

Message

From: Casey, Christine G. (CDC/DDPHSS/CSELS/OD) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2B2A18D104804E5FA190C1D1F5CC88B2-CASEY, CHRI]
Sent: 8/9/2020 5:26:09 AM
To: Redfield, Robert R. (CDC/OD) [REDACTED]
CC: Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Campbell, Amanda (CDC/OD/OCS) [REDACTED]; McGowan, Robert (Kyle) (CDC/OD/OCS) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]
Subject: FW: Follow up on CDC report on COVID-19 in children hospitalized; see link below

Dr. Redfield,

You may not know that Dr. Charlotte Kent is on vacation this week, and I am serving as Acting Editor in Chief, *MMWR*. I consulted with Dr. Michael Iademarco shortly after receiving this email from Dr. Alexander (see below). We are available to discuss next steps with you and OD leadership (copied) in the morning.

Chris Casey

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Christine Casey, MD FAAP | CAPT, US Public Health Service
Acting Editor in Chief, *MMWR* Series
[REDACTED]

From: Alexander, Paul (HHS/ASPA) [REDACTED]
Sent: Saturday, August 8, 2020 11:45 PM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD); Caputo, Michael (HHS/ASPA); Murphy, Ryan (OS/ASPA); Witkofsky, Nina (CDC/OD/OCS); Redfield, Robert R. (CDC/OD); Casey, Christine G. (CDC/DDPHSS/CSELS/OD)
Subject: RE: Follow up on CDC report on COVID-19 in children hospitalized; see link below

Dr. Casey, see below to Dr. Kent but she is on leave and I am informed you are taking her role for now.

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

From: Alexander, Paul (HHS/ASPA)
Sent: Saturday, August 8, 2020 11:42 PM

To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]; Caputo, Michael (HHS/ASPA)
[REDACTED]; Murphy, Ryan (OS/ASPA) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS)
[REDACTED]; Redfield, Robert R. (CDC/OD) [REDACTED]
Subject: Follow up on CDC report on COVID-19 in children hospitalized; see link below

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932e3.htm?s>

Good night Michael, I have given this thought and felt I would write making this request formal.

Michael, I am asking that you put an **immediate stop** on all CDC MMWR reports due to the incompleteness of reporting that is done in a manner to mislead the public. Importantly, CDC sends us shortly before putting out, a summary paragraph and I repeatedly write them about the summary as it leaves one unable to assess the full report and we go back and forth...how could we be clearing things without the full report?? CDC to me appears to be writing hit pieces on the administration and meant at this time to impact school re-openings and they then send it to the media knowing it is deceiving. I ask it be stopped now! Give us the full word document, NOT the summary!!!!

Dr. Redfield, my deepest respect to you, I am a huge admirer of all the great things you have done for this world...and I request Sir that you work with us at ASPA to ensure all is stopped now so that the reporting is accurate please. I am sure you are not aware of these reports as you can read and see the summary is not reflective of the content.

This immediate stop will ensure that reports are only cleared if I get ahead of time, the:

1. actual 'full' MS Word version and NOT the summary, we must clear the full report, with the relevant tables, in final form that they at CDC decided will be the posted report. FINAL, not scratched up. Their final. I must read it, refer back to the CDC writers, and get agreement on 1-2 lines before it is posted. The reports must be read by someone outside of CDC like myself, and we cannot allow the reporting to go on as it has been, for it is outrageous. Its lunacy. They may say 'it's the data'; I agree on one level, but they are constantly reporting incompletely and writing in a manner to make the nation run and dig a hole and climb inside with their children for 10 years. It makes no sense. It is meant to deceive and this recent report will show it clearly, and I will get to it.
2. If I see the final report, and we agree on my 2 lines, only then can it be posted. If this is not done, then cannot be reported and cleared by ASPA. Period. CDC cannot police itself, they have shown this in the reporting. There is something more beside the report afoot and this mail is not the place to get into it. The result is the administration and public is not being served. All the nation seeks is unbiased reporting of the facts, not a spin and report meant to tell a specific narrative for CDC's goals. I am not sure of what it is but it stinks. I cannot read a report and get pull hair out of my head.
3. Nothing to go out unless I read and agree with the findings how they CDC, wrote it and I tweak it to ensure it is fair and balanced and 'complete'. And not misleading.
4. Please put a stop on all immediately Michael.
5. Again, I request as part of this, 2 reports be adjusted online (the Georgia camp and this one on hospitalized COVID children).

I will use the above embedded CDC report as a clear example (see url). I will also refer to the recently published report MMWR on the Georgia camp. These 2 are highly instructive but the one on hospitalized COVID children is most recent and important to discuss.

I am asking that CDC immediately go back to the 2 reports and adjust the summary and if this is not done, then the stoppage be immediate. Any administration or President served by CDC with this type of reporting will be badly served.

