

Message

**From:** Alexander, Paul (HHS/ASPA) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]  
**Sent:** 9/11/2020 6:04:48 PM  
**To:** Atlas, Scott W. EOP/WHO [REDACTED]  
**Subject:** FW: (CUI/SBU) One MMWR COVID-19 Response Early Release Scheduled for Tuesday, September 15

Heads up, CDC is asking clearance of this and as usual, sent only a few lines and not the full report. Then they send the full report and give us (me) 2 hours or so to respond with edits, with 5 other reports accompanying. I don't understand the 121 descendants number. It is ludicrous to lump 10-20 as a child. Note they did not indicate that the deaths were mostly in 18 and above. Note they did not talk about the 21 year olds.

Know this is coming out in the next couple days if not this weekend and CNN and Fox will be running the CDC indicated caption of "deaths in children elevated due to COVID" etc. This is very duplicitous to damage the administration. Can you help me craft an op-ed and I will ask to put out disputing the reporting for on face value, it is meant to mislead. E.g. I have a real problem with the lumping of 0-21 years as pediatric deaths. Its misleading, when I hear 'children' I think of 2, 4, 7, 9, 10 maybe 12 years old, even 13. A 20 year old is an adult, albeit young. Age bands should be <1, 1-5, 6-10, 11-15, and 16 to 20, and 21>. Its very misleading and I will guarantee you all the deaths (most) will clump near 20. By saying the pediatric population makes up 26% of the US population is very misleading as children as we know it do not make up 26%. That is comprised of adolescents and young adults. This is timed for the election and the push to re-open schools safely and rationally and with needed mitigations using CDC sensible guidance. The timing of this is meant to interfere with school re-opening and we need to get something out fast to pre-empt this in the next day or so and I can work with you on it. Please advise.

This is your heads up as sent to me internally. Let us advise the President and get permission to pre-empt this please for it will run for the weekend so we need to blunt the edge as it is misleading. I seek for this administration, any administration, that simply we follow the data and not mislead so that the public is well informed for their decisions. The nation just wants the truth, that's all, not spin or deceit.

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:** Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [REDACTED]  
**Sent:** Friday, September 11, 2020 1:34 PM  
**To:** Redfield, Robert R. (CDC/OD) [REDACTED]; Schuchat, Anne MD (CDC/OD) [REDACTED]; Galatas, Kate (CDC/OD/OADC) [REDACTED]; Bunnell, Rebecca (CDC/DDPHSS/OS/OD) [REDACTED]; Richards, Chesley MD (CDC/DDPHSS/OD) [REDACTED]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [REDACTED]



