" *BMJ*, ScientificAmerican
- New study found unvax'd individuals are more likely to suffer cardiac event, stroke after COVID infection; being fully vax'd was shown to reduce risk by ~41% ArsTechnica

Polls

- None

Points of Confusion/Potential Rumors/Misinformation

- Elon Musk tweets that he has proof incoming that the COVID-19 response was a "scam" organized by the USG. @ProudElephantUS, Trending Politics News
- Cont coverage of a research study suggesting that women who took the COVID-19 vax had a 57x increase in miscarriages. @DrAseemMalhotra
- A study published in the Journal of Infectious Diseases is being used to support the idea that natural immunity is more effective that vax-derived. Authors cite data from paper, but do not include key findings or interpretations. @Kylenabecker , Journal of Infectious Diseases
- Anti-vax proponents' question Moderna's new patent agreement with NIAID, citing catch up payments and royalties as a "conflict of interest." @KanekoaTheGreat, The Epoch Times
- Story on the delay in publishing results from Pfizer's vax study on pregnant women suggests that Pfizer never collected clinical data due to time pressure of vax rollout. @MaryanneDemasi, Substack

Information Seeking

CDC-INFO received 3,145 inquiries related to COVID-19 from Feb 22 - Feb 28, 2023, an increase of ~500 from the week prior. The general public were responsible for 2937 (93%) of all COVID-19 inquiries, clinicians added 174 (6%) inquiries, and the final 34 inquiries (1%) were either uncategorized or came from health departments, the media, or educators. This week, inquiries regarding testing, vaccines and travel remained high, common questions regarding 2nd booster doses and the "Test to Treat" program.

Clinicians Inquiries

- Vaccines (39%):
  - Common inquiries included questions regarding guidance on 2nd bivalent doses for vuln pops, best practices after vax administration errors, and inquiries on how to proceed with vaccination for patients with incomplete/interrupted primary series.
- Facility Guidance (14%):
  - Common inquiries included regarding PPE requirements in HC settings. Majority of inquires focused on mask requirements for HCWs and patients. Several inquiries regarding PPE practices for other settings including schools and long-term care facilities.
- Treatment (9%):
  - Questions largely focused on Paxlovid access and best prescribing practices.

General Public Inquiries

- Vaccines (32%)
  - Major themes included questions on vax boosters (45% of vax inquiries), inquiries regarding vax access (25%), and requests for new vax documentation (12%). Continued Qs regarding 2nd bivalent booster doses, availability of vax appointments, and access to J&J/ Novavax/ primary series vax.
- Testing (29%)
  - Common inquiries largely centered on the free testing program with most indiv seeking assistance while placing an order/asking for updates on placed orders.
- Travel (14%)

- Common inquiries centered on vax/testing requirements for incoming/outbound international travelers
- Treatment (13%)
  - Common inquiries focused on how to best navigate the test-to-treat program, the availability of treatments for newly diagnosed indiv, and other general questions on Paxlovid.

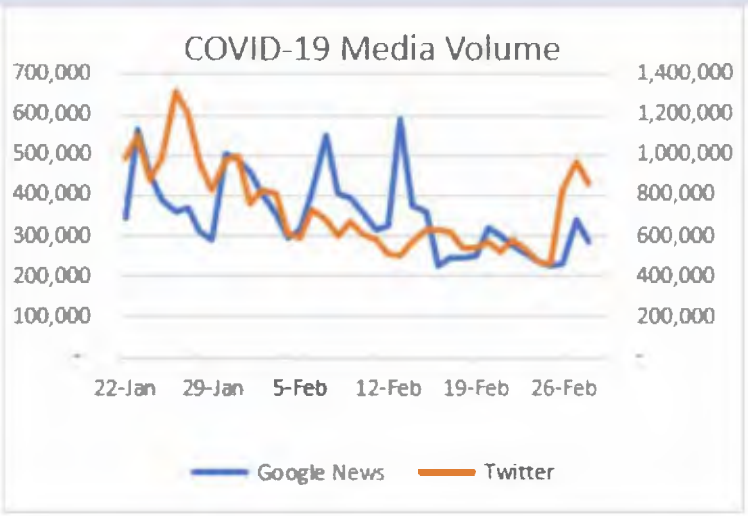
CDC/USG Mentions

- Frmr Senator, Jim Inhofe shared that his challenges with long-COVID played a role in his decision to not run for reelection. Shared that several of his colleagues also struggle with the condition. HuffPost

Emerging

- COVID PHEs for San Diego, state of California allowed to expire on Tuesday, Feb 28. NBCSD, SacramentoBee
- FL SG Ladapo was investigated by the DOH after he released updated vaccine guidance, as well as a report in October recommending young, healthy men were at risk for cardiac complications and should not get the mRNA COVID vax Politico
- Moderna has paid the NIH $400M for the rights to a chemical technique borrowed from Gvt funded research, used in developing its mRNA COVID vax NYT, FiercePharma
- A Chinese state-run newspaper warned Elon Musk against endorsing the lab leak theory NBC, CNBC, FoxBusiness, WaPo

Metrics



COVID-19 Response
Communication Surveillance Report
March 1, 2023

Recommendations for Communication Strategy

(b)(5)

Major Public Health Themes

- Newly released assessment from the Dept of Energy finds Chinese lab leak as the "most likely" origin of SARS-CoV-2, citing newly updated classified intelligence. Report also denotes DOE has "low confidence" in these findings. WSJ, NYT, Fox, NBC, ABC, CBS, CNN, Bloomberg
  - Chinese officials dismiss the report, stating US should stop with the lab leak narrative and politicization of origin tracing TheHill
  - FBI Dir. Wray publicly acknowledged in interview that the bureau believes, "with moderate confidence", the pandemic was likely the result of a Wuhan lab accident CNN, NPR
  - Release of the report has led to an outpouring of support from those who feel that their questions on origins were denied or labeled as misinformation. Several members of Congress have promoted the findings. Newsweek, NY Post, @RepMTG, @RandPaul
- Actor Woody Harrelson, in Saturday Night Live opening monologue, promoted a pervasive COVID-19 conspiracy theory in which he theorized "…all the big drug cartels came together and made everyone stay home unless they took their drugs repeatedly…" SNL, WaPo, TMZ, THR, Variety, DailyBeast, Insider, DailyMail, @DogRightGirl, @PopBase
- FDA issued EUA for the first home test that can detect both flu and COVID (*Lucira*, mfg); test is authorized for persons aged 2y+. The test demonstrated ~88% accuracy in detecting COVID-19 infections and ~90% in detecting influenza NPR, STAT, USAToday, CNN, WaPo, AP, NYT, ABC, Time
  - Mfg Lucira recently filed for bankruptcy, it is unknown when test will be commercially available
- Lee County FL GOP passed resolution referenced as "Ban the Jab", which would ban COVID vax throughout the state. Resolution is now awaiting decision by Gov DeSantis. Forbes, CBSMiami, WINK, CapeCoralBreeze
- TODAY show co-host Savannah Guthrie tested positive for COVID-19 live on air prompting her departure prior to the show's end. TODAY, People, Yahoo, DailyBeast, EW, DailyMail, NBC, MSN
- Recent study published in *BMJ* finds celebrity influence helped spread anti-vax opinions, COVID misinformation, suggesting that anti-science sentiment from celebrities may share some of the blame for public mistrust *BMJ*, CNN, MedpageToday, Medicalpress

International

- The United Kingdom sees their fourth week in a row of increased COVID-19 cases/hospitalizations. @DrEricDing
- Chinese health officials announced on Thursday that the country's COVID-19 epidemic is "basically ended", though not completely over. Outside experts estimate the death toll to be between 1M and 1.5M persons since the removal of 'zero-COVID' policies 2.5 months ago Reuters, MSN, TheAtlantic

Treatment & Research

- COVID-19 infection found in pre-print retrospective analysis to increase risk of developing autoimmune disease by 43% medRxiv, LiveScience
- Meta-analysis published in *BMJ* finds pregnant persons infected with COVID-19 are more likely to be admitted into ICU/die than those without COVID-19 infection. Vaccination was found to reduce risk "significantly" *BMJ*, ScientificAmerican
- New study found unvax'd individuals are more likely to suffer cardiac event, stroke after COVID infection; being fully vax'd was shown to reduce risk by ~41% ArsTechnica

Polls

- None

Points of Confusion/Potential Rumors/Misinformation

- Elon Musk tweets that he has proof incoming that the COVID-19 response was a "scam" organized by the USG. @ProudElephantUS, Trending Politics News
- Cont coverage of a research study suggesting that women who took the COVID-19 vax had a 57x increase in miscarriages. @DrAseemMalhotra
- A study published in the Journal of Infectious Diseases is being used to support the idea that natural immunity is more effective that vax-derived. Authors cite data from paper, but do not include key findings or interpretations. @Kylenabecker , Journal of Infectious Diseases
- Anti-vax proponents' question Moderna's new patent agreement with NIAID, citing catch up payments and royalties as a "conflict of interest." @KanekoaTheGreat, The Epoch Times
- Story on the delay in publishing results from Pfizer's vax study on pregnant women suggests that Pfizer never collected clinical data due to time pressure of vax rollout. @MaryanneDemasi, Substack

Information Seeking

CDC-INFO received 3,145 inquiries related to COVID-19 from Feb 22 - Feb 28, 2023, an increase of ~500 from the week prior. The general public were responsible for 2937 (93%) of all COVID-19 inquiries, clinicians added 174 (6%) inquiries, and the final 34 inquiries (1%) were either uncategorized or came from health departments, the media, or educators. This week, inquiries regarding testing, vaccines and travel remained high, common questions regarding 2nd booster doses and the "Test to Treat" program.

Clinicians Inquiries

- Vaccines (39%):
  - Common inquiries included questions regarding guidance on 2nd bivalent doses for vuln pops, best practices after vax administration errors, and inquiries on how to proceed with vaccination for patients with incomplete/interrupted primary series.
- Facility Guidance (14%):
  - Common inquiries included regarding PPE requirements in HC settings. Majority of inquires focused on mask requirements for HCWs and patients. Several inquiries regarding PPE practices for other settings including schools and long-term care facilities.
- Treatment (9%):
  - Questions largely focused on Paxlovid access and best prescribing practices.

