

<(b) (6)>; Routh, Jennifer (NIH/NIAID) [E]
(b) (6)>; Oplinger, Anne (NIH/NIAID) [E]
(b) (6)>

Subject: Re: [EXTERNAL] Re: Fox News Request for Dr. Fauci @
6pm on Tuesday

I'm asking about tonight.

Ashley Koerber Moir
Booking Producer
Special Report w/ Bret Baier
Fox News Channel - DC Bureau
(b) (6) (cell)

Sent from my iPhone

On Mar 10, 2020, at 10:51, Conrad, Patricia
(NIH/NIAID) [E] <(b) (6)> wrote:

Hi Ashley I don't think we can make this work
tomorrow. If anything changes will let you know.

Sent from my iPhone

On Mar 10, 2020, at 10:49 AM,
Koerber, Ashley
<Ashley.koerber@foxnews.com> wrote:
te:

Hey Patricia,

Just checking on this!

Ashley Koerber Moir
Booking Producer
Special Report w/ Bret Baier
Fox News Channel - DC Bureau
(b) (6) (cell)

Sent from my iPhone

On Mar 9, 2020, at
15:11, Koerber, Ashley

Ashley.koerber@foxnews.com>wrote:

Our special is actually 6-8pm tomorrow, so we could do either 6pm hour or 7pm hour.

From: Koerber, Ashley
Sent: Monday, March 9, 2020 11:48 AM
To: Patricia Conrad

 (b) (5)

Subject: Fox News
Request for Dr. Fauci @
6pm on Tuesday

Hey Patricia,

Would Dr. Fauci be available to join us in the 6pm hour tomorrow (Tuesday) to discuss the latest with COVID-19 from any of the NIH studios? Bret Baier and Martha MacCallum are co-anchoring from New York.

Please get back to me when you can - thanks!

-Ashley

Ashley Koerber Moir

Booking Producer
*Special Report w/
Bret Baier*
Fox News Channel -
DC Bureau

(b) (6) (cell)

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From: (b) (6)
Sent: Mon, 16 Mar 2020 12:55:29 -0400
To: Victoria Baron
Subject: Re: Thank you

Victoria:

I saw it and thanks for sending it.

Best regards,
Tony

> On Mar 16, 2020, at 12:53 PM, Victoria Baron (b) (6) > wrote:

>

> Dear Dr Fauci,

>

> I am a California resident and wanted to take a moment to thank you for your professionalism and integrity during this crisis with the Coronavirus.

>

> It is so evidently clear that you are forced to work "around" the ignorance, ineptness and narcissism of Donald Trump, yet you continue to provide the country with the truth.

>

> I'm guessing that the odds of you actually seeing this email might be slim but I feel better for having sent it. You will be remembered as a hero during a very dark time.

>

> With Appreciation,

>

> Victoria Baron

> (b) (6)

>

> Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 11:54:30 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: press release and "cheat sheet"
Attachments: NIAID press release mRNA Phase 1 FINAL.docx, CONDENSED mRNA phase 1 talking points 3.14 CB.docx

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Billet, Courtney (NIH/NIAID) [E] (b) (6)
Sent: Sunday, March 15, 2020 10:13 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E]
<(b) (6)>; Stover, Kathy (NIH/NIAID) [E] (b) (6); Routh, Jennifer
(NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6)
Subject: ASF: press release and "cheat sheet"

Attached, per discussion.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 11:03:39 +0000
To: Marston, Hilary (NIH/NIAID) [E]; Collins, Francis (NIH/OD) [E]
Cc: Tabak, Lawrence (NIH/OD) [E]
Subject: RE: URGENT: Confidential and urgent request regarding (b) (4)

Thanks!

From: Marston, Hilary (NIH/NIAID) [E] (b) (6) >
Sent: Monday, March 16, 2020 7:00 AM
To: Collins, Francis (NIH/OD) [E] (b) (6) >
Cc: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: Re: URGENT: Confidential and urgent request regarding (b) (4)

I will draft something for you today.



I will send a draft later today.

Best,
Hilary

On Mar 16, 2020, at 5:05 AM, Collins, Francis (NIH/OD) [E] <(b) (6)> wrote:

Hi Tony and Hilary,

See message below from Tom Hudson of Abbvie. (b) (7)

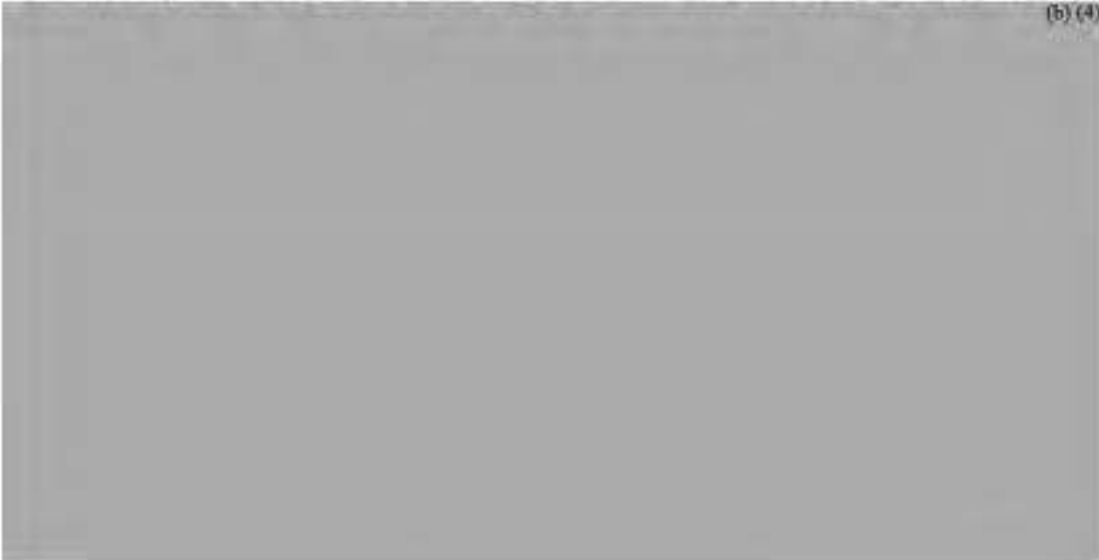
Francis

From: Hudson, Thomas J (b) (6)
Sent: Sunday, March 15, 2020 11:08 PM

To: Collins, Francis (NIH/OD) [E] <[REDACTED]>
Subject: Confidential and urgent request regarding

Dear Francis,

I am sending this brief note as a request for guidance on an evolving situation with




I am reaching out to you to see if you have any suggestions or individuals that we should contact.

Best wishes,

Tom

THOMAS HUDSON
Senior Vice-President, R&D
Chief Scientific Officer


AbbVie, North Chicago
1 North Waukegan Rd
R473, Building APS-1
N Chicago, IL 60064

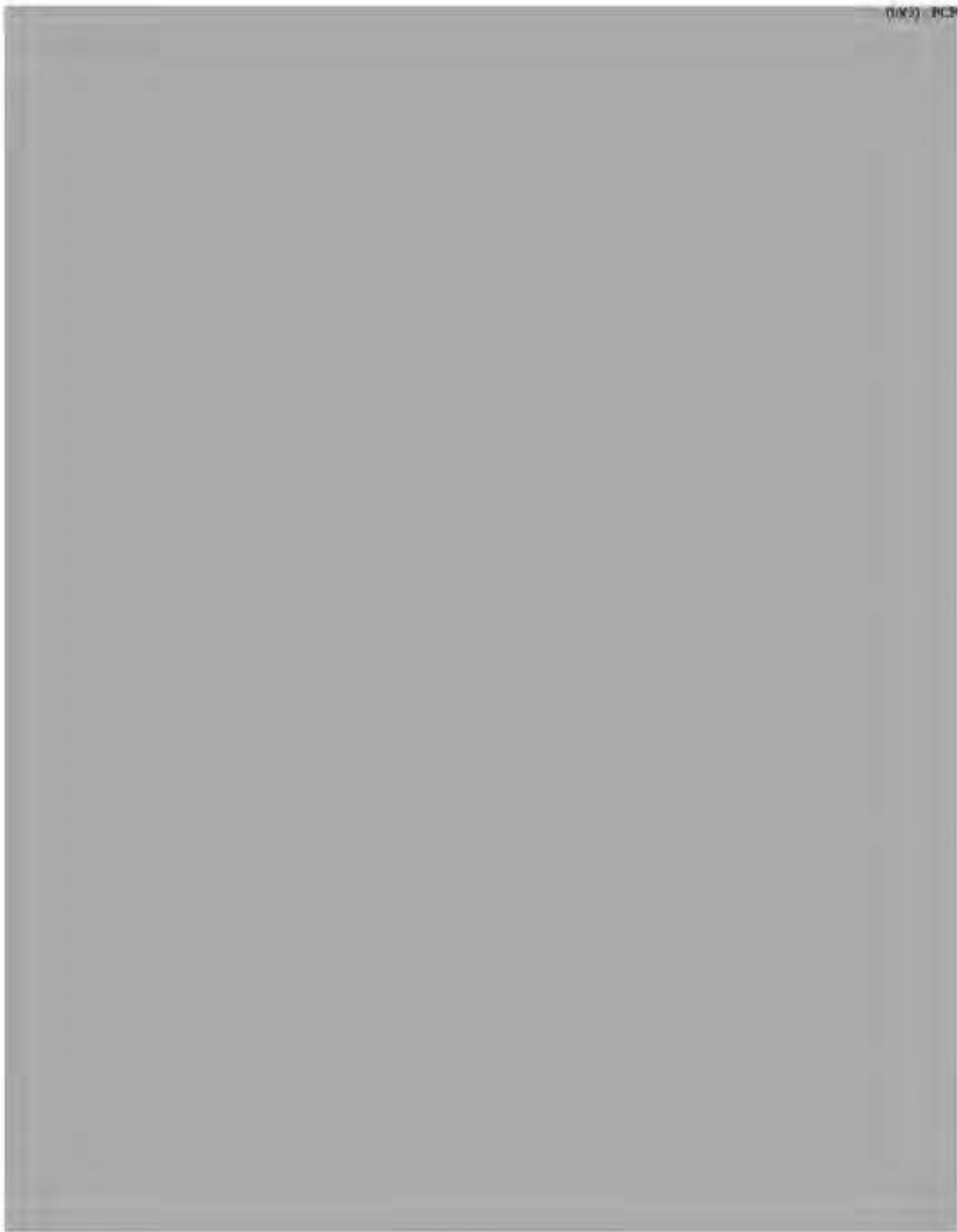
TEL (OFFICE) [REDACTED]

EMAIL [REDACTED]

abbvie.com

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From: (b) (6)
Sent: Mon, 16 Mar 2020 06:09:17 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Dental

Respond

Sent from my iPad

Begin forwarded message:

From: (b) (6)
Date: March 16, 2020 at 5:54:34 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Dental

I ask you to address the explosion of concerns among the dental community in regards to COVID-19. We, the dental community, already high risk personnel, are at an even higher risk at this point and time. Many of those who do not work in the dental community are not aware of how high risk our current situation is. For 8-12 hours a day we are creating aerosols while sitting 8-12 inches from a persons open mouth. These aerosols contain saliva and blood droplets, along with billions of other bacteria and materials. In dentistry, saliva is considered a blood borne pathogen. Although OSHA requires Level 3 masks for all aerosol producing procedures, not all offices are complying. This DOES NOT matter anyway as we know SURGICAL MASKS DO NOT FILTER OUT THE COVID-19 virus. I ask that you suspend non essential dental procedures such as dental cleanings and other procedures that are non-emergent. That we triage patients and accept EMERGENCIES ONLY. We are at such a HIGH risk, not only to ourselves and our families, but a HIGH RISK to spreading this virus COMMUNITY wide. Many of us are taking extra precautions but screening patients, but with a up-to-14 day incubation period, that obviously does not matter.

Please hear our plea to address our concerns. The American Dental Association and the American Dental Hygienists Association has failed us.

Thank you
Alicia Jewell

Sent from my Verizon, Samsung Galaxy smartphone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 10:07:04 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Subject: FW: Lifting EUA
Attachments: COVID-19 ASM survey comments.docx

Hilary:

Please take a look at this and see if there is anything that we can do here.

Thanks,

Tony

From: Bertuzzi, Stefano (b) (6) >
Sent: Sunday, March 15, 2020 8:02 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Segal, Allen (b) (6); Melissa Miller (b) (6) >; Stevens-Garcia, Jonathan (b) (6) >; Watts, Mary Lee (b) (6)
Subject: Lifting EUA

Hi Tony –

Per our conversation, see the attached email asking FDA to lift the EUA, which would allow CLIA hospital labs to ramp up test capacity significantly. We have sent this letter also to Francis and to Adam Boehler and were on a call with them. Jeff Shuren at FDA also knows, but we think it will be important to take action quickly.

Many thanks, let me know if you need anything else from me at this time.

Sincerely,
Stefano

Stefano Bertuzzi, Ph.D., M.P.H.
Chief Executive Officer
American Society for Microbiology (ASM)
1752 N St., NW
Washington, DC 20036-2904
Phone (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 10:07:03 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: TytoCare: COVID19 Telehealth Support

From: David Bardan <[REDACTED]>
Sent: Sunday, March 15, 2020 9:25 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED]>
Cc: Shriya Palekar <Shriyap@tytocare.com>
Subject: TytoCare: COVID19 Telehealth Support
Importance: High

Hi Dr. Fauci – good evening. I represent TytoCare, a company that built the industry’s first and only all-in-one medical device that pairs with a virtual exam, going beyond the means of audio and visual. TytoHome, an OTC and FDA approved/cleared device is meant to either synchronously or asynchronously examine a patient with capabilities to capture heart/lung/gastrointestinal sounds, ear/throat/skin exams, and temperature.

Due to the outbreak of COVID-19, Tyto has experienced an influx of orders worldwide to support those that need to be monitored when quarantined. I would like to offer Tyto’s assistance here in the U.S. and think through ways and opportunities that the product can make a difference.

Please see a few a couple of examples on how Tyto is making a difference below:

- **Patient Quarantine/Discharge at Home**
 - Design: patients receive TytoHome or have it delivered for remote evaluation by infectious disease specialists
 - Example: [Home Admission Service with TytoCare](#)
- **Create & manage quarantine locations, onsite or offsite**
 - Setup: Patients do a self-exam with TytoClinic while a provider evaluates them from a distance
 - Patient is remotely guided to fully disinfect the device and station before it’s returned to staff for a second round disinfection
 - Example: [Nursing Home Triage](#)

Thank you for all that you do during this difficult time.

Thanks,
David

David Bardan
Vice President, Provider Solutions

m: [REDACTED]

215 W 40th Street, 9th Floor
New York, NY 10018
www.tytocare.com



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 16 Mar 2020 10:07:03 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Leronlimab

Please check out and respond.

----- Original Message -----

From: nicholas Agresti <(b) (6)>
Sent: Sunday, March 15, 2020 9:15 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Leronlimab

Dr. Fauci,

I can't even imagine how busy you are. I am a gastroenterologist in (b) (6) Georgia. I read about Leronlimab for coronavirus. Any word on results of the clinical trial?

Thank you

Nicholas Agresti MD

From: (b) (6)
Sent: Sun, 15 Mar 2020 22:52:40 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: COVID-19

Please handle

Sent from my iPad

Begin forwarded message:

From: Deb Whitney (b) (6) >
Date: March 15, 2020 at 10:28:48 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: COVID-19

Thank you for your frank speaking about COVID-19. I credit your willingness to stand up and speak aloud that "the emperor has no clothes" ... You have already helped so many through the current pandemic. I know you will understand my concern. But, please help me spread this message as well.

In light of public school closures...these include children and young people from kindergarten through high school. These closures also include preschool programs (Voluntary Pre-K in Florida) for 4-year-olds that are part of a public elementary school.

These school closures do not apply to children whose ages range from infants through preschool (including VPK) receiving care and education in private, corporate, or faith-based centers. My center is one of these, and we are not closing.

This is a business decision.
No kids = No money.
At what price?

We have more than 90 infants, toddlers and young children enrolled at our center, with 20-plus employees on premises throughout the day between the hours of 6:30 am and 6:00 pm. Ours is a 5-Star rated, NAEYC accredited preschool program. I have 17 three-year-old preschool children in my classroom on any given day, with 3 teachers assigned to this room. This is a high quality program.

Please explain how I am supposed to take recommended precautions against COVID-19?

Does social distance apply only to adults? If not, please help me know how to maintain social distance of 3 feet between children and adults at arrival or departure times when I am helping a child with separation from their primary care giver or saying goodbye at the end of the day? How do I maintain social distance between children during center time in the block area, in the

dramatic play area, in the classroom library or computer center, during story time or music circle? Our 3 table surfaces are used for multiple activities through the day including meals—and they seat six children at each table. Friday afternoon, I had 9 children sharing space and materials engaged in cooperative play for an extended period outside in a sandbox that measures 5'x10'...you do the math. Our spacing for cots at nap time is considerably less than 3 feet.

We have no hot water in our classroom for hand washing for children or staff which is considered a safety measure. We are relentless in our efforts to teach hygiene to 3-year-old children who cough, sneeze, vomit upon (and occasionally may spit, bite or lick) each other or a staff member. We work to teach them to use a tissue instead of their hand/arm/shirt to wipe a runny nose...then throw it in the trash and wash their hands again. Believe me when I say a determined child can sing "Happy Birthday" twice in an amazingly short time—definitely less than 20 seconds—all the while whipping through instructions to wash the tops, bottoms and fingers of their hands while they sing. Hand washing is monitored by 3 adults through the day to ensure it happens after each cough, sneeze, nose wipe and use of the bathroom. Hands are washed after sensory play indoors or out, before am snack, lunch, and pm snacks (and sometimes during), and when we transition from outside play. At a minimum, these 17 children are taking turns washing hands (at our single sink) six times during a full day at preschool—before we add in those runny noses, coughs or sneezes.

Avoid touching shared objects...seriously? We work daily to teach these 3-year-olds to share materials and space. Yes, we disinfect our toys regularly and our room daily—but that stuffed animal may move from dramatic play to the reading nook and to a nap cot all in one day and may be held by a different child with each move. Our families send a blanket from home for their child to use through the week at nap time—along with a soft "sleep toy" if this is needed, to sooth their child to sleep. These items are stored in the child's open "cubby box" in the classroom through the week. Do we know how long COVID-19 "lives" on soft surfaces?

I am convinced school closures are necessary at this time to stem community spread of COVID-19. I understand the strain on multiple levels this will inevitably put on families to provide care for and education of their own children for this period. But—young children can contract this virus and can spread it even though they may not demonstrate symptoms themselves. Or, what may be dismissed as allergies or "just a cold" may not be. Young children can carry this virus home to their family and neighborhoods just as easily as a school age child; and, they can certainly bring it into our center from their home. How many of our children in preschool depend upon elderly family members for their care? We have infants as young as 6 weeks old and children through 5 years old at our center. How many young children in care are we willing to expose? How many and which grandparents are we going to risk?

(b) (6)

(b) (6) Forget sporting events, museums, concerts or even worship services—I am worried about going to work on Monday...and uncertain what may happen if I stay home.

Again...
This is a business decision.

No kids = No money
At what price?

--
Respectfully,

Deb Whitney

From: (b) (6)
Sent: Sun, 15 Mar 2020 22:48:23 -0400
To: Glen Goldmark
Subject: Re: Thank you

Glen:

Thank you for your kind note.
Best regards,
Tony

Sent from my iPad

> On Mar 15, 2020, at 10:39 PM, Glen Goldmark (b) (6) > wrote:
>
> Dr. Fauci,
>
> You are my hero! Thank you for being the voice of reason and credibility during the COVID-19 crisis.
>
> All the best,
>
> Glen Goldmark

From: (b) (6)
Sent: Sun, 15 Mar 2020 22:43:39 -0400
To: Emory Ford
Subject: Re: Great Job

Emory:

Thank you for your kind note. It is much appreciated.

Best regards,
Tony

Sent from my iPad

> On Mar 15, 2020, at 10:23 PM, Emory Ford (b) (6) wrote:

>

> Dear Dr. Fauci:

>

> You are doing a great job and a great service to the country. Amid the chaos you are one of few voices that provides clear, accurate information on the coronavirus pandemic.

>

> Please continue providing that service despite the presidents continued effort(s) to spin the situation with misleading and false information. In the end biology wins, the virus ignores political needs and wants.

>

> Emory A. Ford PhD

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:38:20 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: "Leading Through A Time of Crisis In Healthcare" - ZRG Thought Leadership

Sent from my iPhone

Begin forwarded message:

From: Greg Gerson <ggerson@zrgpartners.com>
Date: March 15, 2020 at 7:34:59 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: "Leading Through A Time of Crisis In Healthcare" - ZRG Thought Leadership

Hi Dr. Fauci -

I am reaching out as you have been doing an incredible job as part of the White House Coronavirus Task Force. These are difficult times and you seem to provide the most informative interviews without sending signals of panic to the American public.

Not sure if you remember, but we were in touch years back through many executive clinical leadership searches I conducted during my 18 years at Korn Ferry. I am now leading the hospital/health system practice for ZRG. ZRG is an innovative global boutique firm disrupting the traditional executive search industry.

As a result of the COVID-19 crisis, I am speaking with/interviewing many healthcare leaders (Chief Medical Officers, Hospital CEOs, Leading Scientists, etc.) as part of a thought leadership piece.

The topic is "Leading Through a Time of Crisis in Healthcare". I know you are extremely busy with the task force, but I would very much appreciate if you have some time for an interview/call.

As you know, strong leadership is crucial in times of crisis and we are facing weeks/months of extremely important decisions by our healthcare leaders nationwide.

Do you have any availability over the next few weeks to connect? I will make myself available to meet and/or have a video or phone call at your convenience.

Hope to hear from you soon.

Regards,

Greg

Greg Gerson
Managing Director



ZRG Partners, LLC
Americas | EMEA | Asia Pacific
C: (b) (6)
O: 215-422-3576



ZRGpartners.com

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From: (b) (6)
Sent: Sun, 15 Mar 2020 19:37:43 -0400
To: Lei Wu
Subject: Re: Please shut down the country NOW

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 7:35 PM, Lei Wu (b) (6) >wrote:

Dr. Fauci. This is Lei Harrison. In the coronavirus crisis, as a former (b) (6) I have been calm until now. No one can anymore after seeing the photos of the international airports today where hundreds if not thousands of people standing in line for 5-6 hours and realizing immediately the virus transmission will explode exponentially because of this. I strongly request:

1. Shut down the country NOW. Mobility has to be as low as possible. We have to do the very best RIGHT NOW to break the transmission chain.
2. Please talk to Dr. Zhong Nanshan (钟南山), the Chinese doctor and advisor during the coronavirus crisis. His advice and experience would be of tremendous value for the U.S. now.
3. So far, we've been acting in a reactive instead of proactive fashion. Not anymore. People need to realize that we are entering war time. We need to act fast, in light speed to beat the virus.
4. Healthcare workers need to most strongly protected- treat it as airborne if needed at the hospitals and pharmacies. Supplies of essential protective medical supplies for healthcare workers are equally important as supplies needed for the patients. Make sure supply chain from China is uninterrupted; and have American companies to start making masks, ventilators etc. Plan ahead.

5. Grocery store and restaurants can potentially become a hub too. They need to have high level of hygiene, and ideally no contact with the customers.
6. Garbage and belongs and bodies need to be burned.
7. Safety protocol at the labs, public and private labs that have access to the virus or experimental animals with the virus.
8. Plan ahead. Instruct patient to self-treat or be treated by family at home. If we ever come to it, recruit and train volunteers (how and whom?) to help taking care of patients.

Dr. Fauci. Clock is ticking. It's a race against time. And it's time that every single American takes responsibility. Please lead us through the crisis.

Respectfully,
Lei Harrison

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:37:15 -0400
To: Lori Hall
Subject: Re: Real Estate Appraisals-Coronavirus (COVID-19)

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 7:35 PM, Lori Hall (b) (6) >wrote:

Dr. Fauci,

Thank you for your important work and for educating the public. Earlier today I sent the message below to President Trump. I am writing out of concern both for my husband's safety, others in the industry, and knowing refinances (especially with low rates) will help the American people through this unprecedented time. I understand that our Local and National Government continues to look at all potential solutions, with advice from experts such as yourself. I fully understand this suggestion from one mom and wife might be way too simplistic for banks/lenders to even consider. I am hoping to be ahead of the curve and that it starts/continues what I consider to be a much needed conversation for this industry, for the safety for appraisers and homeowners alike, and for the pipeline for the lenders. It's very much appreciated.

Be Safe. Kindest Regards,
Lori Hall

Dear Mr President,

First, our great appreciation to you and your staff for all you do every day and in keeping our country & citizens safe. We have a family real estate appraisal business (Chicago Metro Area). I handle all service related items from the comfort of my home. However, my husband, William Hall, who is a Certified General Real Estate Appraiser, is out in the field all day performing interior appraisals. I have reached out to all our appraisal management companies with this question to ask their lenders. Considering the abundance of caution everyone is taking and the refinance industry seeing unprecedented volume, is there any talk about lenders moving to exterior only appraisals (and possibly following up after with an interior)? We heard from ServiceLink, a Fidelity company, and they have not heard any word from their national banks/lenders changing to exterior only appraisals at this time. Thank you very much!

God Bless,
Lori Hall

Best Regards,
Lori Hall

***For updated real estate news & more, please visit our website
at: www.alphavalues.net***

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:11:49 -0400
To: Gandam, Shyam Kiran
Subject: Re: Front line physicians in Limbo needing reassurance

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 4:13 PM, Gandam, Shyam Kiran

(b) (6) wrote:

Dear Dr. Fauci,

I would like to congratulate you for your excellent work and thank you for leading us in the fight against COVID-19 pandemic.

We are 14 critical care physicians and almost 30 hospitalist physicians at Memorial medical center and HSHS St. John medical center in Springfield Illinois and are the frontline workers in dealing with the situation.

We are developing protocols and creating safety net for the hospitals and community with the help of your guidance.

I would like to bring up an issue plaguing us with concern for years and now even more so. It concerns us and more importantly our helpless families. It might be untimely to bring up this issue but it is very important for us and our families.

(b) (6)

During this pandemic, it's important that physicians can help other areas in the country in need.

Immigrant work force on Work Visa (H-1 visa) constitutes at least 50% of physicians.

(b) (6)

(b) (6)

Your assistance in bringing up these issues with the president will help us work with reassurance from government and help our community with peace of mind.

Again, We thank you for the hard work you and your team are putting to guide us in these tumulus times.

Regards,
Shyam Kiran Gandam MD
Critical Care Medicine
Associate professor, SIU school of medicine
Springfield Clinic
Springfield, Illinois

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:10:41 -0400
To: ABCDE FGHIJK
Subject: Re: COVID-19 - The necessity of using fluorescent light lamps to prevent or reduce or slow down the spread of coronavirus

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 4:15 PM, ABCDE FGHIJK (b) (6) wrote:

Dear Dr. Anthony S. Fauci,

It's critical to disinfect droplets, aerosols and surfaces continuously to prevent or reduce or slow down the spread of COVID-19.

The best way is using UVC ultraviolet light. UVC's wavelength is germicidal and it is capable to inactivate coronavirus by destroying nucleic acids and

disrupting its DNA because Wavelengths between about 200nm and 300nm are strongly absorbed by nucleic acids. The absorbed energy can result in

defects including pyrimidine dimers. These dimers can prevent replication or can prevent the expression of necessary proteins, resulting in the death or

inactivation of the coronavirus.

Fluorescent light lamps emit ultraviolet (UV) light, including UVC ultraviolet light.

I think it's necessary to use fluorescent tube light lamps and CFL (Compact fluorescent lamps) lamps in hospitals, Health centers, stores, supermarkets,

elevators, public lavatory, toilets, restrooms and other public places and should always be on 24 hours a day, 7 days a week in order to be effective.

Research has shown that Fluorescent light lamps must be installed without any glass shade or decorative shade and should be at least 40 watts.

I hope you find the UVC-based continuous disinfection solution helpful.

Thank you for your time and consideration.

Sincerely,

P. Salimi

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:09:44 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

From: Sia Hersini (b) (6)
Date: March 15, 2020 at 4:15:21 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>

Dear Dr. Fauci,

Many years ago, I did some research on the effect of SIV infection on the Macaque immune response.

I have some thoughts on the current COVID-19 spread and in general about other virus with unknown cure or immunity vaccine.

In research, we have adhered to a scientific method necessary for the protection of the public in the development of new technology and treatment. There are times however when that Boyle method and philosophy should give way to Descartes approach.

The current infection has thus far shown a predilection for causing severe illness in men more than women and in adults over 30 sparing children from mortality. I believe there is a reason for this and it's not because of past exposure to other coronavirus strains. I believe it is because of children being in the middle of or having recently completed their immunization schedule for school. These immunizations are absolutely not providing an immunity to COVID-19, BUT, they are causing an increase in the numbers of gamma delta t cells and NK cells. The children are responding better to a virus with an 5.1 day median incubation period because of the higher values of gd and nk cells. Women have a better gd and nk cell response to the flu and other viral infections which could explain why there is a gender difference in mortality. I would suggest that adults update their vaccines and especially the hep b. Interestingly, the hep viruses illicit a better gd and nk cell response and although most Western countries require hep b for health care workers, the immunization rate in China is only 60% which may explain the high mortality among health care providers.

This has been on my mind for a few days and I felt I should share.

Thank you for your time

Sia

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:09:26 -0400
To: Eliot Robinson
Subject: Re: Prc guidance on coronavirus

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 4:15 PM, Eliot Robinson
<eliot@robinsonmanagementservice.com> wrote:

Dr. Fauci,

thank you for all you do.

one of my chinese friends sent me the attached prc guidance on coronavirus. it includes both western medicine as well as traditional medicine approached. On its face, it seems to be complete and very up to date.

I apologise for your having to follow of dear leader trump's instructions to praise him.

thanks

eliot

--

Eliot Steele Robinson
Robinson Management Service
4290 Bella Cascada Street
Las Vegas, NV 89135-2436
(b) (6)(cell) 702-330-9921 (fax)
Eliot@RobinsonManagementService.com
<https://www.RobinsonManagementService.com>
DUNS 079879598 CAGE 7EEU6 JCP 0073645

<Guidance+for+Corona+Virus+Disease+2019 : Prevention,+Control,+Diagnosis+a
nd+Management.pdf>

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:06:03 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Coronavirus

From patty

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: Kathleen Quinlan (b) (6) >
Date: March 15, 2020 at 5:16:22 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Coronavirus

Dear Dr. Fauci,

I have a question which has been troubling me since we began checking people's temperatures. (b) (6). I have seen the temperature cutoff is 99.5F. (b) (6) ? I doubt very much that in screening people the question is asked them whether they have taken a medicine for pain or for fever in the last 24 hours. I am a nurse and many people do realize that the common pain relievers also relieve fevers. Should we up our game and do better at screening? You seem to be the wisest person on the government task force for the Coronavirus. I hope this reaches you.

Thanks,
Kathy Quinlan

P.S. Please practice social distancing during the White House briefing, etc. It is hard to watch all of you people bunched around the President and telling the public to stay 6 feet apart. If you do it maybe the others will follow suit.

Sent from my iPad

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:04:54 -0400
To: flippi 333333
Subject: Re: Coronavirus

Thank you for your note.
A.S. Fauci,

Sent from my iPhone

On Mar 15, 2020, at 5:22 PM, flippi 333333 (b) (6) wrote:

Dr. Fauci: Sending all **students home may be increasing the spread of Covid-19** in the US because the young people now off college, middle and high school, see this as a vacation to go out and frequent social businesses, parents are taking kids out to entertain them, and they are traveling to visit friends in other cities and states, all aiding the spread of Covid-19.

Please consider more strict **MANDATES TO ENFORCE TEMPORARY CLOSING OF RESTAURANTS, BARS, BOWLING ALLIES, MOVIE THEATERS, MALLS** or other places of gathering and **TRAVEL ONLY IF IT IS AN EMERGENCY**, to mitigate the increasing cases of Covid-19 in the US. People are clearly not taking the advice given to minimize social or public gatherings.

In order for our United States not to follow the same fate as Italy, we need mandated changes asap. Please consider telling **people over 60 or 65 to also stay home from work for a 2-week period.**

Thank you very much for your fine leadership in this critical matter.
Concerned parent and scientist,
Robbin.

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:02:51 -0400
To: Luanne Novak
Subject: Re: Corona virus suggestions

Thank you for your note,
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 5:39 PM, Luanne Novak (b) (6) > wrote:

>

>

> Dear Dr. Fauci:

>

> First, thank you for your honest and forthright testimony and advice during this crisis. Your calm but serious approach is a great comfort to me. (b) (6)

>

> He is a Pharmacologist by training, and taught physiology at the School of Health Professions at Baylor College of Medicine until he retired in January. We have been discussing the COVID-19 situation and he has several suggestions. (b) (6).

>

> 1. Since South Korea got such a quick handle on this situation, could we buy their tests? Since it has taken such a long time for the US to gear up, could we not just buy their system turn-key?

>

> NPR reported that there is a national stockpile of respirators - when will those be released?

> 2. Since China appears to be back online, can the US contract with them to build mechanical respirators to replenish our "strategic reserve"?

>

> I hope that you will continue to be able to speak the truth, and that you stay healthy.

>

> Many thanks,

> Luanne Novak and David Johnson, PhD

> (b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 19:01:28 -0400
To: Daniel Gutstein
Subject: Re: Daniel Gutstein: Regarding Synagogue Services during the Covid-19 Pandemic

Thank you for your note,
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 5:53 PM, Daniel Gutstein <(b) (6)> wrote:

>

>

> Dear Dr. Fauci,

> I would like to commend you for providing needed doses of stability and reassurance to our nation at this troubled time. Your knowledge and professionalism have been indispensable to the masses. I am an assistant to the rabbi of a Jewish congregation in Chicago which holds services thrice daily. Due to the tight-knit nature of the larger Jewish community, many synagogues in the city and surrounding suburbs have closed indefinitely in order to limit the community spread of the Covid-19 virus. (One person visiting the community from New York and who interacted with numerous individuals has so far tested positive.) Our synagogue is few in parishioners though is an essential sanctuary of sustenance and faith to those who make usage of its services. We would like to keep our doors open for the longest duration possible but remain cognizant of the realities of the pandemic. Considering that we gather in a sanctuary of impressive size with usually no more than 20 members who are stationed at a distance apart from one another, would it be responsible to continue services for the remainder of the week and this upcoming Sabbath so long as no specific member of the congregation itself has contracted the virus?

> Thank you.

> Wishing you sustained health and much success,

> Daniel Gutstein

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 23:00:03 +0000
To: Talbert, Patricia Y
Subject: Re: Public Health 101: – Please listen to my Public Health Cry/Recommendation
Attachments: Outlook-1516124588.jpg

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:14 PM, Talbert, Patricia Y <patricia.talbert@howard.edu> wrote:

Greetings Dr. Fauci,
As you know, we are currently experiencing a public health pandemic, Coronavirus (COVID-19). I am asking that you take a moment to listen to Fareed Zakaria's show that was aired today, Sunday, March 15, 2020, at (<https://www.cnn.com/shows/fareed-zakaria-gps>). Please listen to the message and review the attached chart that was presented on Fareed's show. This is NOT about politics, but instead the people. Therefore, **let's call to action** that the United States of America government officials and leaders call for a mandate similar to other countries, such as China, Italy, and Spain (i.e., now, New York & Illinois) to help reduce the spread of this virus, flatten the curve, reduce the inundation to our healthcare system, (which is about to experience the worst morbidity and mortality outcomes), and work to save lives.
There are too many unknowns for us to continue to go on as status quo. Let's be public health officials and petition to mandate the US Administration to move to action – by putting in place a Mandatory Shutdown of Movement throughout this Country.

Currently, we have approximately (9 airports in the United States) in total chaos, which will be another wave and spread of this virus. We are not proactive; instead, we continue to react late. This is not the public health that I know and have seen throughout the duration of my public health vocation. We have to change this Pandemic, so let's get to work.

#Cry for Pubic Health Action Needed -----**We need this Administration/Government Committee to LockDown the United States of America. This can slow down the spread of this disease, save lives, and maybe within 30 days we can get back on our feet.**

Warm and sincere regards - please push action.

Dr. Pat Talbert

Dr. Pat Y.B. Talbert

Patricia Y. B. Talbert, PhD, MPH, MS, CPHA, CHES, cPHN

Associate Dean of Academic Affairs and Administration

Howard University, College of Nursing and Allied Health Sciences

Health Sciences Executive Suite, Towers 6000

2041 Georgia Avenue NW

Washington DC 20059

Email: patricia.talbert@howard.edu

Howard U: <https://home.howard.edu/>

CNAHS: <https://cnahs.howard.edu/>

Cell#: (b) (6)

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane." Rev. Martin Luther King, Jr.

"Once a task is just begun, never leave it till it's done. Be the labour great or small, do it well or not at all." Quincy Jones

<Outlook-1516124588.jpg>

<COVID-19 Testing Data 2020.jpeg>



150

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Excellence in Truth and Service

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:58:40 -0400
To: Lindley Lee
Subject: Re: Under 10 Minute P-O-C Testing Reported by Colorado

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:22 PM, Lindley Lee (b) (6) >wrote:

Dr. Fauci,

I am not sure you are aware, but there is already a point-of-care solution available for Coronavirus, and the Denver newsrooms have been reporting about it. 9News and FoxNews are all reporting about Aytu BioScience of Englewood, Colorado. The kits have already been used in China, and are immediately available to assist burden the testing time and backlog. Who do we need to inform of this already available option? Thank you.

Regards,

Lindley Lee

(b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:58:19 -0400
To: JOHN Lightbody
Subject: Re: Thank You!

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:22 PM, JOHN Lightbody (b) (6) wrote:

Dear Dr. Fauci,
Thank you for your service and your honesty.
It is difficult for me to watch you telling the truth with all of the people of the
Trump Administration spouting lies constantly!
Keep up the good work!
Our prayers are with you and those who are working to help this country
deal with this coronavirus.
Sincerely,
Sonja C. Lightbody
(proud (b) (6) Federal employee)

(b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:58:06 -0400
To: Clarence Jones
Subject: Re: A Telemedicine Book to help Doctors & Staff Cope with the COVID-19 Overload

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:22 PM, Clarence Jones <cjones@winning-newsmedia.com> wrote:

Dr. Fauci:

If your predictions come true, the entire medical system will soon be overwhelmed. Only massive use of telemedicine will be able to cope with the overload.

I'm a former TV reporter, now full-time writer, with nine books in print. One of them - "Webcam Savvy for Telemedicine" -- can help those in the medical community quickly learn how to use this medium. It is available at amazon.com in both print & digital versions. https://smile.amazon.com/Webcam-Savvy-Telemedicine-Clarence-Jones/dp/1546501894/ref=sr_1_fkmr0_1?keywords=webco%2C+savvy+for+telemedicine&qid=1584307097&sr=8-1-fkmr0

I'll attach a PDF copy to this message & also send the same message without an attachment, just in case your system rejects messages with attachments. I can also overnight you a print copy if you'd like. Bulk pricing is available for both print & digital versions.

You've become a rock star in the current crisis. As a long-time on-camera coach, I don't think I could teach you a **THING** you haven't already mastered. Congratulations.

--

Cheers,
Clarence Jones

(b) (6).

(b) (6)

Landline: (b) (6)

Cell: (b) (6)

website: www.winning-newsmedia.com

--

Books by Clarence Jones in both print and e-book versions:

--

[LED Basics: Choosing and Using the Magic Light](#)

[Sweetheart Scams - Online Dating's Billion-Dollar Swindle](#)

[They're Gonna Murder You - War Stories From My Life at the News Front](#)

[Winning with the News Media - A Self-Defense Manual When You're the Story](#)

[Webcam Savvy - For the Job or the News](#)

[Webcam Savvy - For Telemedicine](#)

[Filming Family History - How to Save Great Stories for Future Generations](#)

[Sailboat Projects - Clever Ideas and How to Make Them](#)

[More Sailboat Projects - Clever Ideas and How to Make Them](#)

<Webcam Savvy for Telemedicine & covers.pdf>

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:57:17 -0400
To: NIAID OD AM
Subject: Fwd: CANCELLATION amfAR Capitol Hill Briefing, Ending the HIV/AIDS Epidemic on Thursday, March 26th

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
Date: March 15, 2020 at 6:25:06 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Folkers, Greg (NIH/NIAID) [E]" <(b) (6)>, "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)
Subject: CANCELLATION amfAR Capitol Hill Briefing, Ending the HIV/AIDS Epidemic on Thursday, March 26th
Reply-To: (b) (6)

Dear Tony:
amfAR, The Foundation for AIDS Research will be postponing our Capitol Hill Briefing, "Ending the HIV/AIDS Pandemic: Lessons Learned for the Coronavirus Outbreak" planned for Thursday, March 26th, due to the declaration of a National Emergency in our country.

