Message

From: Alexander, Paul (HHS/ASPA) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]
Sent: 7/28/2020 5:25:36 PM
To: Alexander, Paul (HHS/ASPA) [redacted]
Subject: FW: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

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From: Alexander, Paul (HHS/ASPA) [redacted]
Sent: Tuesday, July 28, 2020 1:20 PM
To: Alexander, Paul (HHS/ASPA) [redacted]
Subject: FW: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

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From: Alexander, Paul (HHS/ASPA) <[redacted]
Sent: Tuesday, July 28, 2020 1:17 PM
To: Alexander, Paul (HHS/ASPA) [redacted]
Subject: FW: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

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From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [redacted]
Sent: Tuesday, July 28, 2020 1:14 PM
To: Alexander, Paul (HHS/ASPA) [redacted]
Cc: Redfield, Robert R. (CDC/OD) [redacted] Schuchat, Anne MD (CDC/OD) [redacted] Walke, Henry (CDC/DDID/NCEZID/DPEI) [redacted] Beach, Michael J. (CDC/DDID/NCEZID/DFWED) [redacted]; Iademarco, Michael (CDC/DDPHSS/CSELS/OD) [redacted]; Campbell, Amanda (CDC/OD/OCS) [redacted]; Caputo, Michael (HHS/ASPA) [redacted]; Witkofsky, Nina (CDC/OD/OCS) [redacted]; Traverse, Brad (HHS/ASPA) [redacted]; Nensley, Gordon (HHS/ASPA) [redacted]; Murphy, Ryan (OS/ASPA) [redacted]
Subject: RE: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

Dr. Alexander,

Many thanks for your comments. This report shares preliminary findings from an ongoing investigation.

Under the March 14, 2020, executive order from Governor Kemp, overnight camps were permitted if they followed the provisions in the order, which Camp A did. It stipulated that all attendees provide documentation that they had a negative viral SARS-CoV-2 test ≤12 days prior to arriving. Neither the executive order nor CDC's Suggestions for Youth and Summer Camps mandated masks, but encouraged their use "as appropriate" and "as feasible." Camp A adopted some CDC suggestions. The report also briefly describes large cohorts of attendees that still met the provisions of the executive order, and some high-risk activities such as singing and cheering.

Camp A had nearly 600 Georgia residents attend, approximately 100 children aged 6-10 years and approximately 400 aged 11-17 years. Test results (positive and negative) were available for just under 60% of attendees. Georgia Department of Public Health calculated the attack rate where the numerator included all

positive test results reported to them and the denominator was all attendees. Thus, the approximately 45% attack rate is a conservative estimate.

There still is limited data available about SARS-CoV-2 transmission among youths. The report provides evidence for rapid transmission of infection in the specific setting of overnight camps.

In response to thoughtful comments from CDC leadership and you, the opening sentence of Georgia's report has been reframed. The opening sentence was the only reference to schools or institutions of higher learning in the report, and reference to them has been removed. The language also was revised around CDC Suggestions from "Camp A used CDC Suggestions," to "Camp A adopted some CDC Suggestions." The revised abstract is below and captures these changes.

I hope this addresses your major points. Please let us know if there are additional comments.

Regards,

Dr. Charlotte Kent
Editor in Chief, MMWR Series

Revised abstract

COVID-19 Illness and Transmission among Campers and Staffers of an Overnight Camp in Georgia, June 2020