General Public Inquiries

- Vaccines (32%)
  - Major themes included questions on vax boosters (45% of vax inquiries), inquiries regarding vax access (25%), and requests for new vax documentation (12%). Continued Qs regarding 2nd bivalent booster doses, availability of vax appointments, and access to J&J/ Novavax/ primary series vax.
- Testing (29%)
  - Common inquiries largely centered on the free testing program with most indiv seeking assistance while placing an order/asking for updates on placed orders.
- Travel (14%)
  - Common inquiries centered on vax/testing requirements for incoming/outbound international travelers
- Treatment (13%)
  - Common inquiries focused on how to best navigate the test-to-treat program, the availability of treatments for newly diagnosed indiv, and other general questions on Paxlovid.

CDC/USG Mentions

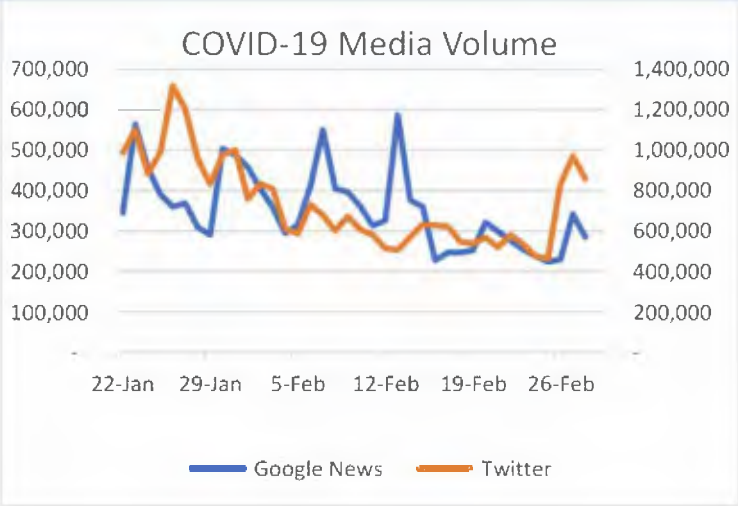
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Emerging

- COVID PHEs for San Diego, state of California allowed to expire on Tuesday, Feb 28. NBCSD, SacramentoBee
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- Moderna has paid the NIH $400M for the rights to a chemical technique borrowed from Gvt funded research, used in developing its mRNA COVID vax NYT, FiercePharma
- A Chinese state-run newspaper warned Elon Musk against endorsing the lab leak theory NBC, CNBC, FoxBusiness, WaPo

Metrics



From: Matthews, Emily (CDC/DDID/NCIRD/OD) (CTR)
Sent: Wed, 29 Mar 2023 19:00:18 +0000
To: Burns, Erin (CDC/DDID/NCIRD/ID); Olivares, Dagny (CDC/DDPHSS/NCHS/OD); Jiles, Angela (CDC/DDID/NCIRD/DBD); Nordlund, Kristen (CDC/OD/OADC); Conley, Kathleen (CDC/OD/OADC); Bedrosian, Sara (CDC/OD/OADC); Sokler, Lynn (CDC/OD/OADC); Pechta, Laura (CDC/DDPHSIS/CGH/DGHP); CDC IMS JIC All -2; CDC IMS JIC OADC LNO -2; CDC IMS JIC Research -2; Friedman, Allison (CDC/DDNID/NCCDPHP/DPH); Murrell, Laura (CDC/DDID/NCEZID/OD); Zhou, Ling (CDC/DDPHSIS/CPR/DEO); Acevedo, Daniel (CDC/OD/OADC); Barton Behravesh, Casey (CDC/DDID/NCEZID/OD); Bjork, Adam C. (CDC/DDID/NCIRD/ISD); Braden, Chris (CDC/DDID/NCEZID/OD); Dubray, Christine (CDC/DDPHSIS/CGH/DGHP); Knight, Nancy (CDC/DDPHSIS/CGH/OD); McDonald, Robert (Bobby) (CDC/DDID/NCHHSTP/DSTDP); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Novak, Ryan (CDC/DDID/NCIRD/DBD); Stewart, Rebekah (CDC/DDID/NCHHSTP/DTE); Walke, Henry (CDC/DDPHSIS/CPR/OD); Ghai, Ria (CDC/DDID/NCEZID/OD); Carpenter, Ann (CDC/DDID/NCEZID/DVBD); Caudwell, Kerry M. (CDC/OD/OCS); Silver, Margaret E. (CDC/DDID/NCEZID/DVBD); Panero, Maria (Susana) (CDC/DDNID/NCIPC/OD); 'Pratt, Michael (OS/ASPA)'; Price, Ashley (CDC/DDID/NCIRD/ID); Norris, Jennifer (CDC/DDPHSS/CSELS/DSEPD); Leinhos, Mary (CDC/DDPHSIS/CPR/OD); Rojanasakul, Liying (CDC/NIOSH/HELD/ACIB); Rinker, Robin (CDC/DDNID/NCIPC/DOP); Mac Kenzie, Amy Loy (CDC/DDPHSIS/CGH/DGHP); Grigg, Cheri T. (CDC/DDID/NCEZID/DHQP); Kane, Elleen (OS/ASPR/OEA); Michael, Gretchen (OS/ASPR/OEA); Hall, Bill (HHS/ASPA); CDC IMS 2022 Multi-National Mpox VTF ADS; CDC IMS Med Care and Countermeasures Task Force; CDC IMS SA Public Health Scientist (CDC); Kachur, Rachel (CDC/DDID/NCHHSTP/DSTDP); Ahmed, Faruque (CDC/DDID/NCEZID/DGMQ); Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Cohn, Amanda (CDC/DDNID/NCBDDD/DBDID); Gaines-McCollom, Molly (CDC/DDNID/NCIPC/OD); Capers, Catherine (Katy) (CDC/DDID/NCEZID/DHQP); Craig, Michael R. (CDC/DDID/NCEZID/DHQP); Spring, Christina M. (CDC/NIOSH/OD); Seeff, Laura (CDC/DDNID/NCEH/OD); Meunier, Jennifer (CDC/DDPHSIS/OMHHE/OD); Domaoal, Robert (CDC/DDPHSIS/CGH/DGHT); Brooks, Ashley (CDC/DDPHSS/CSELS/DSEPD); Moussakhani, Nisha (CDC/DDPHSS/OLSS/OD); Gerber, Michael (CDC/DDID/NCIRD/OD); Fast, Hannah (CDC/DDID/NCIRD/ISD); Prue, Christine (CDC/DDID/NCEZID/OD); Garcia-Williams, Amanda (CDC/DDNID/NCIPC/OD); Mitchell, Betsy (CDC/OD/OADC); Jorgensen, Cynthia (CDC/DDID/NCIRD/OD); Pitts, Dana L. (CDC/DDPHSS/OD); Seman, Caroline (CDC/DDID/NCEZID/DVBD); Gates, Suzanne (Suzi) (CDC/DDNID/NCCDPHP/DNPAO); Zviedrite, Nicole (CDC/DDID/NCEZID/DGMQ); Schnall, Amy (CDC/DDNID/NCEH/DEHSP); Baker, Kayilan (CDC/DDNID/NCBDDD/DHDD); Hayes, Locola D. (CDC/DDPHSS/OS/OD); Graff, Kaitlin (CDC/DDNID/NCCDPHP/DNPAO); Neri, Antonio (Tony) (CDC/DDNID/NCEH/DEHSP); Branam, Ian (CDC/DDPHSS/OS/OD); Bain, Jennifer S. (CDC/DDNID/NCCDPHP/DPH) (CTR); Whitehill, John M. (CDC/DDNID/NCCDPHP/DHDSP); Rodriguez, Heather (CDC/OD/OADC) (CTR); Miller, William (Griffin) (CDC/DDNID/NCCDPHP/DCPC) (CTR); Behm, Brittany (CDC/DDNID/NCCDPHP/DRH); Hughes, Kadeja (CDC/DDPHSIS/CGH/GID); Puddy, Richard (CDC/OD/OADPS); Patterson, Sara S. (CDC/DDPHSS/CSELS/OD); Kapil, Nisha G. (ATSDR/OAD/OD) (CTR); Miller, Joseph D. (CDC/DDID/NCEZID/DSR); CDC IMS 2019 NCOV Response Policy Partnerships; North, Sarah (CDC/OD/OADC) (CTR); Eschelbach, Julie (CDC/DDNID/NCIPC/OD); Patel, Suchita (CDC/DDID/NCIRD/ISD); Terminello, Amanda (CDC/DDID/NCHHSTP/DVH); Fisher, Allison Michelle (CDC/DDID/NCIRD/OD); Randall, Laura (CDC/DDID/NCIRD/OD) (CTR); Ramlal, Roshan (CDC/OD/OADC) (CTR); Spratling, Robin (CDC/DDID/NCIRD/ID); Butler, Jay C. (CDC/DDPHSIS/CPR/OD); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Meaney Delman, Dana M. (CDC/DDNID/NCBDDD/DBDID); Eisenberg, Emily (CDC/DDPHSIS/CPR/OD); CDC IMS 2019 NCOV Response Principal Deputy IM; CDC IMS 2019 NCOV Response Incident Manager; Sapsis, Kari (CDC/DDID/NCHHSTP/DVH); CDC IMS 2019 NCOV Response Chief Health Equity; McCurley, Carol M. (CDC/DDNID/NCEH/DEHSP); DeLuca, Nick (CDC/DDID/NCHHSTP/DTE); Donovan, John (CDC/DDID/NCIRD/ISD); Marianni, Lisa (CDC/DDPHSS/OS/OTI); Moore, Meredith