Once the coronavirus public health crisis abates, amfAR will reschedule the briefing and hope that you will be able to speak as planned. At that meeting, you and several other of our nation's leading health officials will address two pandemics - AIDS and COVID-19, and the lessons learned from fighting both of these diseases. We will very much look forward to hearing your perspectives about global initiatives for ending AIDS and the work done to eradicate the coronavirus pandemic. We know your remarks will help provide a roadmap for ending HIV and other infectious disease threats now and in the years ahead.

I was proud to see the contributions of the US Public Health Service highlighted in today's WH briefing. You did an excellent job with your remarks.

Thanks for your work and dedication to safeguarding and advancing global health. Hope we get a chance to catch up soon.

Sincerely,

Susan

Susan Blumenthal, MD, MPA
Senior Policy and Medical Advisor, amfAR
Rear Admiral (ret)
Former US Assistant Surgeon General
First Deputy Asst Secretary for Women's Health

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:56:55 -0400
To: Linda Jones
Subject: Re: Emulating Social Distancing During Press Conference

Thank you for your note,
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 6:25 PM, Linda Jones (b) (6) > wrote:

>

> Thank you so much for all your EXTREMELY IMPORTANT info on COVID-19. You are a national treasure. Please emulate Social Distancing during ALL press conferences and the press Corp as well.

> Please be safe and stay well.

> Linda Jones

>

> Sent from my iPad

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:55:37 -0400
To: el
Subject: Re: Coronavirus Cases in New Jersey

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 6:30 PM, el (b) (6) wrote:

Dear Dr. Fauci,
My apologies if you have already spoken with Mike Maron, but it seems the political machine here in New Jersey is ignoring our own medical experts and I thought it important that your team be aware of how this crisis is manifesting on the front lines:
<https://www.roi-nj.com/2020/03/14/opinion/life-at-the-epicenter-of-n-j-s-coronavirus-outbreak/>
Our family is keeping you and your team in our thoughts and prayers.

With infinite respect for you and the daunting task you face,
Rosanna Galluccio

From: (b) (6)
Sent: Sun, 15 Mar 2020 18:52:24 -0400
To: Eva Sperling MD
Subject: Re: For your urgent attention (COVID-19)

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 15, 2020, at 6:38 PM, Eva Sperling MD (b) (6) wrote:

Dear Dr. Fauci,
Thank you for your leadership during the current COVID-19 crisis. We're writing to ask you to consider spearheading an additional initiative in this effort.

As you know, one of our greatest immediate needs is an adequate supply of **ventilators for use in hospitals**. We will face a severe shortage of this crucial equipment during a surge of COVID-19 hospitalizations. This will create a bottleneck in our ability to deliver care, a situation where we have to triage who should live and who should die. Tragically, we see this happening already in Italy. This is a situation we must avoid.

So we propose to immediately help existing factories to increase production, to convert other existing factories for the production of ventilators and to build new factories to do so.

Some of this will take a long time to accomplish but this pandemic is also predicted to be with us for a long time. We must stay ahead.

We should make an all-out effort to supply our hospitals properly and quickly. We are in a time of war and we must make the commensurate effort now.

We believe we have the knowledge and the resources to do such a thing.

We just need the will, and the leadership.

We're writing to urge you to use your position of leadership to make this happen.

Here is a link to NPR's report on this crucial issue: <https://www.npr.org/sections/health-shots/2020/03/14/815675678/as-the-pandemic-spreads-will-there-be-enough-ventilators>

Thank you,

Eva Sperling, MD
Elisabeth Sperling

From: (b) (6)
Sent: Sun, 15 Mar 2020 15:33:20 -0400
To: Xiaoyang Hua, M.D., Ph.D.
Subject: Re: COVID-19 some suggestions

Thank you for your note

Sent from my iPhone

> On Mar 15, 2020, at 3:17 PM, Xiaoyang Hua, M.D., Ph.D. (b) (6) wrote:

>

> Dear Dr. Fauci:

> I am writing to you to express my deepest concerns on the COVID-19 outbreak in the USA and would like to share some thoughts with you.

>

> I am a (b) (6) and an otolaryngologist at the Duke Medical Center. I completed my training in Otolaryngology at the University of Iowa in 2019. From 2013 to 2015, I did a research fellowship with Dr. Stanley Perlman, an expert in coronavirus, to study SARS. Before I came to the States, I was an ENT doctor and had worked in the epicenter of the COVID-19 outbreak, Wuhan, China for several years. Many of my friends, neighbors, and colleagues were infected. Some of them have died or are dying. I truly appreciate what you have done to wake the Americans and warn them about this dangerous virus outbreak. I hope we are not repeating the mistakes that the Chinese and Italians have made earlier.

>

> I know many physicians and nurses who have been on the frontlines against this coronavirus outbreak in Wuhan China. Over the past a couple of months, I have been communicating with them about the COVID-19 outbreak. I have obtained much firsthand information about this virus from medical professionals, including the ICU directors of major hospitals in Wuhan. Here I want to share some thoughts with you and hope that I can help prevent the worst in the USA.

>

> For the government:

>

> 1. Close all public schools immediately. My family is in (b) (6). They are yet to decide if they should close the schools after the spring break. This is one example that has concerned me a lot. In the email from the (b) (6) School District, quote: "there are many factors to be considered any time a decision is made to close schools. These factors range from evaluating the consequences of missed instruction to providing meals to students who rely on the school's food service program", this is extremely short-sighted. These factors, as quoted above, will be very minor issues and easier to handle, compared with the potential catastrophic consequences should the virus outbreak be out of control and have paralyzed our already-overwhelmed medical system in the USA. I hope the federal government can issue an administrative order to close the public schools.

>

> 2. Cancel or postpone any large gathering events more than 20 people. Use tele-conference if necessary.

>

> 3. Every county in this country should have contingent plan in place and have one or several isolation facilities/temporary shelters in the remote areas using college dorms or hotels, in preparation of future large outbreaks of COVID-19 in the community.

>

> 4. Work with local or state media to inform the public of the status of basic life necessity (e.g. food, water, tissue paper) and essential medical supplies (including PPE). If there is a shortage, the estimated back-to-stock timeline should be provided. For PPEs, if the shortage cannot be solved within a short period of time, they should be saved for those who truly need them including medical professionals treating patients with COVID-19. All local medical supply businesses should turn in their inventories since the State Emergency has been declared. These timely updates will provide assurance to the public to avoid panic and chaos.

- >
- > 5. Encourage online shopping and drive-thru pick-up including groceries. Help the local businesses to expand their delivering capacities.
- >
- > 6. Provide the public live updates on the outbreak, including the number of confirmed cases, their current clinical status, strategies of tracing their close contacts, as well as the number of total cases being tested. From what I have learned, the more transparent the government is, the less panic the public will be.
- >
- > 7. Issue laws that prohibit intentional spread of COVID-19, irresponsible behaviors that put other innocent people or medical professionals at risk of contracting the virus.
- >
- >
- >
- > For medical professionals:
- >
- > Early January in Wuhan, many patients very likely contracted COVID-19 in the local hospitals when they visited their physicians for other medical conditions. In addition, the medical system in Wuhan China was almost paralyzed at that time. One of major reasons is that many medical professionals were infected and sick. The medical professionals are the backbone in the fight against this virus outbreak. We need to prepare for the worst scenario that this outbreak can last for a few or several months. We need to protect our medical professionals first.
- >
- > 1. Set up a centralized Fever/COVID-19 hotline operated by trained provider/nursing staff. This telephone line can use the current available state information hotline, with expanded functions serving as a gatekeeper and triage mechanism for potential COVID-19 patients to receive guidance on where to seek help before visiting a busy clinic, an urgent care, or a hospital emergency room to minimize the chances of cross-infection and over-whelming large medical centers.
- >
- > 2. Establish designated Fever/COVID-19 clinics or hospitals led by well-trained ID teams (MD, NP), especially in highly populated areas. These clinics will serve as the secondary triage and referral centers for the aforementioned Fever/COVID-19 hotline, plus for primary care clinics that are not equipped with adequate staff and testing tools. These clinics should have adequate staff including physicians and middle level providers, equipped with testing kits to perform COVID-19 test onsite. They should have the capacity of testing drive-through patients, securing airway for ventilation if needed before transferring severe patients to tertiary medical facilities. They should be operated collaboratively with larger healthcare systems like U Iowa, Unity Point, and Mercy who are setting up their own isolated COVID-19 centers for more severe cases.
- >
- > 3. Establish a clear communication and transfer protocol between Fever/COVID-19 hotlines, clinics and treating hospitals for management of suspicious and confirmed cases. For those with mild COVID-19 infection, they should be self-quarantined at home and monitored closely and remotely. If they cannot perform self-quarantine safely, such as living by themselves or in nursing homes, they should be kept in the county isolation facilities (as mentioned above), being monitored there.
- >
- > 4. If drive-through testing is available at CVS or Walgreen, patients with positive results should call the hotline or their PCPs first if clinically stable to receive guidance for self-quarantine, monitoring and follow-up. If they cannot perform self-quarantine safely, they should be kept in the county isolation facilities as mentioned above.
- >
- > 5. Inform the public and other healthcare providers of the availability of these Fever/COVID-19 hotline and clinics, encouraging patients with symptoms to utilize these resources first before visiting clinics, emergency rooms to reduce the chances of cross-infection, and the burden on large medical centers.
- >
- > 6. Encourage medical professionals to call their clinic patients for screening. Allow the medical providers to postpone all non-urgent medical visits for annual checkups, stable and non-urgent chronic conditions et al.
- >
- > 7. Encourage all physicians and healthcare professionals who provide direct patient care to wear personal protective equipment (PPE) such as masks, eye shields and gloves to protect themselves and to minimize the chances of spreading the virus to other patients, if necessary or based on their screening phone calls.

From: (b) (6)
Sent: Sun, 15 Mar 2020 15:08:54 -0400
To: Jon LaPook
Subject: Re: TIME SENSITIVE; from Jon LaPook to Tony Fauci

I would not use an age number, but if you had to I would say 70. I would say "serious" underlying condition. Not sure about ACE inhibitors.

On Mar 15, 2020, at 3:01 PM, Jon LaPook (b) (6) > wrote:

Tony,

Since "elderly" means different things to different people (to me, it's 10 years older than me – and I'm (b) (6)), should I give a certain age after which people should voluntarily self-isolate now?

And for underlying conditions, should I say "serious underlying conditions" or leave it vague at "underlying medical conditions?" I think the more specific the better.

And, finally, I'm hearing that it's puzzling that hypertension is such a risk factor and that perhaps people on ACE inhibitors are upregulating receptors for ACE2 in the lung. Any evidence of that? If so, maybe we should switch people off ACE inhibitors for now.

Thanks,
Jon

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Sunday, March 15, 2020 2:46 PM
To: Jon LaPook (b) (6) >
Subject: RE: TIME SENSITIVE; from Jon LaPook to Tony Fauci

Jon:

Looks quite good. I suggest that you lean out there and explicitly say that the elderly and certainly those with underlying conditions should voluntarily self-isolate now.

Best regards,
Tony

From: Jon LaPook (b) (6)
Sent: Sunday, March 15, 2020 2:20 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: TIME SENSITIVE; from Jon LaPook to Tony Fauci

Hi Tony,

I would like to post this widely today, but want your input first. Can you please make suggestions/additions/corrections?

Thanks so much!

Jon

The World Health Organization has declared the Covid-19 outbreak to be a pandemic -- official recognition that the virus respects no borders and now affects masses of people in countries all over the world. And there is no denying the world is changing, in painful ways. We see it in financial markets, where prices are plunging -- and in supermarkets, where customers are stripping shelves bare. All driven by fear, as the number of virus cases grows with each passing day. While we may feel powerless over this threat, we are not. There are important things we can and must do -- and right now.

To borrow a phrase from the war on terror, the coronavirus only has to be right once to infect us. We have to be right every time to prevent it. So, every time you cough or sneeze, use a tissue or the crook of your arm. Every time you think of it, wash your hands -- as frequently as you can. Every time you can, practice "social distancing" -- stay away from others during this outbreak. Social distancing is now being enforced throughout our society. Schools are closing, sporting events of every kind are being canceled. The curtain has even come down on Broadway shows as the Great White Way goes dark.

Despite our best efforts, it's likely many of us will eventually get infected by the virus, since we have no immunity to it. If that's the case, you may ask, does it really matter **when** we get infected? The answer is a resounding yes! And here's why: slowing the spread of coronavirus -- and consequently delaying infections -- can make an enormous difference in our ability to handle the pandemic.

Take a look at this illustration. It appeared in the Economist and is based on a CDC report. The blue curve shows what happens when you do nothing. The number of infections peaks relatively quickly. This can overwhelm a healthcare system that is not prepared to handle such a huge number of patients. Emergency rooms and hospitals can become overloaded. We may see shortages of medical supplies -- including protective gear and breathing machines -- and shortages of healthcare workers, especially if many of them become infected. But look at the yellow curve. It shows what can happen when you slow the epidemic. The outbreak is stretched out. And while it may last longer, the peak number of infections is much lower, putting less stress on the healthcare system and allowing better care for each patient. It also gives scientists more time to develop new treatments and vaccines.

Is there any evidence this works? Absolutely, especially when coupled with the time-proven technique of aggressive testing to find and isolate infected people as early as possible. In China, where there has been strict quarantine and social distancing in the epicenter of the outbreak, new infections have dramatically slowed. In South Korea, where health officials cleverly used drive-through testing, we're also seeing the number of new cases slow down. And there's a history lesson from the 1918 flu pandemic. Back then, Philadelphia held a parade attended by several hundred thousand people. Soon, every hospital bed in the city reportedly was filled with sick patients. Saint Louis, on the other hand, practiced social isolation and saw fewer cases.

So we have work to do, and it won't be easy, because it means changing the way we live our daily lives and how we interact with our neighbors. And we have to start now -- when we can make the most difference.

And here's something we need to keep in mind. We are all in this together. So even as we keep a distance from each other physically, we need to stay close emotionally. Social isolation is bad for your health! If ever there was a time to call or video chat with friends and loved ones. And don't forget to reach out to the elderly --who may be alone and afraid.

Demonstrating grace under pressure is easier said than done. But that is this doctor's prescription for getting through this. And, if we treat each other with kindness and empathy, we **will**.

Jonathan LaPook, M.D.
Chief Medical Correspondent, CBS News
Professor of Medicine
NYU Langone Health

PLEASE NOTE: IF YOU LEAVE ME A MEDICAL MESSAGE AND DO NOT HEAR BACK WITHIN 24 HOURS, PLEASE CALL MY OFFICE AT [646-754-2000](tel:646-754-2000). PLEASE NEVER LEAVE AN EMAIL ABOUT AN URGENT MEDICAL ISSUE.

This message is confidential.

WARNING: THIS EMAIL MAY CONTAIN CONFIDENTIAL MEDICAL INFORMATION
The medical information in this message is confidential and privileged. It is unlawful for unauthorized persons to review, copy, disclose or disseminate confidential information. If the reader of this warning is not the intended email recipient, or the intended recipient's agent, you are hereby notified that you have received this email in error and that review or further disclosure of the information contained

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HIPAA regulations require proxy/patient approval before use of electronic media. By requesting and/or agreeing to email correspondence, you are agreeing to use of electronic media for transmission of information.

From: (b) (6)
Sent: Sun, 15 Mar 2020 15:02:52 -0400
To: Liz
Subject: Re: Concern for young 'Vapers' population; this will be serious for them. Vaping was already it's own epidemic.

Good point

> On Mar 15, 2020, at 2:42 PM, Liz (b) (6) wrote:
>
> Hello Dr. Fauci,
>
> I hope you will see this message. The subject line is part of the equation, for Covid-19, in the US which is an unknown. I am highly concerned how it will affect this group. Please let all healthcare systems know to be aware and have this on their radar. We keep hearing it's for older adults but it's for people with compromised lungs among other all pre-existing conditions you've mentioned.
>
> Sincerely,
> Lyzzy Crouse

From: (b) (6)
Sent: Sun, 15 Mar 2020 15:02:32 -0400
To: Schuchat, Anne MD (CDC/OD)
Subject: Fwd: Concern for young 'Vapers' population; this will be serious for them. Vaping was already it's own epidemic.

This person makes a good point.

Begin forwarded message:

From: Liz (b) (6) >
Date: March 15, 2020 at 2:42:24 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: **Concern for young 'Vapers' population; this will be serious for them. Vaping was already it's own epidemic.**

Hello Dr. Fauci,

I hope you will see this message. The subject line is part of the equation, for Covid-19, in the US which is an unknown. I am highly concerned how it will affect this group. Please let all healthcare systems know to be aware and have this on their radar. We keep hearing it's for older adults but it's for people with compromised lungs among other all pre-existing conditions you've mentioned.

Sincerely,
Lizzy Crouse

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 18:33:06 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Tools that may help you

Please handle.

From: Landrigan, David (b) (6)
Sent: Sunday, March 15, 2020 1:44 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Tools that may help you

Tony,

It has been about 20 years since you and I talked about SARS and my model that David Williams at WHO used. I didn't know if your old email still worked, so I'm using the directory listing by NIH in addition. I have some ideas to share with you about the use of tools in the current war on covid-19.

Your 'close the bars' statement is right on target with what I was writing when I heard you say it. It was a great illustration counterintuitive to what will work. You could have more correctly said keep the bars open only to those in their twenties and thirties. Five minutes later Mayor DeBlasio said everything is on the table including closing bars and restaurants! Below you will see me argue why there are better approaches and this total closure approach is the wrong move. Selective participation will work in our favor to blunt the curve! Total closure will not work and can work against us!

In a period of two weeks demand for medical treatment can go from 50% of hospital capacity to 200% due to disease progression and binomial expansion. You know the math and ideas, so there's no need to go into them. There is a need to closely consider how available tools are being used to mitigate an overwhelming of the health care system. I can tell you now that what needs to be done isn't being done and that the road we are on now will at most postpone crossing the threshold of 100% capacity. It will not achieve the desired result of distributing cases over a greater time period so that being overwhelmed is avoided.

Consider the curves:

The 'without protective measures' curve is the normal distribution as modeled by the binomial distribution. The 'with protective measures' distribution is what we want to achieve, although that would be foreign to an experimentalist. We don't want the number of cases to exceed capacity as indicated by the horizontal dotted line. If the 'protective measures' are social distancing, school closings, entertainment/sporting cancelations, restaurant closings, and hygiene and similar uniformly applied measures, the 'with' curve should have a shape similar to the 'without' curve, just shifted to the right, unless there is some unpartitioned factor interaction. The flattened curve WILL NOT RESULT because errors should be random and SAMENESS OF TREATMENT PRODUCES SAMENESS OF EFFECT. With UNIFORM application of measures the curve after application will still exceed a height showing the system capacity has been exceeded.

We could expect to flatten the mesokurtic 'without' curve into the platykurtic 'with' curve by systematic time staggering in the use of the protective measures and selectively applying the measures to drive toward herd immunity. As immunity builds toward HIT (Herd Immunity Threshold), there will be greater and greater slowing of infections as the linkages for transmission decrease. There are two points to consider here.

The first point is whether measures should be applied in a uniform and blanket manner. The answer is typically no when the effect is on an existing population because the curve won't flatten. There are two aspects of the application of measures to consider. Is the effect of the application defining the population or is it an effect within a defined population. In the instance of halting all air traffic to the US from China, the population is being defined and altered if influx is allowed and that would both increase the infections and population turbulence. There would be movement away from HIT. Any measure such as people influx, which moves the US away from HIT, is to be avoided.

School, restaurant, and sporting event closings need to be examined in relationship to their impact on an existing, not an increasing population. The actions have many criteria to influence them, but from the viewpoint of keeping the healthcare system from becoming overwhelmed closings that are staggered, variable, and alternating will work to increase movement toward HIT and promote flattening of the 'with' curve.

The second point to consider is whether we can move the US toward HIT by age selective application of available measures. The answer is yes and this could provide the best tool. Susceptibility and strengths of covid-19 infections covary with age. People less than 30 rarely have severe infections and the younger ones may not become infected. People under 40 show a low frequency of severe infection. It will be important to know if there is a large age cohort exempt from infection because that would undermine part of the result from selective application of measures or limit the sampling age because these people wouldn't develop immunity, but might contribute to delaying herd effects. If they develop immunity their contribution can be substantial and they can be kept separated from more vulnerable people until and unless it is established that there isn't a need.

Opening night clubs, sporting events, restaurants, and other places to people in their twenties and thirties will build immunities, break infection transmission links, and move toward HIT with little or no risk to the people or the rest of the herd. Have admission to the venues by existing ID, like a driver's license with age, and have agreement that they do not mingle with vulnerable older people. Leaving the bars open to people in their 20's and 30's will flatten the curve!

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 18:32:34 +0000
To: Birx, Deborah L. EOP/NSC
Subject: RE: [EXTERNAL] CNN question/German vaccine company?

This is the first that I have heard anything about this subject.

From: Birx, Deborah L. EOP/NSC (b) (6) >
Sent: Sunday, March 15, 2020 1:38 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Fwd: [EXTERNAL] CNN question/German vaccine company?

Do you know anything about this?

Sent from my iPhone

Begin forwarded message:

From: "Miller, Katie R. EOP/OVP" (b) (6)
Date: March 15, 2020 at 1:14:28 PM EDT
To: "Birx, Deborah L. EOP/NSC" (b) (6) >
Subject: Fwd: [EXTERNAL] CNN question/German vaccine company?

Sent from my iPhone

Begin forwarded message:

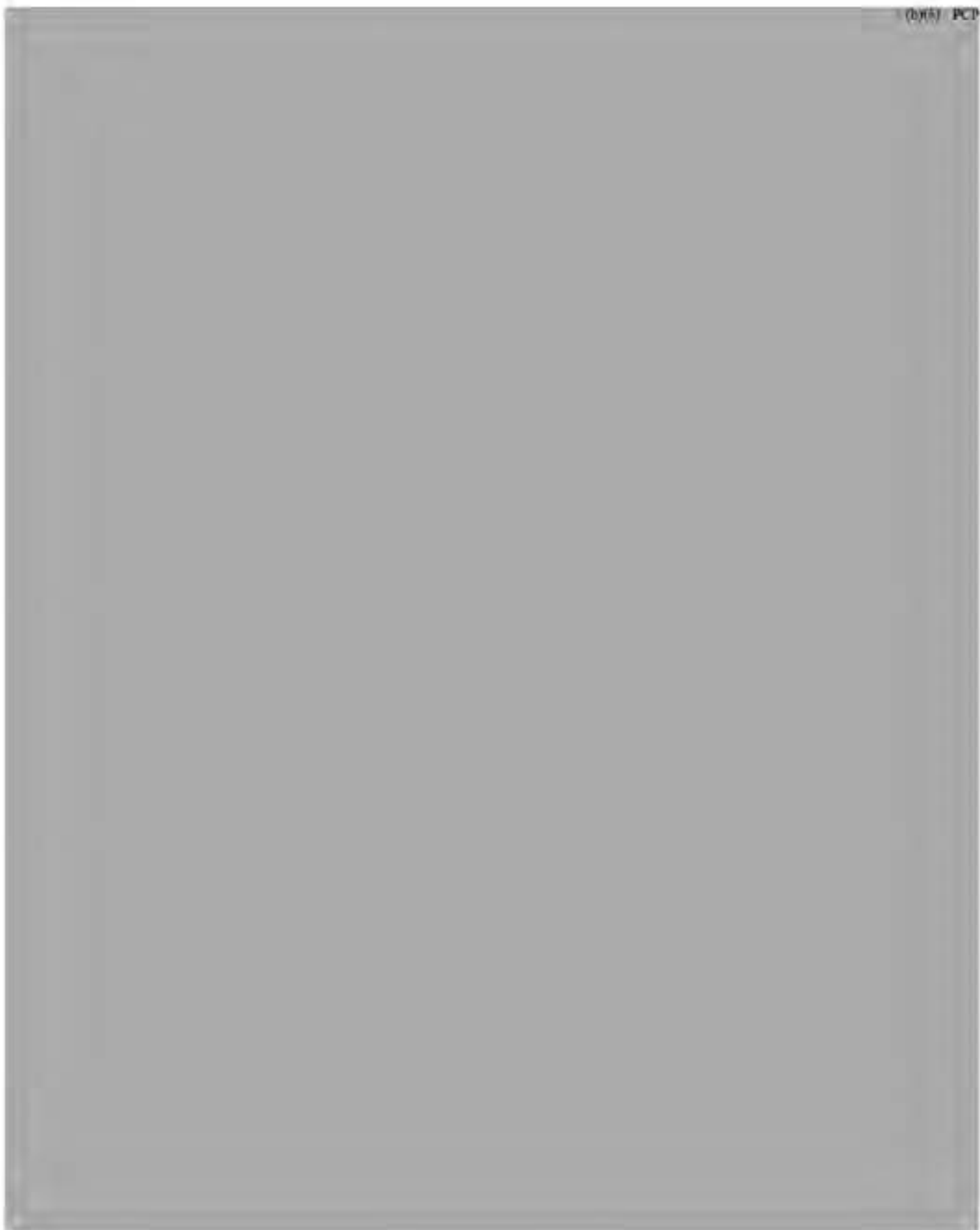
From: "Liptak, Kevin" <Kevin.Liptak@turner.com>
Date: March 15, 2020 at 1:09:32 PM EDT
To: "Miller, Katie R. EOP/OVP" (b) (6) >, "Fetalvo, Ninio J. EOP/OVP" (b) (6) >, DL NSC Press (b) (6) >
Subject: [EXTERNAL] CNN question/German vaccine company?

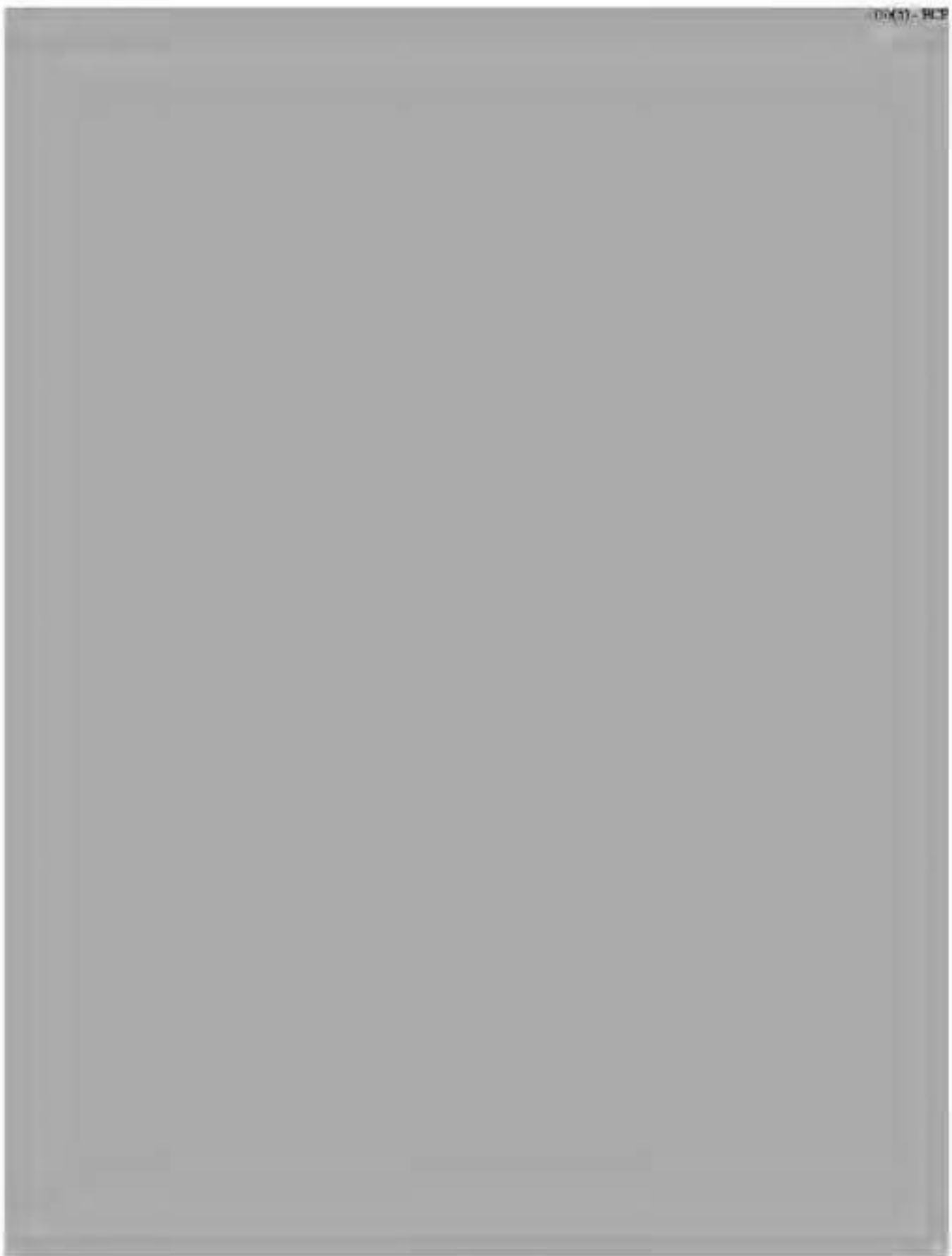
Afternoon — checking to see whether the White House has any comment on these allegations in German media that President Trump is offering large sums of money to lure a German vaccine maker to the United States? ><https://www.reuters.com/article/us-health-coronavirus-germany-usa-idUSKBN2120IV><

Thanks
Kevin

Kevin Liptak
CNN White House

(b) (6)









From: (b) (6)
Sent: Sun, 15 Mar 2020 13:30:08 -0400
To: Soumya Jayaraj
Subject: Re: Concern about Covid spread in South Padre Island Texas

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 1:29 PM, Soumya Jayaraj (b) (6) wrote:

Hello Dr. Fauci,

I hope you get to read this and you can do something about it. I am writing from (b) (6). Here at South Padre Island spring break events are going in full swing with no concern whatsoever about coronavirus spread. We do not have positive cases yet in the Rio Grande Valley but this is inviting the disease here.

People come from all over USA, especially students in huge numbers for spring break to SPI. In spite of repeated requests by press and general public the authorities have not shut down the event. I am attaching a couple of articles below . It is very concerning to see the authorities do not seem to understand the gravity of the situation and the importance of social distancing which is the need of the hour. Kindly look into this and please do what you can to put a stop to this.

Please note the crowd is expected to increase next week.

Appreciate your help.

Thanks
Regards
Soumya Jayaraj

<https://www.themonitor.com/2020/03/12/spi-spring-break-continue/>

<https://www.facebook.com/KRGVChristian/videos/195404708568768/>

From: (b) (6)
Sent: Sun, 15 Mar 2020 13:29:23 -0400
To: Daphne Coley
Subject: Re: Confidence in you

Thank you for your note
A.S. Fauci.

Sent from my iPhone

> On Mar 15, 2020, at 1:22 PM, Daphne Coley (b) (6) wrote:
>
> Dear Dr. Fauci,
>
> Out of this whole mess you are the voice of reason that is most comforting. Your intelligence, calm demeanor and lack of personal agenda (I hope) come through in your explanations of this recent crisis.
>
> I have read how many lives that you saved during the AIDS crisis and laude you for it. I trust, given enough rein, that you can do it for the COVID-19 crisis.
>
> You must be feeling the weight of crushing political and media forces ___ a real tightrope. Then, of course you do have to worry about the illness itself, which should be your primary concern but might be problematic given the infighting and
> territorial nature of politics.
>
> Anyway, I wanted you to know that you have a real fan in (b) (6). If there are two there are many, many more. Just keep on doing what you do so well and know that you are appreciated by lots of Americans.
>
> Best,
> Daphne Coley

From: (b) (6)
Sent: Sun, 15 Mar 2020 13:28:26 -0400
To: rclavalle
Subject: Re: Thank you!

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 1:25 PM, rclavalle (b) (6) >wrote:

Good afternoon Sir,

Thank you for your continued vigilance in protecting the American people. Your wise guidance regarding a temporary national lockdown may greatly help in reducing the spread of COVID-19.

If this action were to occur it should be in phases:

Phase 1: Federal Quarantine. Effective Immediately until 4 MAY 2020 (or further notice) - ONLY Key and Essential federal employees of all agencies (IC included) should report to work. Everyone else is on administrative leave. While buildings are empty, staff remaining should conduct deep cleaning (air systems, etc.) to ensure a healthy environment when employees come back to work.

Phase 2: Federal recall: Beginning 4 MAY 2020, federal employees are called back to work on an as-needed basis (indefinitely) depending on how the virus trends. Excluding postal workers, that accounts for nearly 2 million full-time employees. There should be a mandatory home-quarantine so people are not out spreading the disease.

Phase 3: Mitigation and recovery. Federal agencies need to produce mitigation measures (crisis action plans) should something of this nature occur in the future. Federal agencies must be ready to respond in an organized manner when a crisis occurs.

Throughout this COVID-19 event, military and law enforcement must have an increased presence to prevent mass hysteria and mob mentality. Increased military and law enforcement presence may help enforce the home quarantine measures and prevent looting and other crimes that tend to occur during crisis events.

The National messages may include the following:

The top priority is the safety and security of the people
We will make decisions based on health guidance and current conditions here and elsewhere
We will get through this together (share resources, express kindness etc.)
We need to care for each other - It is vital it is to unite around this crisis
As a Nation, we need to come together as a community to survive this international disaster
This health crisis is challenging each of us to make sacrifices and implement changes out of the norm.
Ultimately, this crisis is not about us. It's about our responsibility to each other.
Thank you for all you are doing during this difficult time.

Thank you, Sir, for taking the time to review this correspondence.

Best regards,
RC LaValle-McIntosh

From: (b) (6)
Sent: Sun, 15 Mar 2020 13:21:50 -0400
To: Laetitia Moreau
Subject: Re: Alert: ADVIL = killer with COVID19 , references and more

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 1:16 PM, Laetitia Moreau
(b) (6) wrote:

Estimated doctor Fauci
with covid there are dos and don'ts.
An important DON'T first and a DO here
I heard from France and Europe. USA to be advised.

**Self medication / Unecessary medication of Advil
&corticoids is highly dangerous with Covid**

4 young adults were in critical conditions in France
with no special reasons except they self medicated on
Advil

https://www.theguardian.com/world/2020/mar/14/anti-inflammatory-drugs-may-aggravate-coronavirus-infection?CMP=share_btn_tw

In French news

<https://www.lefigaro.fr/sciences/coronavirus-alerte-sur-l-ibuprofene-et-autres-anti-inflammatoires-20200314>

French people directly instructed by Health Minister to
avoid Advil

<https://twitter.com/olivierveran/status/1238776545398923264>

Reference articles

<https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930116-8>

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30317-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30317-2/fulltext)

Also about Do. I have been sharing about sleep / morning sun and covid.

Sleep protects against virus. We should keep standard time permanently. A good move already in normal times. Covid is an additional reason.

<https://www.ucsf.edu/news/2015/08/131411/short-sleepers-are-four-times-more-likely-catch-cold>

<https://www.ncbi.nlm.nih.gov/pubmed/26118561>

"The impact of daytime light exposures on sleep and mood in office workers." High levels in the morning is associated with reduced sleep onset latency ... and increased sleep quality. [ncbi.nlm.nih.gov/pubmed/2852625](https://www.ncbi.nlm.nih.gov/pubmed/2852625)

Thank you for your work.

Laetitia Moreau

(b) (6)

◇

From: [REDACTED] (b) (6)
Sent: Sun, 15 Mar 2020 13:19:05 -0400
To: [REDACTED] (b) (6)
Subject: Re: Suggestion for the Coronavirus Task Force

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 12:05 PM, [REDACTED] (b) (6)
[REDACTED] wrote:

Dear Director Fauci,
While important stores with pharmacies (Walmart, CVS, Walgreens) remain open, many elderly folks are afraid to enter due to the mixing of young and old and the increased risk of coronavirus exposure. I suggest that these stores designate certain hours for for those 60 years of age and older. Now that stores are reducing hours to clean and restock the stores overnight, the best hours might be first thing in the morning. For example for Walmart, the hours designated for those 60 and over could be 6 a.m. to 9 a.m. This could reduce their exposure to younger people who might have the virus but who are asymptomatic (or relatively so). This same idea could be applied to grocery stores.

Best wishes

Alan R. Ertle, MD, MPH, MBA

[REDACTED] (b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 13:17:01 -0400
To: Herb
Subject: Re: Coronavirus

Thank you for your note
A.S. Fauci.

Sent from my iPhone

On Mar 15, 2020, at 12:24 PM, Herb (b) (6) wrote:

You may want to know that (b) (6)
(b) (6) I feel that the
information I have might be of interest to your position in this matter. If so, please reply by
return email. Thank you. Herbert E. Johnson

Sent from [Mail](#) for Windows 10

From: (b) (6)
Sent: Sun, 15 Mar 2020 12:02:05 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Request for interview

Sent from my iPhone

Begin forwarded message:

From: Larry Milian <lmilian@slammiami.com>
Date: March 15, 2020 at 10:42:39 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Cc: Larry Milian <lmilian@slammiami.com>
Subject: Request for interview

Dr. Fauci,

My name is Larry "The Amigo" Milian and I am the National General Manager and Program Director for SLAM Radio on Sirius XM 145. I would like to respectfully request to have you on with me on my national morning show to update and discuss Coronavirus.

I will be on air tomorrow starting at 7am est. While my show normally ends at 11am, I have decided to stay on air in order to keep our listeners properly informed.

I would like to thank you in advance. Kindly email me or call me back ((b) (6)) and let me know what might be the best time to come in the air with me.

Larry "The Amigo" Milian
National General Manager/Program Director
SLAM Radio on Sirius XM - Channel 145
LMilian@SLAMMiami.com
(b) (6)

From: (b) (6)
Sent: Sun, 15 Mar 2020 11:57:49 -0400
To: Alex Tanner
Subject: Re: Nasal spray

Thank you for your note.
A.S. Fauci

Sent from my iPhone

> On Mar 15, 2020, at 11:56 AM, Alex Tanner <(b) (6)> wrote:

>

> Greetings Dr. Fauci:

>

> Wouldn't some concoction/ratio of bleach to water put in a nose spray bottle help prevent or kill covid-19? What about hydrogen peroxide?

>

> Regards,

> Alex

>

> Charles A Tanner

> (b) (6)

>

> Sent from my iPhone

From: (b) (6)
Sent: Sun, 15 Mar 2020 11:57:34 -0400
To: Deborah Lowery
Subject: Re: Hospitalization of covid-19 positive patients

Thank you for your note.
A.S. Fauci

Sent from my iPhone

> On Mar 15, 2020, at 11:57 AM, Deborah Lowery (b) (6) > wrote:

>

> Every large US city has several hospitals within city limits. Would it be possible to set up at least one hospital for ONLY covid-19 positive patients requiring hospitalization. This could help prevent transfer of virus to those hospitalized that do not have the virus and could help reduce the need for more personal protective supplies needed for staff, since only those staff at that particular hospital would be taking care of those with covid-19. Thank You for your time.

> Deborah Lowery

From: (b) (6)
Sent: Sun, 15 Mar 2020 10:17:01 -0400
To: Esam.Almarzouq
Subject: Re: God bless you all

Thank you for your kind note.

- > On Mar 15, 2020, at 10:13 AM, Esam.Almarzouq <esam.almarzouq@jsgroup.com.kw> wrote:
- >
- > Dear Dr Anthony
- >
- > My name is Esam AlMarzouq from (b) (6) a country that I am sure you know. My daughter is studying in one of the universities in (b) (6)
- >
- > I just wanted to take the opportunity to say God bless you for all the effort taken by you along with your colleagues in NIAID and President office to contain CoronaVirus. I am confident, with God help we shall all overcome Covid-19 pandemic.
- >
- > All the best wishes to you all
- >
- > Regards
- > Esam AlMarzouq
- > CEO - JS GROUP, private company in the area of general trading and construction in Kuwait

From: (b) (6)
Sent: Sun, 15 Mar 2020 09:28:21 -0400
To: Mary Lane
Subject: Re: Honest Communication

Thanks!

> On Mar 15, 2020, at 9:17 AM, Mary Lane (b) (6) > wrote:
>
> Thank you so much for being honest about the coronavirus. We feel we can trust what you say!
>
> Sent from my iPhone

From: (b) (6)
Sent: Sun, 15 Mar 2020 09:15:29 -0400
To: NIAID Public Inquiries
Subject: Fwd: Indigenous Peoples - Bat Guano Harvesters - COVID-19

Sent from my iPhone

Begin forwarded message:

From: Geoffrey Wilcox (b) (6)
Date: March 15, 2020 at 9:11:50 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Indigenous Peoples - Bat Guano Harvesters - COVID-19

Dear Mr Fauci:

Is it possible to be immune to the virus? What if any research has been done on the indigenous people around the world, including the US, that have harvested guano for centuries?