Limited data are available about transmission of SARS-CoV-2, the virus that causes coronavirus infectious disease 2019 (COVID-19), among youth. During June 17–20, an overnight camp in Georgia (Camp A) held orientation for trainees and staff; staff remained for the first camp session, scheduled from June 21–27, and were joined by campers and several senior staff on June 21. Adhering to a Georgia Executive Order that allowed overnight camps to operate beginning on May 31, 2020, approximately 600 trainees, staff, and campers provided documentation of a negative viral SARS-CoV-2 test ≤12 days prior to arriving. Camp A used some CDC Suggestions for Youth and Summer Camps to minimize the risk of SARS-CoV-2 introduction and transmission. On June 23, a teenage staff member left Camp A after developing chills the previous evening. The staff member was tested and reported a positive viral test result for SARS-CoV-2 on June 24. Camp A officials began sending campers home on June 24 and closed on June 27. On June 25, the Georgia Department of Public Health was notified, initiated an investigation, and recommended that all attendees get tested and isolate or quarantine. Attack rates were calculated by dividing the number of persons who tested positive by the total number of Georgia attendees, including those who did not have testing results. The overall attack rate was approximately 45% and was approximately 50% among those aged 6–10 years. Attack rates increased with increasing duration of attendance at the camp. These findings demonstrate that SARS-CoV-2 spread efficiently in a youth-centric setting resulting in high attack rates among persons in all age groups, despite efforts by the camp to implement some recommended strategies to prevent transmission. Use of cloth face coverings was not universal. Consistent use of cloth face coverings should be emphasized as an important strategy for source control in congregate settings.

From: Alexander, Paul (HHS/ASPA) [redacted]
Sent: Monday, July 27, 2020 1:53 AM
To: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [redacted] 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] Caputo, Michael (HHS/ASPA) [redacted]; Witkofsky, Nina (CDC/OD/OCS) [redacted]; Traverse, Brad (HHS/ASPA) [redacted] Hensley, Gordon (HHS/ASPA) [redacted]; Murphy, Ryan (OS/ASPA) [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, Abbigail (CDC/DDPHSS/CSELS/OD) [redacted] Brower, Melissa (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] 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] Hoo, Elizabeth (CDC/OD/OCS) [redacted] Dennehy, Heather (CDC/OD/OCS) [redacted]; Lepore, Loretta (CDC/OD/OCS) [redacted] Campbell, Amanda (CDC/OD/OCS) [redacted]; Warner, Agnes (CDC/OD/OCS) [redacted] Harmon, Carrie E. (CDC/OD/OADC) [redacted]; Messonnier, Nancy (CDC/DDID/NCIRD/OD) [redacted]; Jernigan, Daniel B.

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Subject: RE: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

Hi Ms. Kent, a pleasant good night. This is an important piece by CDC, thank you very much for sharing. For this summary, it is important that the public/reader gets the accurate picture and maybe it is within the long document, but in case it is not, can you ensure that somewhere this piece provides for the reader:

1) How many people in total, including children, attended this; from my reading, it does not seem to be only 600; am I correct?
2) 600 had documents for a negative test result, but based on how this is written, there are additional folk who had no test results; how many were they?
3) How many were children aged 6-10 years old so that we can better understand what a 50% attack rate is e.g. were there 4 kids and 2 were infected for that is 50%, were there 10 kids and 5 were infected for that is 50%, or were there 2 kids, and 1 was infected as that too is 50%...or were there 1000 people in total and of these, 600 were kids, and a 50% attack rate would be 300 infected…if the latter or something like that, then this would be very informative given this piece is linked to schools reopening among youth
4) Can you give the age groups and cases for all kids, not just 6-10 years old.
5) It reads as if CDC's own guidance is sub-optimal and not effective. Do you wish to say this in that manner for you did allude to the Georgia folk following CDC suggestions etc.? Maybe you could say they failed to follow the guidance adequately??
6) What I may be missing and forgive me, is that core to CDC guidance is to avoid congregate settings. Thus why was this affair staged? This as a camp, was an acute congregate setting so help me understand if you do not mind, was this an exercise by the peoples in Georgia to see what would happen with spread when one deliberately sets up a camp to push the spread? This confuses me.
7) Making a link or association between this type of congregate setting in the piece below and schools, is not entirely accurate. Why would I say that? This is because in a school setting, prevention strategies such as proper hand washing, social distancing in class rooms and yard that is supervised by teachers with their face masks as it is the teachers who predominantly spread to the kids, not the other way around, proper face coverings where needed, and limited congregation of persons, can be exercised effectively.
8) A congregate setting in a camp cannot adequately facilitate prevention or mitigation strategies just based on the nature of the camping event (we all experience this), whereas in a school, with the now sensitized

alertness to the COVID issue and what needs to be done, the school environment can be and will be reconfigured to minimize risk of transmission, and thus enhance a much safer environment for all involved.