(CDC/DDID/NCHHSTP/DTE); Dowling, Molly (CDC/DDNID/NCIPC/DOP); Dugan, Susan (CDC/DDNID/NCIPC/DIP); Myers, Brad (CDC/OD/CFA); Michener, Vanessa (CDC/DDID/NCHHSTP/DHP); Eastham, Laura (CDC/DDID/NCHHSTP/DHP); Laird, Susan (CDC/OD/OADC); Schieb, Linda (CDC/DDNID/NCCDPHP/DHDSP); Verma, Rohit (CDC/OD/OADC); CDC IMS 2019 NCOV Response CDS TM Communications; Uveges, Pam S. (ATSDR/OAD/OCHHA); Smith, Teresa M. (CDC/DDPHSS/CSELS/DSEPD); Patta, Abrienne (Brie) (CDC/DDID/NCEZID/DPEI); Wilkins, Yescenia (CDC/DDPHSIS/CGH/OD); Reagan, Meredith (CDC/DDPHSS/CSELS/DLS); Kukucka, Claudia D. (CDC/OD/OADC); Witbart, Lauren Ann (CDC/DDID/NCIRD/OD); Li, Zheng J. (ATSDR/OAD/OCDAPS); CDC IMS 2019 NCOV Response Policy Ops; Maiuri, Allison M. (CDC/DDID/NCHHSTP/DTE); Wingard, Rachel (CDC/DDID/NCHHSTP/OD); Meekins, Jenique (CDC/DDID/NCEZID/DGMQ); Hess, Alexandra (CDC/DDID/NCIRD/DVD) (CTR); Downs, Alycia E. (CDC/DDID/NCIRD/OD); Treffiletti, Aimee (CDC/DDNID/NCEH/DEHSP); Dennis, Hope (CDC/DDPHSIS/OMHHE); Patta, Abrienne (Brie) (CDC/DDID/NCEZID/DPEI); Wisard, Trang Nguyen (CDC/DDID/NCHHSTP/DHP); Arseniadis, Katie (CDC/DDPHSS/CSELS/DSEPD); Siegel, Vivi (CDC/DDNID/NCEH/OD); CDC IMS 2019 NCOV Response Env Health TF; 'Danko, Carol (OS/ASPR/JIC)'; Ogee-Nwankwo, Adaeze A. (CDC/DDPHSIS/CGH/OD); Wisard, Trang Nguyen (CDC/DDID/NCHHSTP/DHP); Bryant, LaKia R. (CDC/DDPHSIS/CGH/OD); 'Muni, Michael (OS/OASH)'; Sandhu, Sukhminder (FDA/CDER); Nunnally, Tammy (CDC/DDID/NCHHSTP/OD); Kachinsky, Noelle (CDC/DDPHSIS/CGH/DGHP); Roobol, Hope (CDC/DDNID/NCEH/OD); Gottlieb, Justin (CDC/DDID/NCIRD/ID); Mwidau, Jamila (FDA/CDER); Hall, Kelly (CDC/DDNID/NCCDPHP/DNPAO); Lean, Katherine (CDC/DDPHSIS/CGH/DGHT); CDC IMS 2022 NYS Polio Response Vaccine TF; Gatewood, Johanzynn (CDC/DDPHSS/CSELS/DLS); Swensen, Sue (CDC/DDPHSS/CSELS/DHIS); Tevendale, Heather D. (CDC/DDID/NCHHSTP/DHP); Elliott, Nicole (CDC/DDNID/NCCDPHP/DNPAO); Hoffmann, Candice (CDC/DDID/NCEZID/OD); Branam, Ian (CDC/DDPHSS/OS/OD); Kent, Charlotte (CDC/DDPHSS/OS/OD); Dott, Mary (CDC/DDPHSS/CSELS/OD); Bartley, Shelton (CDC/DDPHSS/CSELS/OD); Geissler, Aimee L. (CDC/DDPHSIS/CGH/DGHP); Resha, Karen (CDC/DDID/NCHHSTP/OD); Parmer, John E. (CDC/DDID/NCHHSTP/DTE); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Mahadevan, Chitra (FDA/CDER); Nicolae, Lavinia (CDC/DDID/NCHHSTP/DSTDP); Hamburger, Tanya (CDC/DDID/NCEZID/DHQP); Gee, Julianne (CDC/DDID/NCEZID/DHQP); CDC IMS 2019 NCOV Response Epi TF Communications Team; Evans, Shenandoah (CDC/DDPHSIS/CGH/OD) (CTR); CDC IMS 2019 NCOV Response VCU Communications; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Hawkins, Brittnee (CDC/DDID/NCIRD/OD); Blau, Erin (CDC/DDPHSIS/CGH/GID); Griswold, Stephanie (CDC/DDNID/NCBDDD/DBDID); Swyers, Victoria (CDC/DDID/NCIRD/ID); Ahmed, Nausheen (CDC/DDPHSIS/CGH/GID); Arshanapally, Suraj (CDC/DDID/NCEZID/DGMQ); Galloway, Summer (CDC/DDID/NCIRD/ID); NCIRD CCU Lab Policy (CDC); Abshire, Kara (CDC/DDNID/NCCDPHP/OD); CDC IMS 2019 NCOV Response DAV TF Comms Team; 'Albright, Hien (FDA/ORA)'; 'Bryan, Brad (OS/ASPR/IO)'; Santana, Alberto (CDC/DDNID/NCIPC/DVP); Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/OD); Ngounou, Laura (CDC/DDID/NCEZID/DHQP); Mandel, Samantha (CDC/DDNID/NCIPC/DVP); Johnson, Britney (CDC/DDPHSS/CSELS/DSEPD); CDCITFPPC (CDC); Ma, Yue (CDC/DDPHSS/CSELS/DLS) (CTR); Hammond, Shelley S. (CDC/DDNID/NCCDPHP/OSH); Andujar, Ashley (CDC/DDPHSIS/CGH/OD); Boyce, Latifa (CDC/DDPHSIS/CPR/DEO); Gupta, Neil (CDC/DDID/NCHHSTP/DVH); Manns, Brian Jerrad (CDC/DDID/NCIRD/OD); Bratton, James M. (CDC/DDPHSS/CSELS/DLS); Phoenix Weir, Ursula (CDC/DDNID/NCBDDD/OD); Johnson, Valerie (CDC/DDID/NCEZID/OD); Orsega, Susan (OS/OASH); Lesko, Max (HHS/OASH); Campos, Rafael D (OS/OASH) (CTR); Mullen, Jennifer (CDC/DDNID/NCCDPHP/DRH); Short, Tyiesha (HHS/OASH/OSG); Ciccarone, Rachel (CDC/OD/CFA); Houston, Marsha (CDC/DDID/NCIRD/DBD); Nolen Rosencrans, Renee (CDC/DDNID/NCCDPHP/OSH); Bousbar, Sabrina (OS/ASPR/IO); Gregg, Destiny (HHS/ASPA); Miller, Samantha (HRSA); Lambert, Tericka (HHS/ASPA; Beach, Michael J. (CDC/DDID/NCEZID/DFWED); Hornback, Deborah A. (CDC/NIOSH/DSI); Chuvileva, Yulia (CDC/DDNID/NCCDPHP/DPH); Funches, Latesha (CDC/DDPHSS/CSELS/DLS) (CTR); Black, Bethanne (CDC/DDID/NCIRD/OD) (CTR); Holmes,

Kathleen (CDC/DDID/NCIRD/ISD); Motteram, Amy (CDC/DDID/NCEZID/DHQP) (CTR); Helms, Jordan (CDC/DDPHSS/CSELS/DLS); Walier, Sheila (CDC/DDPHSS/CSELS/DLS) (CTR); Butryn, Deena (CDC/DDPHSIS/CGH/OD); Rodriguez, Leslie (CDC/DDID/NCIRD/OD) (CTR); Carter, Jasmine (CDC/DDID/NCEZID/DHCPP); Smith, April (CDC/OD/OADC); Daniels, Booker (CDC/DDNID/NCCDPHP/DHDSP); Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR); Voegeli, Chris (CDC/DDID/NCIRD/ISD); Gutierrez, Margaret (Maggie) (CDC/DDID/NCIRD/ISD); CDC IMS 2019 NCOV Response STLT TF HDS Comms Section; Akintan, Folorunso (CDC/DDPHSIS/CGH/DGHP); Kaplan, Emily (CDC/DDNID/NCCDPHP/DDT); Thurmond, Emily (CDC/OCOO/OD) (CTR); Ross, Kierra (CDC/DDID/NCIRD/OD) (CTR); Parker, Stacey M. (CDC/DDPHSS/CSELS/OD); Serbanescu, Florina (CDC/DDNID/NCCDPHP/DRH); Keir, Jane M. (CDC/DDPHSS/CSELS/DSEPD); Allen Tchoukalov, Jessica A. (CDC/DDID/NCEZID/DGMQ); Boone, Kwanza (CDC/DDID/NCIRD/ISD) (CTR); Pai, Rima (CDC/DDPHSIS/CGH/GID) (CTR); Madden, Joseph (CDC/DDPHSS/CSELS/DSEPD); Stamps, Sharleta (CDC/DDID/NCIRD/OD) (CTR); Jones, Shantrice (CDC/DDID/NCEZID/DPEI); Park, Jennifer (CDC/DDID/NCEZID/DGMQ); Brown, Christopher K (CDC/DDPHSIS/CPR/DEO); Brodalski, Diane J. (CDC/DDID/NCIRD/OD) (CTR); Heldman, Amy B. (CDC/DDNID/NCCDPHP/DCPC); Jackson, Shallynn (CDC/DDID/NCIRD/OD) (CTR); Trotochaud, Marc (CDC/DDID/NCIRD/OD) (CTR); Williams, Paula O. (CDC/DDPHSS/CSELS/OD); Bradeen, Tessa (CDC/DDPHSS/OLSS/OD); Meyer, Cynthia (CDC/DDPHSIS/CPR/OD); Vahey, Grace (CDC/DDID/NCEZID/DFWED); Thompson, Natarsha (ATSDR/OAD); Jackson, Brendan R. (CDC/DDID/NCEZID/DFWED); Weakland, Aliki P. (CDC/DDID/NCIRD/OD); EOC Report2 (CDC); McCalla, Haley (CDC/DDID/NCIRD/ISD); ISD Communications (CDC); Woods, Alyssa (CDC/DDPHSS/CSELS/OD) (CTR); Cooper, Alison (CDC/DDPHSS/CSELS/DHIS) (CTR); Waters, Kellee L. (CDC/DDPHSIS/CPR/DEO); Ghiya, Neelam D. (CDC/DDID/NCHHSTP/OD); Ortmann, Leonard (CDC/DDPHSS/OS/OSI); Conner, Catina (CDC/DDPHSS/OS/OSI); Bodin, Eva (CDC/DDPHSS/OS/OSI); Felberbaum, Michael (FDA/OC); Ezra, Sally (CDC/DDPHSIS/CPR/OD)

Subject: COVID-19 Communication Surveillance Report 3.29.23

Attachments: COVID-19 Communication Surveillance Report 3.29.23.pdf

Good afternoon,

Views to news and social media pages continue trending down from last report. CDC INFO received over 2,000 inquiries from March 22– 28, 2023. A majority of clinician inquiries related to vaccines, facility guidance. Top inquiries from the general public were related to vaccines, testing and travel. Additional metrics were not available.