Geoff Wilcox

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 01:58:46 +0000
To: Collins, Francis (NIH/OD) [E]
Subject: RE: Draft all hands message
Attachments: Draft_All_Staff_First_NIHStaff_Coronavirus_3.14.20_V2 fsc clean - with minor
Fauci edit.docx

Francis:

It looks fine, but I made one minor edit that is tracked.

Thanks,

Tony

From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Saturday, March 14, 2020 9:38 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: Draft all hands message

Hi Tony,

If you have a couple of minutes to review it, please let me know if you see any problems with this draft all-hands message.

FC

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 01:11:43 +0000
To: Robert Jones
Subject: RE: Avoiding Italy's Coronavirus Disaster

Thank you for the note.

From: Robert Jones <[REDACTED] (b) (6)>
Sent: Saturday, March 14, 2020 8:26 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Avoiding Italy's Coronavirus Disaster

Dear Dr. Fauci,

Thank you for your leadership. I ask that you take two minutes to read the following article in today's Boston Globe written by an Italian journalist.

<https://www.bostonglobe.com/2020/03/13/opinion/coronavirus-cautionary-tale-italy-dont-do-what-we-did/>

Bottom line: Please consider a lockdown or some form of a lockdown by the end of this week.

Best regards,
Bob Jones

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 15 Mar 2020 01:00:13 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Covid 19 Minocycline

From: Ramaswamy, Sriram [REDACTED] (b) (6)
Sent: Saturday, March 14, 2020 9:00 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Covid 19 Minocycline

Hi Dr. Fauci,

Pardon the intrusion into your email. I am sure you are super busy spearheading the fight against COVID-19, hence I will cut to the chase. If your research team is looking for ideas to manage this novel virus, perhaps you can consider adjuvant minocycline. Personally I conducted a small proof of concept study with minocycline in veterans with PTSD and am now collaborating with the San Francisco VA for a larger and definitive study. The point I am making that minocycline has potential benefits beyond antibacterial.. I see that there is preliminary evidence that it can slow down viral replication.

Anyway you are the international expert and we all THANK YOU for all that you do!

Best,

Sriram Ramaswamy, MD
Professor of Psychiatry
Vice Chair for Research

Department of Psychiatry
Creighton University School of Medicine
7710 Mercy Road, Suite 601
Omaha, Nebraska 68124-237

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:24:11 -0400
To: Fabien
Subject: Re: Great talk, as usual...

Thank you for your note,
A.S. Fauci.

Sent from my iPhone

On Mar 14, 2020, at 3:42 PM, Fabien (b) (6) >wrote:

Dear Professor,
We see you every where at television in France currently.
I fully understand that you have much more urgent to do than answering my previous email and I apologize to have bothered you.
Bon courage...
With all my respect and admiration, for decades,
Fabien Sordet.

Envoyé de mon iPhone

Le 10 mars 2020 à 19:09, Fabien (b) (6) >a écrit :

Dear Professor Fauci,

Great talk at CROI... Thank you.

I follow your works on HIV for 25 years.
(b) (6) when I stated to work on HIV myself.
This give me the chance to have your email address, but it is not as health care professional that I write you today. Just as human, lambda human...
My parents are a bit older than you.
Imagine for yourself:
If tomorrow, whereas you are already vaccinated against Flu, you have significative start of fever and cough, in an environment

where Covid-19 is epidemic, would you right away take Kaletra and Plaquenil (knowing the fact that if there is a little chance it works, the soonest is the best) ?

Kind Regards,

Dr Fabien Sordet, [REDACTED] (b) (6)

[REDACTED]

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:23:16 -0400
To: Janice Strauss
Subject: Re: Truthful science information

Thank you for your note,
A.S. Fauci.

Sent from my iPhone

> On Mar 14, 2020, at 4:04 PM, Janice Strauss <(b) (6)> wrote:

>

> Dr. Fauci,

>

> Thank you for your determination and stamina to inform the American public with science-based updates and information regarding the novel coronavirus.

>

> Without the appropriate data the virus trajectory will leave the country in a state of greater uncertainty and fear. Among many of the public who watch the task force briefings you remain a bulwark against chaos and panic.

>

> When politicians announce policy regarding the virus they may fear accusations of "flip flopping" when a fluid situation requires nimbleness through recalibration or reversal. That instinct is not party-based. However, an honest, neutral agent eschewing disinformation, misinformation, or omissions might better protect the public than a politician concerned with polls, contributions, and election results.

>

> Thank you, Dr. Fauci, for being the honest, neutral agent despite direct or untoward pressure to ignore science-based evidence.

>

> Sincerely,

> Janice Strauss

>

>

>

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:22:43 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Helping to mass produce more dosages of coronavirus vaccines and antibodies at lower cost with potentially greater potency

Pls respond

Sent from my iPhone

Begin forwarded message:

From: Mark Emalfarb (b) (6)
Date: March 14, 2020 at 4:11:01 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: **Helping to mass produce more dosages of coronavirus vaccines and antibodies at lower cost with potentially greater potency**

Dear Dr. Fauci

I don't want to overburden you with a long email, so I'll try and get to the point.

First, we have developed a gene expression system, our C1 cell line which is significantly more efficient than traditional cell lines being used by Big Pharma to manufacture recombinant vaccines and drugs. The hyper productive C1 cells can be grown at flexible commercial scales and are proving to be the most efficient, cost effective way to produce the tens of millions of preventative vaccines and/or antibody treatments the world so desperately needs.

In a collaboration with Sanofi, C1 cells were developed to produce recombinant proteins for use in manufacturing a lower cost better performing influenza vaccine. After conducting a

mice trial Sanofi concluded that the use of our C1 platform resulted in equal or better influenza protection, using a lower amount of vaccine that could be produced at 10-30 times higher productivity levels.

The Original Sanofi Presentation can be found at the following link:

<https://www.dyadic.com/wp-content/uploads/2018/01/Sanofi-Pasteur-C1-Presentation.pdf>



Working together we can “Keep America Safe” by helping to address the immediate coronavirus outbreak, be better prepared for future infectious diseases, pandemic, and epidemic outbreaks, and leveraging this unfortunate situation to advance biopharmaceutical manufacturing to help speed development, lower the cost and improve the performance of

biologic vaccines and drugs such as insulin, seasonal flu and other vaccines and antibodies to make healthcare more accessible and affordable to patients.

I am confident that a meeting with you can be very productive in further stimulating big pharma and other research institutions to speed effective, low cost vaccines and antibodies to market.

Given the severity of the current coronavirus situation, I am prepared to make myself available for a meeting at your convenience.

My cell number is [REDACTED] (b)(6) should you want to reach me quickly.

Sincerely,

Mark Emalfarb
Chief Executive Officer

Mark Emalfarb
CEO
Dyadic International, Inc.

[REDACTED] (b)(6) (Office)
[REDACTED] (b)(6) (Cell)

www.dyadic.com

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:21:17 -0400
To: Richard Lynn
Subject: Re: So proud

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 14, 2020, at 4:41 PM, Richard Lynn (b) (6) >wrote:

So well said Carol.
Be well
Richard

Richard A. Lynn, MD,FACS,RPVI



On Fri, Mar 13, 2020, 5:23 PM Carol Storey-Johnson
<csjohnso@med.cornell.edu>wrote:

Dear Dr. Fauci--

I fully agree with Dr. Lynn's message. I have been following your commentary on the current COVID-19 pandemic. Our Dean, Dr. Augustine Choi, has also been a major positive voice at WCM, communicating frequently with our community and, in his role as an expert in pulmonary diseases, echoing your messages at WCM as we struggle to educate students and trainees and manage the overwhelming questions and administrative issues that present themselves at this time. The measures he has implemented at WCM have been scientifically sound and commensurate with national expert (yours included) recommendations.

As a member of the Board of Directors of the Alumni Association, I am also so proud of your work in this critical time for our nation. I'm sure WCM is appreciative of your representing the quality of your training, career experience, scientific thinking, and academic acumen in your advice to the nation and its people in these challenging times.

The Alumni Association has recognized your work in the past, but your continued efforts speak so well to the excellence in the rigor and standards of the

educational, research, and clinical experience that all of our alumni have had at WCM.

We wish you well and hope that you have continued influence in these matters.

Sincerely,

Carol Storey-Johnson MD
Professor Emerita of Medicine
Weill Cornell Medical College

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From: Richard Lynn <(b) (6)>
Sent: Tuesday, March 3, 2020 8:22 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: nl121 <nl121@cumc.columbia.edu>; Natasha I Leibel <nl121@columbia.edu>; kathleen foley <(b) (6)>; Carol Storey-Johnson <csjohnso@med.cornell.edu>; Lewis M Drusin <ldrusin@med.cornell.edu>
Subject: [EXTERNAL] So proud

Dear Tony,

As a member of the Board of Directors of Weill Cornell Med Alumni Association, I am so proud of what you are doing and proud that it all started in Olin Hall and 1306 York Ave.

Drs McDermott, Hook, Kilbourne, Kean and Johnson must have great pride in how you are a voice of science and reason during this crisis.

Stay strong and thank you

Richard 

Richard A. Lynn, MD,FACS,RPVI

 (b) (6)

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:19:57 -0400
To: Jim Edwards
Subject: Re: Nitrile gloves request for COVID19

Thank you for your note,
A.S. Fauci.

Sent from my iPhone

> On Mar 14, 2020, at 4:49 PM, Jim Edwards (b) (6) wrote:

>

>

> Dear Dr. Fauci:

>

> Regarding testing by drive through cars, (b) (6)

(b) (6)

>

> It has been hard for me to grocery shop during this coronavirus illness because the retailers are allowing the employees and baggers to (b) (6).

>

> I so wish you could address this for us (b) (6)

>

> You do not know how much this would mean to me.

>

> Thank you for your service!

>

> Best Regards,

>

> Robbin Edwards (b) (6)

(b) (6)

>

>

>

>

>

>

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:19:29 -0400
To: Norm Harris
Subject: Re: Thank you VERY VERY much

Thank you for your note,
A.S. Fauci.

Sent from my iPhone

> On Mar 14, 2020, at 4:51 PM, Norm Harris (b) (6) > wrote:

>

>

> For your recent frequent, focused, knowledgeable and understandable assessments and recommendations regarding the COVID-19 pandemic.

>

> A clear and transparent voice makes a very positive difference.

>

> Thank you,

>

> Linda and Norm Harris

> (b) (6)

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:18:47 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Our Company Offer of Assistance During this Critical Time of the Coronavirus.

Pls handle.
Sent from my iPhone

Begin forwarded message:

From: Kay Savio <(b) (6)>
Date: March 14, 2020 at 4:59:41 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Auchincloss, Hugh (NIH/NIAID) [E]" (b) (6)>, "McGowan, John J. (NIH/NIAID) [E]" (b) (6)>
Subject: Our Company Offer of Assistance During this Critical Time of the Coronavirus.

Dear Dr. Fauci:

I work for Focus Pointe Global, a Schlesinger Group Clinical Research Company that has a data base of over 6 million participants globally. Our company is the largest of its kind in the world. I wanted to reach out to the NIH & NIAID to see if there is any way our company can be of help during the coronavirus epidemic.

We have the unique ability to survey this panel of participants online or in person, asking various questions getting data back fairly quickly (approximately 2 weeks). Our company utilizes industry leading techniques and can follow this group for years in the future. We have worked with the NIH, CDC & such institutions as Northwestern University, Stanford, Harvard, Battelle, NORC, ICF etc., for many years.

Please contact me if this is of interest and our company can be of help.

Kind Regards,

Kay Savio
VP Client Development & Clinical Research
Focus Pointe Global – A Schlesinger Company

(b) (6)

(b) (6)



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From: (b) (6)
Sent: Sat, 14 Mar 2020 19:16:32 -0400
To: NIAID Public Inquiries
Subject: Fwd: COVID-19 reporting

Sent from my iPhone

Begin forwarded message:

From: G C (b) (6)
Date: March 14, 2020 at 5:18:16 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: COVID-19 reporting

In VA, there is a woman who says she had "the corona" back in November and her husband had it in December.

If this is fact, how can we trust our government when it comes to Public Health?

Sent from my iPad

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:15:18 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Proposal for new treatment of established COVID-19 - CORRECTED EMAIL
Attachments: PastedGraphic-10.tiff, ATT00001.htm

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: "Prof. Shimon Slavin" (b) (6)
Date: March 14, 2020 at 5:36:53 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: **Proposal for new treatment of established COVID-19 - CORRECTED EMAIL**

I APOLOGISE FOR SOME TYPOS IN MY PREVIOUS EMAIL SENT TO YOU OUT OF SPONTANEOUS ENTHUSIASM. PLEASE CONSIDER THIS CORRECTED VERSION INSTED.

Dear Dr. Fauci,

You may not remember but we have met years back when I was at Stanford University and Training with the late Donald E Thomas to consider cell therapy of HIV based on the use of reduced intensity, non-myeloablative conditioning in preparation for stem cell transplantation to induce tolerance and then apply cell therapy with donor lymphocytes which I have proposed for consideration of treatment of patients with HIV with secondary malignancy.

The purpose of this email is to try and capture your attention in order to consider a new treatment option for COVID-19 that can be applied for patients in need with evidence of disease with no delay. Whereas many companies focus on development of anti-corona vaccine, I believe the more rational approach should be to develop treatment for COVID-19 and then, if the virus will be deleted and/or the disease controlled or modified, vaccination will result without the need for specific corona-specific vaccination which is not yet available and by the time it may be available it may no longer be relevant.

I am serving as the Medical Director of a company in Hungary and we believe that one simple and safe experimental treatment of patients with existing viral disease may already be at hand. (b) (6)

I will greatly appreciate if you could give me a call or have one of your colleagues contact me and then I will be able to discuss the concept in greater details, after I will provide supportive scientific and clinical literature.

I am available 24/7 on my mobile phone listed below.

Shimon Slavin, M.D.
Professor of Medicine
Scientific & Medical Director, Biotherapy International
The Center for Innovative Cancer Immunotherapy & Cellular Medicine
Weizmann Center, 14 Weizmann Street
Floor 15, Suite 1503
Tel Aviv 64239, Israel

Email: (b) (6)
Mobile phone: (b) (6)

NIH-0000619

Biotherapy

IMMUNOTHERAPY

From: (b) (6)
Sent: Sat, 14 Mar 2020 19:11:42 -0400
To: Alex Amonette
Subject: Re: Thank you for your leadership!

Thank you for your note.
A.S. Fauci.

Sent from my iPhone

On Mar 14, 2020, at 5:43 PM, Alex Amonette <(b) (6)> wrote:

Dear Dr. Fauci,

Thank you for your leadership and expertise on the coronavirus and for your other great works. You are a true hero. Thank goodness you are here for all of us right now.

No reply expected.

To your continued good health for many many years to come!

Sincerely,
Alexandra Amonette
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 19:22:47 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Use SARS Drugs

From: (b) (6)
Sent: Saturday, March 14, 2020 3:22 PM
To: Fauci, Anthony (NIH/NIAID) [E]; (b) (6) >
Subject: Use SARS Drugs

Dr. Fauci; In germany they found the drug camostat mesilate they used on SARS in 2003 kills the coronavirus in a petri dish. why wouldn't you give it a try? Will drug companies lose too much monies? Makes sense to use an already approved drug with little side effects. God is watching !!!!!!!!!!!!!

From: Folkers, Greg (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 17:49:09 +0000
To: Halula, Madelon (NIH/NIAID) [E]; Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: Thank you - It's worth it

Thank you!

From: Halula, Madelon (NIH/NIAID) [E] (b) (6)>
Sent: Monday, March 9, 2020 10:10 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Thank you - It's worth it

Dear Dr. Fauci,
Thank you for being willing to step up publicly and have your life overtaken by the coronavirus.
This can't be easy and is likely to be harder in the coming weeks and months.
Know that we appreciate it and that I am willing to do whatever needs doing to help.

Sincerely,
Madelon Halula

Madelon Halula, PhD
Initiative Coordinator
Email: (b) (6)
Tel: (b) (6)
FAX: 240-627-3466
DHHS NIH NIAID DAIDS
Scientific Programs & Operations Branch
MSC 9831 (rm 8C46)
5601 Fishers Lane
Rockville, MD 20852-9831

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From: (b) (6)
Sent: Sat, 14 Mar 2020 13:15:38 -0400
To: Mike Betts
Subject: Re: Coronavirus response

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 14, 2020, at 12:19 PM, Mike Betts (b) (6) >wrote:

I wanted to convey an idea I had with regard to the coronavirus. It seems to me that trying to contain the virus as we are doing at present will be futile. Since the virus can be present for many days without a person having any symptoms, you would literally need to test everyone at the same time to determine who has it--an impossible task.

I have a different thought. We know that the virus is especially dangerous for the old and/or immunosuppressed. IMO we should be focusing all of our efforts on keeping that group from becoming infected. To do so that group should be encouraged to self-isolate, to limit their social interactions and other groups should be instructed to avoid them. Sort of a reverse-quarantine idea. All testing would be done within those groups and all groups would also be encouraged to continue with the hygienic suggestions they've already received.

The problem right now is that the media has created a panic. Last night my wife and I went to the local Whole Foods and many of the shelves were empty and healthy younger people were wearing masks.

The message is not getting out that the virus is almost solely dangerous to the elderly and immunosuppressed. [Why aren't the demographics being released? That in itself could calm many people.] With my suggestion, exposures to them would be diminished, significantly reducing the number of deaths, as well as

the potential impact on hospitals. Any person outside of that group that was severely affected could be identified and treated. Quarantining otherwise healthy people outside of those groups who finally demonstrate symptoms--like the NBA players--is ridiculous. They are likely to get the sniffles and have also already spread the virus. As long as they're not spreading it to the endangered group we should not worry about it.

In sum, we need to isolate the vulnerable and realize that the mortality rate for people outside of that group is likely lower than the flu.

Of course, while this occurs we are working on finding treatments and vaccines. But sending home workers who have next to no likelihood of being significantly impacted by this virus is ridiculous. The virus hits hardest the old and infirm, two groups that are most likely NOT to even be in the workforce!

To me, this solution is a lot simpler than what is being tried right now and is much more likely of success. To everyone besides the endangered group this virus is literally less dangerous than the flu. There is no reason that anyone outside of the endangered group should have any concern at all and we need to make that clear. Please let me know what you think.

Sincerely,

Michael Betts

(b) (6)

From: (b) (6)
Sent: Sat, 14 Mar 2020 13:14:36 -0400
To: Sharon Ganderson
Subject: Re: Subject. Virus recommendations

Thank you for your note.
A.S. Fauci

Sent from my iPhone

On Mar 14, 2020, at 12:42 PM, Sharon Ganderson
<(b) (6)> wrote:

Dear Dr. Fauci:

Thank you for your incredible dedication & expertise in dealing with the coronavirus situation. My concern is that when the President & the virus team and others are seen together they stand close together & shake hands. This has been ill advised by all the medical experts, including you.

I'm hoping you and the other experts will strongly advise changes in this behavior in accordance with current recommendations. We need them to set a good example for all.

Many thanks for your help - it's greatly appreciated.

Sharon Fink

(b) (6)

From: (b) (6)
Sent: Sat, 14 Mar 2020 13:12:23 -0400
To: Adrienne DeLuca
Subject: Re: THANK YOU

Thank you for your note,
A.S. Fauci

Sent from my iPhone

> On Mar 14, 2020, at 1:04 PM, Adrienne DeLuca (b) (6) > wrote:

>

>

> Dear Dr. Fauci:

>

> My name is Adrienne DeLuca and I live in Connecticut. I am a Labor Attorney and represent almost 40,000 public school teachers. You may not read this until months from now as I know you are working tirelessly on the Coronavirus Task Force. I just felt the need to send you a quick note to thank you. Your expertise and presence during interviews and White House briefing has offered me so much comfort at such an anxiety ridden time. I have heard from so many friends and family members who feel the same way about you. Without your involvement we would be lost as yours is the most credible voice that we have come to rely on. Thank you for all you are doing for our country. We are all so lucky to have you. I pray that you and your family stay healthy.

>

> Sincerely,

> Adrienne DeLuca

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 13:10:59 +0000
To: Celia Lewis
Subject: RE: No BS

Celia and Jim:

Thank you for your kind note.
Berst,
Tony

From: Celia Lewis <[REDACTED] (b) (6)>
Sent: Saturday, March 14, 2020 6:44 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: No BS

Dear Dr. Fauci:

My husband and I are both [REDACTED] (b) (6) so we've followed a lot of TV news regarding COVID-19.

We want to express our appreciation for your "no BS" presentation of the realities of the disease spread and what we, as a country, can expect.

We hear the politicians and the news anchors, but we find our comfort in the unwavering truth you deliver through the lens of your decades of experience and expertise.

And we thank you, more than you know.

Highest regards,
Celia and Jim Lewis

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 13:09:28 +0000
To: Diane Gaary
Subject: RE: Thank you

Thanks, Diane. I will try your suggestions.

-----Original Message-----

From: Diane Gaary (b) (6)
Sent: Saturday, March 14, 2020 7:45 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Thank you

Dear Dr Fauci,

Thank you.

Your efforts to inform and help all of us during the Covid-19 situation are greatly appreciated.

You are in our prayers.

Sincerely,

Diane Gaary

PS. I am a speaking voice teacher.

If your voice is tired from the constant talking, here are 2 easy suggestions:

- 1) a closed mouthed yawn (as one might do in a boring class) is a quick stretch and tension reliever for the entire vocal mechanism
- 2) 10-20 minutes of constructive rest (on your back with knees bent and head on a book to keep it inline with your spine) will put your spine into a passive traction and give your back and neck muscles a chance to rest and release

I know you don't have much time for this sort of thing, but decreasing your physical stress will help your voice tremendously and help you work even more efficiently.

Once again, Thank you for your knowledge commitment, and integrity.

From: Fauci, Anthony (NIH/NIAD) [E]
Sent: Sat, 14 Mar 2020 13:05:46 +0000
To: Deb Webster
Subject: RE: Thank you

Deborah:

Thank you for your kind note.

Best,
Tony

-----Original Message-----

From: Deb Webster (b) (6)
Sent: Saturday, March 14, 2020 9:04 AM
To: Fauci, Anthony (NIH/NIAD) [E] (b) (6)
Subject: Thank you

Dr. Fauci,

I have been so very heartened and impressed with your forthcoming and rational communications and actions around the COVID-19 crisis. This includes your insistence on speaking truth to power and taking more aggressive steps in this combat.

Don't relent, and keep up the great work. We all need you.

I wish you well.

Deborah Webster
(b) (6)

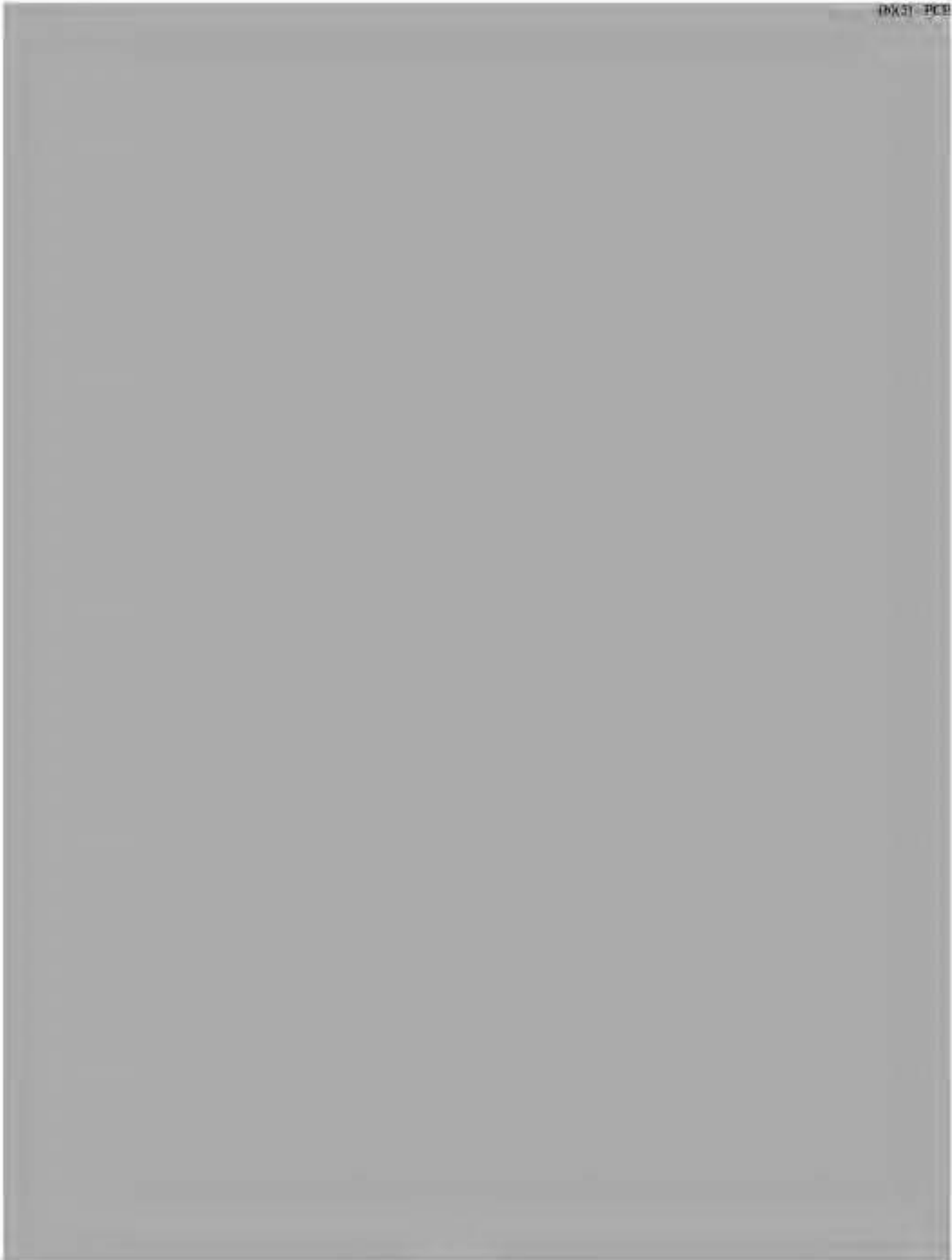
From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 12:58:29 +0000
To: William Templeton
Subject: RE: Thank you

William. Thank you for your kind note.
Best,
Tony


From: William Templeton [REDACTED] (b) (6) >
Sent: Saturday, March 14, 2020 8:33 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Thank you

I [REDACTED] (b) (6) as an Infectious Diseases physician in southern Indiana and Louisville.
During my career I cared for hundreds of individuals with HIV/AIDS and remember well your tireless efforts in this regard.
Even in the midst of the current coronavirus pandemic, your knowledge and expertise continue to prevail- a model for many. There has never been a more important time for dissemination of facts not blind faith.
Again, congratulations !

William C. Templeton, MD



(b)(5) - PCP



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 14 Mar 2020 00:32:38 +0000
To: Bill Canavan
Subject: RE: REGIS v FORDHAM (b) (6)

Billy:

Thank you so much for you note. You brought back a flash of happy memory that was wedged in the bottom of my brain. What a game that was! Billy Canavan and Donnie Walsh versus Tony Fauci and Artie Guarino. You guys were clearly better than we were; yet we won which proved to me then that anything is possible. Thanks again for bringing back such amazing memories. I hope that you are well and I wish you all the best.

Warm regards,

Tony

From: Bill Canavan (b) (6) >
Sent: Friday, March 13, 2020 8:23 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: REGIS v FORDHAM1958 ...

TONY ...

BEAT CORONAVIRUS THE WAY YOU AND ARTIE BEAT DONNIE AND ME (b) (6) REGARDS ...
BILLY CANAVAN ...

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 17:54:56 +0000
To: Alecia Siuta; Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: Thank you and how can I help? From the wife of a hospitalist

Dr. Fauci asked me to thank you for your note

Best,

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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-----Original Message-----

From: Alecia Siuta (b) (6) >
Sent: Friday, March 13, 2020 1:53 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Thank you and how can I help? From the wife of a hospitalist

Dr. Fauci,

Thank you so much for being the honest, clear minded medical leader that our country needs right now. You are doing a superb job handling this difficult situation. My (b) (6) a hospitalist in State College, PA is on the front lines of this impending crisis in our community (he is (b) (6) and also works clinically for both internal medicine and pediatrics).

I appreciate the clear and easy to understand campaign to the general public to "flatten the curve" and slow the inevitable spread so that we don't overwhelm the medical community's capacity to care for the seriously ill. I suggest that to add to this campaign (especially given the serious lack of testing; currently he is waiting 4-7 days for test results for hospitalized suspected covid-19 patients) that you make it clear to the American public that they should NOT go to their doctor/hospital/urgent care and instead stay at home, isolate themselves, and make a phone call to their doctor's office or some sort of dept of health hotline.

If everyone with mild/moderate symptoms (and their immediate contacts) are bringing the virus into medical facilities, it greatly increases exposure and puts healthcare workers (and their families and communities) at unnecessary risk. We need to convey to the American public the importance of keeping our healthcare workers from falling ill (and into quarantine) so that they can treat those that absolutely need to be hospitalized. There also should be a mandated no visitor policy for suspected/confirmed patients at every point of care.

I am interested in helping in any way I am able. Please let me know what I can do to increase awareness and spread the vital messages you are trying to convey.

Thank you for your service and sacrifice for the greater good of the American people,

Sincerely,
Alecia Fay Siuta



Sent from my iPhone

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 15:52:12 +0000
To: Lynda Hayashi;Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: drive up covid-19 tests for Washington State

Dr. Fauci wanted me to thank you for your note.

Best,

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: Lynda Hayashi (b) (6)
Sent: Thursday, March 12, 2020 10:17 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: drive up covid-19 tests for Washington State

If South Korea can make this happen why can't we? At least here in the most hardest hit state.
Please make this happen. We're all scared.
Lynda C. Hayashi

(b) (6)

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:23:12 -0400
To: NIAID Public Inquiries
Subject: Fwd: Coronavirus question - please read

Sent from my iPhone

Begin forwarded message:

From: Zofia Agee (b) (6) >
Date: March 13, 2020 at 8:02:50 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Coronavirus question - please read

Dr. Fauci,

I'm not a medical professional. I'm just someone who is paying attention to what is going on. I'm hearing that in many cases people have died because they developed pneumonia due to coronavirus. Since there is no coronavirus vaccine and won't be for a while can pneumonia be prevented by getting pneumonia vaccination? To me, that seems like a very logical course. I was actually trying to get that vaccine but I was turned away because I do not have any medical history showing that I need it and I'm not 65 yet. Could this be some way to lower the death while working on the vaccine? I have sent this to a few other places/people but not sure I'm reaching the right people, so I'm hoping it will reach you or someone in your office that will read it).

If we can not cure the virus yet, maybe we could get in front of it and prevent it from being deadly...
Just a thought.

Zofia Agee

--
Zofia Agee

(b) (6)

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:18:32 -0400
To: NIAID Public Inquiries
Subject: Fwd: thanks very much for your honesty and clear-eyed scientific integrity about coronavirus! an analysis you might want to read or share

Sent from my iPhone

Begin forwarded message:

From: Jonathan Fritz (b) (6)
Date: March 13, 2020 at 8:31:51 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: thanks very much for your honesty and clear-eyed scientific integrity about coronavirus! an analysis you might want to read or share

Hello Dr. Fauci,

I would like to thank you for being one of the few honest and trustworthy scientific voices

as the world and the US confront the challenges of coronavirus. I was recently sent this thoughtful statistical analysis and thought you or one of your colleagues might wish to see it.

best wishes, yours, Dr. Jonathan Fritz

<https://medium.com/@tomaspueyo/coronavirus-act-today-or-people-will-die-f4d3d9cd99ca>

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:16:52 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: NK Cells for COVID-19

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: Jeffrey Miller <(b) (6)>
Date: March 13, 2020 at 8:53:29 AM EDT
Cc: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Re: NK Cells for COVID-19

Dr. Fauci,

I am working with Ashley Haase and others at Minnesota to think through the feasibility and wisdom of this approach. Let me know your thoughts if you have the time. You look busy lately!

Jeff

On Fri, Mar 13, 2020 at 7:49 AM Julian Adams <(b) (6)> wrote:

Dear Dr Fauci (Tony),

You may remember me from the early 90's as I was the inventor of nevirapine, the first NNRTi. We met several times at NIAID and FDA. I have since turned my scientific interests to cancer research and discovered and developed Velcade for multiple myeloma. And I have changed career paths again, turning to immunotherapy to treat cancer. I am currently the CEO of Gamida Cell with a focus on cellular therapies.

One of our programs is the expansion of allogeneic NK cells. We are collaborating with Dr Jeff Miller at the University of Minnesota and are administering 10-20 billion freshly expanded NK cells in combination with rituximab to patients with NHL. The results are stunning with 8/11 patients

achieving CR or very good PR with a single infusion. (see EBMT abstract below). In addition, the safety profile has been remarkably good since two thirds of our patients have Karnofsky performance <80. (NO CRS or Tumor lysis syndrome or neurotoxicity has been observed)

(b) (4)

I thank you in advance, and look forward to your response, (also copied is Dr Simantov, our Chief Medical Officer)

Warmest regards,

Julian Adams, PhD

EBMT Abstract: (the conference due to have taken place in Madrid is postponed but the abstract is available online)

RESULTS OF A PHASE 1 TRIAL OF GDA-201, NICOTINAMIDE-EXPANDED ALLOGENEIC NATURAL KILLER CELLS (NAM-NK) IN PATIENTS WITH REFRACTORY NON-HODGKIN LYMPHOMA (NHL) AND MULTIPLE MYELOMA

Veronika Bachanova¹, David McKenna¹, Xianghua Luo¹, Todd Defor¹, Murali Janakiram¹, Claudio Brunstein¹, Daniel Weisdorf¹, Erica Warlick¹, Rose Wangen¹, Fiona He¹, Joseph Maakaron¹, Zuzan Cayci¹, Bartosz Grzywacz¹, Guy Brachya², Tony Peled², Jeffrey

Miller¹ University of Minnesota, Masonic Cancer Center, Minneapolis, MN, United States, ²Gamida Cell, Jerusalem, Israel

Background: NK cells have the capacity to kill tumor targets and potential in cancer therapy. Limitations include specificity, persistence after infusion and how to maximize NK cell activity in vivo. We report results of a Phase 1 clinical trial of GDA-201, a cellular product composed of Natural killer (NK) cells from healthy donors expanded ex-vivo with nicotinamide (NAM) and IL-15, a unique ex vivo activation strategy to induce persistence. Prior in vitro studies and pre-clinical models demonstrated that NAM-exposed NK cells exhibit augmented resistance against exhaustion and improved killing function, proliferation, and organ trafficking. We report safety and preliminary efficacy from a phase I trial of GDA-201 in patients (pts) with relapsed or refractory (R/R) NHL or MM.

Methods: Following donor apheresis, CD3-depleted mononuclear cells were cultured for 14-16 days with NAM (5mM) and IL-15 (20ng/ml), resulting in a 40-fold increase in NK cells and increased expression of CD62L from 2.9% to 21%. GDA-201 contained ~98% NK cells, and CD3 content was maintained at <0.5% (<5x10⁶/kg/dose). Pts with R/R B-cell NHL or MM received cyclophosphamide (400mg/m² IV x 3d) and fludarabine (30 mg/m² /d IV x 3d), followed by two doses of GDA-201 (Days 0 and 2) and low-dose IL-2 (6 million units sc). Pts with NHL or MM received rituximab (375 mg/m²) or elotuzumab (10 mg/kg), respectively, x 3 weekly infusions to enhance NK cell targeting through antibody-dependent cellular cytotoxicity (ADCC).

Results: 25 pts were enrolled: 11 with NHL (5 follicular, 5 diffuse large cell lymphoma, 1 mantle cell lymphoma) and 14 with MM, in 3 cohorts of escalating GDA-201 dose; 14 pts received the maximum target dose (median 1.7 x 10⁶ cells/kg, range 1.6-2.0 x 10⁶ cells/kg). There were no dose limiting toxicities. The most common grade 3/4 adverse events were neutropenia and thrombocytopenia, febrile neutropenia (n=2), increased creatinine, hyponatremia, pulmonary edema; all events were transient. There were no neurotoxic events, confirmed CRS, GVHD or marrow aplasia. One patient died of E-coli sepsis.

Among 11 NHL pts, there were 7 CR and 1 PR with an overall response rate of 72%. Median duration of response is 11 months (CR patients) and 3 months (PR patients). In MM patients, 1 patient with extramedullary disease had CR and 4 had SD with median duration 2.5 months. In our previous study using overnight activated NK cells, persistence 7 days after adoptive transfer was limited. Using GDA-201, flow cytometry confirmed

the persistence of donor NAM-NK in peripheral blood up to day 7-10 (day 7 range 2-55% donor NK cells; Figure 1), as well as enhanced in vivo proliferation (median Ki67 99%). In addition, the enhanced expression of the homing receptor CD62L correlated with trafficking to bone marrow and lymph nodes in vivo as confirmed by flow cytometry of biopsied tissues at day 4.

Conclusions: Cellular therapy using GDA-201 with monoclonal antibodies was safe, and demonstrated early evidence of clinical activity in heavily pre-treated pts with advanced NHL and MM. Laboratory studies show that the GDA-201 product shows better persistence. Larger phase II studies are warranted.

Clinical Trial Registry: clinicaltrials.gov NCT03019666

Disclosure: Funding for the trial is provided by Gamida Cell. BMS is providing drug only support.

Veronika Bachanova: Research Funding Gamida Cell , Advisory Board: Gamida Cell

Julian Adams, Ph.D.

Chief Executive Officer

Gamida Cell

673 Boylston St 4th Fl

Boston, MA 02116

(b) (6)

Heather DiVecchia

Chief of Staff

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Boston, MA 02116

Direct: + (b) (6)

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www.gamida-cell.com

gamida Cell

--
Jeffrey S. Miller, M.D.
Professor of Medicine
Deputy Director, Masonic Cancer Center
Division of Hematology, Oncology and Transplantation, University of Minnesota
Roger L. and Lynn C. Headrick Family Chair in Cancer Therapeutics

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University of Minnesota Cancer Center, Room 654A
425 E. River Road
Minneapolis, MN 55455

E-mail: (b) (6)
Phone: (b) (6) Fax: 612-626-1941
Hospital Operator: 612-273-3000 beeper: (b) (6)

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From: (b) (6)
Sent: Fri, 13 Mar 2020 09:10:05 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: UV light for COVID-19 prevention

Sent from my iPhone

Begin forwarded message:

From: David Levi (b) (6) >
Date: March 13, 2020 at 9:06:16 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: UV light for COVID-19 prevention

Thank you for all your hard work trying to deal with this horrible pandemic. Please consider ways to get UV light cleaning devices throughout the U.S. that they are currently using in Wuhan, China to attempt to contain this virus. Closed schools and sports venues can be cleaned with UV light while workers wear PPE and sunglasses to protect themselves. This pandemic could be seen as an opportunity to help prevent the spread of other contagious diseases by implementing rational public policy such as UV cleaning when schools and sporting events have concluded. It may also help "flatten the curve" and hopefully rebuild consumer confidence so we can resume activities such as travel and commerce that is vital for the healthy of not only our economy but our citizens.

Thank you again for your work and your time.

Sincerely,

Dr. David Levi

From: (b) (6)
Sent: Fri, 13 Mar 2020 09:09:39 -0400
To: NIAID Public Inquiries
Subject: Fwd: Metrics

Sent from my iPhone

Begin forwarded message:

From: Steve Fisher <(b) (6)>
Date: March 13, 2020 at 9:06:43 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Metrics

Thanks for your hard work on Coronavirus. What we desperately need are specific metrics (available daily to everyone) on the disease. We also need to know how to evaluate them. When will we know if it is getting better? It is really as bad as the media would have us believe? Please set some goals and objectives on the metrics so we know where we are and know when we have won or lost.

Yesterday Rush Limbaugh compared this to data on the Swine Flu in 2009 (60 million cases, 275,000 hospitalizations, 12,500 deaths from your website) and suddenly the Corona virus doesn't sound very bad at all. Yet we have shut down the world economy and done irreparable harm to many lives. Can you explain this? Frankly no one even remembers the Swine Flu epidemic only 10 years ago.

Stephen Fisher
(b) (6)

From: (b) (6)
Sent: Fri, 13 Mar 2020 07:22:03 -0400
To: Morris Flaum
Subject: Re: Thank you

Thanks, Morris. I appreciate your note

On Mar 13, 2020, at 12:37 AM, Morris Flaum (b) (6) wrote:

Dear Tony,

I had the good fortune of working with you and Harvey Galnick when I was a Clinical Associate at the NIH from 1977-1979.

I am writing to express my deep appreciation for speaking truth to power and being one of the few honest voices in the government at this time of crisis.

Your confidence and approach to articulating the issue and ramifications have provided critical information to the American population.

Although COVID-19 is a unique event, we would have been much better prepared had you been leading the efforts in dealing with this outbreak.

The US owes you a great deal of gratitude.