Yes, it is a congregate setting in a school, but it is very different to a camp, and the core CDC guidance can be employed effectively in a school setting and so this piece seeks to in a way, as I read, forgive me, somewhat undermines the re-opening of schools and your actual CDC guidance. Moreover, it argues against the strong clear statements by Dr. Redfield on why schools must re-open for the benefit to children and how it can be done so in a very safe manner. All the globe's data, nation by nation, who have re-opened schools, have done so safely and children are not impacted. I can find no evidence, where children have been negatively impacted by school reopening as to COVID. This CDC MMWR also concluded by saying in spite of adhering to CDC guidance, the spread was massive, with elevated attack rates. Please tell us in the piece, how many children in the 6-10 age group there were and how many were infected. For as mentioned, it could be as little as 1 of 2 kids. This confuses me because you, in fact, are CDC and the piece reads as if CDC's own guidance is not adequate and that even if a school or similar implements most recommended strategies to prevent transmission, that there will still be massive spread. I find it incredible this piece would be put out the way it is written at a time when CDC and its leader Dr. Redfield is trying to showcase the school re-open guidance and the push is to help schools re-open safely. It just sends the wrong message as written and actually reads as if to send a message of NOT to re-open. Again, I may be missing something but this is how it reads.

I end by sharing CDC's own data on risk of death to children from COVID as of now:

1) Under 1 year of age= 0.008%
2) 1-4 years of age=0.005%
3) 5-14 years of age= 0.013%

I felt I would share my view point on this MMWR piece.

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From: Kent, Charlotte (CDC/DDPHSS/CSELS/OD) [redacted]
Sent: Sunday, July 26, 2020 10:29 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]
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Subject: (CUI/SBU): One MMWR COVID-19 Response Early Release Scheduled for Wednesday, July 29, 2020

****** **CONTROLLED UNCLASSIFIED INFORMATION (CUI) — SENSITIVE BUT UNCLASSIFIED (SBU) — FOR INTERNAL CDC USE ONLY** ******

One *MMWR* Early Release related to the COVID-19 Response is scheduled for Wednesday, July 29, with the planned embargo lifting at 1 pm. Please note that the title, content, and timing might change.

SARS-CoV-2 Transmission and Infection among Attendees of an Overnight Camp — Georgia, June 2020
Understanding transmission of SARS-CoV-2, the virus that causes coronavirus infectious disease 2019 (COVID-19), among youth is critical for developing guidance for schools and institutes of higher education. During June 17–20, an overnight camp in Georgia (Camp A) held orientation for trainees and staff; staff remained for the first camp session, scheduled from June 21–27, and were joined by campers and several senior staff on June 21. Adhering to a Georgia Executive Order that allowed overnight camps to operate beginning on May 31, 2020, approximately 600 trainees, staff, and campers provided documentation of a negative viral SARS-CoV-2 test ≤12 days prior to arriving. Camp A used CDC Suggestions for Youth and Summer Camps to minimize the risk of SARS-CoV-2 introduction and transmission. On June 23, a teenage staff member left Camp A after

developing chills the previous evening. The staff member was tested and reported a positive viral test result for SARS-CoV-2 on June 24. Camp A officials began sending campers home on June 24 and closed on June 27. On June 25, the Georgia Department of Public Health was notified, initiated an investigation, and recommended that all attendees get tested and isolate or quarantine. Attack rates were calculated by dividing the number of persons who tested positive by the total number of Georgia attendees, including those who did not have testing results. The overall attack rate was approximately 45% and was approximately 50% among those aged 6–10 years. Attack rates increased with increasing duration of attendance at the camp. These findings demonstrate that SARS-CoV-2 spread efficiently in a youth-centric setting resulting in high attack rates among persons in all age groups, despite efforts by the camp to implement most recommended strategies to prevent transmission. Use of cloth face coverings was not universal. Consistent use of cloth face coverings should be emphasized as an important strategy for source control in congregate settings.

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