The WHO revised their COVID-19 omicron vaccination recommendations to say young, health kids, adolescents may not need additional bivalent boosters, however vulnerable populations should obtain a booster within 6-12 months of most recent vaccination. A Federal Appeals court in New Orleans has blocked an order by the Biden Administration that would require COIVD-19 vaccination for U.S. federal employees. The White House announced the COVID-19 Taskforce will disband in May to coincide with the expiration of COVID-19 national Public Health Emergency declarations. Debate and conversation continue surrounding the origin of the pandemic. There is continued news coverage of the impact of long covid in addition to potential treatments and preventative measures.

Please note that this report *(attached and below)* is for internal use only and should not be forwarded. Let us know how we can improve this report. If you have any questions or want to add someone to the distribution list, please contact CDC IMS JIC Research -2 (eocjicres2@cdc.gov)

Emily Matthews, MPH
On behalf of the Research & Evaluation Team
Contractor, GDIT
Joint Information Center | Research and Evaluation

Centers for Disease Control and Prevention
1600 Clifton Road NE Atlanta, GA 30329
Phone: 214.907.4513
Email : tto6@cdc.gov

COVID-19 Response
Communication Surveillance Report
March 29, 2023

Recommendations for Communication Strategy

(b)(5)

Major Public Health Themes

- WHO updated recs for current pandemic phase, advising that healthy children, adolescents may not need addt'l bivalent jab, however vulnerable pops should obtain a booster 6-12 months after most recent vax Yahoo, USNWR, STAT, Reuters, Global News, CNN
  - CDC issued guidelines Monday highlighting there is no need for secondary updated booster vaccinations SFChronicle, KHN
  - Cont' conversation discussing potential need for 2nd bivalent booster vax for vulnerable populations as FDA mulls recommending spring booster NYT, MedPageToday, HuffPo, SeattleTimes, AARP
  - Dr. Lena Wen calls for option of getting additional bivalent vax for vulnerable pops, others interested, in op-ed WaPo
- Federal Appeals court in New Orleans blocked an order by the Biden Admin that would require COVID-19 vax for U.S. federal employees TheHill, NBC, Reuters, CBS, ABC, MSN, AP, Fox, CNBC
- WH announced COVID-19 TF to disband in May coinciding with expirations of PHE declarations TheGuardian, WaPo, ABC, CNN, DailyBeast
- Cont' widespread conversation, debate surrounding COVID-19 origins ScienceAlert, Fortune, Yahoo, ABC, TheEconomist, TheGuardian, Yahoo, NYPost
- Cont' coverage of the impact of long COVID to individuals and members of the workforce, articles look at potential treatments and preventative measures. BBC, The Scottish Daily Mail, CBS, ONS (UK), News Concerns

International

- Cont' coverage out of India of emerging subvariant XBB.1.16 contributing to rising case counts now at highest rate since Oct 2022 Quartz, IndianExpress1, IndianExpress2, EconomicTimes, HindustanTimes, DW, TimesofIndia, Mint
- Amid rising cases in the U.K., media outlets cover sx to monitor, vax eligibility for upcoming bivalent booster uptake initiative TheIndependent
- Chinese officials approve the country's 1st COVID-19 vax based on mRNA technology CNN, WSJ, NYT, Mint

Treatment & Research

- New research finds COVID-19 infection prior to vaccination may weaken immune response in subsequent exposures Time, NYPost, CBS, CNBC, @MeetJess
- Recent studies highlight effectiveness of vax, metformin, Paxlovid in preventing long-COVID sx Time, MedPageToday, CNN, MSN, CNBC

Polls

- None

Points of Confusion/Potential Rumors/Misinformation

- A video sponsored by The Epoch Times claims that mRNA vaccines destroy bacteria in the microbiome, leading to reduced immune response. The video and article received significant Twitter attention. The Epoch Times, @SabinehazanMD, @TheChiefNerd, @DiedSuddenly
- A Tweet from Lauren Witzke gained falsely claiming that the Pfizer COVID-19 vax contained graphene oxide circulated on social media platforms. @LaurenWitzkeDE, r/conspiracy, r/DebateVaccines
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Information Seeking

CDC-INFO received 2,546 inquiries related to COVID-19 from Mar 22 - Mar 28, 2023. The general public were responsible for 2,384 (94%) of all COVID-19 inquiries, clinicians added 134 (5%) inquiries, and the final 28 inquiries (1%) were either uncategorized or came from health departments, the media, or educators. CDC INFO inquiries this week closely resembled those from recent weeks with questions relating to vaccines, testing and travel remaining high. Vaccine-related inquiries accounted for the largest proportion of clinician and general public inquiries, with questions regarding second bivalent booster doses remaining high.

Clinicians Inquiries

- Vaccines (46%):
  - Common inquiries included questions regarding second bivalent booster doses for patients, guidance after vax administration errors, and questions on vax timeline for specific patients.
- Facility Guidance (16%):
  - Many inquiries centered if there will be any upcoming changes to HC IPC guidance, largely centered on HCW mask policies.

General Public Inquiries

- Vaccines (37%)
  - Common inquire topics included vax boosters (42% of vax inquiries), vax access (31%), and vax documentation (10%). A significant proportion of inquires centered on guidance regarding 2nd bivalent booster doses and on accessing primary/non-mRNA doses of vaccines
- Testing (30%)
  - Common inquiries largely centered on the free testing program, with most indiv seeking assistance while placing an order.
- Travel (16%)
  - Common inquiries centered on vax/testing requirements for incoming/outbound travelers.

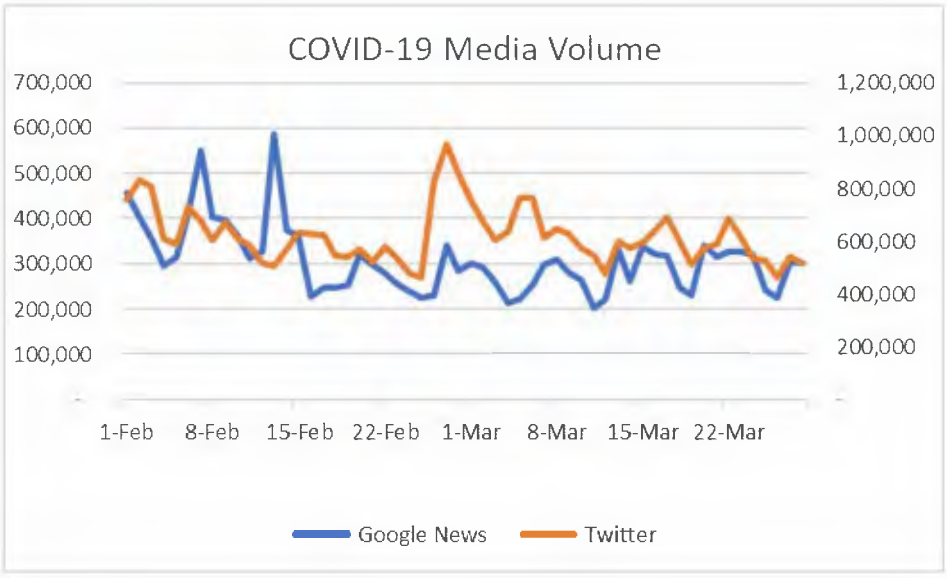
CDC/USG Mentions

- None

Emerging

- None

Metrics


COVID-19 Media Volume
700,000
600,000
500,000
400,000
300,000
200,000
100,000
-
1,200,000
1,000,000
800,000
600,000
400,000
200,000
-
1-Feb
8-Feb
15-Feb
22-Feb
1-Mar
8-Mar
15-Mar
22-Mar
Google News
Twitter

COVID-19 Response
Communication Surveillance Report
March 29, 2023

Recommendations for Communication Strategy

(b)(5)

Major Public Health Themes

- WHO updated recs for current pandemic phase, advising that healthy children, adolescents may not need addt'l bivalent jab, however vulnerable pops should obtain a booster 6-12 months after most recent vax Yahoo, USNWR, STAT, Reuters, Global News, CNN
  - CDC issued guidelines Monday highlighting there is no need for secondary updated booster vaccinations SFChronicle, KHN
  - Cont' conversation discussing potential need for 2nd bivalent booster vax for vulnerable populations as FDA mulls recommending spring booster NYT, MedPageToday, HuffPo, SeattleTimes, AARP
  - Dr. Lena Wen calls for option of getting additional bivalent vax for vulnerable pops, others interested, in op-ed WaPo
- Federal Appeals court in New Orleans blocked an order by the Biden Admin that would require COVID-19 vax for U.S. federal employees TheHill, NBC, Reuters, CBS, ABC, MSN, AP, Fox, CNBC
- WH announced COVID-19 TF to disband in May coinciding with expirations of PHE declarations TheGuardian, WaPo, ABC, CNN, DailyBeast
- Cont' widespread conversation, debate surrounding COVID-19 origins ScienceAlert, Fortune, Yahoo, ABC, TheEconomist, TheGuardian, Yahoo, NYPost
- Cont' coverage of the impact of long COVID to individuals and members of the workforce, articles look at potential treatments and preventative measures. BBC, The Scottish Daily Mail, CBS, ONS (UK), News Concerns

International

- Cont' coverage out of India of emerging subvariant XBB.1.16 contributing to rising case counts now at highest rate since Oct 2022 Quartz, IndianExpress1, IndianExpress2, EconomicTimes, HindustanTimes, DW, TimesofIndia, Mint
- Amid rising cases in the U.K., media outlets cover sx to monitor, vax eligibility for upcoming bivalent booster uptake initiative TheIndependent
- Chinese officials approve the country's 1st COVID-19 vax based on mRNA technology CNN, WSJ, NYT, Mint