Morris Flaum

Morris A Flaum, MD, MBA
Flaum Consultants, LLC
Consultant to the Healthcare Industry

From: (b) (6)
Sent: Fri, 13 Mar 2020 07:18:58 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Trial by fire?

Please handle

Begin forwarded message:

From: Aaron Harber (b) (6)
Date: March 13, 2020 at 6:52:52 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Trial by fire?

Dear Tony,

You're doing a great job under terrible circumstances so I hope you hang in there. I'm sure the President is driving you nuts at times.

I know you're probably far too busy to do yet another program with me (HarberTV.com/Fauci) but, if you can send me a couple of quick answers this morning, that would be great.

1. Do you think it's realistic we could have an effective vaccine for the COVID-19 virus by this Fall? My guess is it will be more like the Fall of 2021 but tell me if I might be wrong.
2. Given that we've known about the probability of a pandemic, why are we so poorly prepared to address it (e.g., masks, testing kits, medical staffing et cetera)? I realize most of the needs rarely occur and when they do, there are extraordinary spikes in demand for certain products and expertise but one would think there are ways to address this far better than we have.
3. Is there anything people should know that is not being emphasized?

Thanks for any response you can send, even if it's a few words. And keep up the good work. You are greatly appreciated.

Best wishes,

Aaron

Aaron@HarberTV.com

P: (b) (6)(+voicemail) C: (b) (6) (+texts)
HarberTV.com/Info + HarberTV.com/Award

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 01:26:08 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Cc: Billet, Courtney (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Moderna trial

Need less to say, [REDACTED] (b) (5).

-----Original Message-----

From: Marston, Hilary (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Sent: Thursday, March 12, 2020 8:23 PM
To: Grigsby, Garrett (HHS/OS/OGA) <[REDACTED] (b) (6)>
Cc: Stecker, Judy (OS/IOS) <[REDACTED] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>;
Mango, Paul (HHS/IOS) <[REDACTED] (b) (6)>; Harrison, Brian (HHS/IOS) <[REDACTED] (b) (6)>; Zehley,
Kyle (HHS/OS/OGA) <[REDACTED] (b) (6)>; Richardson, Juliana (HHS/OS/OGA) <[REDACTED] (b) (6)>
Subject: Re: Moderna trial

Correct - as of right now [REDACTED] (b) (5).

Will let you know if there is an unforeseen delay.

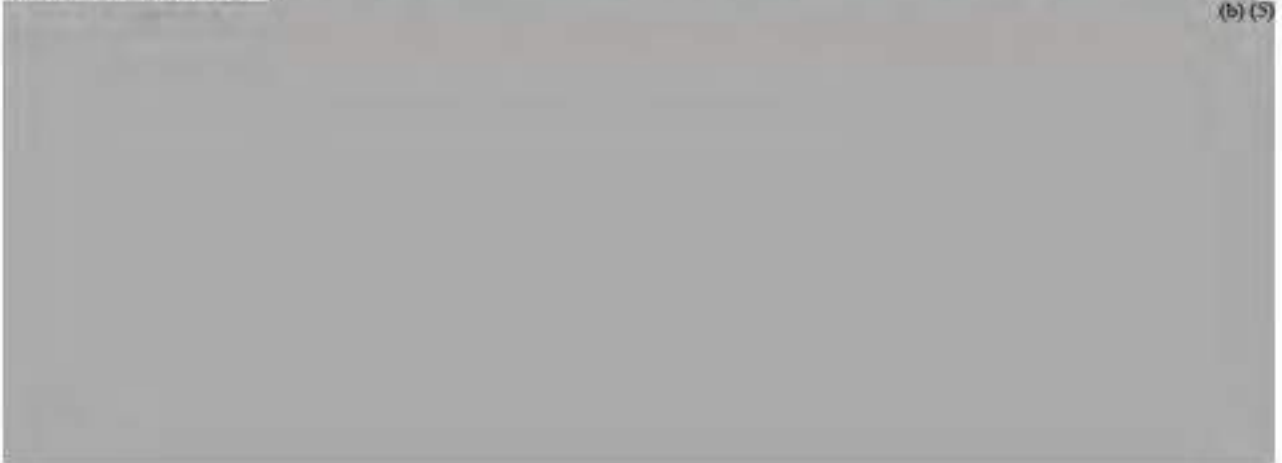
On Mar 12, 2020, at 7:19 PM, Grigsby, Garrett (HHS/OS/OGA) <[REDACTED] (b) (6)> wrote:

>
> Hilary,
>
> Paul mentioned that [REDACTED] (b) (5)
>
> Please let us know soonest.
>
> Many thanks!
>
>
> Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 10:28:35 +0000
To: (b) (6) (OS/IOS); Giroir, Brett (HHS/OASH)
Cc: Harrison, Brian (HHS/IOS); Stecker, Judy (OS/IOS); Redfield, Robert R. (CDC/OD)
Subject: RE: High Risk from CDC Website

Just checked the CDC guidance, which I had not had the time to read before. **The secretary was correct** Here it is:

(b) (5)
(b) (5)



From: (b) (6) (OS/IOS) (b) (6) >
Sent: Wednesday, March 11, 2020 5:28 AM
To: Giroir, Brett (HHS/OASH) (b) (6) >
Cc: Harrison, Brian (HHS/IOS) (b) (6) >; Stecker, Judy (OS/IOS) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Redfield, Robert R. (CDC/OD) (b) (6)
Subject: Re: High Risk from CDC Website

Thanks Brett, Tony and Bob,

(b) (5)
(b) (5)



On Mar 10, 2020, at 6:59 PM, Giroir, Brett (HHS/OASH) (b) (6) wrote:

<Picture (Device Independent Bitmap) 1.jpg>

Brett P. Giroir, MD
ADM, US Public Health Service

Assistant Secretary for Health (ASH)
200 Independence Avenue, SW
Washington, DC 20201
Office Phone: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 01:59:54 +0000
To: Stecker, Judy (OS/IOS); Redfield, Robert R. (CDC/OD)
Cc: Conrad, Patricia (NIH/NIAID) [E]; McGowan, Robert (Kyle) (CDC/OD/OCS); Lepore, Loretta (CDC/OD/OCS); Murphy, Ryan (OS/ASPA)
Subject: RE: URGENT- (b) (5)

I am ok with this

From: Stecker, Judy (OS/IOS) (b) (6)
Sent: Tuesday, March 10, 2020 9:54 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Redfield, Robert R. (CDC/OD) (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6) >; Lepore, Loretta (CDC/OD/OCS) (b) (6); Murphy, Ryan (OS/ASPA) (b) (6) >
Subject: URGENT- (b) (5)

I understand you both know what this is regarding. Are you good with this?

(b) (5)

Sent from my iPhone

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:02:09 -0400
To: Bright, Rick (OS/ASPR/BARDA)
Cc: Lane, Cliff (NIH/NIAID) [E]
Subject: Fwd: IL6 R

Rick;
See below.
Tony

Begin forwarded message:

From: "Lane, Cliff (NIH/NIAID) [E]" <(b) (6)>
Date: March 7, 2020 at 11:33:28 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Re: IL6 R

(b) (6)

If possible, it would be of interest to receive a copy of the Chinese treatment guidelines you reference.
Thanks,

On Mar 7, 2020, at 10:13 PM, Fauci, Anthony (NIH/NIAID) [E] <(b) (6)> wrote:

Please advise.

From: Bright, Rick (OS/ASPR/BARDA) <(b) (6)>
Sent: Saturday, March 7, 2020 3:18 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Kadlec, Robert (OS/ASPR/IO) <(b) (6)>
Cc: Walker, Robert (OS/ASPR/BARDA) <(b) (6)>; Disbrow, Gary (OS/ASPR/BARDA) <(b) (6)>; Johnson, Robert (OS/ASPR/BARDA) <(b) (6)>; Marston, Hilary (NIH/NIAID) [E] <(b) (6)>; Shuy, Bryan (OS/ASPR/IO) <(b) (6)>; Redd, John (OS/ASPR/SPPR) <(b) (6)>
Subject: Fwd: IL6 R

Dr Fauci,

I know that Dr Kadlec has mentioned the news we heard from genentech about the evaluation of monoclonal antibodies to IL-6 and IL-6R in severely ill COVID-19 patients in China.

Additional information became available yesterday and we learned that China updated Their clinical guidelines to include anti-IL6.

[REDACTED] (b) (4)

[REDACTED] (b) (5)

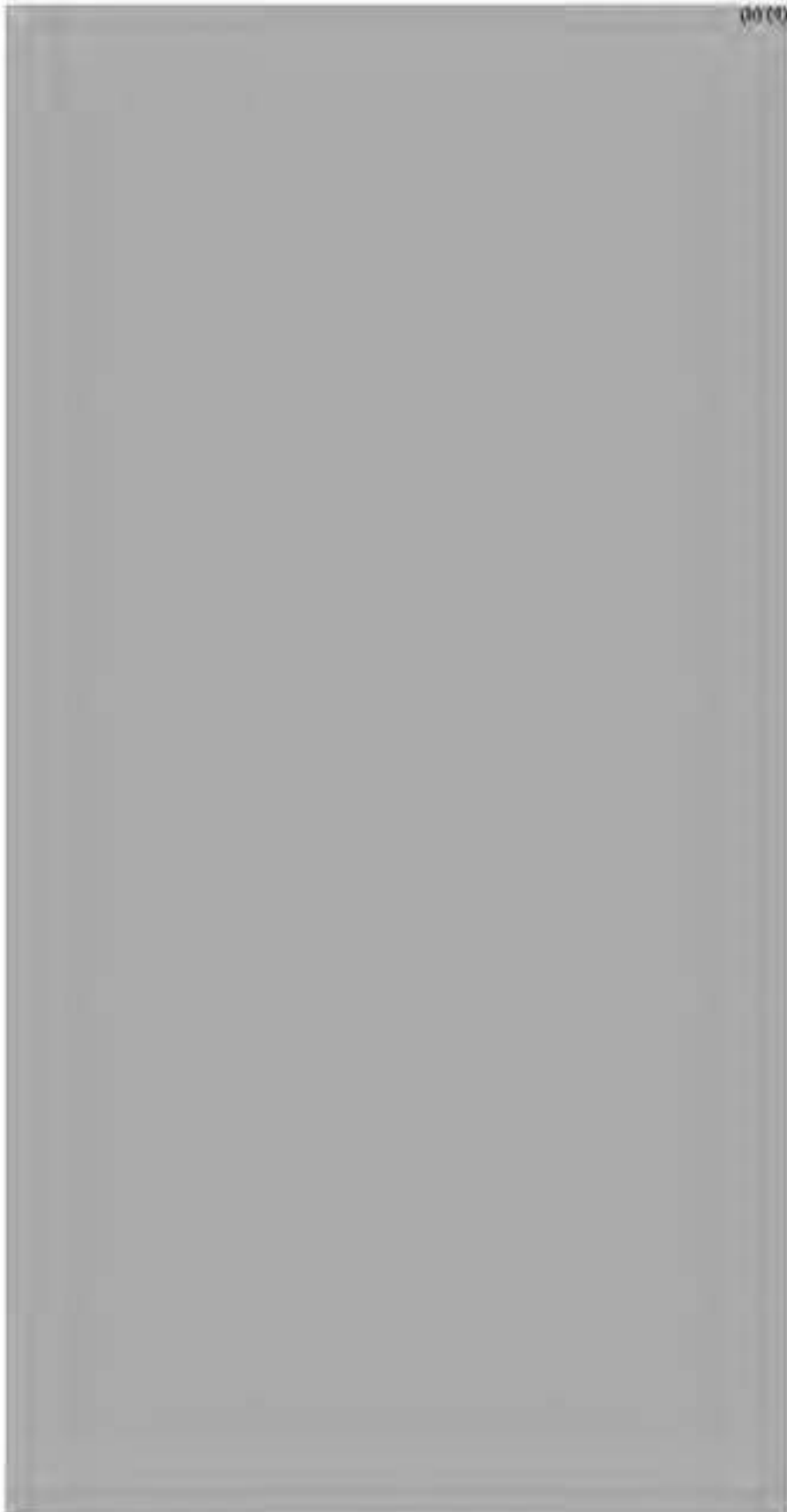
I welcome your thoughts and would also make our team available for a quick call if you prefer.

Many thanks. I know you are very busy.

Rick

Begin forwarded message:

[REDACTED] (b) (4)





From: (b) (6)
Sent: Sat, 7 Mar 2020 15:35:47 -0500
To: Lane, Cliff (NIH/NIAID) [E]
Subject: Fwd: IL6 R

Sent from my iPhone

Begin forwarded message:

From: "Bright, Rick (OS/ASPR/BARDA)" (b) (6)
Date: March 7, 2020 at 3:18:02 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>, "Kadlec, Robert (OS/ASPR/IO)" <(b) (6)>
Cc: "Walker, Robert (OS/ASPR/BARDA)" (b) (6)>, "Disbrow, Gary (OS/ASPR/BARDA)" (b) (6)>, "Johnson, Robert (OS/ASPR/BARDA)" (b) (6)>, "Marston, Hilary (NIH/NIAID) [E]" (b) (6) "Shuy, Bryan (OS/ASPR/IO)" (b) (6)>, "Redd, John (OS/ASPR/SPPR)" <(b) (6)>
Subject: Fwd: IL6 R

Dr Fauci,

I know that Dr Kadlec has mentioned the news we heard from genentech about the evaluation of monoclonal antibodies to IL-6 and IL-6R in severely ill COVID-19 patients in China.

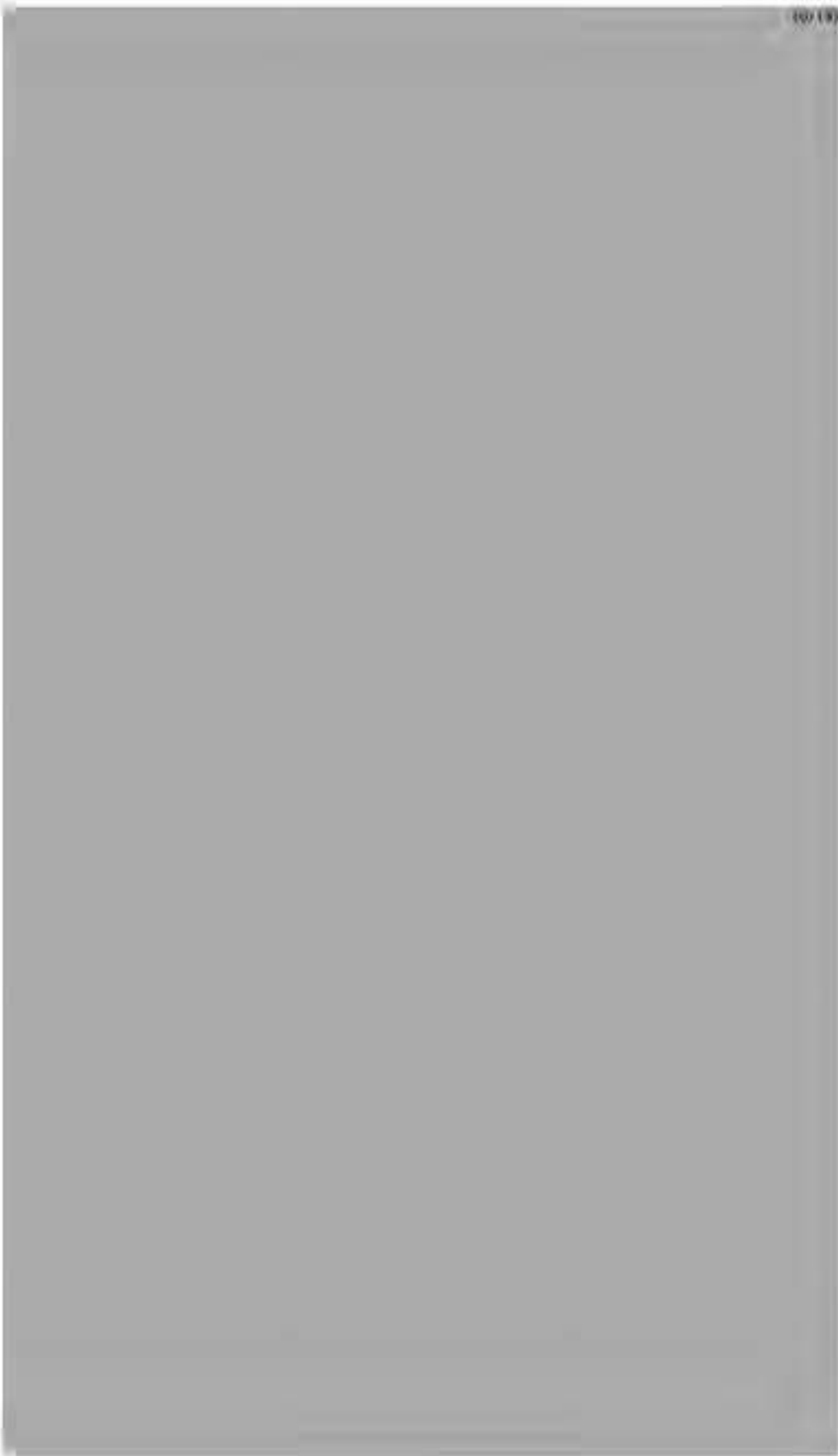
Additional information became available yesterday and we learned that China updated Their clinical guidelines to include anti-IL6.

(b) (4)

(b) (5)

Many thanks. I know you are very busy.
Rick

Begin forwarded message:



(b) (4)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 02:58:28 +0000
To: Redfield, Robert R. (CDC/OD); Birx, Deborah L. EOP/NSC
Subject: RE: County specific guidance
Attachments: Seattle_Community_Mitigation_3_10 as version final with minor Fauci edits..docx, Santa Clara_Community_Mitigation_3_10 as (002) - with Fauci minor edits.docx

Bob:

They look pretty good. I have made a few minor changes that are tracked in the attached documents.

Best regards,

Tony

From: Redfield, Robert R. (CDC/OD) (b) (6) >
Sent: Tuesday, March 10, 2020 6:39 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Birx, Deborah L. EOP/NSC (b) (6)
Subject: Fwd: County specific guidance

Draft I am reviewing now but wanted you both now so not delay
Get [Outlook for iOS](#)

From: Schuchat, Anne MD (CDC/OD) (b) (6) >
Sent: Tuesday, March 10, 2020 5:58:15 PM
To: Redfield, Robert R. (CDC/OD) (b) (6) >
Cc: Cohn, Amanda (CDC/DDID/NCIRD/OD) (b) (6) >; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6) >; Redd, Stephen (CDC/DDPHSIS/OD) (b) (6) >; Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6) >; Schuchat, Anne MD (CDC/OD) (b) (6) >; McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6) >; Berger, Sherri (CDC/OCOD/OD) (b) (6) >; Warner, Agnes (CDC/OD/OCS) (b) (6) >
Subject: FW: County specific guidance

Dr Redfield: Attached please find

(b) (5)
(b) (5)

Note that if you are trying to send to Debbi Birx she mentioned that things going to her CDC email will not reach her so you may want to include Olivia Troye to make sure to meet your deadline.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 17:54:45 +0000
To: Mermin, Jonathan (CDC/DDID/NCHHSTP/OD)
Subject: RE: Great talk

Jon:

Thank you for your kind note. It is much appreciated. I hope that you are well.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Mermin, Jonathan (CDC/DDID/NCHHSTP/OD) (b) (6) >
Sent: Tuesday, March 10, 2020 1:40 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Great talk

Tony:

Superb presentation on COVID-19 today! (b) (5)

[REDACTED]

Excellent work with the media, Congress, and scientific community--you have made a great difference for the nation and world in a complex time.

Best,

Jono

From: (b) (6)
Sent: Fri, 13 Mar 2020 06:26:43 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Urgent information about a Corona Virus Management Device
Attachments: Medixair Micro virus report.pdf, ATT00001.htm, Medixair White Paper - 2016 Jan.pdf 1.pdf, ATT00002.htm

Please handle

Begin forwarded message:

From: Ani John (b) (6) >
Date: March 13, 2020 at 3:13:38 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Urgent information about a Corona Virus Management Device

Dear Dr. Fauci

Given the gravity of the corona pandemic, my brother and I are reaching out to make you aware of product that we think could help mitigate the spread of the virus and protect health care workers as well as the public. We have already tried the usual channels to contact the White House and the emergency authorization use division at the FDA but also wanted to bring this to your attention also.

Medixair™, an ultraviolet (UVC) air sterilizer with proven, well established unique patented germicidal technology to effectively and safely eradicate viruses and bacteria up to 99.9%. It is capable of delivering a log6 reduction in microbial concentration, by penetrating the nucleus of microorganisms, disrupting their DNA thus destroying the ability of the organism to reproduce; effectively rendering it harmless.

Medixair™ is a portable unit and can easily be installed in a variety of settings including hospitals, emergency rooms, waiting rooms, dentist offices, cruise ships and airport lounges. In both clinical trials and under in-vitro testing conditions (see attached white paper), Medixair™ has been demonstrated to be highly effective in protecting patients and health care workers from pathogens (e.g. MRSA, Clostridium Difficile) and also by preventing cross infection. Specifically, Medixair™ was tested and found effective for a strain of Coronavirus known as FCoV and thus COVID-19 would have the same susceptibility to eradication with UVC within a relatively short period of time (attached).

Medixair™ has been on the market since 2005 and is fully CE marked to EN standards. Currently it has been safely and effectively used in acute hospitals, dental surgeries, in UK, Malaysia, India, Israel, and Southern Africa.

Please let us know how we can help make these units available for use in the US during this critical period of time.

Kind regards,

Ani John, BSN, MPH, PhD
San Ramon, California

Mathew Kaye,
Manufacturer of Medixair™
Dudley, United Kingdom

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 03:19:54 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Question from Jefferson Health NE Philadelphia

Please respond or refer.

From: Robert Danoff [REDACTED] (b) (6)
Sent: Thursday, March 12, 2020 11:02 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Question from Jefferson Health NE Philadelphia

Hi Dr. Fauci,

Hope all is well.

Dr. Fauci, we will be setting up COVID-19 testing facilities and I wanted to ask your opinion regarding the following:

Is it ok to expand our testing beyond the current strict testing criteria to include those with lesser symptoms or potential exposure whom we want to rule out Covid-19?

We are concerned that while we isolate those with more severe symptoms who currently qualify for testing, the majority with lesser symptoms would be ambulatory and potentially spreading the illness to others. Plus, it is hard to get someone to isolate for 14 days without providing a diagnosis.

Just as we can test those we suspect for Influenza A, Influenza B and RSV, it would be helpful to be able to test those we suspect with Covid-19, including healthcare workers with no symptoms but with possible exposure.

Thank you for your time and your leadership for our nation's healthcare.

Be well.

Rob

Rob Danoff DO, MS, FCOFP, FAAFP

Program Director, Family Medicine Residency

Program Director, Combined Family Medicine/Emergency Medicine Residency

Jefferson Health - Northeast

Clinical Professor of Family and Community Medicine

Sidney Kimmel Medical College of Thomas Jefferson University

(b) (6)



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 03:18:51 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Varicella vaccine-COVID-19 connection

Please respond.

From: Rose Marie Codling <rosemarie@literacymatters.education>
Sent: Thursday, March 12, 2020 11:16 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Varicella vaccine-COVID-19 connection

Dr. Fauci,

Is it possible that the varicella vaccine could be playing a role in why children are not presenting with the COVID-19 virus? If the vaccine became common around 1995, we would be seeing little to no infection of children and young adults up to about 25 years old, which seems to be the case. Could something in the varicella vaccine have provided immunity to COVID-19?

Just an idea from a concerned citizen...

Thank you for your remarkable leadership during this crisis.

Sincerely,

Rose Marie Codling

--
Rose Marie Codling, Ph.D.
Educational Consultant



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 13 Mar 2020 01:23:58 +0000
To: Collins, Francis (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]
Cc: Erbelding, Emily (NIH/NIAID) [E]
Subject: RE: ASM Recommendations for speeding up COVID-19 testing

I would [REDACTED] (b) (5)

From: Collins, Francis (NIH/OD) [E] [REDACTED] (b) (6) >
Sent: Thursday, March 12, 2020 8:22 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6); Tabak, Lawrence (NIH/OD) [E] [REDACTED] (b) (6) >
Cc: Erbelding, Emily (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: FW: ASM Recommendations for speeding up COVID-19 testing

Hi Tony and Larry,

Bit of a story here - [REDACTED] (b) (5)
[REDACTED] (b) (5)

Thoughts would be most welcome.

Francis

From: Collins, Francis (NIH/OD) [E]
Sent: Thursday, March 12, 2020 8:07 PM
To: Bertuzzi, Stefano [REDACTED] (b) (6) >; [REDACTED] (b) (6)
Cc: Erbelding, Emily (NIH/NIAID) [E] [REDACTED] (b) (6); [REDACTED] (b) (6); Miller, Melissa [REDACTED] (b) (6); Stevens-Garcia, Jonathan [REDACTED] (b) (6) >; Segal, Allen [REDACTED] (b) (6); McNult, Peggy [REDACTED] (b) (6) >
Subject: RE: ASM Recommendations for speeding up COVID-19 testing

Hi Stefano,

Thanks for this rapid turnaround survey and concise recommendations.

Adam, I'm glad to help with conveying this message to FDA – though we should involve ADM Giroir as well. How would you like to proceed?

Francis

From: Bertuzzi, Stefano (b) (6) >
Sent: Thursday, March 12, 2020 7:57 PM
To: Collins, Francis (NIH/OD) [E] (b) (6)
Cc: Erbeling, Emily (NIH/NIAID) [E] (b) (6); Miller, Melissa (b) (6) >; Stevens-Garcia, Jonathan (b) (6) >; Segal, Allen (b) (6) >; McNult, Peggy (b) (6)
Subject: ASM Recommendations for speeding up COVID-19 testing

Dear Francis and Adam –

Sorry for the slight delay in getting to you the recommendations that ASM collected from clinical lab directors. See attached document.

ASM leaders remain available for any further discussion that may be helpful to solve the current impasse. Please do not hesitate to contact us, we are here to serve as a resource to you.

Sincerely,
Stefano

Stefano Bertuzzi, Ph.D., M.P.H.
Chief Executive Officer
American Society for Microbiology (ASM)
1752 N St., NW
Washington, DC 20036-2904
Phone (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 23:20:57 +0000
To: Tabak, Lawrence (NIH/OD) [E]; Collins, Francis (NIH/OD) [E]
Subject: RE: Time-sensitive

Please be "presumptuous" and go for it. Many thanks.

From: Tabak, Lawrence (NIH/OD) [E] (b) (6) >
Sent: Thursday, March 12, 2020 7:18 PM
To: Collins, Francis (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: FW: Time-sensitive

Francis, Tony-

I am certainly willing to do this so that neither of you have to, but I did not want to be presumptuous in case either of you preferred a different spokesperson.
Please let me know how I should respond to Mary.

Thanks
Larry

From: Mary Woolley <mwoolley@researchamerica.org>
Date: Thursday, March 12, 2020 at 10:02 AM
To: "Tabak, Lawrence (NIH/OD) [E]" (b) (6)
Cc: Ellie Dehoney <edeoney@researchamerica.org>
Subject: Time-sensitive

Larry,

I have a favor to ask. Would you or a designee be willing to join a teleconference next week with our alliance members to discuss NIH's efforts to mitigate the negative impact of COVID-19 on federally-funded research? We would need no more than 30 minutes of your time, and can schedule around you. Ideally, though, we could make this happen soon (to state the obvious, everyone is feeling the need for touchpoints right now, and you are a wonderfully calming one for our university members!).

We could arrange the teleconference for as early as this Monday, the 16th: if there is a 30-minute window for you or a designee between 1:00 pm and 3:00 pm on that day or within that same block of time Tuesday, the 17th, we'll commandeer it!

Thank you, Larry, for considering this ask. I'm sure it comes amidst many others.

I would love to close by saying something insightful about the indescribable times we were in, but all I can come up with is "indescribable."

My Best,

Mary

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 23:10:14 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Feds say Florida has 'community spread' of coronavirus, Florida disagrees.

Check this out and get back to me. Not sure what he is talking about.

From: Robert Tober [REDACTED] (b) (6) >
Sent: Thursday, March 12, 2020 6:44 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6); Nancy Lascheid [REDACTED] (b) (6); Gail Dolan [REDACTED] (b) (6); Leslie Lascheid [REDACTED] (b) (6)
Subject: Fw: Feds say Florida has 'community spread' of coronavirus. Florida disagrees.

Dear Dr. Fauci,

I am medical director of a charity clinic in Naples, Florida. Although we try to screen pts for cough, fever, sore throat, URI sxs, dyspnea or unusual fatigue, apparently some patients are asymptomatic and neg for these 5 hallmarks but still contagious. There is conflict between what our Florida governor states and what CDC states. Do you believe all of our staff should be in goggles, mask, gown and gloves for AAL PATIENTS that we treat regardless of not meeting one of the 5 screening criteria above. If indeed there is community spread happening, I and many others are sitting ducks. It is not if but when!!

Thanks for any guidance you might be able to provide. I am copying to my administrative staff as well.

Good luck. This is quite the challenge.

Robert Boyd Tober, M.D., FACEP
Medical Director Neighborhood Health Clinic
Naples, Florida 34102
[REDACTED] (b) (6)-cell

To: Bob Tober [REDACTED] (b) (6)
Sent: Thursday, March 12, 2020, 04:46:08 PM EST
Subject: Feds say Florida has 'community spread' of coronavirus. Florida disagrees.

<https://www.tampabay.com/news/health/2020/03/11/feds-say-florida-has-community-spread-of-coronavirus-florida-disagrees/>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 23:07:14 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: Hi Dr Fauci (re: URGENT: epiqar Systems & Coronavirus 2nd tier events)

Please handle.

From: Jason Ressler (b) (6)
Sent: Thursday, March 12, 2020 6:55 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Hi Dr Fauci (re: URGENT: epiqar Systems & Coronavirus 2nd tier events)

Hi Dr. Fauci,

epiqar (<https://epiqar.com/>) is the only system in the world that can help experienced surgeons continue to support teams of less experienced surgeons worldwide, which we're doing with Coronavirus quarantined surgeons in France & Italy now while we expand to other theaters.

For Coronavirus care we've just developed an easy plug in kit for remote hospital surgeries which US hospitals need to be made aware of before they get overwhelmed the way they are in Italy & China.

Here's an article on **epiqar** from today in [The Hill](#).

Please let me know how we can help your teams.

Thanks,

Jason Ressler
Director, Business Development
ENGAUGE/EPIQAR
www.eng.us
www.epiqar.com
The world's first low-cost telementoring, surgeon training and Instant Cloud-archiving Platform
US 888.615.7874
EUROPE 44 2031399059

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 23:06:46 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Subject: FW: Very urgent Coronavirus (b) (6)

NIAID inquiries, please.

From: Sushama Taiwalkar (b) (6) >
Sent: Thursday, March 12, 2020 7:04 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Barasch, Kimberly (NIH/NIAID) [C]
(b) (6) >
Subject: Very urgent Coronavirus (b) (6)

March 12, 2020

Dr. Fauci,

(b) (6)

Sincerely,
Sushama

[Get Outlook for Android](#)

From: (b) (6)
Sent: Thu, 12 Mar 2020 14:22:38 -0400
To: El-Sadr, Wafaa M.
Subject: Re: Thank you

Thanks, Wafaa

On Mar 11, 2020, at 8:33 PM, El-Sadr, Wafaa M.
(b) (6) wrote:

Adding Tony's correct email address.

Dear Zunyou, John, Ralph and Tony,

Thank you for your superb presentations in the Special COVID-19 Session at the Virtual CROI 2020. As you can imagine, your presentations were very much appreciated by all the audience. There is great thirst for more information at this point in time, which made your presentations particularly timely and impactful.

All the best,
Wafaa

Wafaa El-Sadr, MD, MPH, MPA
Director, ICAP at Columbia University
University Professor of Epidemiology and Medicine
Mathilde Krim-amFAR Professor of Global Health
Tel: (b) (6)
Fax: 212 342 1824
www.icap.columbia.edu

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 14:09:11 +0000
To: O'Donnell, Norah;Fauci, Anthony (NIH/NIAID) [E]
Cc: Verdugo, Adam
Subject: RE: Thursday night

WE are working with Adam. Thank you

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: O'Donnell, Norah <NOD3@cbsnews.com>
Sent: Thursday, March 12, 2020 9:12 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Verdugo, Adam <VerdugoA@cbsnews.com>
Subject: Thursday night

Dear Tony and Patricia,

Hoping for tonight from the White House or in studio. Adam Verdugo has been in touch and hope we can lock down and confirm time.

Thank you 🙏🙏🙏🙏🙏

Norah O'Donnell

On Mar 9, 2020, at 8:53 PM, Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) wrote:

External Email

Norah:

Sorry that I took so long to get back to you. Just got out of the White House a little while ago to get to my office where I am now and it is obviously too late. Please copy my assistant, Patty Conrad, (copied here) in future correspondence. I am so swamped with coronavirus "stuff", I rarely get to e-mail until late at night.

Thanks,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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From: O'Donnell, Norah <NOD3@cbsnews.com>
Sent: Monday, March 9, 2020 10:33 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: Verdugo, Adam <VerdugoA@cbsnews.com>
Subject: Monday night

Dear Dr. Fauci,

You are doing an amazing job helping to educate and inform during this crisis.

Are you available tonight or any night this week to join us for the Evening News?

I am also happy to come to your office.

Thank you for your consideration.

Norah O'Donnell

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 10:48:06 +0000
To: Arthur Ammann
Subject: RE: Art again

Art:

Good idea. I will mention this to CDC during this AM's daily meeting. Hope that you are well.

Best,

Tony

From: Arthur Ammann [REDACTED] (b) (6)
Sent: Wednesday, March 11, 2020 9:54 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Art again

Tony. So good to see you now on TV in full charge. Your entire expression has changed almost like when I bumped into you in the Washington Metro after you had gotten off the plane with President Bush.

I have an interesting question regarding pneumococcal polysaccharide immunization. One of our staff members phoned. Her father is a physician in France and has many physician acquaintances. She was told that the doctors believe that the older patients who received pneumococcal vaccine have less of a mortality than those who did not get the vaccine.

When we did the studies and got the pneumococcal vaccine approved for the elderly in 1976 there was a battle about who should get it and whether was cost-effective. Since then, other studies have documented the benefit, especially in older people and you probably have received it. It is now routine but I know many elderly individuals have not gotten immunized. Historically, many, if not the majority of deaths from influenza in some of the past epidemics was a result of secondary infection with pneumococcus. I'm not hearing anything about urging people to get immunized with pneumococcal vaccine. The message would need to be clear so they don't confuse pneumococcal secondary infection with primary coronavirus infection. It would be a good idea for people to be urged to get the pneumococcal vaccine. If they had not received it. I'm not seeing any recommendations from the CDC or elsewhere regarding this.

--

Please note: this document has been produced by a voice recognition program and may contain errors or words that are out of context. Please let me know if clarification is required.

Arthur J Ammann M.D.

(b) (6)

www.GlobalStrategies.org

Ethics in Health

<http://ethicsinhealth.org/>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 10:23:36 +0000
To: Casetti, Cristina (NIH/NIAID) [E]
Subject: FW: News - Germ/Virus Containment
Attachments: XTI Deck - Key Information OSHA.pdf

Please handle.

From: [REDACTED] (b) (6)
Sent: Thursday, March 12, 2020 6:07 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: News - Germ/Virus Containment
Importance: High

Hi Dr. Fauci,

I have been following the news and some interviews with yourself. I was hoping you would be willing to speak with me about our technology?

Testing for the positive patients and finding a vaccine are essential, but containment is paramount.

We have the only GERM CONTAINMENT TECHNOLOGY of it's kind.

The ongoing Coronavirus and FLU viruses pose a significant threat to public health globally and here in the US.

We have the most powerful solution to minimize infection and maximize protection against SARS, EBOLA, FLU, and all types of germs and viruses.

With local 3rd party tested efficacy of 100%, no other technology anywhere can yield this result or sustainable 24/7/365 protection.

XTIO2 is a world exclusive containment technology with self-cleaning functions that can help minimize the risk of cross-contamination in hospitals, planes, public transportation, elevators, and public places.

XTIO2 technology works by forming an invisible protective layer on mostly ALL material surfaces (plastic, steel, glass, fabric, paper, walls, etc...). It is green, sustainable, and has yielded up to 100% efficacy proven by SGS LABS (US).

I look forward to hearing from you and attached is an information file for your review.

Thank you.

Michael Holbert

Cleancoating LLC
2522 State Rd., BLDG ISPBC
Bensalem, PA 19020

<http://www.cleancoating.us>

Email: (b) (6)

Direct: (b) (6)

Mobile: (b) (6)



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From: (b) (6)
Sent: Wed, 11 Mar 2020 19:14:07 -0400
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: Fwd: CORONAVIRUS DATA SUPPORTING PROACTIVE EFFORT

Begin forwarded message:

From: dennis malone (b) (6) >
Date: March 11, 2020 at 6:35:32 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: CORONAVIRUS DATA SUPPORTING PROACTIVE EFFORT

Sir,

I appreciate the effort of your entire team in identification and resolution of the predicament the chinese government has gotten us into. That said, I believe you might add a more proactive edge by mining existing data. You're going to have to dig deep.

It seems that the common denominator in originating vector, at least by your news releases, is plainly travel-related co-mingling of persons not otherwise in contact. Therefore, I would propose that there is a great trove of existing data waiting to be filtered within the travel manifests' history of US-bound airlines and US-bound cruise vessels. Suggest as a start the collection of every manifest from the last 4 months or so, filtered and compared with principle contractees known to exist in the US, and list every other person on said aircraft/vessel that disembarked on US soil. DO NOT WAIT FOR PEOPLE TO GET SICK - Employ the National Guard and Coast Guard to track these folks and put a swab in their nose. If positive, then contact trace this smaller group. If negative maintain them on the list and force compliant reporting if they develop suspected symptoms.

I know it would seem to be a lot of work. However, I presume your are familiar with the FRAM Oil Filter Guy from the 1970s, where it's better to pay now than later because you're going to pay one way or another. Get a proactive jump on DETECTION, IDENTIFICATION, CONTROL. We're burning daylight.

Respectfully submitted,

Dennis J. Malone
(b) (6)

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 23:10:18 +0000
To: Sharon Cumbie
Subject: Re: Need to add cell phone disinfecting to the hand washing messaging
Attachments: image.png, POSTING.jpg

Thanks!

On Mar 11, 2020, at 6:46 PM, Sharon Cumbie <(b) (6)> wrote:

Dr. Fauci,

First, thank you for all you are doing to keep the public informed in a clear, direct, and truthful manner. I am writing to offer a suggestion.
The following is a post I just placed on my Facebook page:

It's a 2-step process!!!

We are seeing the ubiquitous pleas for proper hand-washing as a preventative against contracting the corona virus. BUT...I have observed people doing a great job of hand-washing, then picking up their dirty cell phones!! The cell phone should FIRST be wiped down using a disinfecting wipe (do NOT use sprays or household cleaning supplies). After cleaning the phone, THEN do a proper 20 second hand-washing. Now, CARRY ON!

Step 1: <https://www.tomsguide.com/news/how-to-clean-your-phone-to-protect-against-coronavirus?fbclid=IwAR1WHGawAANytkUQSmSV2SM-UcZ57761mAsp-XRkUEKDsLYhcLRKXFBOJio>

Step 2: Proper Hand Washing
<image.png>

Photo message montage:

<POSTING.jpg>

I honestly do not see people disinfecting their cell phones. I am active in our <(b) (6)> community and am trying to get this information across to people in the community. They have told me it was helpful and something they had not considered. I thought it would be helpful for me to share with you.

Best Regards,
Sharon Cumbie

--

Professor of Nursing (b) (6)
Research and Education Consultant, Certified Nurse Educator
Mental Health Counselor (b) (6)

Skype: (b) (6)



<https://www.facebook.com/MedicalHumor>

From: (b) (6)
Sent: Wed, 11 Mar 2020 19:08:46 -0400
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: Fwd: Coronavirus

Please handle

Begin forwarded message:

From: Terri Davis (b) (6)
Date: March 11, 2020 at 7:04:02 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Coronavirus

Dear Dr. Fauci;

I live in (b) (6) Last week there was the first incidence of the Coronavirus. The officials in Media gave no true information on the individual but that it was a female. When questioned by the press as to the location in which the individual was - the response was that that information could not be given. I have also heard that it is in a violation of a person's privacy. No one is asking for the person's name or address. If the public were given the general area of the affected person they would probably stay clear of the area. The people directly in the area would be more cautious. Knowing where the person frequented, for example, the market would be pertinent in preventing spread of this virus. There is so much information about this virus that is unknown yet most officials continue to underscore the severity of this virus.

Sincerely,
Terri Davis

Sent from my iPad

From: (b) (6)
Sent: Wed, 11 Mar 2020 19:08:05 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Application for NIH and Dr. Bruce Aylward from W.H.O.