Cc: Cono, Joanne (CDC/DDPHSS/OS/OD) [REDACTED]; OADS Clearance (CDC) [REDACTED]; Simone, Patricia (Pattie) (CDC/DDPHSS/CSELS/DSEPD) [REDACTED]; Stephens, James W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, David W. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Clark, Cynthia K. (CDC/OD/OCS) [REDACTED]; Caudwell, Kerry M. (CDC/OD/OCS) [REDACTED]; Blowe, April R. (CDC/OD/OCS) [REDACTED]; King, Veronnica (CDC/DDPHSS/CSELS/OD) [REDACTED]; Phifer, Victoria (CDC/DDPHSS/CSELS/OD) [REDACTED]; Mitchell, Donyelle R. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Tumpey, Abigail (CDC/DDPHSS/CSELS/OD) [REDACTED]; Brower, Melissa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Fisher, Angela H. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bonds, Michelle E. (CDC/OD/OADC) [REDACTED]; Heldman, Amy B. (CDC/OD/OADC) [REDACTED]; Haynes, Benjamin (CDC/OD/OADC) [REDACTED]; Gaines, McCollom, Molly (CDC/OD/OADC) [REDACTED]; DeNoon, Daniel (CDC/OD/OADC) (CTR) [REDACTED]; Bedrosian, Sara (CDC/OD/OADC) [REDACTED]; Gindler, Jacqueline (CDC/DDPHSS/CSELS/OD) [REDACTED]; Rutledge, Terisa (CDC/DDPHSS/CSELS/OD) [REDACTED]; Weatherwax, Douglas (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hood, Teresa M. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dunworth, Soumya (CDC/DDPHSS/CSELS/OD) [REDACTED]; Damon, Glenn (CDC/DDPHSS/CSELS/OD) (CTR) [REDACTED]; Meadows, Donald (CDC/DDNID/NCEH/OD) [REDACTED]; Boyd, Martha F. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Dott, Mary (CDC/DDPHSS/CSELS/OD) [REDACTED]; Branam, Ian (CDC/DDPHSS/CSELS/OD) [REDACTED]; Bartley, Shelton (CDC/DDPHSS/CSELS/OD) [REDACTED]; Patsch, Joseph (CDC/DDPHSS/CSELS/OD) [REDACTED]; Sen, Oishee (CDC/DDPHSS/CSELS/OD) [REDACTED]; Casey, Christine G. (CDC/DDPHSS/CSELS/OD) [REDACTED]; Hop, Elizabeth (CDC/OD/OCS) [REDACTED]; Dennehy, Heather (CDC/OD/OCS) [REDACTED]; Lepore, Loretta (CDC/OD/OCS) [REDACTED]; Witkofsky, Nina (CDC/OD/OCS) [REDACTED]; Johnson, Marsha (CDC/OD/OCS) (CTR) [REDACTED]; Warner, Agnes (CDC/OD/OCS) [REDACTED]; Harmon, Carrie E. (CDC/OD/OADC) [REDACTED]; Messonnier, Nancy (CDC/DDID/NCIRD/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Bialek, Stephanie R. (CDC/DDPHSS/CGH/DPDM) [REDACTED]; Reynolds, Mary (CDC/DDID/NCEZID/DHCPP) [REDACTED]; CDC IMS JIC Emergency Clearance-2 [REDACTED]; Protzel Berman, Pamela (ATSDR/OPPE) [REDACTED]; CDC IMS 2019 NCOV Response Policy [REDACTED]; CDC IMS 2019 NCOV Response Incident Manager [REDACTED]; Walke, Henry (CDC/DDID/NCEZID/DPEI) [REDACTED]; CDC IMS 2019 NCOV Response Deputy Incident Manager [REDACTED]; Kadzik, Melissa (CDC/DDID/NCEZID/OD) [REDACTED]; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [REDACTED]; Christie, Athalia (CDC/DDPHSS/CGH/OD) [REDACTED]; CDC IMS 2019 NCOV Response ADS [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]; Promoff, Gabbi (CDC/DDNID/NCCDPPH/OD) [REDACTED]; CDC IMS JIC Lead -2 (cdc.gov) [REDACTED]; CDC IMS JIC Media -2 [REDACTED]; CDC IMS JIC OADC LNO -2 [REDACTED]; Khabbaz, Rima (CDC/DDID/NCEZID/OD) [REDACTED]; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) [REDACTED]; Butler, Jay C. (CDC/DDID/OD) [REDACTED]; Birx, Deborah (nsc.eop.gov) [REDACTED]; McGuffee, Tyler A. (ovp.eop.gov) [REDACTED]; Pence, Laura (HHS/IOS) [REDACTED]; Steele, Danielle (HHS/IOS) [REDACTED]; Giroir, Brett (HHS/OASH) [REDACTED]; Abel, Vadim Daniel (HHS/IOS) [REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED]; Montero, Jose (CDC/DDPHSS/CSTLTS/OD) [REDACTED]; Baldwin, Grant (CDC/DDNID/NCIPC/DOP) [REDACTED]; Briss, Peter (CDC/DDNID/NCCDPPH/OD) [REDACTED]; Fox, Kimberley (CDC/DDID/NCIRD/DBD) [REDACTED]; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) [REDACTED]; Rose, Dale A. (CDC/DDID/NCEZID/DPEI) [REDACTED]; Liburd, Leandris C. (CDC/DDPHSS/OMHHE/OD) [REDACTED]; Carter, Melissa (CDC/DDNID/NCEH/DLS) [REDACTED]; Marandet, Angele G. (CDC/DDID/NCHHSTP/DHPRS) [REDACTED]; Raziano, Amanda J. (CDC/DDID/NCEZID/DPEI) [REDACTED]; Walker, Misha (Nikki) (CDC/DDNID/NCBDDD/OD) [REDACTED]; Martin, Laura Yerdon (CDC/DDPHSS/CSELS/OD) [REDACTED]; CDC IMS 2019 NCOV Response MMWR and Publications [REDACTED]; Moeller, Chester (CDC/OD/OCS) [REDACTED]; Joshi, Namita (CDC/DDPHSS/CGH/DPDM) [REDACTED]; CDC IMS 2019 NCOV Response STLT Policy and Public Health Partnerships [REDACTED]; Herrera, Rosa L. (CDC/DDPHSS/OS/OD) [REDACTED]; Lambert, Stephanie (CDC/CGH/DGHP) [REDACTED]

**Subject:** (CUI/SBU) One MMWR COVID-19 Response Early Release Scheduled for Tuesday, September 15

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One *MMWR* Early Release related to the COVID-19 Response is scheduled for Tuesday, September 15, with the planned embargo lifting at 1 pm. Please note that the title, content, and timing might change.

### **SARS-CoV-2–Associated Deaths Among Children, Adolescents, and Young Adults Aged <21 Years — United States, February 12–July 31, 2020**

Since February 12, 2020, approximately 6 million cases of SARS-CoV-2 infection, the cause of coronavirus disease 2019 (COVID-19), and 189,000 SARS-CoV-2–associated deaths have been reported in the United States. SARS-CoV-2–associated illness in the pediatric population (persons aged <21 years) is usually mild. The pediatric population constitutes 26% of the U.S. population, and this report describes characteristics of U.S. persons in that population who died in association with SARS-CoV-2 infection. Among approximately 120 SARS-CoV-2–associated deaths reported to CDC among persons aged <21 years in the United States during February 12–July 31, 2020, 6 in 10 occurred in males, 1 in 10 of decedents were aged <1 year, 2 in 10 were aged 1–9 years, 7 in 10 were aged 10–20 years, 1 in 9 were Hispanic/Latinx (Hispanic) persons, 1 in 3 were non-Hispanic Black (Black) persons, and 1 in 20 were non-Hispanic American Indian or Alaska Native (AI/AN) persons. Among these 121 decedents, 3 in 4 had an underlying medical condition. These data show that nearly three quarters of pediatric SARS-CoV-2–associated deaths have occurred in persons aged 10–20 years, with a disproportionate percentage among among Hispanics, Blacks, AI/ANs, and children with underlying medical conditions. Careful monitoring of deaths and other severe outcomes associated with SARS-CoV-2 infection among children, adolescents, and young adults remains particularly important as schools reopen in the United States.

Charlotte Kent, PhD, MPH

Editor-in-Chief, *Morbidity and Mortality Weekly Report (MMWR)* Series  
Center for Surveillance, Epidemiology, and Laboratory Services  
Centers for Disease Control and Prevention

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,  
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