Treatment & Research

- New research finds COVID-19 infection prior to vaccination may weaken immune response in subsequent exposures Time, NYPost, CBS, CNBC, @MeetJess
- Recent studies highlight effectiveness of vax, metformin, Paxlovid in preventing long-COVID sx Time, MedPageToday, CNN, MSN, CNBC

Polls

- None

Points of Confusion/Potential Rumors/Misinformation

- A video sponsored by The Epoch Times claims that mRNA vaccines destroy bacteria in the microbiome, leading to reduced immune response. The video and article received significant Twitter attention. The Epoch Times, @SabinehazanMD, @TheChiefNerd, @DiedSuddenly
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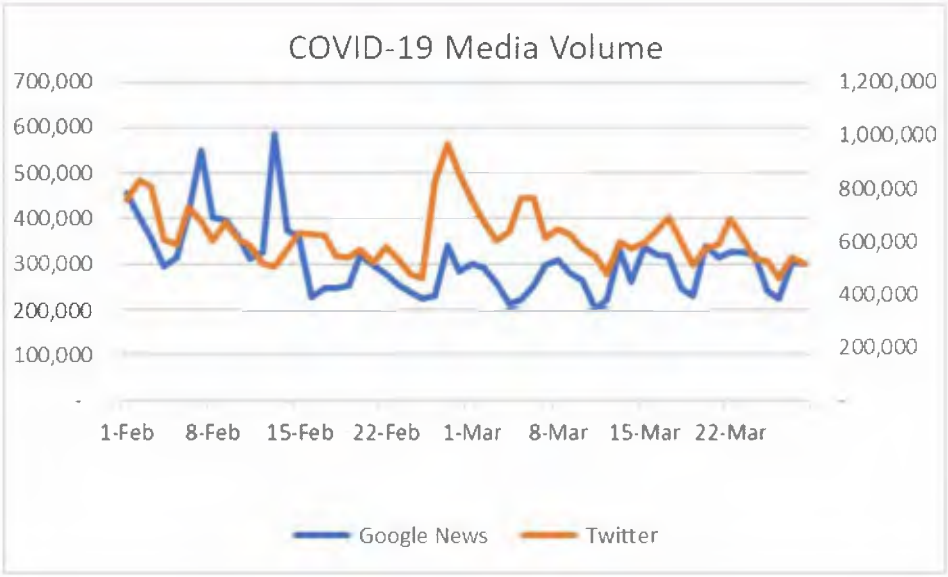
CDC/USG Mentions

- None

Emerging

- None

Metrics



From: Bernatzky, Colin (CDC/DDID/NCIRD/ISD)
Sent: Thu, 29 Jun 2023 18:34:08 +0000
To: Voegeli, Chris (CDC/OD/OADC)
Subject: FW: Web metrics 6-29-23
Attachments: Web Metrics 06-29-23.docx

From: Bernatzky, Colin (CDC/DDID/NCIRD/ISD)
Sent: Thursday, June 29, 2023 2:08 PM
To: Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR) <psv2@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>
Subject: Web metrics 6-29-23

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(b)(5)

Thanks!
Colin

—

Colin Bernatzky *(He/him/his)*
Public Health Analyst | Presidential Management Fellow
Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
Phone: 404-639-6406 | Email: ubq5@cdc.gov

Page 31

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Page 32

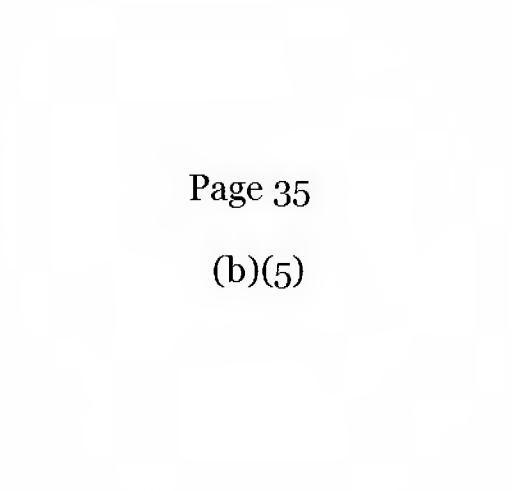
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Page 33

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Page 34

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Page 35

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Page 36

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Page 38

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Page 39

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Page 40

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Page 41

(b)(5)

Page 42

(b)(5)

From: Dowling, Nicole (CDC/DDID/NCIRD/ISD)
Sent: Tue, 11 Jul 2023 20:02:40 +0000
To: Meyer, Sarah (CDC/DDID/NCIRD/ISD); Lee, James Tseryuan (CDC/DDID/NCIRD/ISD); Bernatzky, Colin (CDC/DDID/NCIRD/ISD); Voegeli, Chris (CDC/OD/OADC); Jatlaoui, Tara (CDC/DDID/NCIRD/ISD)
Cc: Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR); Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR); Lindley, Megan C. (CDC/DDID/NCIRD/ISD)
Subject: RE: Follow-up on academic publishing + vax confidence

Hi James,
Thanks, and I am happy to join the discussion.

Nicole

From: Meyer, Sarah (CDC/DDID/NCIRD/ISD) <vif6@cdc.gov>
Sent: Tuesday, July 11, 2023 4:01 PM
To: Lee, James Tseryuan (CDC/DDID/NCIRD/ISD) <yvr0@cdc.gov>; Bernatzky, Colin (CDC/DDID/NCIRD/ISD) <ubq5@cdc.gov>; Voegeli, Chris (CDC/OD/OADC) <oqo2@cdc.gov>; Jatlaoui, Tara (CDC/DDID/NCIRD/ISD) <kgz4@cdc.gov>; Dowling, Nicole (CDC/DDID/NCIRD/ISD) <ncd5@cdc.gov>
Cc: Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR) <psv2@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>; Lindley, Megan C. (CDC/DDID/NCIRD/ISD) <cvx9@cdc.gov>
Subject: RE: Follow-up on academic publishing + vax confidence

Hi James,
Thanks for this flag! I'm happy to join a call. I would suggest Chris V as well, as I know this has come up previously around CDC's rapid response capabilities/strategies to address misinformation.
I shared this with CORVD as an FYI for now.
Sarah

From: Lee, James Tseryuan (CDC/DDID/NCIRD/ISD) <yvr0@cdc.gov>
Sent: Tuesday, July 11, 2023 3:07 PM
To: Bernatzky, Colin (CDC/DDID/NCIRD/ISD) <ubq5@cdc.gov>; Voegeli, Chris (CDC/OD/OADC) <oqo2@cdc.gov>; Meyer, Sarah (CDC/DDID/NCIRD/ISD) <vif6@cdc.gov>; Jatlaoui, Tara (CDC/DDID/NCIRD/ISD) <kgz4@cdc.gov>; Dowling, Nicole (CDC/DDID/NCIRD/ISD) <ncd5@cdc.gov>
Cc: Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR) <psv2@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>; Lindley, Megan C. (CDC/DDID/NCIRD/ISD) <cvx9@cdc.gov>
Subject: RE: Follow-up on academic publishing + vax confidence

Dear @Meyer, Sarah (CDC/DDID/NCIRD/ISD), @Jatlaoui, Tara (CDC/DDID/NCIRD/ISD), @Dowling, Nicole (CDC/DDID/NCIRD/ISD),

Attaching below Colin's note about the Uversky article making waves publicly, ***would recommend reading the email in full.*** (for a taste of the article itself – "Increased IgG4 synthesis due to repeated mRNA vaccination with high antigen concentrations may also cause autoimmune diseases, and promote cancer growth and autoimmune myocarditis in susceptible individuals.").

I would like to propose the following (b)(5)

(b)(5)

@Jatlaoui, Tara (CDC/DDID/NCIRD/ISD) + @Meyer, Sarah (CDC/DDID/NCIRD/ISD) + @Dowling, Nicole (CDC/DDID/NCIRD/ISD) – are you okay with me planning a time for us to talk about this? Who else should be invited?

Thanks,
James

From: Bernatzky, Colin (CDC/DDID/NCIRD/ISD) <ubq5@cdc.gov>
Sent: Friday, July 7, 2023 3:37 PM
To: Voegeli, Chris (CDC/OD/OADC) <oqo2@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR) <psv2@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>; Lee, James Tseryuan (CDC/DDID/NCIRD/ISD) <yvr0@cdc.gov>
Subject: Follow-up on academic publishing + vax confidence

Hi all,

I thought I'd share a bit more information related to the Uversky et al. article (b)(5)

(b)(5)

(b)(5) here's a lot of content in this email and many of the links are provided as background if interested, so don't feel pressured to click or read everything.