Please handle

Begin forwarded message:

From: David Craig (b) (6) >
Date: March 11, 2020 at 7:05:42 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Re: Application for NIH and Dr. Bruce Aylward from W.H.O.

Evening Dr. Fauci,

My name is David Craig and I am one of the Founders of the Medsoft Group, a Analytics, Telemetry and Reporting medical platform out of Canada. We would like to offer our solution to the NIH free of charge, much like we have done with Dr. Bruce Aylward and the World Health Organization earlier today.

Our application will track, log and provide a pathway to true two-way real time communication of COVID-19 as citizens around the US report their symptoms on their mobile device. We are currently implementing our technology with our partners at the University of Alberta, but we would like to refocus our immediate attention in helping with the novel coronavirus.

Deployment of our application would allow the NIH to manage and understand potential clusters and outbreaks of the pandemic, taking advantage of the estimated 96% of Americans that use a smart phone to easily record a potential case, providing all stakeholders across the US with the latest information. Medsoft Group is ready to offer this immediately and without delay. With your cooperation we believe we could be up and running within a week, providing this invaluable tool to better understanding where and what the virus is doing around the country in real time.

Please let me know if you would like to speak further. We would be happy to demonstrate our technology as well as discuss how we would put this ambitious plan into place.

Best,

David Craig
Co-founder & Chief Executive Officer
Medsoft Group Inc.

C: (b) (6) T: (b) (6)
U: www.medsoftgroup.com

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From: (b) (6)
Sent: Wed, 11 Mar 2020 18:35:29 -0400
To: Stephen Chiarello
Subject: Re: Treatment of Corona virus

Thanks, Steve. I will forward to my program staff

> On Mar 11, 2020, at 6:22 PM, Stephen Chiarello (b) (6) wrote:
>
> Anthony:
> This is (b) (6) Stephen Chiarello from (b) (6). I am a board-certified
dermatologist and internist.
>
> Just a brief note and certainly somewhat quixotic: The treatment of toxic epidermal necrolysis With IV vitamin C
and thiamine (benfotexamine) May well stop the cytokine cascade with the coronavirus. This was used Wayback in
the polio epidemic before the vaccine with great success but limited subscription.
> I'll send you the references.
> Sincerely,
> Steve chiarello
>
> Sent from my iPhone

From: (b) (6)
Sent: Wed, 11 Mar 2020 18:34:29 -0400
To: Casseti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Treatment of Corona virus

Please handle .

Begin forwarded message:

From: Stephen Chiarello (b) (6) >
Date: March 11, 2020 at 6:22:13 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Treatment of Corona virus

Anthony:

This is (b) (6) Stephen Chiarello from (b) (6) .
I am a board-certified dermatologist and internist.

Just a brief note and certainly somewhat quixotic: The treatment of toxic epidermal necrolysis With IV vitamin C and thiamine (benfotexamine) May well stop the cytokine cascade with the coronavirus. This was used Wayback in the polio epidemic before the vaccine with great success but limited subscription.
I'll send you the references.

Sincerely,
Steve chiarello

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 11:53:45 +0000
To: Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: From Whit Clark; possible theory and plausible new thinking about a Coronavirus

Please respond.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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-----Original Message-----

From: Whit Clark (b) (6)
Sent: Wednesday, March 11, 2020 7:39 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: From Whit Clark; possible theory and plausible new thinking about a Coronavirus

In Later November, (b) (6)

(b) (6)
After a discussion with my daughter yesterday (an Asst. Principal in (b) (6) area), we theorized that the Coronavirus May well have already been here before the close of 2019. China had likely had the outbreak begin much earlier but never acknowledged it; people traveling to China from the US could have returned and brought the virus with them at a much earlier date. When thinking about the number of people my daughter and I have known that had a bout of respiratory illness with a cough that continued much longer than the typical cold, we are proposing a theory that possibly Corona made its entry here much earlier....and this new expected outbreak may well be more of a continuation and less threatening than possibly theorized at this time. It is just a thought but I thought it was worth sharing. If true, we have already met the disease and the deaths attributed to "normal" flus and respiratory causes in the elderly and previously impaired, may have been caused by Coronavirus. This could be a slightly new twist and could present a slightly lower concern for a new major outbreak. Just a thought....

Whit Clark (William W) (b) (6)

Sent from my iPhone

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:23:48 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: The Coronavirus

Pls respond

Sent from my iPhone

Begin forwarded message:

From: LAB <(b) (6)>
Date: March 10, 2020 at 11:23:49 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: The Coronavirus

Dear Dr. Fauci,

My name is Sargon Gorjian and I am a research chemist at Clean Plus Chemical in Sydney. Many years ago I was working at Nanosonics company in Sydney on



(b) (4) I just wanted to share with you my experience with this type of work. I would suggest to have a look at Virox Patents. It will not do any harm. It might be the right way to go.

Sorry to take up your valuable time.

I wish you all the best and good luck!

Regards

Sargon Gorjian
Laboratory Manager

(b) (6)

Stop the spread.

Instant Hand Sanitiser is an alcohol based gel which kills bacteria (99.99%) within 30 seconds, no washing or rinsing required. Tested and approved according to TGA methods. Glycerin moisturiser & Vitamin E.

Contact us today to place your order.
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From: (b) (6)
Sent: Wed, 11 Mar 2020 06:21:19 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies

Pls respond

Sent from my iPhone

Begin forwarded message:

From: RJ Claymont (b) (6)
Date: March 11, 2020 at 4:22:35 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies

Dr. Fauci -
Just thought I'd bring this article to your attention.
Are your researchers trying Chloroquine?

https://www.jstage.jst.go.jp/article/bst/advpub/0/advpub_2020.01047/_article

Best Regards
RJ Claymont

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:20:35 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: NIH ketone ester for Coronavirus treatment?

Pls respond

Sent from my iPhone

Begin forwarded message:

From: Frank LLosa - KetoneAid (b) (6)
Date: March 11, 2020 at 4:14:08 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: NIH ketone ester for Coronavirus treatment?

Dear Dr. Fauci

There was a paper recently showing a ketogenic diet helped tame the general flu, in mice.

Meanwhile, there is a drink developed via DARPA and NIH (Dr Veech) that mimics the benefits of the diet. It is called a ketone ester. Even shown to block effects of nuclear bomb style radiation (LD-70 to 100% survival).

Who can I soak to about testing this drink on mice for the general flu , or even humans with Coronavirus symptoms?

Can I send you the paper?

Thank you,

Frank Llosa
CEO KetoneAid
(b) (6)

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:19:56 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: Curevac, meeting with President Trump

Please respond
Sent from my iPhone

Begin forwarded message:

From: Ingmar Hoerr (b) (6)
Date: March 11, 2020 at 2:20:51 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Curevac, meeting with President Trump

Dear Dr. Fauci,
I am the new CEO of CureVac. Would be good to update you on our efforts on Covid-19 vaccine here in Europe. This is a global challenge, we should learn from each other to act fast and avoid mistakes. I do not accept any barriers from Stephane Bancel just for competitive reasons. Happy to call or to meet personally.
Best regards, Ingmar Hoerr

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(www.blackberry.com)

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:19:13 -0400
To: NIAID Public Inquiries
Subject: Fwd: Coronavirus bioweapon production method

Sent from my iPhone

Begin forwarded message:

From: Adam Gaertner (b) (6)
Date: March 11, 2020 at 6:16:40 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Coronavirus bioweapon production method

Hello Anthony,

This is how the virus was created.

Intervirion Fusion. HIV-luc(ACE2) (500 ng of p24) was mixed with 1,000 ng of p24 of HIV-gfp particles incorporating ASLV-A envelope, SARS-CoV S protein, or both envelopes in PBS at 4°C for 30 min to allow binding. Samples were raised to 37°C for 15 min to allow for conformational rearrangements. Virions were adjusted to the desired pH with 0.1 M citric acid. PBS, TPCK-trypsin (final concentration 10 µg/ml), CTSL, cathepsin B (CTSB) (final concentrations 2 µg/ml) or CTSL buffer alone was then added. Recombinant CTSL (R & D Systems) was preactivated by incubation for 15 min at 10 µg/ml in 50 mM Mes, pH 6.0, on ice. Recombinant CTSB (R & D Systems) was preactivated in 25 mM Mes, 5 mM DTT, pH 5.0, for 30 min at 25°C. After a 10-min incubation at 25°C, proteolysis was halted by the addition of 300 µl of DMEM10 containing leupeptin (25 µg/ml) and STI (75 µg/ml). Virions were then incubated at 37°C for 30 min to allow membrane fusion. 100 µl of the virion mixture was added in quadruplicate to HeLa-Tva cells pretreated for 1 h with leupeptin (20 µg/ml). The cells were spin-infected and incubated at 37°C for 5 h

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:15:22 -0400
To: NIAID Public Inquiries
Subject: Fwd: Prevalence of smoking, and reported mortality rates in COVID-19

Sent from my iPhone

Begin forwarded message:

From: Charles Knight (b) (6)
Date: March 10, 2020 at 10:40:45 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Prevalence of smoking, and reported mortality rates in COVID-19

To whom it may concern:

I assert that the frequency of clinically significant disease, as well as severe disease and mortality of COVID-19 is much higher in smokers, as is the case with any pulmonary infection, such as influenza, or bacterial pneumonia.

This is clearly in addition to that due to the prevalence of elderly and immunocompromised patients; but smoking status overall may be a more significant risk factor for clinically significant disease.

In listening to the news media, smoking has not been addressed as a significant risk factor for disease.

I would suspect that smoking is at least one reason that such a high mortality has recently been seen in Italy, and China, and I expect that mortality rates, as well as rates of clinically significant cases, will also be increased in other populations with increased prevalences of smokers, and strongly associated with the prevalence of smoking in the given population.

Of course, the reporting of severe disease will be modulated by the effectiveness of the given population in containing the virus, as well as the effective reporting of clinical disease within the community, whether severe or not.

In listening to the news media, smoking has not been addressed as a significant risk factor for disease. I think that it should be addressed.

One wonders if it could be a modifiable risk factor, at least in certain patients (such as those who have not smoked for very long).

One also wonders whether this could be another good prognostic factor for limited reported/ clinically significant cases (and thus limited perceived spread) in the United States, obviously in addition to our early, effective containment measures.

Just thought this might be helpful.

Dr. Charles W. Knight, MD

Sent from my iPhone

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:12:10 -0400
To: Lerner, Andrea (NIH/NIAID) [E]
Cc: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Covid-19 patient in hospital without negative pressure room

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
Date: March 11, 2020 at 3:53:18 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Covid-19 patient in hospital without negative pressure room

Hi Dr. Anthony Fauci,

I saw you on Meet the Press this weekend and you were so awesome! Very informative, calm, assuring but with the right amount of instilling the need for us all to move forward with the appropriate caution for ourselves. It's extremely reassuring to have you leading and guiding us during this time.

I'm emailing you because I work at Kaiser Permanente Hospital in (b) (6). Our administration initially said if any Covid-19 patient came into the hospital needing emergency care and needing to be admitted they would be given an N95 mask and put in a negative pressure room. Now they reversed that decision and said they'd be put in a regular positive pressure room even after I showed them the CDC's recommendation for both confirmed and possible Covid-19 cases needing to be placed in negative pressure rooms/AIRR.

Well tonight a possible Covid-19 patient came to the Emergency Room and had to be admitted to the ICU. The patient was given just a regular mask and put in an elevator to the ICU. Management would not confirm if the patient was in a negative pressure room and wouldn't give staff N95 masks. I again showed them the CDC website hospital protocol Covid-19 recommendations but same response. And even was yelled at by the hospital nursing supervisor for asking about it.

I feel this is not safe at all for other patients, visitors and staff if the air is being recirculated not vented outside or through a hepa filter before recirculating back

through the hospital. I don't know what to do. Please help. The hospital main phone number is (b) (6) the Chief of the hospital is (b) (6)

I know you're extremely busy now but any help or guidance is appreciated, even if it's just to confirm that any confirmed or suspected Covid-19 patient needs to be in a negative pressure room. Thanks so much!

Sincerely,

Kara Smalls

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 11 Mar 2020 01:38:17 +0000
To: NIAID OD AM
Subject: Fwd: Cancellation of 2020 Stanford Drug Discovery Symposium

Sent from my iPhone

Begin forwarded message:

From: Joseph Wu <joewu@stanford.edu>
Date: March 10, 2020 at 6:11:52 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Cc: "David L.M. Preston" <preston@stanford.edu>, Amanda Chase <chaseama@stanford.edu>, Sanjay Malhotra <svmalhot@stanford.edu>
Subject: RE: Cancellation of 2020 Stanford Drug Discovery Symposium



Dear Dr. Fauci,

We greatly appreciate your willingness to participate in the 2020 Stanford Drug Discovery Symposium (SDDS). As you undoubtedly know, with the further spread of the novel coronavirus COVID-19, Stanford is taking precautionary measures to minimize any preventable spread of this viral disease. After much consideration, we feel it is in the best interest of our speakers, guests, and community to cancel the April 20-21, 2020, symposium.

We apologize for the inconvenience this may cause in your schedules. We do hope that you will agree to be our guest speaker NEXT year for our April 19-20, 2021. As soon as your schedule allows, please let us know if you would be able to speak at our 2021 SDDS meeting.

Please feel free to contact David Preston preston@stanford.edu or Amanda Chase chaseama@stanford.edu or myself joewu@stanford.edu if you have any questions.

Thank you for your understanding, and we hope to see you next year.

Lastly, THANK YOU for all service to our country and for educating the public about the coronavirus, we're a big fan of yours on all the news media.

Sincerely,

Joseph C. Wu, MD, PhD
Sanjay Malhotra, PhD
Kuldev Singh, MD
Mark Mercola, PhD

Joseph C. Wu, MD, PhD
Director, Stanford Cardiovascular Institute
Simon H. Stertzer, MD, Professor of Medicine & Radiology
Stanford University School of Medicine

265 Campus Drive, Rm G1120B
Stanford, CA 94305-5454
Ph: 650-736-2246; Fax: 650-736-0234
Email: joewu@stanford.edu
Twitter: [@StanfordCVI](https://twitter.com/StanfordCVI)
Lab Website: <http://wulab.stanford.edu>
Stanford CVI: <http://med.stanford.edu/cvi.html>



From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 21:25:59 +0000
To: NIAID OD AM
Subject: FW: Fields Symposium

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: David Knipe <david_knipe@hms.harvard.edu>
Sent: Tuesday, March 10, 2020 5:03 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Fields Symposium

Dear Tony,

I am sorry to write that we are going to have to cancel the Fields Symposium for April 24th, but we will re-schedule when we can. As you may know, Harvard has cancelled all meetings larger than 100 (and this morning limited that to 25) through at least April 30th. We are sad to have to do this, but we need to help mitigate the spread of the virus. Harvard even told the undergraduates today to go home this weekend and take their classes on line for maybe even the rest of the semester.

Thank you for all you are doing to keep everyone informed about the coronavirus outbreak. We are going to give you the Harvard "Veritas" award when you are next here.

Stay well.

Best regards,

David

David M. Knipe, Ph.D.
Higgins Professor and Head, Program in Virology
Dept. of Microbiology, Blavatnik Institute
Harvard Medical School
NRB Room 950B
77 Avenue Louis Pasteur
Boston, MA 02115
Ph. 617-432-1934
Lab web site: <http://knipelab.med.harvard.edu>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 17:56:17 +0000
To: Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)
Subject: FW: Funding, for Dr. Fauci

Please respond to this person.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Rena Patel (b) (6) >
Sent: Tuesday, March 10, 2020 1:33 PM
To: (b) (6)
Cc: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Funding, for Dr. Fauci

Responsiveness to emerging infectious disease threats is important. However, I worry that increasing funding is going away from global health priorities. It appears that the US Ending the HIV Epidemic has already diverted funding within NIH from global work to domestic. Will the NIH response to COVID-19 only worsen funding available for global health?

Thanks,
Rena

Rena Patel, MD, MPH
She/her
Assistant Professor
Division of Infectious Diseases, Dept. of Medicine
International Clinical Research Center, Dept. of Global Health
Email: (b) (6)
Mobile: (b) (6)
Skype: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 17:46:08 +0000
To: Gary Spinner
Subject: RE: Testing for Covid-19

Gary:

If you have the resources and capability to do it, you should.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Gary Spinner (b) (6)
Sent: Tuesday, March 10, 2020 1:45 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Testing for Covid-19

Just heard your CROI talk. Thank you so much.

Should we be testing for Covid-19 in patients with flu like symptoms in our Community Health Center by using commercially available tests for patients without history of travel or known contacts? We have two cases thus far in (b) (6) where my center is located.

Gary Spinner
Southwest Community Health Center

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 16:26:19 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: asymptomatic infections of COVID-19
Attachments: thelancetrm-5-20-00427.pdf

Please handle.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: 何勇 (b) (6) >
Sent: Tuesday, March 10, 2020 1:46 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: asymptomatic infections of COVID-19

Dear Prof. Anthony Fauci,

At first, I express regret if I am bothering you in your busy schedule.

I know you care about asymptomatic infection of COVID-19. COVID-19 is spreading rapidly all over the world, especially in Iran and Italy, and possibly even more widely. Asymptomatic infections and healthy carriers are possible sources for transmission. However, such sources of infection cannot be effectively identified due to the symptoms absent. The research evidence is very lacking so far.

(b) (4)

This encourages me to write to you to seek help! I will be most grateful if you could give us some suggestion.

Look forward to hearing from you soon,

With kind regards,

Yours sincerely,

Yong He

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 16:21:12 +0000
To: Hahn, Stephen
Cc: Redfield, Robert R. (CDC/OD); r [REDACTED] (b) (6); Cassetti, Cristina (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; [REDACTED] (b) (6); Conrad, Patricia (NIH/NIAID) [E]; Graham, Barney (NIH/VRC) [E]; Mascola, John (NIH/VRC) [E]; Lerner, Andrea (NIH/NIAID) [E]; Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Coronavirus test
Attachments: nCoV-ColorimetricLAMP.pdf

Steve:

Let us discuss this when we are together at the 4:00 PM TF meeting.

Thanks,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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From: Roberts, Rich <[REDACTED] (b) (6)>
Sent: Tuesday, March 10, 2020 12:05 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Coronavirus test

Dear Tony:

If you can find a few minutes, I would very much like to talk with you briefly about a new diagnostic LAMP test for coronavirus COVID-19 that we have developed here at NEB. I attach a paper now in the MedRxiv that briefly describes the test. It has been used already in Wuhan and because of its simplicity, speed and visual output we think it would be very useful for use here in the US. We have just met with several people at Mass General Hospital and will be working with them for local validation here in MA. The test itself is very inexpensive, does not require any special equipment nor training of technicians. This would appear ideal for the FDA and the CDC to know about, but I have not so far been able to reach

either Stephen Hahn or Robert Redfield. I would emphasize that our goals are to help deal with the humanitarian aspects of the current problems.

I can be reached on my cell at (b) (6) or in my office at the number below.

Rich

Sir Richard J. Roberts Ph.D. F.R.S.
1993 Nobel Laureate in Physiology or Medicine
Chief Scientific Officer
New England Biolabs
240 County Road
Ipswich, MA 01938-2723 USA

Tel: (b) (6)
Fax: (978) 412 9910
email: (b) (6)

Executive Assistant: (b) (6)
Tel: (b) (6)
Fax: (978) 412 9910
email: (b) (6)

From: (b) (6)
Sent: Tue, 10 Mar 2020 11:13:29 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Cc: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Patented System - COVID-19

From Patty
Pls respond.

Sent from my iPhone

Begin forwarded message:

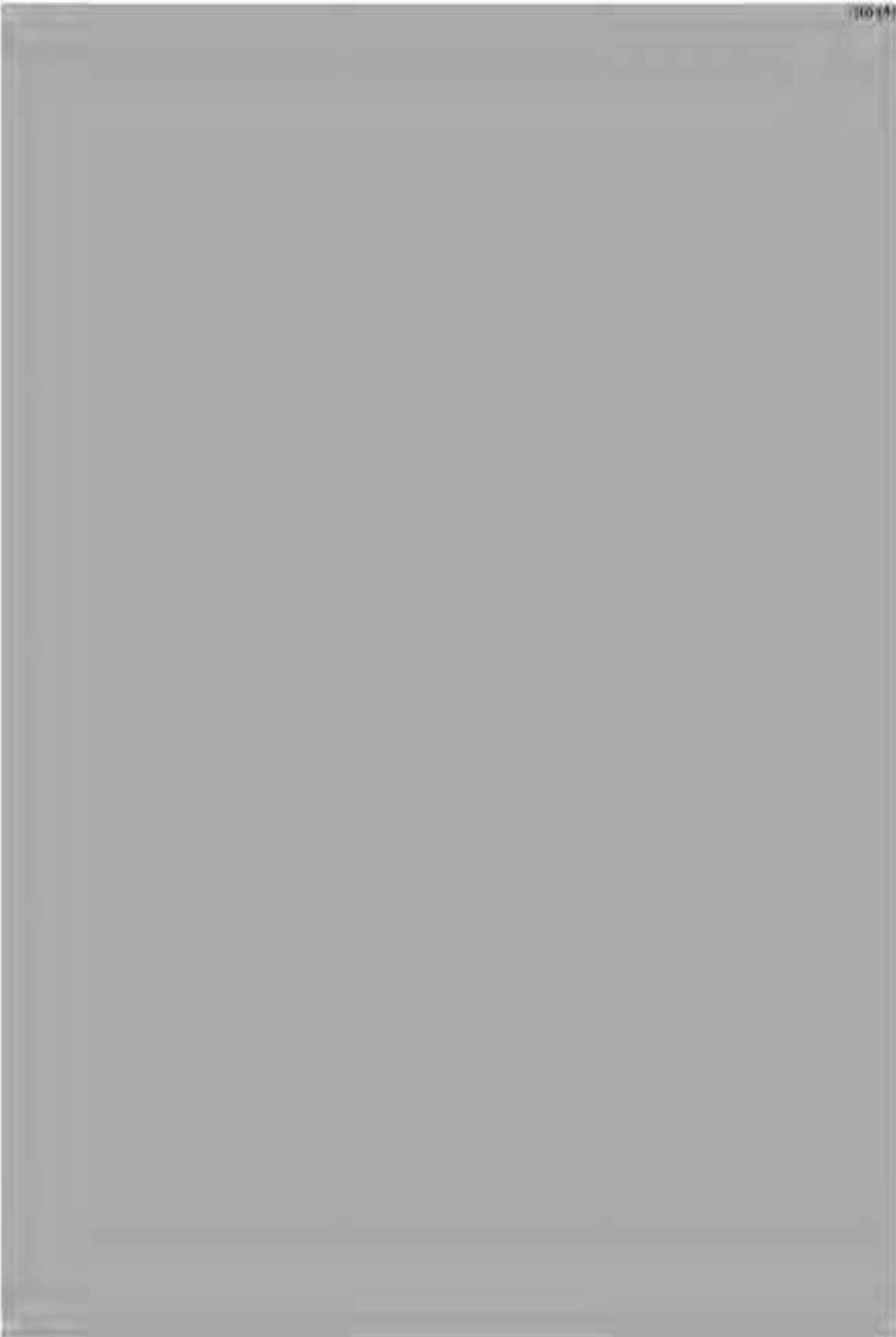
From: JOHN FLYNN (b) (6) >
Date: March 10, 2020 at 10:49:44 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Patented System - COVID-19

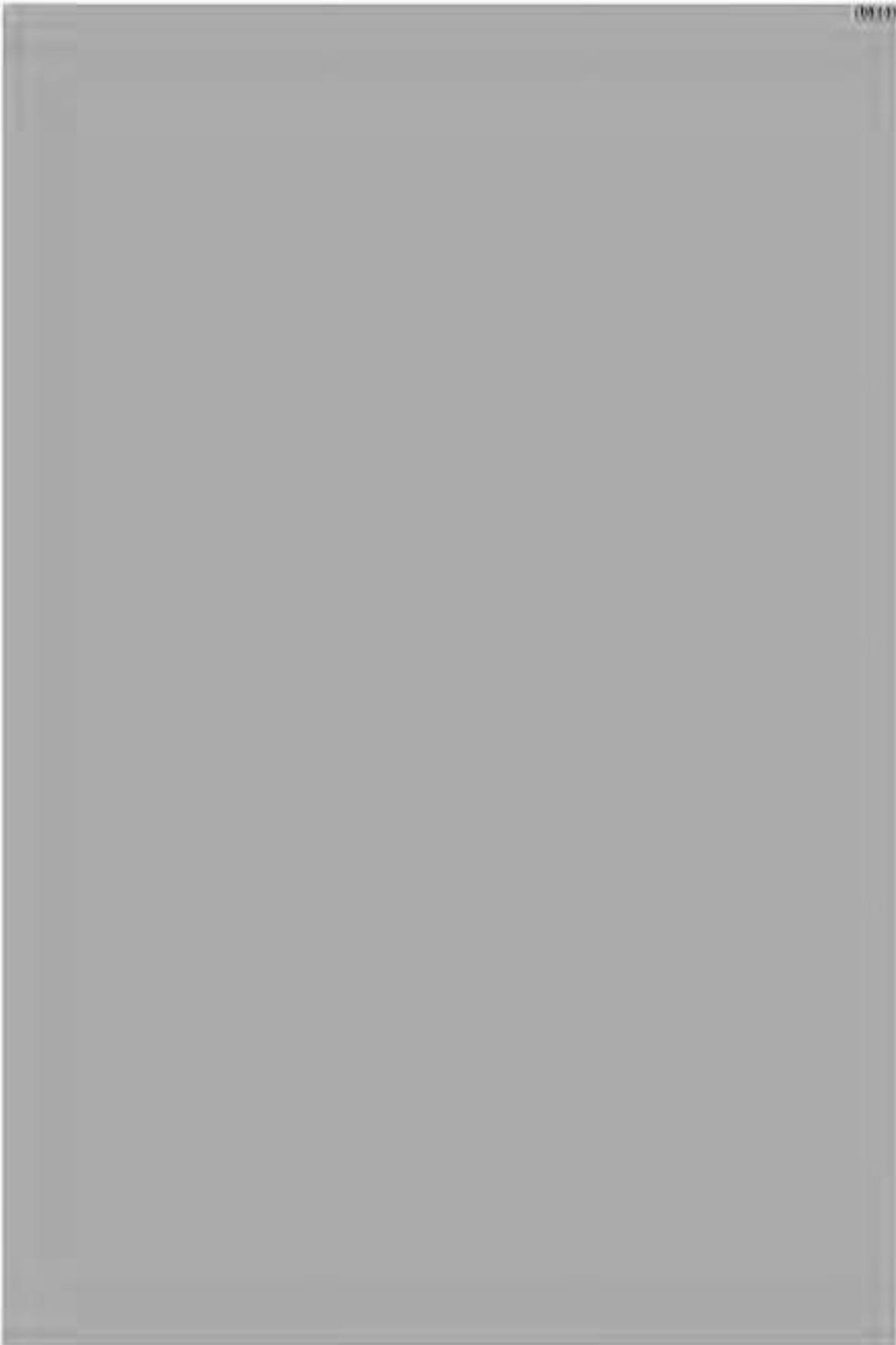
Dear Dr. Fauci,

I know that you are extremely busy, but I would respectfully urge you to take 5 mins. of your time to review the information below as I believe that I have a disruptive technology that can help prevent the spread of COVID-19.

My name is John Flynn. I previously founded a startup medical equipment company that was focused within the area of orthopedics, which I ran for twelve years. I ultimately sold the company to a public competitor, DJO Global. I have worked on different healthcare projects, but have exclusively spent the last twenty months focused on a new medical product within the area of infection prevention. **My goal was to introduce what I believe is a disruptive product to help healthcare facilities to prevent the spread of MDRO's in order to reduce HAI's/SSI's; however, I believe that it can also help to reduce the spread of Coronavirus.**

(b) (4)





(b) (4)

(b) (4) I hope that

you will have an interest in a further discussion.

Respectfully,

John Flynn

Cell: (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 10:45:53 +0000
To: Houndsburgh
Subject: RE: Thinking of you

Linda:

Many thanks for your kind note. It is much appreciated.

Best regards,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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-----Original Message-----

From: Houndsburgh (b) (6) >
Sent: Monday, March 9, 2020 4:24 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thinking of you

Dear Dr. Fauci,

You have been a bulwark for me since I was a resident in the 1980s, dealing with the AIDS epidemic at LA County General. For so many years, you have provided expert guidance in a calm, rational manner. As the Coronavirus becomes closer and closer to a pandemic, I know you have so much on your plate (hoarse voice, no?).

I send you my best wishes to stay well yourself during these trying times, and hope that you know how much you have meant, and continue to mean, to all physicians out there. You have given so much.

May God bless you always.

Best,

Linda Schmidt, MD
Internal Medicine

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 10:16:29 +0000
To: Casetti, Cristina (NIH/NIAID) [E]
Cc: Marston, Hilary (NIH/NIAID) [E]
Subject: FW: Predict the potential outbreak of COVID-2019 in the region based on the age information of reported COVID-2019 infected people
Attachments: COVID2019Prediction20200310.pdf, S1.xlsx

FYI

-----Original Message-----

From: (b) (6) >
Sent: Tuesday, March 10, 2020 5:21 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Predict the potential outbreak of COVID-2019 in the region based on the age information of reported COVID-2019 infected people

Dear Prof. Anthony Fauci

My name is Chao Wu and I am a research staff in national clinical research center for infectious diseases, the first affiliated hospital of college of medicine of Zhejiang University of China.

Based on the public data of COVID-2019 infected people in China, I have developed a simple model to warn the potential outbreak of COVID-2019 in a region based on the age information of reported COVID-2019 infected people.

Hope this could provide useful information for preventing COVID-2019 spreading in US. And hope the two countries can be together to fight with COVID-2019

Best wishes!

Chao Wu
Room 6A1713
Qingchun Branch
The First Affiliated Hospital of College of Medicine of Zhejiang University, Hangzhou

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 02:20:57 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: FW: Coronavirus Remote Monitoring
Attachments: image001.png, image001.png

Please take a look.

From: ezriel kornel [REDACTED] (b) (6)
Sent: Monday, March 9, 2020 7:10 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6); Auchincloss, Hugh (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Fwd: FW: Coronavirus Remote Monitoring

I think this may be a very valuable program. I have no involvement but was sent to me for my input.
Ezriel Kornel, MD

----- Forwarded message -----

From: King, Nicholas <nicholas.king@bernstein.com>
Date: Mon, Mar 9, 2020, 5:07 PM
Subject: FW: Coronavirus Remote Monitoring
To: [REDACTED] (b) (6)

Hi Ed,

I thought you'd find this to be of interest. Greg is a [REDACTED] (b) (6) and I think there may be an opportunity to help health agencies. Do you know anyone that this could be passed along to?

Nicholas King
Vice President – Financial Advisor
T [REDACTED] (b) (6)
nicholas.king@bernstein.com



After Arts Group | [Forbes](#)

From: Greg O'Keeffe [REDACTED] (b) (6)
Sent: Monday, March 09, 2020 9:05 AM
To: King, Nicholas <nicholas.king@bernstein.com>
Subject: Coronavirus Remote Monitoring

External Email. Use caution when clicking links or opening file attachments.

Nick,

Following up on our conversation this weekend, I am including some information below about our Remote Patient Monitoring platform which we are making available for free to health agencies and organizations participating in the response to COVID-19 in the United States.

Remote Patient Monitoring with FollowApp is a HIPAA-Compliant system that helps health officials to diagnose, contain and treat this highly transmissible viral threat by enabling the effective screening of large numbers of potential patients and to triage/prioritize targeted clinical interventions including the use of test kits.

FollowApp's monitoring dashboard and patient mobile applications (iOS and Android) can be used to deliver two of the keys to an effective response plan: 1) encourage "self-quarantining" (a fundamental epidemiologic tenet) and 2) off-load exploding clinical volume threatening hospital Emergency Departments. Healthcare systems are thus able to maintain important contact with these populations and recommend targeted escalation of care when needed, while decreasing exposure to both clinicians and other patients.

The public perception of the lethality of this global pandemic is fueling panic which, in and of itself, is creating its own logistic issues that are already beginning to overwhelm hospital Emergency Departments. The dilemma for health care systems, then, becomes a question of identifying subpopulations at increased risk while at the same time, keeping these patients out of the hospital.

Please feel free to forward this email along with my contact information (cell (b) (6)) -- I would be happy to provide a demo to anyone who may be interested.

Thank you again,

Greg

--

Greg O'Keeffe
President & CEO
Human Resolution Technologies, LLC
www.PatientMonitoring.com

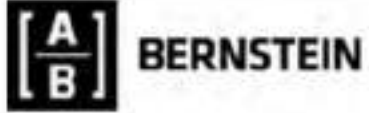
[LinkedIn](#)

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Virus-free. www.avast.com

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<http://www.alliancebernstein.com/disclaimer/email/disclaimer.html>



LAB

NIH-0000729

BERNSTEIN

LAB

NIH-0000730

BERNSTEIN

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 02:19:50 +0000
To: (b) (6)
Subject: FW: Revised Nursing Home Guidance
Attachments: QSO20-14. COVID-19 Nursing Homes - REVISED NIAID.docx

I had my staff review this and their edits/suggestions are incorporated into the attached document.

Best regards,
Tony

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From: CMS (b) (6)
Sent: Sunday, March 8, 2020 9:02 PM
To: (b) (6) Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Fwd: Revised Nursing Home Guidance

Would you mind reviewing our updated guidance to nursing homes? This is upgrading the policies around visiting etc. Would like to send this out tomorrow.

Thanks.

Sent from my iPhone

Begin forwarded message:

From: "Shulman, Evan T. (CMS/CCSQ)" (b) (6) >
Date: March 8, 2020 at 8:52:14 PM EDT
To: CMS (b) (6) >
Cc: "Hittle, Matthew (CMS/OA)" (b) (6) >, "Brookes, Brady (CMS/OA)" (b) (6), "Moody-Williams, Jean D. (CMS/CCSQ)" (b) (6) >, "Wright, David R. (CMS/CCSQ)" (b) (6) >
Subject: Revised Nursing Home Guidance

Seema,

Attached is the Nursing Home memo with revised guidance (changes are in red/italics). This includes suggestions from Shari and Patti Meier, but they are still reviewing the full document. We sent this to the CDC this afternoon and I just received their feedback (while

on this call). I skimmed through their feedback and while they recommended some changes, they did not suggest any substantive changes.

Summary of revisions:



We've also been in contact with the industry, and believe they will support the revisions. Happy to answer any questions.

Thanks,
Evan

Evan Shulman
Director, Division of Nursing Homes
Quality Safety and Oversight Group
Center for Clinical Standards and Quality
Centers for Medicare and Medicaid Services

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 02:11:06 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Subject: FW: Coronavirus Case in Munich

Please respond to this person.

From: Rita DiCasagrande Olsen [REDACTED] (b) (6)
Sent: Monday, March 9, 2020 9:20 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Coronavirus Case in Munich

Carissimo Dr. Fauci -

Greetings from Munich, Germany! It's hard to believe so many years have passed since our time working avian influenza preparedness. I have watched every single interview during the past few months and I could not be more relieved to see you at the helm of this new, rapidly evolving crisis.

I know you have very little time, so I will make this quick - hopefully to be followed by a more fulsome and proper hello.

We have a prominent American businessman (age 64) here in Munich who tested positive a little over a week ago after skiing in the Dolomites in Italy. He has a history of respiratory illnesses, including double pneumonias and various other similar complications. In short, he is sedated and intubated, and was placed on ECMO during the past 24 hours. The team is administering ritonavir and lopinavir, as well as broad spectrum antibiotics.

The German doctor here would like to acquire Remdesivir to have on hand if all other treatments fail. Because it is not being tested here, he inquired whether we could access it in the States. Would you be able to point me in the right direction for how, if even possible, we could transfer some to the Munich-based hospital here?

Thank you so much in advance. Any other insights of course are certainly welcome. You continue to be a national treasure. All the best - Rita

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 02:09:14 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Science of COVID-19 Curriculum?

Please respond to him for me. Try to help him out.

From: michael dispezio [REDACTED] (b) (6)
Sent: Monday, March 9, 2020 9:16 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Science of COVID-19 Curriculum?

Dr. Fauci,

Twenty years ago, I wrote the US curriculum "The Science of HIV" and we were honored to have you featured in our accompanying television broadcast, which was nominated for an Emmy (Discovery Channel). Years prior to that, I snagged my Masters from BU on some novel, emergent retrovirus called HIV.

Now, its time for me to do my magic and educate this new generation on COVID-19. This is a familiar audience (my people), since most use the science programs I have authored for K-8 for the past 30 years!

How do I best proceed with developing materials in sync with the national needs that demystify the concepts surrounding COVID-19 ? My skillset is in education, but my background in biology and biochem.

Please Google me and/or check out the links below.



<https://www.nsta.org/recommends/ViewProductPrint.aspx?ProductID=12138>

<https://www.hmhco.com/people/michael-dispezio>

Sincerely,

Michael DiSpezio (another [REDACTED] (b) (6))



Virus-free. www.avg.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 00:58:15 +0000
To: Collins, Francis (NIH/OD) [E]; Trevor Mundel
Cc: Dan Wattendorf; Jennifer Weisman
Subject: RE: COVID-19

Trevor:

Ditto what Francis said. If Bill is seeing the VP tomorrow, he will surely bring it up to me at our 4:00 PM daily Task Force meeting.

Thanks,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Monday, March 9, 2020 8:25 PM
To: Trevor Mundel (b) (6) >; Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Dan Wattendorf (b) (6) >; Jennifer Weisman (b) (6)
Subject: RE: COVID-19

Hi Trevor,

Truly interesting opportunity. Tony is doing a media blitz (Sean Hannity on Fox right now) but I'm sure he will check in – and I would imagine that VP Pence will turn to him to decide how to respond to Bill's phone call. Doctor-based testing capability in the US has gone up substantially in the last couple of days – after admittedly a rocky start. But home testing presents a novel detection scheme. I assume from what you say that false negatives are uncommon and false positives are rare?

For Africa, this seems like a technology that ought to be deployed as soon as possible. It astounds me that there are no documented cases in East Africa yet – that defies everything we know about air traffic with China. Providing an opportunity for low-tech testing in Addis, or Kampala, or Nairobi, or Dar es Salaam seems like a highly desirable outcome.

My two cents.

Francis

From: Trevor Mundel <(b) (6)>
Sent: Monday, March 9, 2020 5:57 PM
To: Collins, Francis (NIH/OD) [E] <(b) (6)>; Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Dan Wattendorf <(b) (6)>; Jennifer Weisman <(b) (6)>
Subject: COVID-19

Dear Francis, Tony,

I wanted to give you a heads up on a call that Bill will have with Vice President Pence tomorrow around the COVID-19 situation. As you might be aware, we have been running an influenza transmission study in Seattle for the last 2 years. This involves at-home testing for ILI-symptomatic individuals (who log-in via a web app) and collection of nasal swabs, which are then sequenced for a range of respiratory pathogens. Dan can give you more details on this study if you have questions. When the Coronavirus situation arose, we added this to the list of pathogens and hence were able to detect some of the early cases in Washington.

The CDC has been very interested in the approach and at one point we had the highest screening capacity in the US (though only 400 samples per day, so I hope this is no longer true). At the same time, we have developed a COVID-19 at-home screening and information system with robust software that approximates what China was doing but also takes into account the opt-in requirements that are necessary in the US.

We want to propose going beyond the Seattle area- this would be gated only by availability of testing. We can deploy this ready-now system more broadly in the US. Ideally we would also do a parallel outreach to some African countries. I'd be interested in your views and would be happy to jump on a quick call.

Warm regards,
Trevor

Trevor Mundel, MD, PhD
President, Global Health Program

V + (b) (6)

F +1.206.494.7041

E (b) (6)

(b) (6)

Executive Assistant
Office of the President, Global Health

V (b) (6)

M

E (b) (6)

Bill & Melinda Gates Foundation

www.gatesfoundation.org

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 00:47:56 +0000
To: Del Rio, Carlos
Subject: RE: [External] Re: Nice job in Press Conference
Attachments: SSRN-id3549276.pdf

Not for distribution. It may still be under review

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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-----Original Message-----

From: Del Rio, Carlos <(b) (6)>
Sent: Monday, March 9, 2020 7:59 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Re: [External] Re: Nice job in Press Conference

Share the Australian paper when you can. Could not find it.

Carlos del Rio, MD.
Sent from my iPhone

> On Mar 9, 2020, at 7:54 PM, Fauci, Anthony (NIH/NIAID) [E] <(b) (6)> wrote:

>

> Thanks, Carlos.

>

>> On Mar 9, 2020, at 7:21 PM, Del Rio, Carlos <(b) (6)> wrote:

>>

>>

>>

>> Carlos del Rio, MD.

>> Sent from my iPhone

>>

>>

>>

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- >> message (including attachments).