Georgia camp MMWR

For the Georgia camp report, it was concerning to read for it of course was a hit piece on the administration's push to open schools. We can see it. But CDC could have at the least stated in their summary or conclusion (to pretend some balance or objectivity) that it is likely that the spread was due to

- 1) those in the camp (campers and teachers/camp leads) not adhering to CDC guidelines on mitigating spread
- 2) the children or campers not mandated to use masks or social distance...then of course there will be rampant spread
- 3) what was the extent of the teachers etc. using masks and importantly
- 4) how could the people hosting the camp not consider that cramming 25 kids into a cabin (many camps slept like this) not contributing to prolific spread...

so I request that CDC go back to that report and insert this else Michael, pull it down and stop all reports immediately. CDC tried to report as if once kids get together, there will be spread and this will impact school re-opening...that was the aim and that's how it reads and its disingenuous. Very misleading by CDC and shame on them. Their aim is clear. This hurts any President or administration. This is designed to hurt this President for their reasons which I am not interested in. I am interested in this or any President being served fairly and that tax payers money not be used for political reasons. They CDC, work for him. The public wants honesty and fair reporting so that they can be informed, not to be deceived.

Hospitalized COVID children MMWR

Now, for this present report on COVID in hospitalized children url:
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932e3.htm>

I have copied this full report for record keeping.

Now this report on COVID in hospitalized children concluded in its summary (blue):

Box 1: Existing summary

What is already known about this topic?

Most reported SARS-CoV-2 infections in children aged <18 years are asymptomatic or mild. Less is known about severe COVID-19 in children requiring hospitalization.

What is added by this report?

Analysis of pediatric COVID-19 hospitalization data from 14 states found that although the cumulative rate of COVID-19-associated hospitalization among children (8.0 per 100,000 population) is low compared with that in adults (164.5), one in three hospitalized children was admitted to an intensive care unit.

What are the implications for public health practice?

Children are at risk for severe COVID-19. Public health authorities and clinicians should continue to track pediatric SARS-CoV-2 infections. Reinforcement of prevention efforts is essential in congregate settings that serve children, including childcare centers and schools.

How could CDC start off stating that most cases are asymptomatic and mild, yet conclude that children are at risk for severe COVID-19....based on what? What evidence??? Where in that report is that data?

I request CDC go back and take this down, or immediately fix the summary based on what I state below (or some agreed upon version) for this below is the main finding, NOT that children are at risk for severe COVID-19...that is a statement that does not match the analysis....I will re-insert CDC's summary and make my additions for my additions actually are the key findings...my insertions are in yellow among their blue; note I removed the severe illness for it is not accurate; I include what appears need to know in

summary format...the first line under “What are the implications for public health practice” is the key message parents want and CDC did not state this or stated all but this and this statement is supported by the data:

Box 2: Proposed summary

What is already known about this topic?

Most reported SARS-CoV-2 infections in children aged <18 years are asymptomatic or mild. Less is known about severe COVID-19 in children requiring hospitalization.

What is added by this report?

Analysis of pediatric COVID-19 hospitalization data from 14 states found that although the cumulative rate of COVID-19–associated hospitalization among children (8.0 per 100,000 population) is low compared with that in adults (164.5), one in three hospitalized children was admitted to an intensive care unit.

208 of 576 hospitalized children with COVID-19 in the US were analyzed (March 1–July 25); 5.8% of ICU admissions needed mechanical ventilation and nine (10.8%) of 83 children with completed chart reviews had a diagnosis of MIS-C; all 208 children had a reported discharge disposition (assumed discharged based on the reporting and included those with MIS-C) and one died (0.5%) in hospital and was reported to be very ill with multiple underlying conditions.

Among the 208 hospitalized children, the case-fatality rate (deaths) remains low, even among children hospitalized in this report with more severe COVID-19–associated complications, such as MIS-C; the reporting revealed that approximately 40% of the children were obese.

Median duration of hospitalization was 2.5 days (IQR = 1–5 days); ICU stay was a median of 2 days (IQR = 1–5 days).

In children hospitalized with seasonal influenza virus infection annually, estimates of ICU admissions with underlying medical conditions is similar to this present COVID-19 report on children and, in-hospital influenza deaths are also as rare (<1%) as those reported here for COVID-19.

What are the implications for public health practice?

Importantly, this report reveals that COVID-19 infected children typically have no or mild symptoms and those who are hospitalized do not predominantly get severely ill and do not die.

Public health authorities and clinicians should continue to track pediatric SARS-CoV-2 infections. Reinforcement of prevention efforts is essential in congregate settings that serve children, including childcare centers and schools.

I do not pretend to be smarter or more skilled than anyone, I just want this administration or any administration fairly treated and the tax payer be respected and informed given they pay CDC people high salaries and expect a certain competence.

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