I. Uversky paper metrics

Per Altmetric, the Uversky et al. paper has been accumulating a massive amount of attention:

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  - Epoch Times (b)(5)
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  - XYZ.net.au (b)(5)
  - Globalresearch.ca (b)(5)

II. Ongoing concerns about academic publishing

(b)(5)

(b)(5)

Best,
Colin

From: Bernatzky, Colin (CDC/DDID/NCIRD/ISD)
Sent: Thursday, June 29, 2023 2:08 PM
To: Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR) <psv2@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>
Subject: Web metrics 6-29-23

Hi guys,

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(b)(5)

Thanks!
Colin

Colin Bernatzky *(He/him/his)*
Public Health Analyst | Presidential Management Fellow
Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
Phone: 404-639-6406 | Email: ubq5@cdc.gov

From: Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR)
Sent: Fri, 7 Jul 2023 21:07:05 +0000
To: Voegeli, Chris (CDC/OD/OADC); Bernatzky, Colin (CDC/DDID/NCIRD/ISD); Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR); Lee, James Tseryuan (CDC/DDID/NCIRD/ISD)
Subject: Re: Follow-up on academic publishing + vax confidence

Honestly, no idea (that could be due to my brain being on weekend mode rn)

but i feel like this needs to be its own special report just for the trend Colin noted
but also highlighting how this has played out overtime

and we could highlight what themes/topics are these ant-vax topics covering

the evolving issues of scientific publication errors upon the security of the information environment
i could see DHS having opinions on this
From: Voegeli, Chris (CDC/OD/OADC) <oqo2@cdc.gov>
Sent: Friday, July 7, 2023 1:52 PM
To: Bernatzky, Colin (CDC/DDID/NCIRD/ISD) <ubq5@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR) <psv2@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>; Lee, James Tseryuan (CDC/DDID/NCIRD/ISD) <yvr0@cdc.gov>
Subject: Re: Follow-up on academic publishing + vax confidence

Thank you for sending this, sir! (b)(5)

(b)(5)

Chris

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Acting Inaccurate Health Information Mitigation Team Lead
Email: OQO2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (316) 558-4313
Division for Communication Science and Services
Office of Communications, CDC

From: Bernatzky, Colin (CDC/DDID/NCIRD/ISD) <ubq5@cdc.gov>
Sent: Friday, July 7, 2023 3:36 PM
To: Voegeli, Chris (CDC/OD/OADC) <oqo2@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR) <psv2@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>; Lee, James Tseryuan

(CDC/DDID/NCIRD/ISD) <yvr0@cdc.gov>
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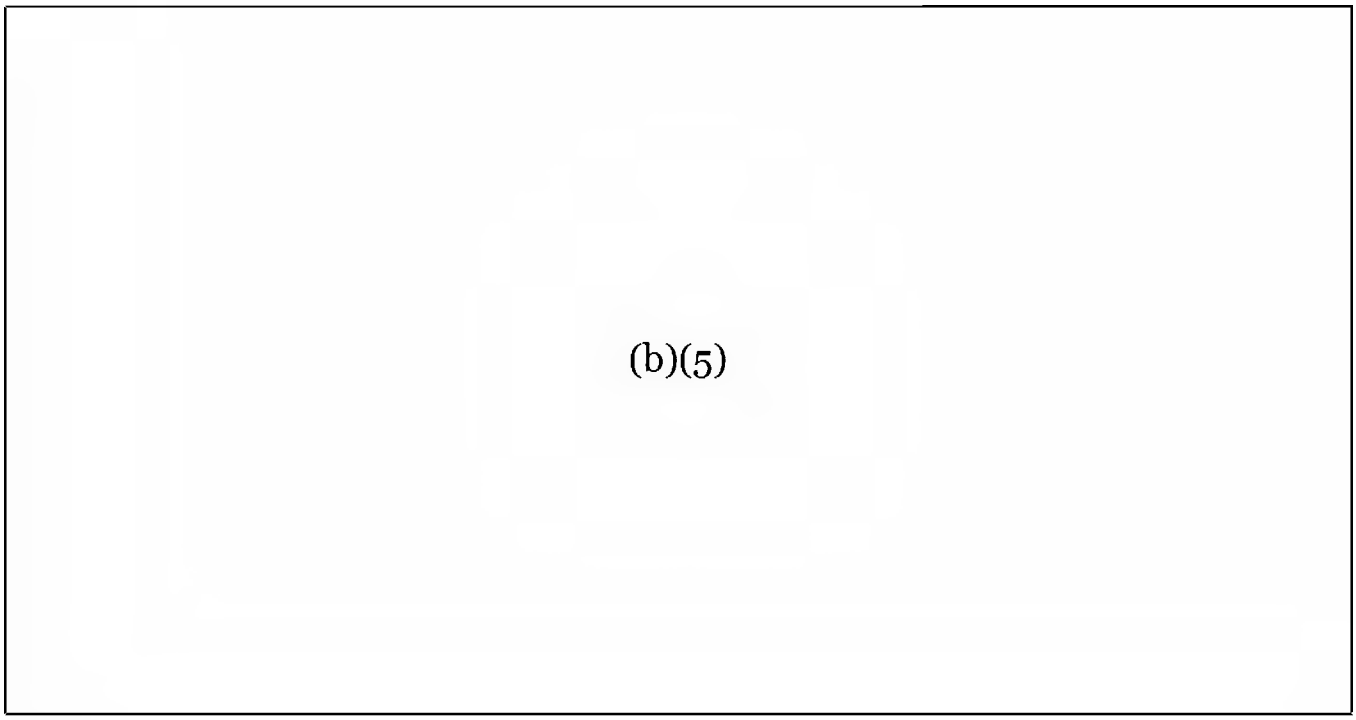
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II. Ongoing concerns about academic publishing

(b)(5)

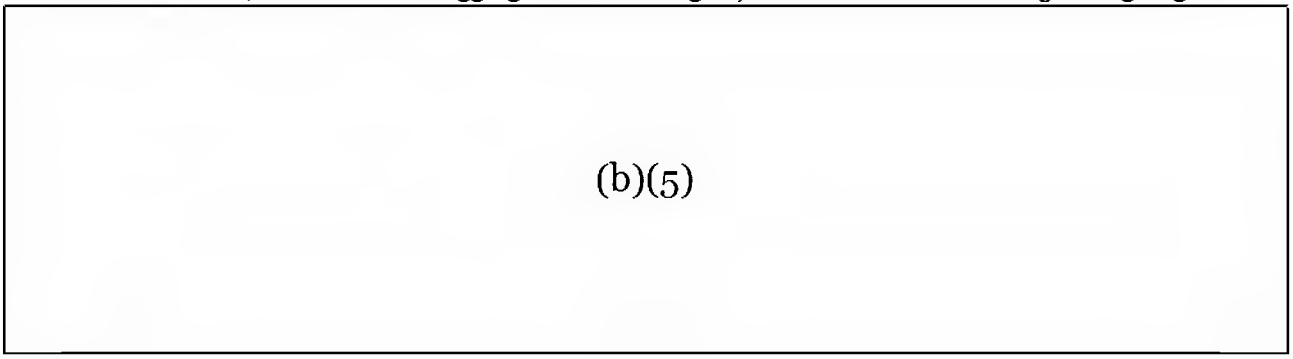


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Colin

From: Bernatzky, Colin (CDC/DDID/NCIRD/ISD)
Sent: Thursday, June 29, 2023 2:08 PM
To: Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR) <psv2@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>
Subject: Web metrics 6-29-23

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Thanks!
Colin

—
Colin Bernatzky *(He/him/his)*

Public Health Analyst | Presidential Management Fellow
Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
Phone: 404-639-6406 | Email: ubq5@cdc.gov

From: Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR)
Sent: Fri, 7 Jul 2023 19:49:30 +0000
To: Bernatzky, Colin (CDC/DDID/NCIRD/ISD)
Subject: Re: Follow-up on academic publishing + vax confidence

also, idk if you knew of Lis Wilhelm or Tina Purnat prior to the whatsapp invitation
they are great

they would love your opinion on all of this or anything

i encourage you to join the discussion if you feel comfortable

From: Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>
Sent: Friday, July 7, 2023 12:43 PM
To: Bernatzky, Colin (CDC/DDID/NCIRD/ISD) <ubq5@cdc.gov>
Subject: Re: Follow-up on academic publishing + vax confidence

in terms of scientific research literacy and technical literacy

(b)(5)

From: Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>
Sent: Friday, July 7, 2023 12:41 PM
To: Bernatzky, Colin (CDC/DDID/NCIRD/ISD) <ubq5@cdc.gov>
Subject: Re: Follow-up on academic publishing + vax confidence

just an immediate reaction:
wow

(b)(5)

(b)(5)

regarding the subject of what you wrote, we need to discuss this in the Tuesday Research COP meeting w/ potential next steps or ways to discuss this/publish these issues

From: Bernatzky, Colin (CDC/DDID/NCIRD/ISD) <ubq5@cdc.gov>
Sent: Friday, July 7, 2023 12:36 PM
To: Voegeli, Chris (CDC/OD/OADC) <oqo2@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR) <psv2@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>; Lee, James Tseryuan (CDC/DDID/NCIRD/ISD) <yvr0@cdc.gov>
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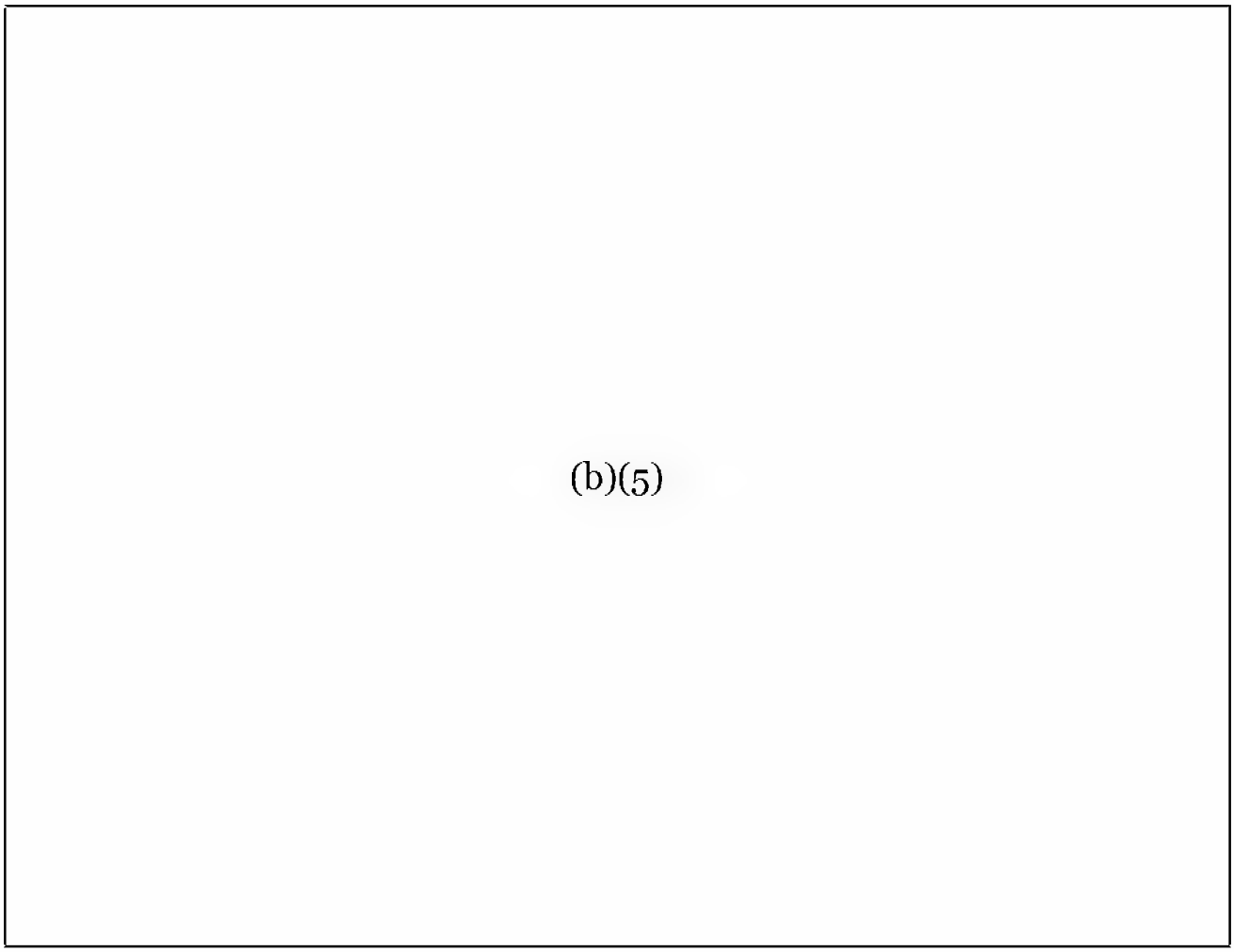
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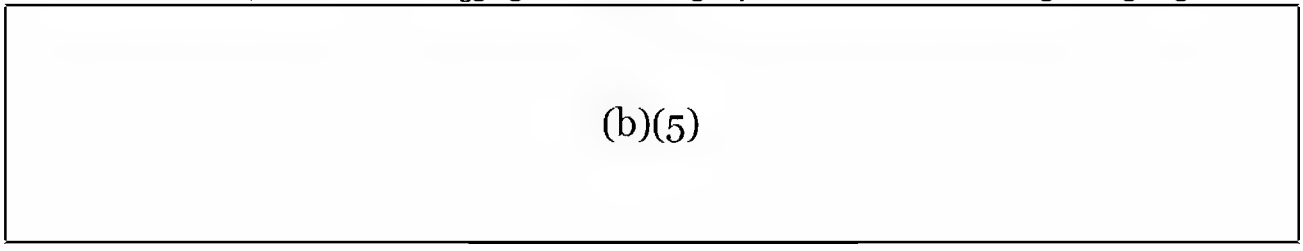