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 00:30:13 +0000
To: Michael Gerson
Subject: RE: My column, just FYI

Well done!

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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E-mail (b) (6)

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-----Original Message-----

From: Michael Gerson (b) (6)
Sent: Monday, March 9, 2020 5:47 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: My column, just FYI

https://www.washingtonpost.com/opinions/coronavirus-isnt-another-hurricane-katrina-its-worse/2020/03/09/25c302f2-6224-11ea-acc4-80c22bbee96f_story.html

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 00:26:59 +0000
To: Mark Harrington;Folkers, Greg (NIH/NIAID) [E]
Subject: RE: NYC community letter to Mayor De Blasio on social distancing measures to mitigate COVID-19

Thanks, Mark. Good letter.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Mark Harrington (b) (6) >
Sent: Monday, March 9, 2020 5:42 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Subject: NYC community letter to Mayor De Blasio on social distancing measures to mitigate COVID-19

Attached.

Hope you're both well.

cheers,

Mark

--

Mark Harrington
Executive Director
Treatment Action Group
90 Broad Street, Suite 2503
New York, NY 10004 USA
(b) (6) - tel.

(b) (6)

mark.harrington@treatmentactiongroup.org

From: (b) (6)
Sent: Mon, 9 Mar 2020 19:56:50 -0400
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: Fwd: Requesting a copy of your article

Pls handle

Sent from my iPhone

Begin forwarded message:

From: Mahendra De Silva (b) (6)
Date: March 9, 2020 at 7:52:52 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Requesting a copy of your article

Dear Dr. Fauci:

Would you be kind enough to send me a copy of this important article (see below)?

Thank you.
Sincerely,
Mahendra De Silva, PhD

January 23, 2020

Coronavirus Infections—More Than Just the Common Cold

Catharine I. Paules, MD¹; Hilary D. Marston, MD, MPH²; Anthony S. Fauci, MD²

From: (b) (6)
Sent: Mon, 9 Mar 2020 19:53:18 -0400
To: Krista Conley
Subject: Re: Terry Beirn

Krista:

Many thanks for your kind note.

Best regards,
Tony

> On Mar 9, 2020, at 7:25 PM, Krista Conley <(b) (6)> wrote:

>

> Good evening Dr. Fauci:

>

> My name is Krista Conley and I was a staff assistant for Senator Kennedy's Labor and Human Resources Committee in 1987. I was supporting the committee on health-related issues until one day, this smart-aleck of a guy walked in and said "You work for me, now."

>

> That was Terry Beirn, and I spent the next year of my life working on the very first legislation for research funding and for anti-discrimination protections. Terry made me better, stronger, more empathetic than I ever thought possible. He worked me relentlessly - and it never felt like work. Those were very tough times, and we never let up, not even to eat.

>

> I fielded a lot of calls from you to Terry, and seeing the coronavirus press conference tonight, I wanted to thank you for your tireless public health efforts. You changed lives to the good for millions - Terry did his bit, too.

>

> It's good to hear your voice at the lectern - makes me feel like we'll get through it. Thank you for always jumping in - Krista Conley

From: (b) (6)
Sent: Mon, 9 Mar 2020 19:43:06 -0400
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: The Economist Asks request for Dr. Anthony Fauci

Let us discuss

Begin forwarded message:

From: Sujata Thomas <sujatathomas@economist.com>
Date: March 9, 2020 at 7:41:03 PM EDT
To: "Conrad, Patricia (NIH/NIAID) [E]" <(b) (6)>, "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Re: The Economist Asks request for Dr. Anthony Fauci

Hi,

I just wanted to follow up on this request for The Economist. The interview could happen at Dr. Fauci's convenience.

Thanks for the consideration.

Best,
Sujata

On Thu, 5 Mar 2020 at 08:48, Sujata Thomas
<sujatathomas@economist.com> wrote:

Dear Dr. Fauci,

"The Economist Asks", The Economist's award-winning interview podcast would love to have you join the program this spring.

"The Economist Asks" is the Economist's flagship show, a current, frank and engaging profile-style interview, in a series that includes heads of state, cultural pioneers and business leaders, and hosted by Anne McElvoy.

Anne would like to discuss with you, your thoughts on coronavirus, its spread and the management of this global public health emergency.

We'd record 20 mins of interview, very flexible as to date and location - though we'd love to do it soon - and are open to include subjects you feel

need to be covered. We know you are likely inundated with requests, so if you could connect me with the appropriate person handling your speaking requests, we'd greatly appreciate it.

Economist Radio has over 12 million listens a month worldwide, with a core audience in the US and the UK. Previous guests on "The Economist asks" include Melinda Gates, Tony Blair, Hillary Clinton, Imran Khan, Salman Rushdie, Annie Lennox, Anna Wintour, Darren Aronofsky, David Sedaris, David Mamet, Margaret Atwood, Ursula Burns, Juan Manuel Santos, Christine Lagarde, Jacinda Ardern, Michael Bloomberg, Pussy Riot, Pete Buttigieg among many others. You can listen to previous episodes here acast.com/theeconomistasks.

Thank you for your consideration and hope to hear from you or someone from your office.

Thanks,
Sujata

(b) (6)

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From: (b) (6)
Sent: Mon, 9 Mar 2020 19:25:47 -0400
To: NIAID Public Inquiries
Cc: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: (b) (6)

Sent from my iPhone

Begin forwarded message:

From: Laura (b) (6)
Date: March 9, 2020 at 5:48:06 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Still positive after 30 days

Dear Dr. Fauci,

(b) (6)

Thank you,
Laura Umphries

(b) (6)

Sent from my Verizon, Samsung Galaxy smartphone

From: (b) (6)
Sent: Mon, 9 Mar 2020 19:22:39 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]
Subject: Fwd: Testing for COVID-19

From patty

Pls respond.

Sent from my iPhone

Begin forwarded message:

From: Robert Langston <(b) (6)>
Date: March 9, 2020 at 6:38:20 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Testing for COVID-19

Hello Dr. Fauci,
Are you able to provide false positive and false negative values for patients with
Corona Virus infection and colonization?
Thank you for taking time to read and respond my question.
My regards,
Robert Langston MD

From: (b) (6)
Sent: Mon, 9 Mar 2020 19:21:36 -0400
To: Handley, Gray (NIH/NIAID) [E]
Subject: Fwd: CoV collaboration with Polish Medical Research Agency
Attachments: image001.png

From
Patty. Does asf need to see this

I am trying to empty his emails. Pls advise ASAP

Sent from my iPhone

Begin forwarded message:

From: "Handley, Gray (NIH/NIAID) [E]" (b) (6)
Date: March 9, 2020 at 6:51:14 PM EDT
To: (b) (6)
Cc: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6); "Lane, Cliff (NIH/NIAID) [E]" <(b) (6)>; "Auchincloss, Hugh (NIH/NIAID) [E]" (b) (6)
Subject: CoV collaboration with Polish Medical Research Agency

Dear Dr. Sierpiński,

Dr. Fauci referred your message to me and other NIAID colleagues with a request that we respond on his behalf so as to avoid further delay. We certainly sympathize with your situation, as we also are working urgently to prevent, control and manage COVID-19 in the United States.

During his visit to NIH in 2018, I was pleased to meet Minister Szumowski and, although I was traveling when you visited Dr. Fauci last year, I am aware that the meeting was productive and that we remain interested in encouraging further U.S.-Poland scientific collaboration. In part, as a result of that meeting, we are also very pleased to be planning an NIH and ABM-sponsored clinical research training workshop in Poland later this year.

As you are likely aware, NIAID is collaborating with a number of organizations to develop vaccines for SARS-CoV-2. We are expecting the first vaccine to start Phase I trials within the next month. As vaccines move through Phase I testing, there may be opportunities to collaborate.

In addition, with NIAID as the regulatory sponsor, we have initiated a randomized, controlled clinical trial to evaluate the safety and efficacy of the investigational antiviral

remdesivir in hospitalized adults diagnosed with COVID-19. This adaptive design trial will allow for the addition of new treatment arms as promising new therapeutics for COVID-19 become available. Eventually, this trial may be expanded to include international sites, potentially including some that have been affiliated with our INSIGHT Network in the past. Three sites in Poland have participated in INSIGHT trials:

Site Name: Wroclawskie Centrum Zdrowia (Wroclaw)

Site Leader: Brygida Knysz

Site Name: Wojewodzki Szpital Zakazny (Warsaw)

Site Leader: Andrzej Jerzy Horban

Site Name: Uniwersytecki Szpital Kliniczny (Bialystok)

Site Leader: Robert Flisiak

It might be a good idea to let any Polish sites/investigators considering participation in this trial know that ABM might have available funding to support international collaborative research, if that is the case. This may be important information as Polish scientists interact with other European scientists considering the development of a multi-site clinical trial.

In addition, there may be other opportunities for collaborative research engaging Polish Institutions with access to COVID-19 patients, particularly through the sharing of biological samples and research data. Another approach would be for interested Polish scientists to explore shared interests with U.S. colleagues who are planning to apply for COVID-19 funding in response to current Funding Opportunity Announcements in the NIH Guide to Grants and Contracts. To do what we can to facilitate possible collaborations, we would also welcome receiving additional information on specific COVID-19 research interests, capabilities and activities current in Poland.

Thank you again for reaching out to Dr. Fauci. We look forward to continuing to discuss potential areas of collaboration.

Best regards,

F. Gray Handley

Associate Director for International Research Affairs

National Institute of Allergy and Infectious Diseases

National Institute of Health

U.S. Department of Health and Human Services

Tel: (b) (6)

5601 Fishers Lane, Room 1E50

Fax: 301 480 2954

Bethesda, MD 20892-9802

(b) (6)

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From: Radosław Sierpiński (b) (6) >
Date: March 9, 2020 at 6:42:08 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Cc: "Gupta, Ranjan (NIH/FIC) [E]" (b) (6)
Subject: CoV collaboration with Polish Medical Research Agency

Dear Doctor Fauci,

I hope this e-mail is finding you well and your efforts in fight against Coronavirus epidemics is giving some effects. As you know in Poland we have currently 15 cases of CoV infection and we are also fighting mostly with general society worries than epidemics. We would like also to take part in research on CoV vaccine or drug and Polish Medical Research Agency is planning to start financing some project on it as soon as possible. Both polish medical universities and institutes are fully prepared to take part in such project.

On behalf of Polish Minister of Health Prof. Lukasz Szumowski I would like to kindly ask you for some support and collaboration options with NIH in this very delicate issue. Maybe NIH can take some advisory role in our scientific project or Polish scientists may take some part in your work bilaterally.

Looking forward to hearing from you,

Radosław Sierpiński MD, PhD
President of Medical Research Agency in Poland

(b) (6)

<image001.png>

Medical Research Agency

ul. S. Moniuszki 1A

00-014 Warszawa

www.abm.gov.pl



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MEDYCZNYCH



AGENCIJA

NIH-000753 N

MEDYCYNYCH

From: Conrad, Patricia (NIH/NIAID) [E] on behalf of Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 20:13:17 +0000
To: NIAID OD AM
Subject: FW: Opp to speak to U.S. CEO Community
Attachments: CEO overview_updated_5_31_19_(1) (2).pdf

Patricia L. Conrad
Public Health Analyst and
Special Assistant to the Director
National Institute of Allergy and Infectious Diseases
The National Institutes of Health
31 Center Drive, MSC 2520 - Room 7A03
Bethesda, Maryland 20892
(b) (6)
301-496-4409 fax

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From: Greg Reilly <Greg@theceoforumgroup.com>
Sent: Monday, March 9, 2020 4:06 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Opp to speak to U.S. CEO Community

Dr. Fauci,

Our national radio and magazine audience is the U.S. CEO community, and this is an invitation to be interviewed for The CEO Show and The CEO Forum Magazine. The opportunity is to deliver your words directly, verbatim, with no reporter's interpretation. [Company Overview attached.]

The line of questioning would be about advice for corporate leaders during a health crisis, such as we are experiencing now with COVID-19 and such that we may experience again in the future.

We could do the 19-minute interview by phone or in person in New York City.

Certainly we honor your service and excellence as a spokesperson.

Our outlets would be effective for your messages specific to business leaders.

Please consider this invitation.

Thank you
Greg Reilly

Greg Reilly | Associate Publisher

☎ ☎ | greg@theceoforumgroup.com | www.theceoforumgroup.com



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 18:23:56 +0000
To: Tabak, Lawrence (NIH/OD) [E]
Cc: Marston, Hilary (NIH/NIAID) [E]; (b) (6)
Subject: RE: Appropriations - second supp for coronavirus - professional judgement request

We will have additional needs. Will get back to you today about the amount and what the plan is.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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E-mail: (b) (6)

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From: Tabak, Lawrence (NIH/OD) [E] <(b) (6)>
Sent: Monday, March 9, 2020 1:01 PM
To: Collins, Francis (NIH/OD) [E] (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: FW: Appropriations - second supp for coronavirus - professional judgement request
Importance: High

How do you want this approached please?
Thanks
Larry

From: "Mitchell, Michelle (NIH/OD) [E]" (b) (6)>
Date: Monday, March 9, 2020 at 12:43 PM
To: "Tabak, Lawrence (NIH/OD) [E]" (b) (6)>, "Shapiro, Neil (NIH/OD) [E]" (b) (6)>, "Hallett, Adrienne (NIH/OD) [E]" <(b) (6)>, "Higgins, Lauren (NIH/OD) [E]" (b) (6)
Cc: "LaMontagne, Karen (NIH/OD) [E]" (b) (6)>, "Bauer, Jenna (NIH/OD)

[E] (b) (6) >

Subject: Appropriations - second supp for coronavirus - professional judgement request

Hi everyone,

Jen Cama with DeLauro just reached out to request our professional judgement on a second supplemental for the coronavirus. Below is her question. Would you let me know what I should tell her?

Question: Does NIH, in its professional judgment, recommend any additional funding for coronavirus?

Thanks.

Michelle

From: (b) (6)
Sent: Mon, 9 Mar 2020 13:49:31 -0400
To: Oplinger, Anne (NIH/NIAID) [E]
Subject: Fwd: Media Request: CBC News

From Patty pls decline

Sent from my iPhone

Begin forwarded message:

From: Adam Miller <adam.miller@cbc.ca>
Date: March 9, 2020 at 1:44:59 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Media Request: CBC News

Hi Dr. Fauci,

I'm a senior journalist with the health unit at Canada's public broadcaster, CBC News, and I'm hoping to speak with you for a national story on COVID-19 preparedness in the U.S. and Canada.

I'm wondering if you'd be free for a brief phone interview on how prepared the U.S. has been throughout this outbreak and what further efforts need to be taken.

Thanks, I would only need five minutes of your time by phone.

Best,

Adam

--

Adam Miller
Senior Writer
CBC News
Desk: 416-205-5719
Cell: (b) (6)
Twitter: @adamsmiller



From: (b) (6)
Sent: Mon, 9 Mar 2020 13:23:24 -0400
To: NIAID Public Inquiries
Subject: Fwd: Celiac and Coronavirus

Pls handle

Sent from my iPhone

Begin forwarded message:

From: Tenley Willock (b) (6) >
Date: March 9, 2020 at 1:00:11 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Celiac and Coronavirus

Hello Dr. Fauci,

I am a teacher from (b) (6) in a school district that closed this week due to the virus scare (b) (6) I am (b) (6) years old and I have (b) (6) What is my vulnerability to getting this virus teaching around young children. I know you have mentioned heart issues and chemotherapy. Can you please give me advice?

Thank you so much! Thank you for your hard work!

Sincerely,

Tenley Willock

(b) (6)

From: (b) (6)
Sent: Mon, 9 Mar 2020 13:22:31 -0400
To: Haskins, Melinda (NIH/NIAID) [E]; Selgrade, Sara (NIH/NIAID) [E]
Cc: Barasch, Kimberly (NIH/NIAID) [C]
Subject: Fwd: Senator Barbara Boxer

Pls advise. Set this up?

Sent from my iPhone

Begin forwarded message:

From: Nicole Burak (b) (6)
Date: March 9, 2020 at 1:18:11 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Senator Barbara Boxer
Reply-To: (b) (6)

Dr. Fauci – my name is Nicole Kaneko and I work for Senator Barbara Boxer from California. I know the Senator is (b) (6) and she is hoping you may have a few minutes to talk to her via phone regarding an exciting way to test for the COVID-19 virus. Thank you in advance.

Nicole Kaneko
(b) (6)

From: (b) (6)
Sent: Mon, 9 Mar 2020 13:19:45 -0400
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Virus Transmission

From Patty
Not sure who responded. Can u take this repeat email.

Sent from my iPhone

Begin forwarded message:

From: DANIEL GAGNON (b) (6)
Date: March 9, 2020 at 1:16:07 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Fwd: Virus Transmission

Dr. Fauci:

I appreciated your office calling me last Thursday regarding my email concern below on the **Covid 19** virus epidemic. The fact that China has a larger percentage of smokers in its population may have something to do with the faster spreading of the virus there. Male smokers out number females by a huge number and are therefore dying in much higher numbers because of that fact.

Has anyone at CDC looked into when a person is around cigarette smokers that the particles of smoke land onto a persons clothing. That person then comes home with those smoke particles on their clothing and they can be shed when the clothes are removed from their body thus placing the possible virus laden particles back into the air at home to infect others. Just smell your clothes the next day and you can no doubt smell smoke on them. Has this case in point been looked into as a possible means of spreading the virus? Since a side effect of the virus is the patient developing pneumonia would giving an elderly person the Prevar 13 shot help strengthen their immune system before the virus ever strikes them?

I wish you & other virologist God Speed with finding a vaccine that will stop the spread of this epidemic.

Daniel Gagnon
(b) (6)

Begin forwarded message:

From: DANIEL GAGNON (b) (6) >
Subject: Virus Transmission
Date: February 24, 2020 at 3:48:33 PM EST
To: (b) (6)

Hi Dr. Fauci:

I have been a long time admirer of you in the field of modern medicine. This question I have relates to the current Coronavirus circulating around the world. For many years I have informed people that the ways a virus can be passed from person to person isn't always by a sneeze, cough or by touching someones face with their hands. Has anyone in your medical community thought that if someone were smoking and was an infected person that once they expel the smoke particles into the air that those micro smoke particles may contain viruses that were in the respiratory system of an infected person. Everyone I mention this to don't believe that this is possible. What are your thoughts on this matter? If so why hasn't the medical community warned the public about this possibility as I stay away from all establishments that allow smoking on their premises.

Thank you,

Daniel Gagnon

(b) (6)

From: (b) (6)
Sent: Mon, 9 Mar 2020 13:18:14 -0400
To: Lerner, Andrea (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Question re: coronavirus infection & pneumococcal vaccination

From patty

Can one of you pls respond. Thx

Sent from my iPhone

Begin forwarded message:

From: Manon Cox <(b) (6)>
Date: March 9, 2020 at 1:06:33 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Question re: coronavirus infection & pneumococcal vaccination

Dear Dr. Fauci,

This is Manon Cox, former CEO of Protein Sciences, the developer of Flublok®.

First of all I would like to thank you for your realistic comments around the ongoing coronavirus outbreak. I am glad to see that not everyone is presenting a "Spanish Flu"- like scenario.

I am reaching out to you b/c I am noticing that so many people including professionals (MD's!) appear to be thinking that people with a coronavirus infection are dying from a cytokine storm whereas my understanding is that pneumonia (whether viral or bacterial) is generally the underlying of the lung failure.

My question to you is: Do we know whether people that have previously received a pneumococcal vaccination might be better protected from death after contracting a severe coronavirus infection? i.e., would it be possible that the coronavirus causes tissue damage resulting in a secondary pneumococcal infection?

I know better than anyone (after working over 15 years on Flublok approval) that it is not realistic to expect a coronavirus anytime soon but if we could message that a pneumococcal vaccine could be beneficial in ultimate outcome it would be good for vaccines in general as we do have pneumovax and Prevnar available.

Thank you for your consideration.

Kind regards, Manon Cox

Sent from [Mail](#) for Windows 10

From: (b) (6)
Sent: Mon, 9 Mar 2020 13:16:15 -0400
To: Oplinger, Anne (NIH/NIAID) [E]
Subject: Fwd: Time for an interview with America Magazine?

This is from patty
Pls decline.

Sent from my iPhone

Begin forwarded message:

From: Kevin Clarke <clarke@americamedia.org>
Date: March 9, 2020 at 1:07:02 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Time for an interview with America Magazine?

Dear Dr. Fauci,

America magazine is the flagship effort of America Media in New York. We are a ministry of the Jesuits of the United States and Canada. America magazine may be the best known Catholic publication in the United States, publish for more than 100 years.

I realize you must be supremely busy under the circumstances, but I thought I would ask if you could spare a few minutes for an interview in New York, over the phone or on remote via Skype for one of our internet programs to talk about the coronavirus landfall here in the United States, how the public can best respond. We would also love to hear how your faith is helping you cope personally, perhaps how your Jesuit background is assisting your decision-making in this drama.

Let me know if you think anything might be possible.

Thanks,

Kevin Clarke

--

Kevin Clarke
Senior Editor and Chief Correspondent
1212 Sixth Ave, 11th Floor
New York, NY 10036
Phone: [212-515-0130](tel:212-515-0130) (office)

Phone: (b) (6) (mobile)

Phone: (b) (6) (Friday)

Email: clarke@americamedia.org

Web: www.americamedia.org

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A JESSIE HUNTER

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<<http://facebook.com/Americamag>> | YouTube <<http://youtube.com/Americamag>> | Tumblr

<<http://americalliterary.tumblr.com/>>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 16:07:16 +0000
To: Alison Galvani
Subject: RE: In press paper about impact of travel restrictions attached

Thanks, Alison.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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From: Alison Galvani (b) (6)
Sent: Tuesday, March 3, 2020 4:04 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: In press paper about impact of travel restrictions attached

Hi Tony,

It may not be as pertinent as it was when we submitted it, but I thought you might be interested in our modeling on the global spread of COVID-19. It is in press at PNAS.

We also have a paper submitted to them about ICU and ventilator inadequacy in the US. I'd be happy to send it to you now or wait until after the peer-review process.

Thank you for everything you do to lead us through these crises.

All the best,
Alison

--

Alison Galvani, PhD

Director, Yale Center for Infectious Disease Modeling and Analysis (CIDMA)

Burnett and Stender Families Professor of Epidemiology
Yale School of Public Health
Yale School of Medicine
New Haven, CT 06520

(b) (6)
<http://cidma.yale.edu/>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 16:02:31 +0000
To: Jacquelyn (Jackie) Madry-Taylor
Subject: RE: Dr. Marilyn Madry Lightfoote

Thank you.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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E-mail: (b) (6)

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From: Jacquelyn (Jackie) Madry-Taylor (b) (6) >
Sent: Tuesday, March 3, 2020 11:04 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Dr. Marilyn Madry Lightfoote

Good Morning, Dr. Fauci,

I am (b) (6) Dr. Jacquelyn Madry-Taylor. I know she would want me to congratulate you on the outstanding information you are providing the nation about the Coronavirus. The success of (b) (6) career was directly related to you allowing her to work in your labs as she began her career in molecular immunology. Your name was mentioned quite frequently during those early years and throughout her work in the federal government. I, (b) (6) and other family members miss her so much and know that she would be on top of the information about this new virus as you present it. Thank you so much for being such a catalyst for her success and we applaud your efforts in identifying the source of the virus and finding a vaccine.

Sincerely,

Jacquelyn Madry-Taylor, EdD

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 13:18:02 +0000
To: Kate Dickman
Subject: RE: Thank You

Thank you!

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Kate Dickman (b) (6) >
Sent: Monday, March 9, 2020 9:00 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thank You

Dear Dr. Fauci,

I have been reading about your efforts to learn quickly about COVID-19, and subsequently educate the American public about its risks. I wanted to say how grateful I am for your expertise, perseverance and candor.

Updates about what Americans should do to keep safe, and understanding what may be deemed risky for personal and community health, are greatly needed in these days of information (and possibly misinformation) overload. Giving American people current information and clear, updated guidance is the best way to create grassroots, coordinated, widespread effort, while the CDC, NIH, and other government health organizations organize the tops-down approaches to regional screening, emergency care, and COVID-19 research/testing for hopeful vaccination or treatment protocols.

I'm very relieved and assured to have strong voices of reason, experience, and merit helping 'us' navigate these murky waters. I'm grateful for your courage.

Thank you again.

Kate Dickman

(b) (6)
resident of (b) (6) Northern California

--
Sent from [Postbox](#)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 12:57:57 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Containment Measures

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Alex Wolf, Esq. (212)717-2510 <awolf@wolflawyer.com>
Sent: Monday, March 9, 2020 8:43 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Containment Measures

Dear Dr. Fauci,

Why doesn't CDC counsel entire country on need for containment measures as indicated by the following study:

[Rapid Response was Crucial to Containing the 1918 Flu Pandemic](#)



black box appears in original

Rapid Response was Crucial to Containing the 1918 Flu Pandemic

Historical Analysis: Help Plan for Future Pandemics

(b) (6)

Would you know whether pulmonary sarcoidosis which has been in remission for years without medication puts one at greater risk of Covid-19 hospitalization as an underlying condition, or would only be higher risk if it was active and one was taking immunosuppressive drugs?

Thank you.

Alexander Wolf, Esq.
60 East 42nd Street
Suite 4600
New York, NY 10165

(b) (6)

From: (b) (6)
Sent: Mon, 9 Mar 2020 06:49:10 -0400
To: Handley, Gray (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Erbeiding, Emily (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]
Subject: Fwd: CoV collaboration with Polish Medical Research Agency

Gray:

Please work with Emily to see what we can do for this person, if only with advice.

Thanks,

Tony

Begin forwarded message:

From: Radosław Sierpiński (b) (6)
Date: March 9, 2020 at 6:42:08 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Gupta, Ranjan (NIH/FIC) [E]" (b) (6)
Subject: CoV collaboration with Polish Medical Research Agency

Dear Doctor Fauci,

I hope this e-mail is finding you well and your efforts in fight against Coronavirus epidemics is giving some effects. As you know in Poland we have currently 15 cases of CoV infection and we are also fighting mostly with general society worries than epidemics. We would like also to take part in research on CoV vaccine or drug and Polish Medical Research Agency is planning to start financing some project on it as soon as possible. Both polish medical universities and institutes are fully prepared to take part in such project.

On behalf of Polish Minister of Health Prof. Lukasz Szumowski I would like to kindly ask you for some support and collaboration options with NIH in this very delicate issue. Maybe NIH can take some advisory role in our scientific project or Polish scientists may take some part in your work bilaterally.

Looking forward to hearing from you,

Radosław Sierpiński MD, PhD
President of Medical Research Agency in Poland

(b) (6)



Medical Research Agency

ul. S. Moniuszki 1A

00-014 Warszawa

www.abm.gov.pl

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 09:57:48 +0000
To: Casseti, Cristina (NIH/NIAID) [E]
Cc: (b) (6)
Subject: FW: Connecting with Tony Fauci
Attachments: Baricitinib as potential treatment for 2019-nCoV acute respiratory disease.pdf

Please take a look and respond

-----Original Message-----

From: Collins, Francis (NIH/OD) [E] <(b) (6)>
Sent: Monday, March 9, 2020 5:29 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>; Erbelding, Emily (NIH/NIAID) [E] <(b) (6)>; Austin, Christopher (NIH/NCATS) [E] <(b) (6)>
Cc: Tabak, Lawrence (NIH/OD) [E] <(b) (6)>
Subject: FW: Connecting with Tony Fauci

Passing this on in case Bill Chin's idea might be of interest.

Francis

-----Original Message-----

From: William Chin <(b) (6)>
Sent: Sunday, March 8, 2020 10:48 PM
To: Collins, Francis (NIH/OD) [E] <(b) (6)>
Cc: Baker, Rebecca (NIH/OD) [E] <(b) (6)>; Austin, Christopher (NIH/NCATS) [E] <(b) (6)>; Roger Glass <(b) (6)>
Subject: Connecting with Tony Fauci

Hi Francis et al, I write to get a message to Tony, who clearly is on the COVID-19 front lines of these days and "everywhere." At this early stage, you may agree that it is possible that containment and/or mitigation will not completely solve the current pandemic. Instead, effective treatment or amelioration of the worst complications is necessary. In this spirit, I have an idea that was spurred by a letter in Lancet last month authored by Al Benevolent (attached). In this communication they suggest that baricitinib (Oluminant; a JAK1/2 inhibitor registered by Lilly for the treatment of rheumatoid arthritis), using in silico techniques, might be useful in the treatment advanced COVID-19 pneumonia/ARDS identified. Baricitinib could possibly blunt the cytokine storm seen in the most severely affected patients via inhibition of JAK1/2, but also decrease viral entry in AT2 pulmonary cells and myocardial cells via inhibition of GAK and AAK1. It has a relatively short plasma half-life and hence could be more useful than Roche's tocilizumab/Actemra). Baricitinib has a good safety profile although as a drug to treat autoimmunity it is formally contraindicated in patients with infections, this could be offset by treatment patients with anti-virals such as Gilead's remdesivir, etc. Perhaps you folks have already thought about/discussed its use but if not I'd like a chance to chat about my additional thoughts. Thanks. Bill

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 03:10:28 +0000
To: Glenda Gray;Rancourt, Anne (NIH/NIAID) [E];Dieffenbach, Carl (NIH/NIAID) [E]
Subject: RE: 'You don't want to go to war with a president'

Thanks, Glenda!

From: Glenda Gray <Glenda.Gray@mrc.ac.za>
Sent: Tuesday, March 3, 2020 9:37 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Rancourt, Anne (NIH/NIAID) [E] (b) (6); Dieffenbach, Carl (NIH/NIAID) [E] (b) (6)
Subject: FW: 'You don't want to go to war with a president'

Dear Tony

Wonderful article, proud to be associated with you

Subject: 'You don't want to go to war with a president'

<https://www.politico.com/news/2020/03/03/anthony-fauci-trump-coronavirus-crisis-118961>

regards
Glenda

Glenda Gray
President & CEO South African Medical Research Council : Executive Management

South African Medical Research Council
Tel: +27 21 9380905 | Cell: (b) (6)
Francie van Zijl Drive, Parow Valley | Cape Town | Western Cape
www.samrc.ac.za



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 03:04:02 +0000
To: Birnbaum, Linda (NIH/NIEHS) [V]
Subject: RE: Thank you

Linda;
Thanks for the note. I would cancel if I were you.
Tony

From: Birnbaum, Linda (NIH/NIEHS) [V] (b) (6)
Sent: Sunday, March 8, 2020 1:28 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Thank you

Hi Tony,

Just wanted to say thank you as a former colleague and friend for speaking truth to power during this coronavirus crisis.

So, am I right in thinking traveling to California for my major science meeting and some university lectures in a week should be canceled? I am (b) (6)

Thx

Linda

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 02:59:07 +0000
To: Thomas R. Frieden
Subject: RE: FYI - guess which (b) (6) was thinking of....

Great article. Glad to be the anonymous subject of your discussion. 😊

From: Thomas R. Frieden (b) (6)
Sent: Sunday, March 8, 2020 3:32 PM
To: Deborah Birx (b) (6); Deborah Birx (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); Redd, Stephen (CDC/DDPHSIS/OD) (b) (6); Schuchat, Anne MD (CDC/OD) (b) (6)>
Subject: FYI - guess which (b) (6) I was thinking of....

New article re nursing home restrictions and more [here](#).

From: Tom Frieden (b) (6)>
Date: Sunday, March 8, 2020 at 2:35 PM
To: Tom Frieden (b) (6)
Subject: Nursing homes are ground zero for COVID19 -- and what more we can do to save lives in the pandemic

Dear Colleague,

[Two weeks ago](#) it was clear that COVID-19 would become a pandemic, and, sadly it has.

Now the United States is in the [acceleration phase](#) and cases, clusters, and large outbreaks will occur in many parts of the country.

I outline steps we can take to reduce the harms. The core concept to protect the most vulnerable. First, restrict visits to nursing homes. All of us can play a part reducing infections. Medically vulnerable people can protect themselves by reducing social contacts. I'm not sure I'd go quite as far as my good friend Bill Schaffner and say they should become [semi-hermits](#), but that's certainly a helpful frame of reference. Health care needs to get much safer, and ready to surge safely. And we need to stop mass gatherings, consider telework, figure out whether closing schools will help, and more.

Read what I've posted about ground zero in the COVID-19 pandemic in the US [here](#).

I've shared on [Twitter](#) if you'd like to disseminate.

We'll all be working together to protect as many people as quickly as possible.

Thank you,

Tom

Tom Frieden, MD, MPH
President and CEO

(b) (6)†

(b) (6)



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:49:23 +0000
To: Mark Feinberg
Subject: RE: Thanks so much

Mark:

Thanks for the note. Much appreciated.

Best,
Tony

-----Original Message-----

From: Mark Feinberg <(b) (6)>
Sent: Sunday, March 8, 2020 9:48 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Thanks so much

Dear Tony,

I hope you are doing well despite your extraordinarily busy schedule addressing the COVID-19 outbreak.

I just wanted to send you a note to offer sincere thanks and deep admiration for your tremendous efforts to provide the public with clear, insightful and accurate information about this very serious public health threat and for your great leadership in helping to guide efforts to respond to it in the most effective and scientifically grounded way.

Our nation is so fortunate to have your full and expert engagement in this response.

I can only imagine how busy you are and you need not worry about responding to this note. However, I did want to share one voice of appreciation and thanks.

Very best,

Mark

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:37:26 +0000
To: Casetti, Cristina (NIH/NIAID) [E]
Subject: FW: Countering COVID-19

From: Clayton Conger [REDACTED] (b) (6) >
Sent: Sunday, March 8, 2020 9:36 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Countering COVID-19

Dr. Anthony Fauci
Director of the National Institute of Allergy and Infectious Diseases

Dear Dr. Fauci:

It occurred to me that if viruses contain an iron atom, perhaps a form of magnetic treatment might stop or reduce the severity of the COVID-19 virus, so I investigated and found that viruses have one atom of iron. My suggestion is that experimentation on victims of the virus be conducted, perhaps by inserting a tiny magnet into their lungs to see if it might gather up the viruses circulating in the victim. Perhaps external application of magnetism would work as well, I'm sure your scientists will have even better approaches to solving this problem. I'm a problem solver, having published a book that solves many of the Earth's problems: "Thinking Outside The Oven -- Concomitant Concepts and Synergistic Solutions for the 21st Century" (available at Barnes & Noble and Amazon). I'm working on a sequel and if you find my idea useful I'll include a chapter on it.

Very respectfully,
Ned Conger

[REDACTED] (b) (6)

C.N. Conger
[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:33:55 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Record a short interview with me for a UPenn course?

Sorry no.

From: Scheyder, Elizabeth C [REDACTED] (b) (6) >
Sent: Sunday, March 8, 2020 6:03 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Record a short interview with me for a UPenn course?

Dear Dr. Fauci,

I am embarrassed to admit that I was not familiar with your name when I read the story about you in today's NY Times, but I was most impressed by the statement in the first sentence that you are "widely respected for [your] ability to explain science without talking down to [your] audience".

I'm putting together the first offering of CLCH 300: Communicating Science, as part of the University of Pennsylvania's new online Certificate in Climate Change. (<https://lpsonline.sas.upenn.edu/academics/certificates/climate-change>) A brief recorded conversation with you about your strategies for communicating without being patronizing would be most enlightening for my students.

The students in this course will be coming from a wide variety of backgrounds, and potentially from all over the globe. I think they would love to hear from a scientist who is so good at communicating his field of study to different audiences. And let's face it, as soon as you say "NIH" as COVID-19 swirls around the globe, their ears will certainly perk up! I think the students would find our interview very engaging and informative.

The first run of the course will be from May 26 to July 20, 2020, but we can record the interview (online) any time, since I know you are already over-extended right now. I think 15 minutes would be plenty, and I would be happy to send you questions that I plan to use to guide the conversation in advance. If a synchronous conversation is impossible given your schedule, I would be happy to just send you a couple of questions and ask you to use them to guide a 10-15 minute video that you record yourself.

Please let me know what you think of this, and I will send you the syllabus when it's finalized, including where our interview would fit. Then I can begin the process of coordinating this with the Associate Director of our Online Learning Studio.

Sincerely,
Elizabeth

--
Elizabeth C. Scheyder, Ph.D., P.E.
SAS Computing
Senior Instructional Technology Project Leader

& Lecturer in SAS
Williams 441B

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:32:52 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: can you use a miRNA-seq assay to detect covid-19 in blood samples?
Attachments: GSE81852 MERS vs Mock control PCA p=2.1e-8 q=7.79e-7 2 variables 8March2020.tif, GSE81852 MERS vs Mock control Hierarchical clustering heatmap p=2.1e-8 q=7.79e-7 2 variables 8March2020.tif, GSE81852 MERS vs Mock control PCA p=6.4e-7 q=4.2e-5 10 variables 8March2020.tif, GSE81852 MERS vs Mock control Hierarchical clustering heatmap p=6.4e-7 q=4.2e-5 10 variables 8March2020.tif

From: Hellmich, Helen <[REDACTED] (b) (6)>
Sent: Sunday, March 8, 2020 5:52 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: can you use a miRNA-seq assay to detect covid-19 in blood samples?

Dr. Fauci, how are you sir?

Long ago, in the early 90's, I was a post-doctoral fellow in the Laboratory of Viral and Molecular Pathogenesis at NIH. I don't know if the same lab is still there. Now I work on brain injury and Alzheimer's but my interest in viruses and mechanisms of viral pathogenesis has not waned and the recent covid-19 outbreak prompted me to do a little investigation on my own.

My studies of blood microRNA changes after TBI and AD suggest that principal component analysis of distinct changes in circulating miRNAs can identify the patient population. MicroRNA alterations can be measured by real-time PCR which I presume is the basis of the test that is developed for this disease but I am analyzing blood miRNA-seq expression profiles and now it is possible to quickly sequence blood samples in a few hours and get accurate results. Blood gene expression in my studies was more variable (lots of RNases in blood) so I found that microRNAs are much more stable in blood and serum samples.

I attach an example of a PCA/hierarchical clustering heatmap analysis of a GEO dataset for MERs-coV from 2016 <https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE81852>

I performed the PCA and heatmap analyses at two different stringencies and you can see that the patients can be unequivocally distinguished from the controls at very significant p and FDR values.

Just a thought but many clinical centers, hospitals, academic institutions can quickly perform transcriptome-wide sequencing. Blood RNA can be isolated in 1-2 hrs, sequencing libraries made in a few hrs and one miRNA sequencing run can handle up to 48 samples and the data can be quickly analyzed.

Just my two cents on how NIH could accelerate the analysis of new blood samples for this new strain of coronavirus. You could mobilize hundreds of sequencing centers to help in the analysis.

Regards

Helen Hellmich, PhD
Associate Professor
Department of Anesthesiology
University of Texas Medical Branch
[REDACTED]

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:32:20 +0000
To: Erik Blutinger
Subject: RE: Fighting the fight

Thanks, Erik.

From: Erik Blutinger [REDACTED] (b) (6)
Sent: Sunday, March 8, 2020 7:02 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Fighting the fight

Tony,

It's been so inspiring seeing you fight tirelessly against COVID-19, sticking to the facts and stepping up to explain on a daily basis.

If there's anything I can do to help from the world of emergency medicine beyond patient care, please let me know. Whether that means taking on a new project or pushing my specialty organization, the American College of Emergency Physicians (ACEP). I sit on their board and keep looking for ideas to help fight this pandemic.

Best wishes,
Erik

—
Erik J. Blutinger, MD, MSc
Department of Emergency Medicine
Mount Sinai Queens Hospital
(c) [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:30:35 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: COVID-19 model

From: William Schiesser (b) (6)
Sent: Sunday, March 8, 2020 6:53 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: William Schiesser (b) (6)>
Subject: COVID-19 model

Hello Dr. Fauci,

May I bring to your attention a prototype computer-based mathematical model for COVID-19 dynamics. I will be glad to send some details if you think they would be of interest.

Thank you for your consideration of this query.

W. E. Schiesser, PhD, ScD
http://www.lehigh.edu/~wes1/id_cover2.pdf

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:27:36 +0000
To: (b) (6)
Subject: RE: California DMV Coronavirus exposure danger

I recommend that you keep trying to work with Governor Newsom's office since this is very specific for the state of California.

From: (b) (6) >
Sent: Sunday, March 8, 2020 8:12 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Subject: California DMV Coronavirus exposure danger

Dear Dr. Fauci,

I am writing to alert you to what I believe is a serious coronavirus health threat in California that is being posed by the California Department of Motor Vehicles.

It has long been the policy of the California DMV that all drivers OVER 70 YEARS OLD must renew their drivers licenses IN PERSON at DMV offices.

DMV offices are notorious for being extremely crowded and requiring long wait times where people are breathing on each other touching each other and un-disinfected surfaces and touch screens for hours.

As far as I am aware DMV offices are never sanitized so germs from thousands of people can remain there for weeks on end.

This is obviously a dangerous environment for anyone in the current worldwide coronavirus emergency yet nobody in the news media is reporting on it or even seems aware of the danger.

In light of your recent statement warning people over to 60 to avoid crowds this California DMV policy seems to be incredibly irresponsible and even life threatening but nobody is doing anything about it.

(b) (6)
(b) (6). Only one day earlier on March 4 California Governor Gavin Newsom declared a State of Emergency in California to prevent the spread of coronavirus.

I find this situation to be utterly absurd since Newsom is allowing California citizens to be exposed to exactly the kind of coronavirus danger he claims to be preventing and apparently does not even know that the DMV is totally contradicting his emergency declaration, the CDC recommendations, the California State Health Department, the Los Angeles County Health Department, and the Pasadena City Health Department.

(b) (6). I am concerned that nobody seems to see the obvious public health threat. None of the relevant public health agencies have any information about this

on their websites and the California DMV website makes NO MENTION WHATSOEVER of Coronavirus as a health threat in these overcrowded offices.

I would sincerely like to know what you make of this dangerous DMV policy. I also want to tell you that the California DMV is currently advertising on the radio asking even more people to crowd DMV offices in order to get the REAL ID license.

REAL ID further exacerbates the danger by drawing in more than NINE MILLION Californians to leave their germs in DMV offices over the next few months at the exact time we are in the midst of the greatest health emergency of this century and the most important recommendation is to AVOID CROWDS and stay at least six feet away from other people. Try staying six feet away from anyone in a crowded DMV office where hundreds of people are stuffed in like sardines.

Obviously a rational policy would be to suspend the requirement for drivers over 70 to renew in person and simply let them renew by mail until the coronavirus emergency is over. The same should be done for REAL ID. A total suspension to protect public health in a crisis is the only sane thing to do.

If I were the Director of the California DMV I would close all offices immediately and disinfect every inch of them, and not reopen until the coronavirus emergency is over. I would require that all DMV business should be done by mail or internet until the coronavirus threat is over.

Please tell me what you think about all this and I will forward your response to local Pasadena officials since state level officials are almost impossible to contact even in an emergency when they most need to get this kind of information from the public but apparently do not want to know about bad news.

I greatly appreciate your voice of reason in these scary times. I wish the officials of the State of California were as reasonable but they are apparently oblivious to a serious and unnecessary danger being created by one of their own state agencies.

Sincerely

Robert Maine
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:24:37 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: URGENT: [REDACTED] (b) (4)
[REDACTED] (b) (4)
Attachments: [REDACTED] (b) (4)

Please handle.

From: Michael Matin <michael.matin@hdltherapeutics.com>
Sent: Sunday, March 8, 2020 8:01 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: URGENT: [REDACTED] (b) (4)
Importance: High

Dear Dr. Fauci:

[REDACTED] (b) (4)

Please contact us at your earliest convenience so that we may provide you with further data and information concerning this treatment.

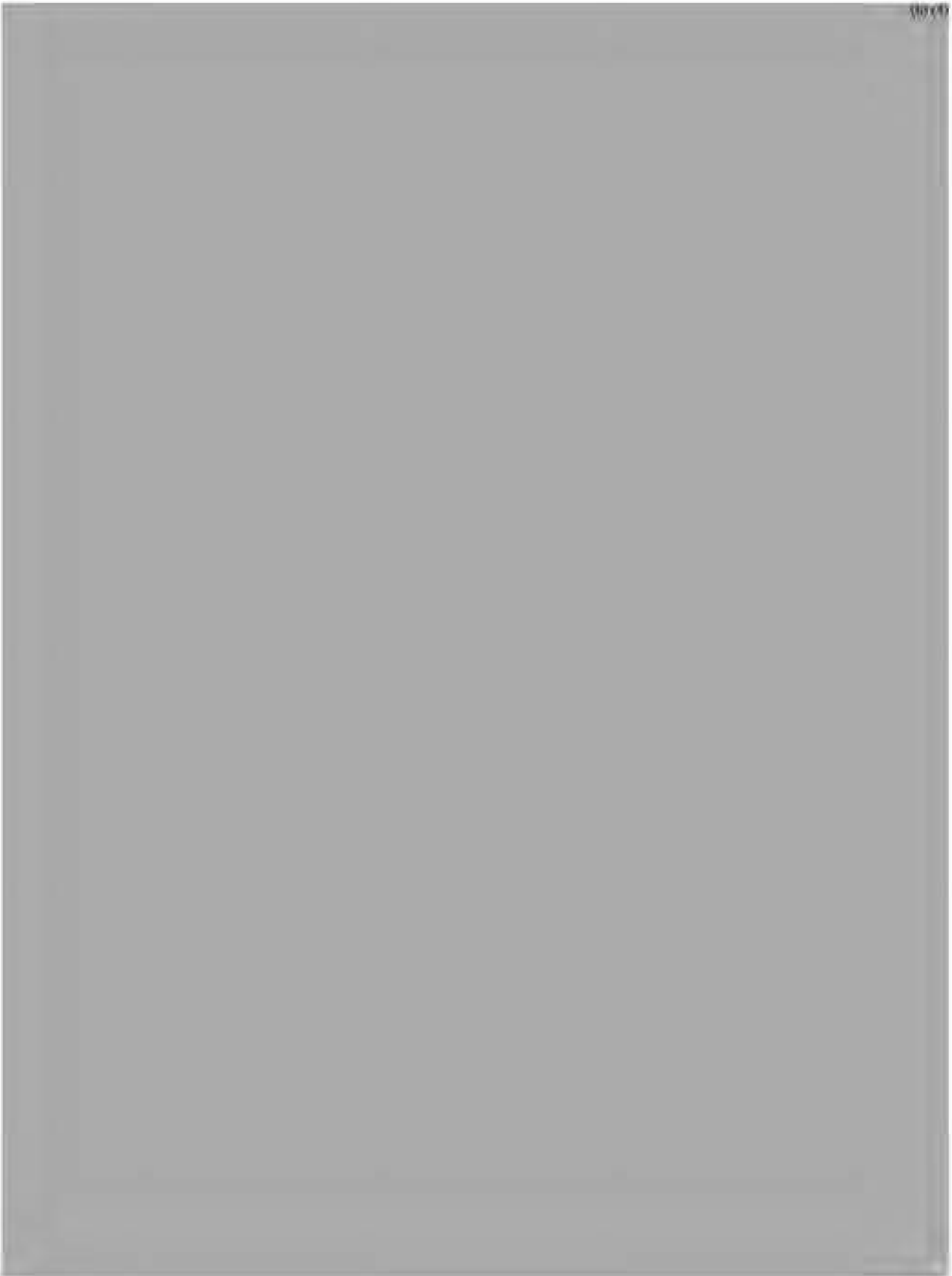
Best,

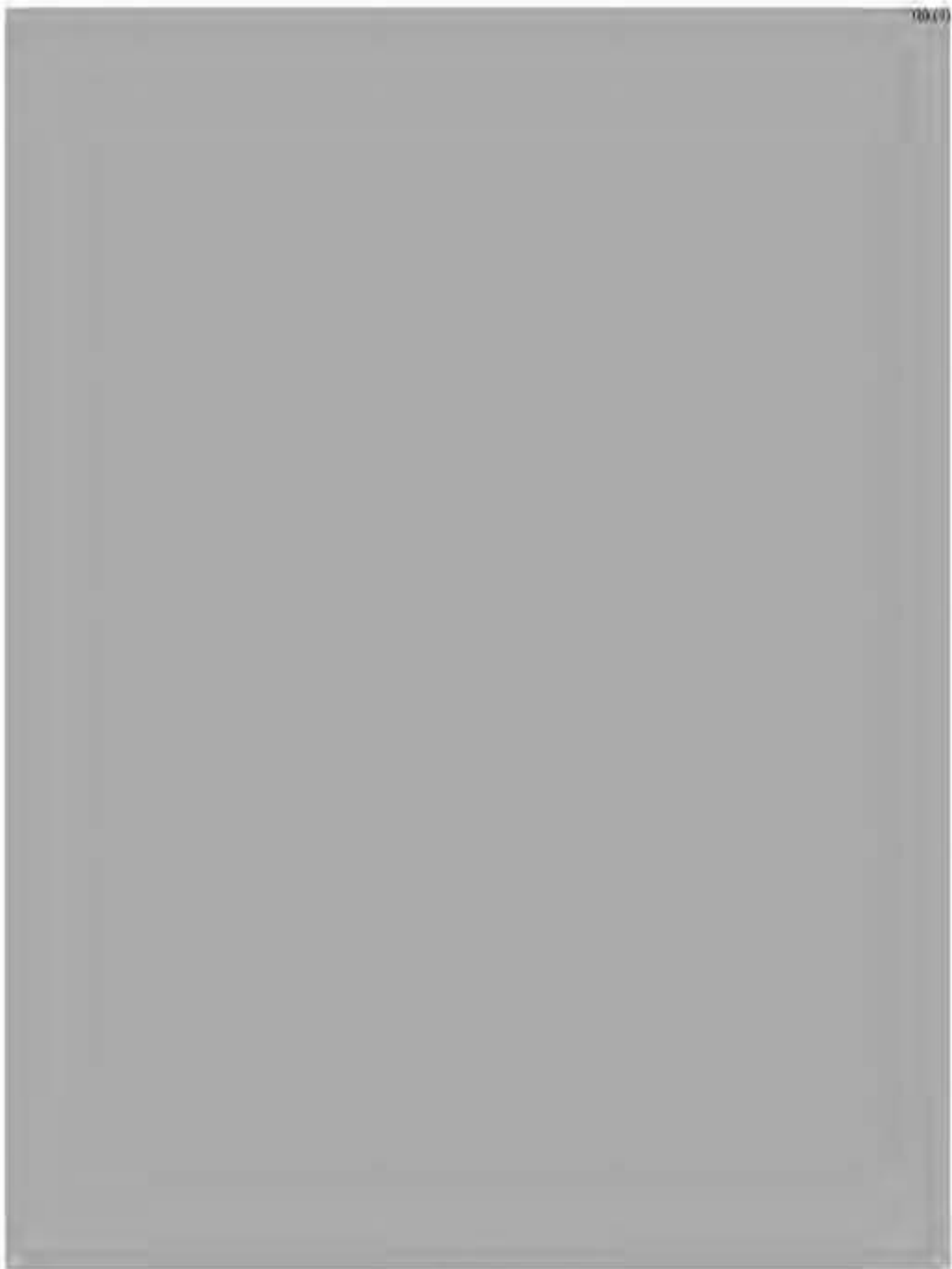
Michael M. Matin
Chairman & CEO
HDL Therapeutics, Inc.
60HDL Theapeutics1 21st Street, Suite 300
Vero Beach, FL 32960
[REDACTED] (b) (6)

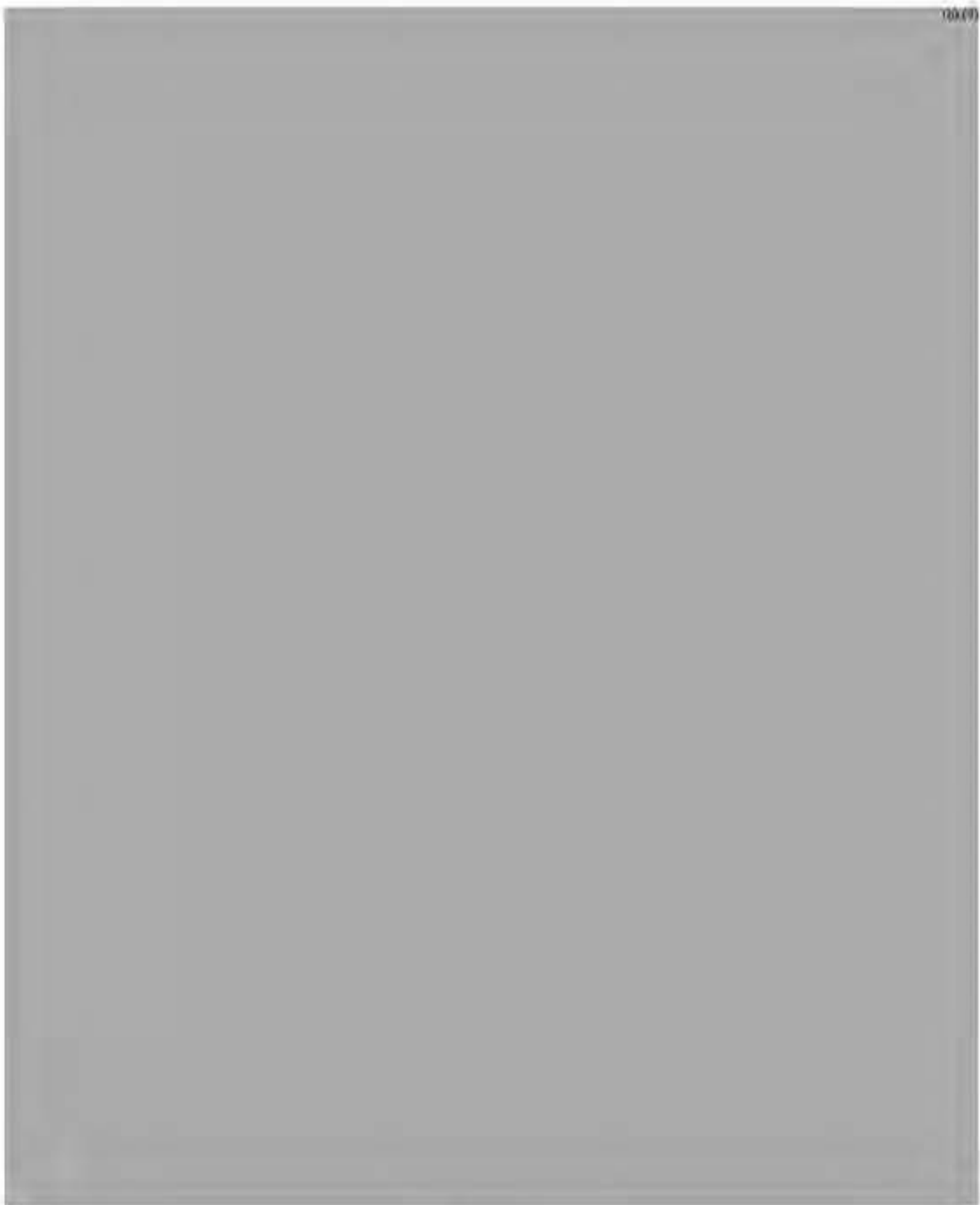
From: [REDACTED] (b) (4)
Date: Friday, March 6, 2020 at 6:18 PM
To: [REDACTED] (b) (4)
Cc: [REDACTED] (b) (4)
[REDACTED]
Subject: [REDACTED] (b) (4)

Dear [REDACTED] (b) (4):











From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:23:24 +0000
To: Krasne, Robert
Subject: RE: Thank you!!!

Bob:

Many thanks for your note.

Best,
Tony

From: Krasne, Robert <rkrasne@steinmancommunications.com>
Sent: Sunday, March 8, 2020 7:59 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Thank you!!!

Tony,

Thank you for the science-based sanity you are bringing to the COVID-19 challenges. I follow your public comments with great interest (and publish them in our newspapers here in Pennsylvania) and find solace that you are leading the efforts to address this extraordinary health care challenge.

I cannot imagine the challenges you are facing, from disinformation to pure exhaustion, not to mention the scientific challenges that this virus brings. However, if anyone is capable of wrestling these challenges to the ground, it is you.

You have my profound appreciation and admiration.

Best wishes to you, (b) (6) and your family.

Bob

Robert M Krasne | Chief Executive Officer
STEINMAN COMMUNICATIONS
(b) (6) | SteinmanCommunications.com
8 West King St, Lancaster, PA 17603

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 01:19:21 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Coronavirus Treatment Question

Please handle.

From: Barb E [REDACTED] (b) (6)
Sent: Sunday, March 8, 2020 7:26 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Coronavirus Treatment Question

3-8-2020

Dr. Anthony S. Fauci;

I have attached an article I read online about a doctor in Taiwan treating patients with Coronavirus, with a combination of anti-viral drugs. Since the treatment helped the patients, I was wondering why they are not treating patients in the United States with those drugs.

Thank you.

Sincerely,
Barbara Eagan

<https://www.yahoo.com/news/cocktail-flu-hiv-drugs-appears-124753996.html>

By Panu Wongcha-um

^{*}
[Reuters](#) February 2, 2020

Cocktail of flu, HIV drugs appears to help fight coronavirus: Thai doctors [Reuters](#) February 2, 2020

By Panu Wongcha-um

BANGKOK (Reuters) - Thai doctors have seen success in treating severe cases of the new coronavirus with combination of medications for flu and HIV, with initial results showing vast improvement 48 hours after applying the treatment, they said on Sunday.

The doctors from Rajavithi Hospital in Bangkok said a new approach in coronavirus treatment had improved the condition of several patients under their care, including one 70-year-old Chinese woman from Wuhan who tested positive for the coronavirus for 10 days.

The drug treatment includes a mixture of anti-HIV drugs lopinavir and ritonavir, in combination with flu drug oseltamivir in large doses.

"This is not the cure, but the patient's condition has vastly improved. From testing positive for 10 days under our care, after applying this combination of medicine the test result became negative within 48 hours," Dr. Kriangska Atipornwanich, a lung specialist at Rajavithi, told reporters.

"The outlook is good but we still have to do more study to determine that this can be a standard treatment."

Chinese health officials have already been administering the HIV and flu drugs to fight the coronavirus. The use of the three together in a cocktail seemed to improve the treatment, the Thai doctors said.

Another doctor said that a similar approach in two other patients resulted in one displaying some allergic reaction but the other showed improvement.

"We have been following international practices, but the doctor increased the dosage of one of the drugs," said Somsak Akkslim, director-general of the Medical Services Department, referring to the flu medicine Oseltamivir.

Thailand has recorded 19 cases of coronavirus. Of the Thai patients, eight have recovered and gone home while 11 are still under treatment in hospitals.

Somsak said the health ministry will meet on Monday to discuss the successful treatment in the case of the 70-year-old but said it is still too soon to say that this approach can be applied to all cases.

Initially we will apply this approach only to severe cases," he said.

(Reporting by Panu Wongcha-um; Editing by Peter Graff)

Sent from [Mail](#) for Windows 10



Virus-free. www.avast.com

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 00:45:58 +0000
To: Collins, Francis (NIH/OD) [E];Erbelding, Emily (NIH/NIAID) [E];Cassetti, Cristina (NIH/NIAID) [E]
Cc: Austin, Christopher (NIH/NCATS) [E];Tabak, Lawrence (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E]; (b) (6); Marston, Hilary (NIH/NIAID) [E]
Subject: RE: ACE2

Emily/Cristina:

Please contact Chris Austin and see if there is anything that we can do to help/coordinate with them.

Thanks,
Tony

From: Collins, Francis (NIH/OD) [E] (b) (6)
Sent: Sunday, March 8, 2020 2:13 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Austin, Christopher (NIH/NCATS) [E] (b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: FW: ACE2

Hi Tony,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6). Can your team help?

Best, Francis

From: Austin, Christopher (NIH/NCATS) [E] (b) (6)>
Sent: Sunday, March 8, 2020 1:51 PM
To: Collins, Francis (NIH/OD) [E] (b) (6)>
Subject: RE: ACE2

Hi Francis,

Very interesting paper. Larry likely let you know about the enclosed exchange, but enclosed if not.

(b) (6)
(b) (6)

Chris

From: Collins, Francis (NIH/OD) [E] (b) (6) >
Sent: Saturday, March 7, 2020 11:07 PM
To: Austin, Christopher (NIH/NCATS) [E] (b) (6)
Subject: RE: ACE2

Structure of the coronavirus spike protein and ACE2 interaction is just out...

From: Collins, Francis (NIH/OD) [E]
Sent: Saturday, March 7, 2020 10:58 PM
To: Austin, Christopher (NIH/NCATS) [E] (b) (6)
Subject: ACE2

Yo Chris,

(b) (5)

Francis

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 9 Mar 2020 00:37:42 +0000
To: Greg Simon
Cc: Erbelding, Emily (NIH/NIAID) [E]; Casetti, Cristina (NIH/NIAID) [E]
Subject: RE: TXA127 for COVID-19 pneumonia--CONFIDENTIAL

Greg:

Thanks for this. I will bring it to our group. I hope that all is well with you.
Warm regards,
Tony

From: Greg Simon [REDACTED] (b) (6) >
Sent: Friday, March 6, 2020 7:22 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Fwd: TXA127 for COVID-19 pneumonia--CONFIDENTIAL

here is the paper i mentioned from a friend of mine for your consideration. Thank you for all you're doing
Greg

----- Forwarded message -----

From: Rick Franklin [REDACTED] (b) (6) >
Date: Mon, Mar 2, 2020 at 5:46 PM
Subject: TXA127 for COVID-19 pneumonia--CONFIDENTIAL
To: Greg Simon [REDACTED] (b) (6) >

Here's the paper. Let me know what you think.

Best, Rick

--
Greg Simon

[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 23:55:07 +0000
To: Redd, Stephen (CDC/DDPHSIS/OD); Birx, Deborah L ([REDACTED] (b) (6)); Grigsby, Garrett (HHS/OS/OGA); Kadlec, Robert (OS/ASPR/IO); Redfield, Robert R. (CDC/OD)
Cc: Marston, Hilary (NIH/NIAID) [E] ([REDACTED] (b) (6)); Eisinger, Robert (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]
Subject: FW: [REDACTED] (b) (5)
[REDACTED]
Attachments: SSRN-id3549276.pdf

Team:
[REDACTED] (b) (5)

Thanks,
Tony

Paper attached.

Dalton, Craig and Corbett, Stephen and Katelaris, Anthea, Pre-Emptive Low Cost Social Distancing and Enhanced Hygiene Implemented before Local COVID-19 Transmission Could Decrease the Number and Severity of Cases. (March 5, 2020). Available at SSRN: <https://ssrn.com/abstract=3549276> or <http://dx.doi.org/10.2139/ssrn.3549276>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 22:56:20 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: For Novel Coronavirus of Antiviral Treatment .

FYI

From: 黒羽硝子 (b) (6) >
Sent: Sunday, March 8, 2020 9:58 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: For Novel Coronavirus of Antiviral Treatment .

Dear Director of NIAID , Anthony S. Fauci MD . :

Potential inhibitors against papain-like protease of novel coronavirus (SARS-CoV-2) from FDA approved drugs

Version 2

Preprint

revised on 20.02.2020, 00:05 and posted on 20.02.2020, 16:51 by Rimanshae Arya Amit Das Vishal Prashar Mukesh Kumar

The cases of 2019 novel coronavirus (SARS-CoV-2) infection have been continuously increasing ever since its outbreak in China last December. Currently, there are no approved drugs to treat the infection. In this scenario, there is a need to utilize the existing repertoire of FDA approved drugs to treat the disease. The rational selection of these drugs could be made by testing their ability to inhibit any SARS-CoV-2 proteins essential for viral life-cycle.

We chose one such crucial viral protein, the papain-like protease (PLpro), to screen the FDA approved drugs in silico. The homology model of the protease was built based on the SARS-coronavirus PLpro structure, and the drugs were docked in S3/S4 pockets of the active site of the enzyme. In our docking studies, sixteen FDA approved drugs, including chloroquine and formoterol, was found to bind the target enzyme with significant affinity and good geometry, suggesting their potential to be utilized against the virus.

FUNDING

Department of Atomic Energy, Government of India

Dear Dr. Fauci :

We are an individual researcher from Taiwan Biochemical Papain, my name is Terry Wang. Without funding support, [REDACTED] (b) (4)

(b) (3)

I am willing to participate in the process in the United States.

@@@There are many ways to perform the treatment !

Sincerely,

Terry Wang in Taiwan.

Please contact me :

Email: [REDACTED] (b) (6)

Address: [REDACTED] (b) (6)

Cell phones : [REDACTED] (b) (6)

Line ID [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 18:55:46 +0000
To: Gregg Gonsalves
Subject: RE: We Are Desperate for Advice

Gregg:

Understood. I appreciate your note. I will keep pushing.
Best regards,
Tony

From: Gregg Gonsalves <[REDACTED] (b) (6)>
Sent: Sunday, March 8, 2020 2:54 PM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>
Subject: Re: We Are Desperate for Advice

Tony, that part of the message was not directed at you. Peter Staley and I have seen you in action on TV and I've forced [REDACTED] (b) (6) to watch you talking about social distancing, since she says the President says she has nothing to worry about. Bob Redfield and Secretary Azar haven't been as forthright as you have.

The main thing that concerns many people I know: the roll-out of testing, surveillance has been botched and we're likely to have cases of COVID in our communities already without knowing it. Meanwhile some corporations, some universities, some other institutions have started to put social distancing into place, with a few municipalities doing the same, but there is no real guidance from CDC on when to act for most of us. There are plenty of instructions about getting prepared, but all seem to point towards waiting until there is an outbreak in one's community to do anything substantial, which seems if you'll excuse my language, ass-backwards, as one you see multiple cases, you're likely to already have widespread community transmission.

I think this piece by Bill Hanage at Harvard explains where a lot of us are right now:

https://www.washingtonpost.com/outlook/coronavirus-testing-united-states/2020/03/05/a6ced5aa-5f0f-11ea-9055-5fa12981bbbf_story.html

Stay well, we need you more than ever (and I mean that from the bottom of my heart). Most of the career civil servants on the email were copied not to chastise, it's the political appointees that most think got us into this mess.

B

From: Anthony Fauci <[REDACTED] (b) (6)>
Date: Sunday, March 8, 2020 at 1:50 PM
To: Gregg Gonsalves <[REDACTED] (b) (6)>
Subject: RE: We Are Desperate for Advice

Gregg:

I am surprised that you included me in your note. I genuflect to no one but science and always, always speak my mind when it comes to public health. I have consistently corrected misstatements by others and will continue to do so. I am including two links from Sunday

Shows today where I am extremely explicit and forceful. I would be happy to chat with you about this.

https://app.criticalmention.com/app/#/clip/public/2beb07d0-f72d-45b9-9ed6-60754bd93fa7?show_sentiment=false

https://app.criticalmention.com/app/#/clip/public/183207e9-e6e1-4164-b1e5-53e0dddbc363?show_sentiment=false

Best regards,
Tony

From: Gregg Gonsalves (b) (6) >
Sent: Sunday, March 8, 2020 11:17 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >; Jeff Trammell (b) (6) >; Redfield, Robert R. (CDC/OD) (b) (6) >; Collins, Francis (NIH/OD) [E] (b) (6) >; Lane, Cliff (NIH/NIAID) [E] (b) (6) >; Schuchat, Anne MD (CDC/OD) (b) (6) >; Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6) >; Birx, Deborah L (b) (6) >; Azar, Alex (OS/IOS) (b) (6) >; Redfield, Robert (b) (6) >; Harrison, Brian (HHS/IOS) (b) (6) >
Subject: We Are Desperate for Advice

Dear Tony, Bob and Deb et al,
The AIDS experts among you know me well. We've been first adversaries then colleagues for over 30 years.
They also know I can't keep my mouth shut, which is a virtue and a failing, depending on the context.
Now:
There are thousands of people waiting for advice from our federal government on broader social distancing measures in light of the fact that our failure in early testing and surveillance means the coronavirus is likely already spreading in our communities.
If you thought the ire of AIDS activists 30 years ago was tough, the anger now spreading among researchers, scientists, clinicians *and* activists is going to be a conflagration.
All we see is genuflection in word and deed from most of you to a White House that wants this all to magically go away.
Yes, I know you're all doing your best and behind the scenes our federal government is hard at work. For those I know, I don't doubt your commitment to public service.
But time is running out.
We need vocally, unequivocal leadership now, that offers real guidance to communities about what to do, what might happen next.
Your own legacies will be defined by this moment, what you do and what you don't, what you shy away from saying because you fear for your jobs or your short-term fortunes in the eyes of the President.
The status quo is untenable.
It's going to get people killed by this virus.

Gregg

Gregg Gonsalves PhD
Assistant Professor, Epidemiology of Microbial Diseases
Yale School of Public Health

Associate Professor (Adjunct) and Research Scholar
Yale Law School

Co-Director, Yale Global Health Justice Partnership
Co-Chair, Global Health Studies Faculty Committee, Yale College
Affiliated Faculty, Addiction Medicine
Affiliated Faculty, Jackson Institute for Global Affairs

(b) (6)

A large rectangular area of the document is redacted with a solid grey fill, obscuring the text underneath.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 17:06:22 +0000
To: Conley, Sean P. CDR USN WHMO/WHMU
Cc: Munster, Vincent (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; (b) (6); Lerner, Andrea (NIH/NIAID) [E]; Eisinger, Robert (NIH/NIAID) [E]; Birx, Deborah L (b) (6)
Subject: FW: Stability data - spoke to Vincent.
Attachments: 2020-03-03 Manuscript Stability_MASTER.docx

Sean:

As per our recent conversation, here is a paper that is under review at the NEJM. It is from Dr. Vincent Munster who works in my institute. It confirms what we surmised that after almost two weeks, the chances of viable virus being present in the facility is extremely low based on his studies reported in this paper. Figure 1B in the paper is of particular relevance regarding our discussion of surfaces.

Best regards,
Tony

From: Marston, Hilary (NIH/NIAID) [E] <(b) (6)>
Sent: Saturday, March 7, 2020 3:40 PM
To: Fauci, Anthony (NIH/NIAID) [E]; (b) (6); Lane, Cliff (NIH/NIAID) [E]; (b) (6)>
Cc: Lerner, Andrea (NIH/NIAID) [E]; (b) (6)
Subject: Stability data - spoke to Vincent.

Talked to Vincent. Attaching his manuscript, under review with NEJM. Vincent is available at (b) (6) if you need him.

How the experiments were done:

Aerosol – A solution of live virus was made and aerosolized in a rotating drum (keeping it in aerosol form); at various time points, air was removed and amount of virus measured (using end-point titration on Vero cells).

Surface – A base solutions of live virus was made and placed on specific surfaces (plastic, etc) and at various time points, coating was taken away and virus contained was titrated.

Note that surface experiments with proteinaceous material (e.g., respiratory secretions) are underway, as are variations in relative humidity and temperature.

How do you interpret aerosol data?

Decay in aerosols occurs over three hours, so if the virus is aerosolized (via aerosol-generating procedures or cough), the moment it drops below a certain threshold, it would be hard to get an infectious dose/infection. Of course we do not actually know the infectious dose, which limits our ability to give firm guidance based on this data.

How do you interpret the surface stability data?

Copper seems to have some virucidal effect, as is seen with other viruses. Plastic and stainless steel don't have much of an effect on the virus itself, and the virus persists for some time. As for cardboard, difficult to interpret because the surface absorbs a good deal, but there is some immediate decay.

Should we be concerned about packages based on your data?

This is of far lower concern than droplet and other fomite transmission. Typical shipping will allow ample time for viral decay, and the cardboard itself seems to have some direct effect on the virus (either through absorption or other effect). For example, in the experiment, Vincent applied 10^5 viral particles/mL and it drops 2 logs to 10^3 immediately, indicating that either due to absorption or direct effect on the virus.

Of course, if a mail carrier coughs on a package and then someone touches it directly after, there may be a risk. The typical shipping situation is likely not a concern.

Why are SARS-CoV-2 vs. SARS-CoV-1 different?

For the cardboard data in particular, there is a difference seen between SARS-CoV-2 and 1, which is likely due to error/variation in surface.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 14:30:13 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: A Coronavirus Deterrent?

From: Ron Jacobs [REDACTED] (b) (6) >
Sent: Sunday, March 8, 2020 10:13 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: A Coronavirus Deterrent?

Would the use of a facial steam inhalator cause nonviability of the virus in someone who had contracted the virus?

Would spending time in a steam room have a similar effect?

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 14:29:44 +0000
To: (b) (6); Birx, Deborah L.; Redfield, Robert R. (CDC/OD); Kadlec, Robert (OS/ASPR/IO); Redd, Stephen (CDC/DDPHSIS/OD)
Subject: FW: Hazardous use of Remdesivir in CoV-19
Attachments: COVID19 linee guida trattamento 01MAR.pdf.pdf

There may be nothing to this, but we should at least be aware.

From: rosario leopardi (b) (6) >
Sent: Sunday, March 8, 2020 9:04 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Hazardous use of Remdesivir in CoV-19

Dear Dr Fauci,

I am copying below a letter I just sent to the editors of Lancet and NEJM that I think you should also read. It's informal as it is not meant for publication but just as a concern. Since I no longer work as a virologist, I am formally out of the field. I am however active as chief psychiatrist in Stockholm, Sweden. If you have doubts as to my expertise as a virologist or a physician, Dr Bernard Roizman at U of C knows me very well, as Markus Heilig does here in Sweden.

"I have noticed a striking difference in mortality by CoV-19 in different countries. China and Italy have a mortality that's at least 6-fold higher than that in South Korea. So far Germany and Scandinavia, totalling over 1300 cases, have not reported a single death. That's over a 35-40 fold difference.

Looking at the data more closely, I have found that China and Italy have been using the antiviral Remdesivir (Gilead Sciences) extensively on many patients in intensive care, justified as "compassionate use". In the epidemic areas of Italy this drug is now part of treatment guidelines for hospitalised patients, used on every single patient in "critical condition". (see attachment). The "rationale" is simply that the first two cases treated at the Spallanzani Hospital in Rome received this drug, and...well, actually survived.

Remdesivir has never passed a Phase 3 trial, but has already made big headlines in major international newspapers. Neither South Korea nor Germany or Scandinavian countries have yet used this drug.

I understand that this is a (relatively) long shot, but given the number of lives at stake, I would recommend that a carefully scrutiny by the scientific community on the use of this drug is warranted.

I have no conflict of interest.

Thank you for your attention".

Sincerely,

Rosario Leopardi, MD, PhD

Forensic Psychiatry Care Clinic

(b) (6), Sweden

cell: (b) (6)

Sent from [Outlook](#)

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:59:21 -0400
To: Conrad, Patricia (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]; Eisinger, Robert (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]
Subject: Fwd: BIO Coronavirus Collaboration Initiative March 12th Summit - POSTPONED

Begin forwarded message:

From: Phyllis Arthur <parthur@bio.org>
Date: March 8, 2020 at 9:51:46 AM EDT
To: Phyllis Arthur <parthur@bio.org>
Cc: Jennifer Alton <jenn.alton@pathwaypolicy.com>, Ellen Carlin <(b) (6)>, Amy Walker <awalker@bio.org>, Gregory Frank <gfrank@bio.org>, Hannah Dorsey <hdorsey@bio.org>
Subject: **BIO Coronavirus Collaboration Initiative March 12th Summit - POSTPONED**

Dear Colleagues,

BIO is heartened that so many of you have expressed interest in joining us for the BIO Coronavirus Collaboration Initiative Summit planned for March 12, 2020. Given the evolving circumstances surrounding the COVID-19 outbreak, and after discussions with our Board leadership, we have decided to postpone the BIO Summit so that we can make adequate arrangements to hold the meeting virtually. We made this decision out of an abundance of caution, so as to avoid placing anyone at unnecessary risk of exposure while we work together to improve our nation's ability to respond to this outbreak. We will re-schedule this virtual meeting within the next two weeks using a digital technology that can allow for robust discussion among the participants.

In the interim, we plan to send out a short questionnaire on Monday to all company participants requesting information on your product, technology or service, which we plan to compile in a digital "book" and share with all participants in advance of the meeting. We believe this approach will help to make the meeting more efficient, allowing us to quickly shift to discussions of the

most important shared challenges and potential opportunities that exist between industry members, government leaders and non-government partners.

Please feel free to reach out to me with any questions. We will move quickly to establish a new date for this meeting and appreciate your flexibility in this regard. We look forward to talking with many of you then.

Thanks again for your commitment to enhancing the health and safety of people facing this outbreak around the globe.

Sincerely,

Phyllis A Arthur
Vice President, Infectious Diseases and Diagnostics Policy
Biotechnology Innovation Organization (BIO)
1201 Maryland Ave SW, Suite 900
Washington, D.C. 20024
T: 202-962-6664
C: [REDACTED] (b) (6)
parthur@bio.org

**Join us at the 2020 BIO International Convention
June 8-11, 2020 in San Diego, CA**
www.convention.bio.org

Phyllis A Arthur
Vice President, Infectious Diseases and Diagnostics Policy
Biotechnology Innovation Organization (BIO)
1201 Maryland Ave SW, Suite 900
Washington, D.C. 20024
T: 202-962-6664
C: [REDACTED] (b) (6)
parthur@bio.org

**Join us at the 2020 BIO International Convention
June 8-11, 2020 in San Diego, CA**
www.convention.bio.org

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:50:00 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: COVID19, ACEIs and ARBs

Please handle

Begin forwarded message:

From: Martin Engman <(b) (6)>
Date: March 8, 2020 at 9:30:51 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: COVID19, ACEIs and ARBs

Is there any evidence to suggest that patients already on treatment with angiotensin receptor blockers have a better or worse COVID-19 outcome than patients not on these medications? Similar question for initiating ARB treatment once COVID-19 has been diagnosed. And similar questions for ACE inhibitors. Thank you.

ML Engman, MD

(b) (6)
(b) (6)

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:23:28 -0400
To: Kristian G. Andersen
Cc: Jeremy Farrar; Collins, Francis (NIH/OD) [E]; Robert Garry; Edward Holmes; Andrew Rambaut; Ian Lipkin; Chris Emery
Subject: Re: SARS-CoV-2 article to be published in Nature Medicine

Kristian:

Thanks for your note. Nice job on the paper.

Tony

On Mar 6, 2020, at 4:23 PM, Kristian G. Andersen (b) (6) wrote:

Dear Jeremy, Tony, and Francis,

Thank you again for your advice and leadership as we have been working through the SARS-CoV-2 'origins' paper. We're happy to say that the paper was just accepted by Nature Medicine and should be published shortly (not quite sure when).

To keep you in the loop, I just wanted to share the accepted version with you, as well as a draft press release. We're still waiting for proofs, so please let me know if you have any comments, suggestions, or questions about the paper or the press release.

Tony, thank you for your straight talk on CNN last night - it's being noticed.

Best,
Kristian

Kristian G. Andersen, PhD

Associate Professor, [Scripps Research](#)

Director of Infectious Disease Genomics, [Scripps Research Translational Institute](#)

Director, [Center for Viral Systems Biology](#)

The Scripps Research Institute

10550 North Torrey Pines Road, SGM-300A

Department of Immunology and Microbial Science

La Jolla, CA 92037

(b) (6)

Assistant: [REDACTED] (b) (6)



<Andersen Coronavirus Nature 2020 Press Release Draft 4.docx>
<Manuscript.pdf>

From: (b) (6)
Sent: Sun, 8 Mar 2020 09:04:10 -0400
To: Lane, Cliff (NIH/NIAID) [E]
Subject: Re: COVID-19 Real Time, Sensitive Detection Breakthrough

Please take care of this yourself. Thanks

On Mar 7, 2020, at 11:30 PM, Lane, Cliff (NIH/NIAID) [E]

<(b) (6)> wrote:

They claim to have an improved diagnostic developed through DoD funding. It is a DNA platform that they claim to have adapted to COVID-19. They provide no data, only claims.

(b) (6)

On Mar 7, 2020, at 10:03 PM, Fauci, Anthony (NIH/NIAID) [E]

<(b) (6)> wrote:

Please read this and figure out what the heck he is talking about and act according to your judgment. Only 498 emails to go tonight.

From: (b) (6)
Sent: Saturday, March 7, 2020 4:09 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: COVID-19 Real Time, Sensitive Detection Breakthrough

Tony--

It has been awhile since we have worked together since my time as the senior SES standing up DTRA (with the help of Josh Lederberg M.D. & Dave Franz DVM who you know), at Argonne/UofChicago establishing your NIAID RBL with Olaf Schneewind M.D., and as the DHS Director of Research reporting to SEC Michael Chertoff & U/S Jay Cohen (RADM-ret). Michael & Jay brought me aboard when Jay was our Chief of Naval Research at ONR and I was ONR's Executive Director & Chief Scientist. I know you have your hands very full with the

COVID-19 threat, so I wanted to give you a heads up that a game changer for enhanced detection of COVID-19 has emerged. Thanks to DARPA & DHS S&T sponsorship in years past of ANDE developing a real time Rapid DNA microfluidics system for human identification, the ANDE group has a breakthrough for detection of COVID-19 and to the future, other emerging threat viruses.

As you may know the ANDE system for human identification (e.g. CT & DHS missions) is mature and now deployed operationally/tactically by CENTCOM, DIA, the IC and used most recently by DHS in their recent test bed in El Paso to demonstrate its effective capabilities to determine family relationship in undocumented minors. Additionally ANDE is in use by law enforcement and by officials responding to mass casualty events (CA 2018 Camp Fire disaster, 2019 Conception dive boat fire, and the very recent 2020 tragic helicopter crash) to ID the victims.