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Colin

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Public Health Analyst | Presidential Management Fellow
Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
Phone: 404-639-6406 | Email: ubq5@cdc.gov

From: Trotochaud, Marc (CDC/DDID/NCIRD/OD) (CTR)
Sent: Thu, 30 Mar 2023 16:09:02 +0000
To: Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR)
Cc: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Subject: Re: Reminder: Team Check-In Weekly Themes; Q1 Themes

Hi Michael,
Thanks for the note, I hope you are doing well! Here are my weekly top themes on behalf of the communication surveillance report team:

- Continued confusion around 2nd bivalent booster doses, especially in light of WHO guidance announcement (STAT, Reuters)
- Coverage of the end of the COVID-19 PH emergency (new bill passed today aims to end it early), the ending of the COVID task force, and what that means for access to vax and PPE (WaPo)
- Worrying trends of new COVID variant (XBB1.16) potentially causing a surge in India, WHO is monitoring. (USNWR)
- Continued social media traction for misinformation related to the dangers of mRNA vax. This week highlighted harms to microbiome and false claims of graphene oxide inclusion in the vax. (Epoch Times, Lauren Witzke)

I may need to think a bit more about quarterly themes, but here is the first few things that come to mind.

(b)(5)

Happy to meet to talk more about any of these ideas!
All the best,
Marc

--
Marc Trotochaud

Contractor, Tanaq Support Services
COVID-19 Response
Joint Information Center | Research and Evaluation Team
Teams Phone #: 404-498-1853
Email: mtrotochaud@tanaq.com
From: Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>
Sent: Thursday, March 30, 2023 10:54 AM
To: Yang, Chenmua (CDC/DDID/NCIRD/ISD) <tyz0@cdc.gov>; Bernatzky, Colin (CDC/DDID/NCIRD/ISD) <ubq5@cdc.gov>; Mitchell, Tremayne (CDC/DDID/NCIRD/OD) (CTR) <vqb8@cdc.gov>; Boone, Kwanza (CDC/DDID/NCIRD/ISD) (CTR) <ryx0@cdc.gov>; Trotochaud, Marc (CDC/DDID/NCIRD/OD) (CTR) <ufl3@cdc.gov>; Sorenson, Bryan (CDC/DDID/NCIRD/ISD) (CTR) <soi4@cdc.gov>
Cc: Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR) <psv2@cdc.gov>; Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Reminder: Team Check-In Weekly Themes; Q1 Themes

Hi, Insights team!

In stead of meeting today, could yall please submit your weekly top themes in email, chat...whatever works for you best.

Regarding Q1 (1 Jan - 31 March 2023), please send your quarterly top themes,
After that, we will develop an outline for the report.
Ideally, the sooner the better but there is no firm deadline.

Is anyone interested in writing for this one? No pressure, at all, just offering opportunities to write.

Thank you for your time and all your work!

Michael

From: Voegeli, Chris (CDC/OD/OADC)
Sent: Fri, 30 Jun 2023 17:39:36 +0000
To: Bernatzky, Colin (CDC/DDID/NCIRD/ISD)
Subject: Re: Web metrics 6-29-23

Got it! Thank you.
Chris

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Acting Inaccurate Health Information Mitigation Team Lead
Email: OQO2@cdc.gov
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Division for Communication Science and Services
Office of Communications, CDC

From: Bernatzky, Colin (CDC/DDID/NCIRD/ISD) <ubq5@cdc.gov>
Sent: Thursday, June 29, 2023 2:34 PM
To: Voegeli, Chris (CDC/OD/OADC) <oqo2@cdc.gov>
Subject: FW: Web metrics 6-29-23

From: Bernatzky, Colin (CDC/DDID/NCIRD/ISD)
Sent: Thursday, June 29, 2023 2:08 PM
To: Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR) <psv2@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR) <qrx5@cdc.gov>
Subject: Web metrics 6-29-23

Hi guys,

Here's this week's Google Trends web metrics report. There was another batch of Epoch Times headlines this week, so I did a little digging and have a slightly better sense of what might be going on.

(b)(5)

Thanks!
Colin

Colin Bernatzky *(He/him/his)*
Public Health Analyst | Presidential Management Fellow
Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
Phone: 404-639-6406 | Email: ubq5@cdc.gov

From: Bernatzky, Colin (CDC/DDID/NCIRD/ISD)
Sent: Fri, 21 Jul 2023 19:52:16 +0000
To: Verma, Anisha (CDC/DDID/NCIRD/ISD) (CTR); Gazy, Michael (CDC/DDID/NCIRD/ISD) (CTR); Voegeli, Chris (CDC/OD/OADC)
Subject: Weekly web metrics + new preprint of note
Attachments: Web Metrics 07-20-23.docx, Epoch Times - CDC Used Journal to Promote Masks Despite 'Unreliable' and 'Unsupported Data'.pdf

Hi Chris, Anisha, and Michael,

I got back from DC late last night and am catching up on various items. Here's this week's belated Google Trends report, with notable themes below:

- RFK Jr.
    - Several searches for "rfk jr jews" following RFK Jr.'s claim that COVID "targets" specific ethnicities
    - RFK Jr. congressional hearing and related content
- Brevard County, FL passes resolution describing COVID mRNA vaccines bioweapons, calling on DeSantis to ban them in FL
- Tucker Carlson and Asa Hutchinson interview fallout (increased interest in Tucker's vaccination status)
- Increased interest in Fran Drescher's views on vaccines
- Graphene oxide concerns continue to trend
- Another dubious journal preprint getting boosted in the Epoch Times (see below)
    - Epoch Times is also boosting the Lancet preprint flagged in a previous report
- FDA approval of new RSV vaccine

(b)(5)

Thanks!
Colin

—

Colin Bernatzky *(He/him/his)*

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Page 61

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Page 62

(b)(5)

Page 63

(b)(5)

Page 64

(b)(5)

Page 65

(b)(5)

Page 66

(b)(5)

Page 67

(b)(5)

Page 68

(b)(5)

Page 69

(b)(5)

Page 70

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Page 71

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Thanks for trying out Immersive Reader. Share your feedback with us.

CDC Used Journal to Promote Masks Despite 'Unreliable' and 'Unsupported Data': New Analysis

0:006:01

A new analysis of studies in the Centers for Disease Control and Prevention's (CDC) flagship scientific journal found the agency promoted the effectiveness of masks using unreliable data with conclusions unsupported by evidence.

The preprint, published July 11 on MedRxiv, found the CDC's Morbidity and Mortality Weekly Report (MMWR) made positive findings about the efficacy of masks 75 percent of the time, despite only 30 percent of studies testing masks, and less than 15 percent having "statistically significant results."

No studies were randomized, yet the CDC in over half of their MMWR studies, made misleading statements indicating a causal relationship between mask-wearing and a decrease in COVID-19 cases or transmission, despite failing to show evidence of mask effectiveness.

The inappropriate use of causal language in MMWR studies was directly adopted by then CDC director Dr. Rochelle Walensky to promote masks and recommendations urging Americans to mask up. The authors said their findings "raise concern about the reliability of the journal for informing health policy" and suggest bias within the journal.

The MMWR, often called "the voice of the CDC," is the agency's primary vehicle for "scientific publication of timely, reliable, authoritative, accurate, objective, and useful public health information and recommendations."

The publication—subject only to peer review internally by the agency—is frequently used to draft national health policies. For example, mask requirements implemented during the COVID-19 pandemic for federal workers, travelers, schools, businesses, healthcare workers, and Head Start programs—"mirrored" CDC recommendations.

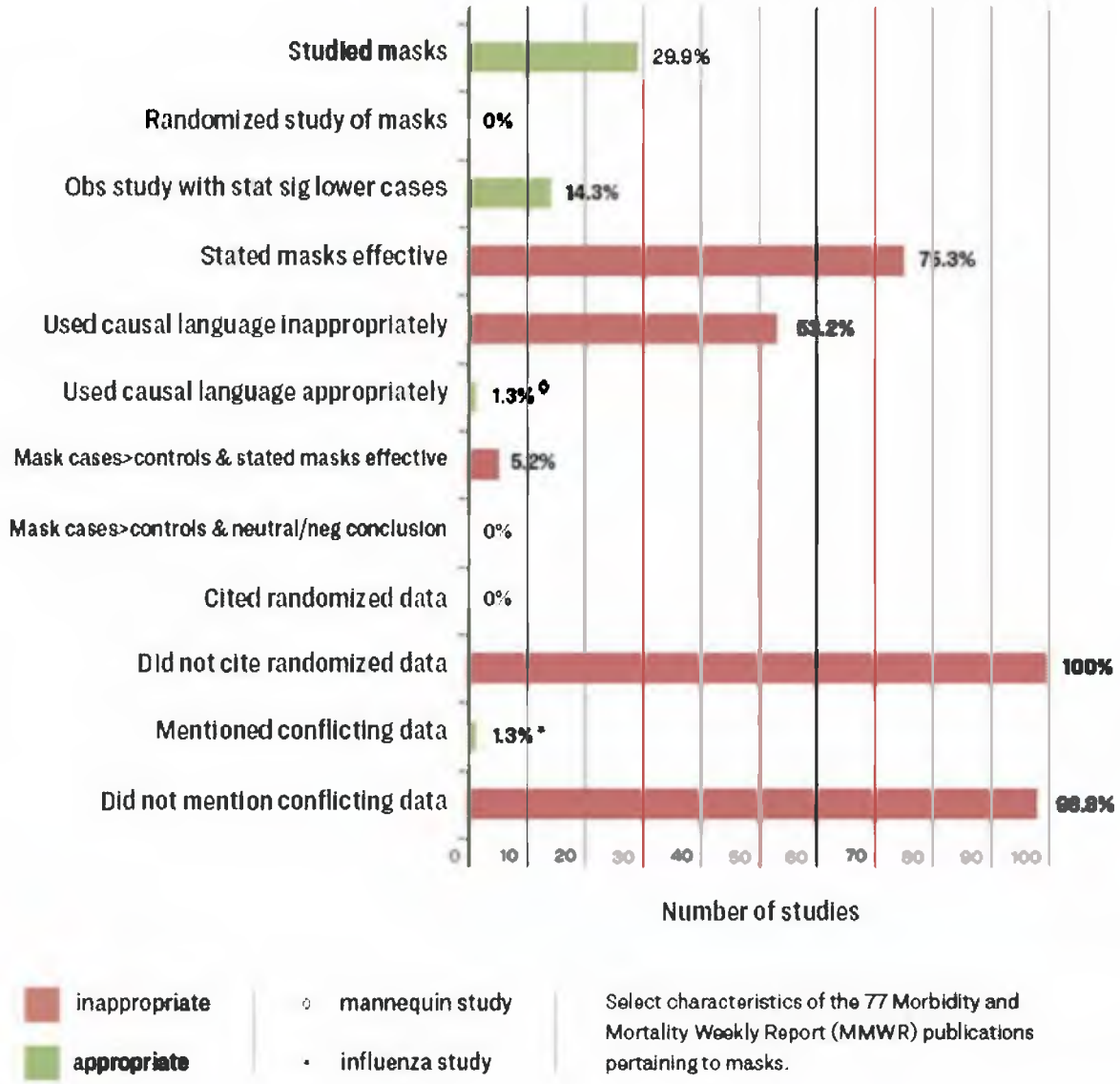
Of the 77 reviews cited in the agency's MMWR used to promote masks, researchers found the following:

- Only 23 of 77 studies assessed the effectiveness of masks, yet 58 of 77 studies claimed masks were effective.
- Of the 58 studies, 41 used "causal language," and 40 misused causal language. Causal language is where an "action or entity is explicitly presented as influencing another" and should not be used in observational studies because these types of studies merely identify "associations" and cannot establish that the "associations identified represent cause-and-effect relationships."
- According to the analysis, the 40 studies that used causal language indicated with certainty that masks lower transmission rates, despite the fact their results, at most, found a correlation. In addition, 25 of the 40 studies didn't even assess the effectiveness of masks.

The one remaining study used causal language related to particle filtration on mannequins with "unknown relevance for human health."

- Of the 58 studies referenced above, only one mentioned conflicting data on mask effectiveness—the authors noted it was an international study primarily focused on influenza.
- Four of the 77 studies had more cases in the mask group than in the comparator group, yet all four studies concluded masks were effective.

None of the 77 studies assessed after 2019 were randomized, and none cited randomized data. Randomized studies are the "gold standard" for determining whether an intervention or treatment is effective. Instead, the CDC most commonly used observational studies without controls or comparison groups.



Select characteristics of the 77 Morbidity and Mortality Weekly Report (MMWRR) publications pertaining to masks. (The Epoch Times)

"Honestly, it's amazing & scary how apparently effective/convincing it was for the @CDCgov to state over & over masks are 'critical' & 'important' in spite of a total lack of high-quality data to support it," Dr. Tracy Høeg, epidemiologist and co-author of the study said in a tweet. It will be hard to trust the journal, which they use to inform health policy decisions, moving forward, she added.

Concerns of Bias and Flawed Data Ignored by CDC

Researchers have previously raised concerns about MMWR's publication bias, flawed methodology, and errors with the CDC that would typically warrant retraction.

Challenging the journal is difficult because the MMWR is subject to its own "clearance process" within the agency that publishes the journal instead of the independent peer-review other scientific journals are subjected to.

Of the mask studies published in the MMWR, 91 percent had one or more authors affiliated with the CDC, with a median of 13 authors per paper, some co-authoring multiple papers. In total, there were 1,544 authors, which "speaks to the large amount of effort that went into studying and publishing about this topic in the journal," researchers stated.

In addition, beginning in September 2020, political appointees may have "demanded the ability to review and revise scientific reports" in MMWR. The process used to analyze and publish scientific data in the MMWR, which is then promoted by the CDC, has not been made available to the public.

Researchers said that political involvement and lack of accountability by outside experts unaffiliated with the CDC could influence the journal's ability to evaluate scientific data objectively and may explain why the agency "remains an international outlier" in continuing to recommend masks for COVID-19 in specific circumstances, including for children as young as two.

What topics would you like to read about? Please let us know at health@epochtimes.nyc

Sent: Thu, 6 Jul 2023 22:02:20 +0000

Hi all,

I figured I'd share a bit more information related to the Uversky et al. article I flagged last week as well as some broader context about how vaccine confidence is being undermined by select scientific journals and publishers. There's a lot of content in this email, so don't feel pressure to click every link or read everything in one sitting.

Per Altmetric, the Uversky et al. paper has been accumulating an **enormous** amount of attention:

- Currently the third-highest Altmetric attention score among all articles published by *Vaccines*
- **#250 all-time** across 24+ million publications tracked by Altmetric, putting it in the **top 0.001%** of all research outputs ever tracked by Altmetric
- Has been tweeted 22,000+ times from 15,000+ users
- Altmetric captures information about news outlets that link the article but clearly does not take steps to verify credibility, as the four English language "outlets" listed are:
  - Epoch Times (b)(5)
  - Zero Hedge (b)(5)
  - XYZ.net.au, (b)(5)
  - Globalresearch.ca, (b)(5)

(b)(5)

(b)(5)

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THE EPOCH TIMES



A doctor in a file image. (Hannah McKay/Pool/Getty Images)

PREMIUM **US NEWS**

Medical Board Letters Threatening to Revoke Certifications Over 'Misinformation' Contain 'No Evidence of Any Falsehood:' Lawyer

By Zachary Stieber and Cindy Drukier | July 31, 2022 Updated: July 31, 2022 A A Print

The letters sent by medical boards to physicians threatening to revoke their certifications contain vague language and don't allege any specific falsehoods, a lawyer who sued the boards says.

“The letters generally allege misinformation … but they’re not specific. They don’t specifically identify anything that’s false that anyone has been saying. There’s no evidence of any falsehood,” Andy Schlafly, who is representing the Association of American Physicians and Surgeons in the legal case, said on NTD’s “The Nation Speaks.”

It’s “sort of general allegations,” he added, “and then it’s a demand that the physicians prove that they’re innocent.”

Both the American Board of Internal Medicine and the American Board of Family Medicine have sent the letters, according to the suit, which was filed in federal court in Texas this month.

Related Coverage



Devastated Father Seeks Truth About Vaccines; Medical Boards Sued for Threatening Doctors

Another board, the American Board of Obstetrics and Gynecology, has warned providers against disseminating “misinformation and disinformation about COVID-19, reproductive health care, contraception, abortion, and other OB GYN practices that may harm the patients we serve or public health.”

The boards did not respond to requests for comment or could not be reached.

Retaliation

The moves to revoke certifications are retaliation for speaking out on issues related to COVID-19, including criticism of the COVID-19 vaccines, plaintiffs say.

In missives sent in May, the internal medicine board sent threatening letters to doctors “for making public statements that disagree with the approach taken by Dr. Fauci and the Biden Administration to Covid-19,” according to the suit. Dr. Anthony Fauci is the longtime head of the National Institute of Allergy and Infectious Diseases and President Joe Biden’s chief medical adviser.

The family medicine board distributed similar missives, the suit says.

The letters have threatened to revoke the certifications that the boards bestow. They contain similar wording, according to Schlafly, and were sent out around the same time, raising concerns of collusion.

“They’re not letters that are individual, that were written from scratch for each position. Rather, there’s some sort of template that was copied and pasted from and then a dozen or two dozen letters went out almost on the same day to these physicians,” he said.

The letters are an attempt at intimidation and are having a “chilling effect,” the lawyer said, adding that they are outside of the boards’ normal practices.

The suit asks the court to declare the defendants have violated the First Amendment and to order the boards to stop threatening to revoke certifications.

Nothing says "trust the science" quite like "you can't sue us if something goes wrong" and "we need 55 years to release the data to the public".