The ANDE system now provides 2 hour turnaround with no special training requirements as a stand-alone system for all the above users. Our warfighters and special operators are using the ANDE system now in field forward operations and it meets MIL specs & is the only system certified for data submission to the DoD ABIS/DIA DNA repository and FBI CODIS data base. The

(b) (4)

executive summary and a more in-depth document for your teams review. Hope the above is helpful and I stand ready to provide any additional information. I have cc'd Jim Davis (ANDE Chief Federal Officer). Additionally since it has been some time since we have worked together I have attached my bio and that of ANDE's Chief Scientific Officer & Founder, Richard Selden M.D., Ph.D.

Tony thanks for considering this in your very busy life now and I will look forward to seeing you again.

Best regards--

Starnes

[Dr. Starnes E. Walker](#)

Member-Homeland Security Experts Group, MITRE
Global Strategy Officer-Defense & Homeland Security/Intelligence

ANDE Corporation

p: (b) (6) m:

e: (b) (6)



Rapid DNA for a Safer World



<CUsersstamDesktopSEW Bio, October 2019.docx>

<CUsersstamDesktopANDE BiosRFS CV 05 March 2020.pdf>

From: (b) (6)
Sent: Sun, 8 Mar 2020 07:41:41 -0400
To: NIAID Public Inquiries
Subject: Fwd: Ems Personnel & Ambulance Teams

Sent from my iPhone

Begin forwarded message:

From: "Nabial, Nasir M" (b) (6)
Date: March 7, 2020 at 10:54:39 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Ems Personnel & Ambulance Teams

Dear Dr. Fauci:

Im a first responder, and I believe an oral vaccine platform is the best delivery method for situations of national emergency like the coronavirus.

If the vaccine is a tablet, we would be able to keep them on our ambulances and get medical authorization whenever the situation arises. First responders can then treat patients before doctors and nurses and also instead of having the patient make an appointment Or having them wait in line for a shot, which can ultimately cause more spread.

This method that will enable the EMS teams of the nation to combat outbreaks because you would allow EMT (Emergency Medical Technicians) and Paramedics to diffuse situations through our Ambulances. This will lead to more control and get a hold of the situations as fast as possible and lower the spread of the virus on our people.

Thank you.

From: (b) (6)
Sent: Sun, 8 Mar 2020 07:40:53 -0400
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: from Dr Mike Meyer (CEO - Sensible Biotherapeutics) Finding the answer to halting replication of COVID-19

Pls respond

Sent from my iPhone

Begin forwarded message:

From: Michael Meyer (b) (6) >
Date: March 8, 2020 at 12:28:03 AM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >, philip meyer (b) (6) >, "Perkins, Miriam (NIH/NIAID) [E]" (b) (6) >
Subject: from Dr Mike Meyer (CEO - Sensible Biotherapeutics) Finding the answer to halting replication of COVID-19

DR ANTHONY FAUCI

(b) (6)

Dear Dr. Fauci,

I am a Neurologist and Nuclear Medicine Physician who has a passionate interest in developing antisense medications to treat disease and have formed a drug discovery company here in Buffalo New York (SENSIBLE BIOTHERAPEUTICS, LLC).

(b) (4)

(b) (4)

I very much appreciate any advise you may be able to provide about this project

Sincerely,
Michael A. Meyer MD
cell (b) (6)

From: (b) (6)
Sent: Sun, 8 Mar 2020 07:39:47 -0400
To: NIAID Public Inquiries
Subject: Fwd: Set up county hotline for people to contact if they think they have coronavirus or are sick instead of going to hospital

Sent from my iPhone

Begin forwarded message:

From: rebecca hagenberg (b) (6)
Date: March 8, 2020 at 3:06:34 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: **Set up county hotline for people to contact if they think they have coronavirus or are sick instead of going to hospital**

Dear Sir,

I am sending this message to assist in an idea to help minimize the impact of Coronavirus. Instead of people going to the hospital or urgent care. Each county health department needs to have a direct number of a national number that distributes information to local county government health department. If you are sick and show or exhibit signs of the coronavirus you should call the appropriate number, a technician will come to your home, draw lab specimen needed. Of course if someone is extremely ill they should call 911 and advise 911 they are exhibiting signs of the virus. There should be special protocols in place for how to transport the patient into the hospital as well (to limit exposure to everyone involved. This means finding alternative entrance at hospitals for a suspected coronavirus patient. These patients should be brought in by a least used location of the hospital into a special unit that has a barrier from the rest of the emergency department. Home lab work will keep someone from sitting in a waiting room for 3_5 hours. The county unit to conduct lab work will act in response much like calling 911 or the police. Each hospital needs to set up an emergency entrance for Coronavirus patients only, and the unit must be sealed from the remainder of the unit. We begin having a coronavirus team that does not cross contaminate to any other unit on the emergency room floor. I am thinking of the best plausible way to minimize outbreak. This helps.

Rebecca Hagenberg
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:34:45 +0000
To: Michael Oldstone
Subject: RE: item

Thanks, Michael. I appreciate your note.

From: Michael Oldstone <mbaobo@scripps.edu>
Sent: Friday, March 6, 2020 2:12 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: item

Dear Tony

A note to let you know how much over the years I have appreciated your active support of biologic research, public health and your directorship of NIAID. Impressive, intelligent, high integrity and management skills has placed you at the head of the curve. I reached this conclusion from personal observations of your work and style as well as having served as a consultant for NIAID and several other NIH Institutions, WHO, Pasteur and Karolinska.

After nearly 50 years of continuous research from my original AI09484 grant studying viral pathogenesis[acute and persistent infections] using the LCMV model, I decided to close my laboratory. I have had other generous NIH support as well especially for investigations of other negative strand viruses[primarily measles and influenza, Lassa ,arenavirus receptor], Ebola, cytokine storm and autoimmunity. The AI09484 grant was credited by 300 peer reviewed papers, training of 61 postdoctoral fellows[including Rafi Ahmed, Christine Biron, Persephone Borrow, Ray Welsh, Ian Lipkin, Dorian McGavern and other successes including the late Patrick Sissons who was the Reagent Professor of Medicine at Cambridge. Over 85% of these folk are in academic medicine/biology at research institutes or universities.

Good luck and smooth sailing with the current coronavirus pandemic. With your involvement this work is in good hands.

Best wishes
Michael

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:26:22 +0000
To: Liz Cheney
Cc: Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]; Greg Folkers
(b) (6)
Subject: RE: Test Kits

Sorry, Liz. In White House all day. Will try to call tomorrow.

From: Liz Cheney (b) (6) >
Sent: Friday, March 6, 2020 2:14 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Barasch, Kimberly (NIH/NIAID) [C] (b) (6); Conrad, Patricia (NIH/NIAID) [E]
(b) (6); Haskins, Melinda (NIH/NIAID) [E] (b) (6) >
Subject: Re: Test Kits

Dr. Fauci - Who can I speak with about the status of the test kits? I am also concerned about reports from CDC that there are six states, including Wyoming, with no certified lab in which to conduct tests.

Thank you,
Liz Cheney
(b) (6)

On Tue, 25 Feb 2020 at 10:28 PM, Fauci, Anthony (NIH/NIAID) [E] (b) (6) > wrote:

Liz:

Thank you for your note. I would have been very happy to provide remarks at the weekly meeting of the Republican Conference. However, I have a late afternoon 2nd panel Congressional Hearing with Secretary Azar followed by a meeting with the President in the Roosevelt Room of the White House, which overlaps with the time frame of your meeting tomorrow. I would be most happy to do this at another time. If you could have your office contact my Special Assistant, Patty Conrad (copied here), she will help arrange setting up something at a mutually convenient time.

Best regards,

Tony
Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
[31 Center Drive](#), MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Liz Cheney (b) (6)
Sent: Tuesday, February 25, 2020 6:43 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: House GOP Conference Mtg

Dr. Fauci - I am the House Republican Conference Chair and we are holding our weekly mtg at 5 pm tomorrow in the Capitol. I wanted to see if you'd be available to provide remarks and an update on Coronavirus. It is by far the topic in which our members are most interested, and you would be the best person to provide an update.

I realize this is short notice. If tomorrow doesn't work, let me know if we could arrange another time.

My cell is (b) (6), office is (b) (6)

Thank you,
Liz Cheney

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:23:05 +0000
To: Hilary Rosen
Subject: RE: You!

Hilary:

Thanks for your note. I would postpone it. The situation is very fluid.
best,
Tony

From: Hilary Rosen [REDACTED] (b) (6)
Sent: Saturday, March 7, 2020 9:01 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: You!

Tony,

I am so proud of you. It is so comforting to see your face on TV explaining the world of coronavirus. I know it is exhausting for you but it is so important. Your dedication my friend has always been so admirable.

Quick question, CDC isn't giving much guidance on this. Our company has its annual retreat this week. About 80 people coming from NYC and LA meeting in a DC Hotel ballroom for two days with an additional 100 people from DC. SO approximately 180 in total. Would you postpone this if you were me?

xo
Hilary

Hilary Rosen
Vice Chair
SKDKnickerbocker
202.464.6969 w
[REDACTED] (b) (6) m

2019 Holmes Report Public Affairs Agency of the Year

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:06:52 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Cc: Greg Folkers [REDACTED] (b) (6)
Subject: FW: media request from spain an old journalist friend, patricia matey

Cannot do. No time

From: Patricia Matey Corada <pmatey@elconfidencial.com>
Sent: Saturday, March 7, 2020 3:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: media request from spain an old journalist friend, patricia matey

Hi doctor Fauci, Can you remember me. I am a Patricia Matey, oldest journalist of health from Spain. I work in the past in El Mundo, now I am a chief editor in El Confidencial, the first newspaper online in Spain. Can you give me little time for answer some questions, I want to do an article of the coronavirus, but the eyes of science, I read three days ago the article in New York Times by Gina Kolata, the best woman health journalist of the world, I want to do an article without panic and false concept I send you some questions

What is really the difference in this coronavirus and the past?
Can one of the mutate, change in one strain more aggressive in short time
The flu always affect all the countries in same time. Why the new coronavirus only start in China,
Is because became from one animal,,,
What are your opinion for the really impact of this virus
What are your opinion for the press and the paper in this problem.
What are your opinion for the evolution in the next month

Best regard for all, but best regard for your time



Patricia Matey
Jefa de Alimento
www.elconfidencial.com
Vía de las Dos Castillas, 33. Edificio 7. Planta 1- Oficinas E,F, G, H
28224 Pozuelo de Alarcón (Madrid)
[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:03:28 +0000
To: (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: COVID-19 Real Time, Sensitive Detection Breakthrough
Attachments: (b) (4)
CUsersstarnDesktopSEW Bio, October 2019.docx, CUsersstarnDesktopANDE BiosRFS CV 05 March 2020.pdf

Please read this and figure out what the heck he is talking about and act according to your judgment. Only 498 emails to go tonight.

From: (b) (6)
Sent: Saturday, March 7, 2020 4:09 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: COVID-19 Real Time, Sensitive Detection Breakthrough

Tony--

It has been awhile since we have worked together since my time as the senior SES standing up DTRA (with the help of Josh Lederberg M.D. & Dave Franz DVM who you know), at Argonne/UofChicago establishing your NIAID RBL with Olaf Schneewind M.D., and as the DHS Director of Research reporting to SEC Michael Chertoff & U/S Jay Cohen (RADM-ret). Michael & Jay brought me aboard when Jay was our Chief of Naval Research at ONR and I was ONR's Executive Director & Chief Scientist. I know you have your hands very full with the COVID-19 threat, so I wanted to give you a heads up that a game changer for enhanced detection of COVID-19 has emerged. Thanks to DARPA & DHS S&T sponsorship in years past of ANDE developing a real time Rapid DNA microfluidics system for human identification, the ANDE group has a breakthrough for detection of COVID-19 and to the future, other emerging threat viruses.

As you may know the ANDE system for human identification (e.g. CT & DHS missions) is mature and now deployed operationally/tactically by CENTCOM, DIA, the IC and used most recently by DHS in their recent test bed in El Paso to demonstrate its effective capabilities to determine family relationship in undocumented minors. Additionally ANDE is in use by law enforcement and by officials responding to mass casualty events (CA 2018 Camp Fire disaster, 2019 Conception dive boat fire, and the very recent 2020 tragic helicopter crash) to ID the victims.

The ANDE system now provides 2 hour turnaround with no special training requirements as a stand-alone system for all the above users. Our warfighters and special operators are using the ANDE system now in field forward operations and it meets MIL specs & is the only system certified for data submission to the DoD ABIS/DIA DNA repository and FBI CODIS data base. The (b) (4)

attached an executive summary and a more in-depth document for your teams review. Hope the above is helpful and I stand ready to provide any additional information. I have cc'd Jim Davis (ANDE Chief Federal Officer). Additionally since it has been some time since we have worked together I have attached my bio and that of ANDE's Chief Scientific Officer & Founder, Richard Selden M.D., Ph.D.

Tony thanks for considering this in your very busy life now and I will look forward to seeing you again.

Best regards--

Starnes

Dr. Starnes E. Walker

Member-Homeland Security Experts Group, MITRE

Global Strategy Officer-Defense & Homeland Security/Intelligence

ANDE Corporation

p: (b) (6) m: (b) (6)

w: www.ANDE.com e: (b) (6)



Rapid DNA for a Safer World

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 03:00:50 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Corona Virus planning

Please respond.

From: K.A. Traul (b) (6)
Sent: Saturday, March 7, 2020 4:42 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Corona Virus planning

Dear Dr. Fauci;

I am a toxicologist and have spent time, years ago, working in the arena of oncogenic virology as part of NCI programs. I am very concerned about what I see in the news media about the NIH approach to the COVID-19 pandemic (yes, pandemic) that has arrived in our country. There is much talk about development of a vaccine, however, I believe that this is a long-term strategy. You and I both know, from working as scientists, that the development and trial of an antiviral vaccine is a months-long program, at best. I am surprised, even disappointed, that there seems to be no visible focus on the part of the NIH on the development of anti-viral treatments (drugs etc) . It is my professional opinion that anti-virals would take a shorter time to develop than vaccines, yet it appears that this may be a back burner focus of NIH.

I realize that there are many political pressures on your office and I support your strong efforts to apply science to the resolution of this growing problem. Please do not give short shrift to the potential of antiviral treatments in favor of the longer-term promise of a vaccine.

Respectfully yours,

Karl A. Traul

K.A. Traul, Ph.D.
K.A. Traul Pharmaceutical Consulting

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:59:37 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Interview request

I really do not have time for this.

From: Kopelman, Hannah <Hannah.Kopelman@bmc.org>
Sent: Saturday, March 7, 2020 5:19 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Ross Kopelman (b) (6)
Subject: Interview request

Dear Dr. Fauci,

My name is Dr. Kopelman. I am currently a resident at Boston Medical Center. I am reaching out because I would like to interview you on my podcast along with (b) (6), on our podcast called MedChatMonday which reaches thousands of millennials a day. We want to discuss Coronavirus. I know you are very busy so any of your time would be appreciated. I want to discuss the implications of Coronavirus, symptoms, understanding of why it has become a global scare, what people should do to combat and lower their risks. Podcast will be done remotely through Skype.

I hope to hear from you soon.

Best regards,
Dr. Hannah Kopelman and Dr. Ross Kopelman

Hannah B. Kopelman

This electronic transmission may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, please notify me immediately as use of this information is strictly prohibited.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:58:52 +0000
To: (b) (6)
Cc: Marston, Hilary (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Barasch, Kimberly (NIH/NIAID) [C]
Subject: FW: One Step COVID-19 test kits - IMMEDIATE AVAILABILITY
Attachments: DoN SARS-CoV tests 200305.pdf, IFU One Step COVID-19 Test.pdf, 002.png, 0005.jpg, 0099.jpg, 9999.jpg, 0001.png

What do you think of this. Do what you need to do.

From: (b) (6) >
Sent: Saturday, March 7, 2020 6:26 PM
To: vice.president@whitehouse.gov
Cc: secretary@hhs.gov; Hahn, Stephen (FDA) (b) (6); Redfield, Robert R. (CDC/OD) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); secretary@state.gov
Subject: One Step COVID-19 test kits - IMMEDIATE AVAILABILITY

Dear Mr. Vice President & Task Force Members -

My name is Jeffrey "Scott" Smith. I live in (b) (6) KS. For the past 35 years I have been a Purchasing Agent in the private sector. Much of my career has dealt with China sourcing and supplier development. I have established a wide network of suppliers and contacts throughout China. You can see from my US Passport number (b) (6) that I have traveled to China for the past 20 years... including spending nearly (b) (6) my time in 2018 & 2019 visiting China suppliers. (Thankfully I returned on 15-Nov-2019, prior to the outbreak... (b) (6).)

I was invited by one of my trusted suppliers to offer One Step COVID-19 test kits to the United States. The Guangzhou based supplier has (b) (4) test kits available now for immediate shipment. They can produce (b) (4) kits per week at their factory. Please see the information below and the materials attached for more information. This is a very cost effective test - and provides results in 15 minutes. I will trust you to determine the efficacy of the diagnostics.

To be clear - this is not my business. I will profit in no way from providing these kits to the American healthcare public -- except for the satisfaction of doing my patriotic duty to assist my fellow Americans. I fully understand the gravity and seriousness of this disease. All of my factories in China have, and are, suffering from the effect and fall out. My business in (b) (6) is dealing with the effects of the supply chain disruptions.

I hope that this offer, and availability of a additional test kit pipeline, will help ease the test kit shortage that we are experiencing in the USA. If you and your Procurement

Offices would like more information or would like to secure these test kits, please contact me. I can assist in arranging supplier contacts and immediate air shipments.

I certainly thank you and the many dedicated leaders in the USA for your great work to combat COVID-19 - and for the care that you are showing the American public.

Best regards,

Scott Smith

[REDACTED] (b) (6)

M: [REDACTED] (b) (6) [REDACTED] (b) (6)

----- Original Message -----

Subject: One Step COVID-19 test kit

Date: 2020-03-07 2:41 am

From: "Jack Scientek" <info@scientekpower.com>

To: [REDACTED] (b) (6)

Reply-To: <info@scientekpower.com>

Dear Scott,

How are you? It was a great pleasure talking with you on Wechat, As we discussed, I have a friend who works in Wandfo Biotech Company in Guangzhou (a public listing company). They have developed a One Step COVID-19 test kit to screen the Corona virus in only 15 minutes. This test kit is been massively used in China and it's been supplied to Japan, South Korea, Ukraine and Iran to cope with the Corona Virus, It has also been certified by Chinese health organization and EU. I am wondering if you have any connection with any medical organizations, if they need this kit, Wondfo is able to supply. [REDACTED] (b) (4) [REDACTED], Wondfo provide international shipping worldwide. Maybe this can be helpful for some people.

Here below please refer to the most concerned information:

Name of the test kit: One Step COVID-19 Test (Chromatography Assay)

Manufacturer: GuangZhou Wondfo Biotech Co.,Ltd

| Name | Quantity | Unit Price | Packages | Carton Measurement | Volume(CBM) | Gross weight(Kgs) |
|----------------------------|----------|------------|----------|--------------------|-------------|-------------------|
| One Step COVID-19 Test Kit | (b) (4) | | | | | |
| One Step COVID-19 Test Kit | | | | | | |
| One Step COVID-19 Test Kit | | | | | | |
| One Step COVID-19 Test Kit | | | | | | |

Price availability: 1 week

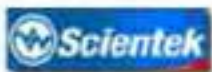
Payment terms: (b) (4)
 Delivery term: (b) (4)
 Availability: (b) (4)
 production capacity: (b) (4)

For your information, this testing kit has been supplied to Japan, and south Korea, Iran, Ukraine, their production schedule is very tight, the factory may raise up price a week later.

Other Available documents are attached for your reference.

Best Regards

Jack Jiang



Scientek Electrical Co.,Ltd. | Danzao. | Nantai District | Foshan,Guangdong | China 528216
 ☎ 86-189-4246-9075 ☎ (b) (6) 🌐 www.scientekpower.com 📧 info@scientekpower.com
 | Mob/WhatsApp/Wechat: + (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:57:55 +0000
To: Marston, Hilary (NIH/NIAID) [E]
Cc: (b) (6)
Subject: RE: NSC inquiry on treatment study

See my changes in Red

From: Marston, Hilary (NIH/NIAID) [E] (b) (6) >
Sent: Saturday, March 7, 2020 6:37 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Lerner, Andrea (NIH/NIAID) [E] (b) (6) >; Eisinger, Robert (NIH/NIAID) [E] (b) (6)
Subject: NSC inquiry on treatment study

Sorry to add to the inbox.

(b) (5),
(b) (5)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 02:08:47 +0000
To: Gregory Klomp
Subject: RE: COVID-19 treatment

We are pursuing this idea.

From: Gregory Klomp [REDACTED] (b) (6) >
Sent: Saturday, March 7, 2020 8:06 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: COVID-19 treatment

It seems COVID-19 causes greater problems for the elderly and those with chronic illnesses, as you have said.

Why not try giving those with active disease, or those at risk, gamma-globulin, to ameliorate the effects of the illness?

It would be especially interesting to prepare batches of gamma globulin using the blood (2,000- 3,000 donors) of people who have, or who have recovered from, COVID-19 infection.

There is ample precedent for using Gamma-globulin to prevent or treat viral illnesses (Hepatitis A, B) or diseases of unknown etiology (ie Kawasaki's).

This could be useful especially while we wait for the development of a vaccine.

What do you think?

Gregory Klomp, MD
[REDACTED] (b) (6)
(I trained at Columbia-Presbyterian Hospital
I see you were at Weill Cornell)

From: (b) (6)
Sent: Sat, 7 Mar 2020 17:06:39 -0500
To: NIAID Public Inquiries
Subject: Fwd: From ER Provider, Some Common sense COVID-19 addl. suggestions

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
Date: March 7, 2020 at 4:08:23 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: From ER Provider, Some Common sense COVID-19 addl. suggestions

Dr. Fauci:

I have been following you and others on CSPAN with appreciation.

1) Please ensure you are all getting adequate sleep.

(There is too much yahoo-machismo in our field) Please put forth recommendations for providers and their employers.

2) I see the CDC warning about herbals, which I agree with except for one: echinacea, just about the only herbal with proven medical usefulness, not as it is recommended on the bottles or websites, but as only a single 2 capsules, on day one of viral illness. Echinacea demarginates the matured bone marrow leukocytes. Used as a "one shot deal"

may decrease COVID-19 duration/severity as eg.: "take right away on day one, drink plenty of water and sleep as long as necessary".

Please at least study the use of Echinacea in this manner for COVID-19. (Google is suddenly missing Echinacea's mechanism/use info, so please have this corrected, if for nothing else to prevent hoarding. One bottle can be for a whole neighborhood and please ask the drug stores to offer "two packs" with proper instructions.

eg.: "take only two as soon as ill with cold or flu and not take more, but to replenish the immune system follow up with fresh fruits and vegetables, etc.

3) Make sure we have enough Ventolin, Proventil available so those with new asthmatic component due to COVID-19 can call their Dr. for RX if they cannot blow out a match, for

instance, and use the drive through instead of goin into the pharmacy. Consider hazmat for drive through testing and Rx pharmacy staff (as in S. Korea). I would be interested in knowing the percent of COVID-19 respiratory sufferers who can stay home but will need Ventolin. 10%? (just a guess from seeing bronchitis in the ER).

- 4) Ensure all the medical providers with offices, give out their office telephone numbers and have staff trained to triage calls so people can stay home until they are well.
 - 5) Ensure levothyroxine (the US most common Rx) is made in the USA from ingredients made in the USA. Ditto for down the line of the most necessary and common RX, including Ventolin, and the antibiotics that would treat bacterial superinfection of COVID-19 (particularly the ones that can be used at home: macrolides, etc.)
 - 6) Encourage prevention of superinfection with clean respiratory toilet, hydration, chest PT preferred over suctioning, clean environment, including cleaning floors daily. One of the most successful methods of chest PT involves the patient lying on the bed with their face near the floor. Decreasing the load of pulmonary sputum is critical.
 - 7) There is very large number of semi-retired physicians, such as myself who would probably like to be utilized (an paid a little) for telemedicine to assist with triage.
We can do telemedicine at home. I am not set up to do this but will soon be set up and able. We need to know which companies we can trust to hire us.
There should be telemedicine training and tracking coming from the CDC or other state and national governments.
 - 8) Is the 3/3/20 John Kehoe Financial Times article correct? Is it not best to predict mortality so as to more realistically prepare for post-COVID-19 recovery economically and socially and give confidence by being transparent?
I see recovery jobs being the young taking care of the old after most have had it and been cured or succumbed. Then the other half of the people will get it, too...
Is there some stigma attached to the word "infrastructure" that would prevent recovery of our economy?
 - 9) I do not wee the recommendations for Flu and both pneumovax vaccines, but the recommendation needs to get out broadly right away.
 - 10) Wuhan had to truck in food...how are we planning? Canned food decreases one's immune system. Fresh fruits and vegetables, frozen or dried are needed.
 - 11) China closed all the theaters...and we should also start closing the use of public places, particularly asking folks in their 60's and older to stay home now.
 - 12) Recommend providers write three month supply of Rx for all patients, to decrease visits out and ensure availability.
 - 13) The closure of schools might spread COVID-19 unless children have food to eat at home and the parents comply.
 - 14) Will census takers spread it? Should the census be postponed or performed via hazmat suit or in another fashion?
- This is a long list. Please look into 2-packs of Echinacea with instructions.
Get enough sleep/stay well.

Thank you.

Best regards,

Gretchen Boise, MD

LL (b) (6) (caller must announce who they are)

(b) (6)

From: (b) (6)
Sent: Sat, 7 Mar 2020 16:15:52 -0500
To: Lane, Cliff (NIH/NIAID) [E]
Subject: Fwd: Covid-19 Pandemic -- update

FYI. I get 100 of these per day.

Begin forwarded message:

From: David Katz (b) (6)
Date: March 6, 2020 at 7:46:18 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Covid-19 Pandemic -- update

Dear Tony:

As I continue to follow the evolution of this disastrous calamity, I continue to think of possible approaches to dealing with therapeutic options that might be "off the beaten trail" but nonetheless worth considering - especially for those patients who are at high risk for debilitation and, possibly, death. I share one such thought with you here.

Several years ago, recombinant Human Growth Hormone (rHGH) was reported to be significantly effective in restoring/enhancing T cell anti-viral activity in patients infected with HIV (citation below):

Growth hormone resurrects adult human thymus during HIV-1 infection

Kiki Tesselaar, Frank Miedema

J Clin Invest. 2008;118(3):844-847. <https://doi.org/10.1172/JCI35112>.

My thought is that since, in many ways, elderly patients afflicted with COVID-19 fall into a similar category, that treatment with

rHGH might be an effective treatment alternative to employ during this immediate time frame while you are exploring more specific alternatives.

I look forward to your thoughts on this, and best wishes,

David

(PS: I think you have handled yourself magnificently during these incredible press conferences, etc.!)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 19:06:14 +0000
To: Megan B.
Cc: Conrad, Patricia (NIH/NIAID) [E];Eisinger, Robert (NIH/NIAID) [E];Greg Folkers
(b) (6)
Subject: RE: Thank you, Dr. Fauci

Ms. Fender:

There is no such a thing right now as "no risk" given the uncertainty of the current situation. However, in the context of what we do know, since you are (b) (6) years old, you have (b) (6)

(b) (6)

Go about your usual business. You have no reason to panic.

I hope that this is helpful.

Best regards,
A.S. Fauci

From: Megan B. <(b) (6)>
Sent: Saturday, March 7, 2020 11:10 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Re: Thank you, Dr. Fauci

Dr. Fauci,

I apologize to reach out, I know how extremely busy you must be. But I have always invested a great deal of trust in you.

(b) (6)

Thank you greatly.

Sincerely,

Megan Fender

On Sun, Feb 9, 2020, 6:27 PM Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) wrote:

Megan:

Many thanks for your kind words. They are much appreciated.

Best regards,

Tony

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: [REDACTED] (b) (6)

FAX: (301) 496-4409

E-mail: [REDACTED] (b) (6)

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From: Megan B. [REDACTED] (b) (6) >

Sent: Sunday, February 9, 2020 4:53 PM

To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED] (b) (6)>

Subject: Thank you, Dr. Fauci

Dr. Fauci,

As a citizen and mother, I would just like to take a short moment to say thank you for all of your great work and service to the American people. I have admired your work for many years, and appreciated your transparency during the Ebola crisis, as well as this most recent situation. As a citizen, I appreciate that you relay facts, both good and bad, and have established a sense of trust with the people.

[REDACTED] (b) (6)
[REDACTED]. With the Ebola crisis, and with Coronavirus, I feel better when I see your press conferences and hear all of the work you and your team do to protect both US citizens, and the world community. Friday I was very happy to hear you announce the extreme progress that's been made in just two week's time on the vaccine, and that there have been no roadblocks. This has been done at unprecedented speeds, by what I'm sure are very talented scientists.

Again, thank you for your lifetime of service in disease prevention, and for making citizens like myself feel better knowing we have people like you and your team working tirelessly for the people. [REDACTED] (b) (6)
[REDACTED], but I take comfort in knowing we have such great, talented individuals leading our public health system.

Dr. Fauci, you are truly a saint. Thank you for all that you do.

Sincerely,

Megan Fender

From: (b) (6)
Sent: Sat, 7 Mar 2020 13:37:51 -0500
To: NIAID Public Inquiries
Subject: Fwd: a question

Sent from my iPhone

Begin forwarded message:

From: Leonard Trudell (b) (6)
Date: March 7, 2020 at 1:34:34 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: a question

Dr. Fauci,

May I suggest a question that you might ask of COVID-19 identified patients? Could you ask them if they had received a current flu shot for this season? Since the COVID-19 corona virus basic construct is a basic flu version with a bio-engineered HIV or other(?) component, is it possible that our flu vaccines might have some degree of protection against this new COVID-19 viral construct? I think it is important to ask this question!

Dr. Len Trudell
(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 18:36:42 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: a question

Please have someone respond.

From: Leonard Trudell [REDACTED] (b) (6)
Sent: Saturday, March 7, 2020 1:34 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: a question

Dr. Fauci,

May I suggest a question that you might ask of COVID-19 identified patients? Could you ask them if they had received a current flu shot for this season? Since the COVID-19 corona virus basic construct is a basic flu version with a bio-engineered HIV or other(?) component, is it possible that our flu vaccines might have some degree of protection against this new COVID-19 viral construct? I think it is important to ask this question!

Dr. Len Trudell

[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 18:10:15 +0000
To: Richard Carmona
Subject: RE: Kudos

Rich:

Many thanks for your kind note. Much appreciated. I hope that all is well with you.
Best regards,
Tony

From: Richard Carmona [REDACTED] (b) (6) >
Sent: Saturday, March 7, 2020 11:56 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Kudos

Tony, as always and for many decades and most importantly now, thank you for being the voice of reason and integrity that emanates from the political swamp to quell uncertainty and fear. Ironically your words now as a "vaccine" against the disease of public fear and uncertainty may be as important as the eventual immunologically derived vaccine against coronavirus you are working on.

Be well,
Rich Carmona

Richard Carmona

17th Surgeon General of The United States
Chief of Health Innovations
Distinguished Professor University of Arizona

8600 E. Rockcliff Road | Tucson, AZ 85750

CANYONRANCH.

O: [520.749.7754](tel:520.749.7754)

M: [REDACTED] (b) (6)

canyonranch.com

From: (b) (6)
Sent: Sat, 7 Mar 2020 11:19:16 -0500
To: NIAID Public Inquiries
Subject: Fwd: university coronavirus

From patty on asf phone.

Pls handle

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
Date: March 7, 2020 at 10:06:21 AM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: university coronavirus

Hello and thank you for all of your tireless efforts in dealing with the coronavirus.

I have a concern about the universities and the spread of this virus. Many schools brought back students from study abroad before the 14 day quarantine was put into place, and even after the quarantine was put in place, many students did not follow the quarantine rules. Also, with shared dorms and apartments it was not possible for student's who returned to campuses and not their homes. By the times schools came up with a plan for quarantining the student's it was well over a week after some were back. Therefore, there is potential for widespread infection.

The vice president said the elderly and those with underlying medical conditions are at risk and should take caution in where they go, avoid crowded places etc..Millions of students have asthma, diabetes, auto-immune disorders, and they do not have a choice other than to go to class. The government does not seemed concerned about the potential spread among campuses and what a disaster this could be. They have voiced why grade schools are not closed (since younger are not at risk s better for them to be at school) but they are ignoring college kids are at risk and the impact of widespread infection on a campus could be huge. Students in (b) (6) colleges travel back and forth to the city all the time, and I am concerned schools are not temporarily closing until more testing is available and we see where this goes. At minimum, giving student's with underlying medical conditions the option to go home and work remotely. Right now they do not have

any option other than to go to class. When questioned they say they are listening to the CDC and state government. [REDACTED] (b) (6) and students are not following the advice to stay home sick and nobody seems concerned about trying to prevent infection.

Can the government please look at a temporary ban on classes at Universities in states where infection is rapidly spreading, especially knowing there are not enough test available yet. The schools are not taking action on their own and this is a frustrating situation seeing delays in decisions making.

Thank you for your time in consideration in addressing these concerns,

Prefer to remain anonymous for the protection of [REDACTED] (b) (6)

Sent from [Mail](#) for Windows 10

From: (b) (6)
Sent: Sat, 7 Mar 2020 11:16:57 -0500
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Re: Plasmapheresis pediatricians to obtain anti-corona virus antibodies

Sorry this is from patty. I have an iPhone just to manage his emails so some of these are from me. Will add the letter p to the ones I send you so you know they are from me.

Sent from my iPhone

On Mar 7, 2020, at 10:46 AM, Auchincloss, Hugh (NIH/NIAID) [E]
(b) (6) >wrote:

Tony, as I told Patty yesterday, I am handling all that you send me but I'm not going to fill your inbox with an acknowledgement each time.

Sent from my iPad

On Mar 7, 2020, at 9:15 AM, Fauci, Anthony (NIH/NIAID) [E]
(b) (6) >wrote:

Pls handle

Sent from my iPhone

Begin forwarded message:

From: David Chung (b) (6) >
Date: March 6, 2020 at 12:45:17 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]"
(b) (6) >
Subject: Plasmapheresis pediatricians to obtain anti-corona virus antibodies

Dr. Fauci,
I appreciate the efforts of the WHO taking a look into the temperature question. It is helpful to understand the virus and know what to expect. (b) (6) is a professional data analyst of large datasets like census

data, for example. I was wondering if it would be possible to obtain the WHO dataset to see if there were any angles not considered. I am certain that the WHO's biostatisticians know what they are doing, but data is a funny thing. You get the answers to the questions you ask. If the right questions were not asked, you may miss useful information.

Regarding the subject line, if the theory is true that children have some cross-reactive protection due to antibody production to the harmless coronavirus population, that would mean that pediatricians would also carry very high levels of protective antibody. If this is true, then plasmapheresis might provide anti-coronavirus antibody as potential treatment. I do not know enough about plasmapheresis to know if this could be applied to scale but I wanted to pass along the thought. (b) (6)

David Chung

On Monday, March 2, 2020, 07:46:51 AM EST, Fauci, Anthony (NIH/NIAID) [E] (b) (6) wrote:

Thank you for your careful and well thought out note. Worthy of consideration.

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (b) (6)

FAX: (301) 496-4409

E-mail: (b) (6)

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From: David Chung [REDACTED] (b) (6)
Sent: Sunday, March 1, 2020 9:44 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Pls advise to allow return air travel only, stop all other air travel

Dear Dr. Fauci,

Thank you for your leadership and guidance in this difficult time. I am a pediatrician in Massachusetts, and as you know, direct-linkage from travel cases are popping up on the East Coast. In order to keep the community viral load down, keeping new cases from moving around the country and the world will delay the spread and amplification of the viral load. According to my observations, hot climates seem to be having a favorable new case rate. Based on the city of Qom versus the experience in Singapore and Australia, it appears that the transition temperature for efficient spread is somewhere above when there are highs around 50 degrees F, similar to H1N1. According to my observations, prior to seasonal flu, the transition temperature was closer to highs of 40 degrees F. This theory should be testable. For example, there are new cases in Kuwait and Bahrain. If I am right, if you tested a subset of these populations, you would find a very high rate of asymptomatic infection, probably 80-90%, because that's how many people it would take to shed small amounts of virus to create a community viral load to make someone sick enough to get tested. If this is true, this bodes well for the virus burning itself out to endemic status relatively quickly. This would be very reassuring data you could provide to reduce panic - if you can tell people you know how long this pandemic is going to last rather than saying that we don't know.

Although some experts may say that restricting travel will only delay the inevitable, this is not a valid statement if the transition temperature for effect spread really is 50 degrees. A delay of significant community spread in the US until highs reach the 50s for the Northeast where the population is the most

dense would have a massive life-saving effect, but if this is to occur, the flight restriction needs to happen now.

Stopping all flights would be impractical and inhumane, but allowing return flights only and stopping all other air travel would be effective. It would have a massive effect on the economy, but so will overwhelming corona virus infection. No one will die because they can't take a vacation or business trip. Financial losses would need to be settled later, so this would require emergency declarations, etc. If you wanted to take it in a step-wise manner, you could start with international flights and then move on to domestic flights if necessary - this would probably be wise and would have a less severe impact on the economy.

Thank you again, and I am sure this is one of thousands of unsolicited emails. I wish you the very best and God grant you wisdom.

Best,

David Chung

Pediatric Associates of Brockton

From: [REDACTED] (b) (6)
Sent: Sat, 7 Mar 2020 09:17:55 -0500
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: Fwd: ACE2 neutralizing antibody from R&D Systems
Attachments: SARS-CoV-2 cell entry depends on ACE2 and TMPRSS2 and is blocked by a clinically-proven protease inhibitor.pdf, ATT00001.htm, Crystal structure of the 2019-nCoV spike receptor binding domain bound with ACE2 receptor.pdf, ATT00002.htm

Sent from my iPhone

Begin forwarded message:

From: Hung Trinh [REDACTED] (b) (6)
Date: March 5, 2020 at 11:04:51 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED] (b) (6) >
Subject: Fwd: ACE2 neutralizing antibody from R&D Systems

From: (b) (6)
Sent: Sat, 7 Mar 2020 09:12:07 -0500
To: Auchincloss, Hugh (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]
Subject: Fwd: Blog Clearance Request: COVID-19: Potential Implications for individuals with Substance Use Disorders
Attachments: COVID SUD blog ebe3 ew6 sw2 ndv4 CLEAN.docx, ATT00001.htm

Pls handle

Sent from my iPhone

Begin forwarded message:

From: "Volkow, Nora (NIH/NIDA) [E]" (b) (6) >
Date: March 6, 2020 at 4:46:06 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Hobin, Jennifer (NIH/NIDA) [E]" (b) (6) >, "Volkow, Nora (NIH/NIDA) [E]" (b) (6) >
Subject: Blog Clearance Request: COVID-19: Potential Implications for Individuals with Substance Use Disorders

Dear Toni. John Burklow asked NIAID to review a Blog I wrote on the need to evaluate vulnerabilities among patients with substance use disorders to COVID-19. Let me know if u or your staff have concerns or suggestions. I realize u are totally swamped and I apologize for burdening u with it. Best nora

From: (b) (6)
Sent: Sat, 7 Mar 2020 09:11:12 -0500
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: JID 2006, 193:1244-1249
Attachments: SARS & gd T cells.pdf, ATT00001.htm

Pls respond if required

Sent from my iPhone

Begin forwarded message:

From: MIROSLAV MALKOVSKY (b) (6)
Date: March 6, 2020 at 4:46:28 PM EST
To: "Redfield, Robert R. (CDC/OD)" (b) (6)
Cc: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: JID 2006, 193:1244-1249

Dear Bob,

Long time, no see. Our SARS study (JID 2006, 193:1244-1249; see the attachment) showed selective expansions of V γ 9V δ 2 T cells in survivors of SARS-CoV infection. Interestingly, stimulated V γ 9V δ 2 T cells also display an interferon- γ -dependent anti-SARS-CoV activity and are able to directly kill SARS-CoV-infected cells. Since it is very easy to activate human V γ 9V δ 2 T cells *in vivo* (e.g., using FDA-approved and relatively non-toxic drugs for treating bone-demineralization) and given the similarities between SARS-CoV and SARS-CoV-2, I thought that it could be potentially useful to bring these facts to your and Tory's attention, in spite of knowing that both of you are probably slightly busier these days than you would like to be.

All the best and good luck with everything,
Yours as ever,
Mirek

M. Malkovsky, MD, PhD, FRCPath
Professor Emeritus, UW School of Medicine and Public Health
Mobile: (b) (6)
Office telephone and fax: (b) (6)
E-mail: (b) (6)

From: (b) (6)
Sent: Sat, 7 Mar 2020 09:07:07 -0500
To: Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Pneumococcus vaccination in relation to coronavirus infection.

Pls respond

Sent from my iPhone

Begin forwarded message:

From: Lars Nielsen (b) (6) >
Date: March 6, 2020 at 8:07:37 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: Pneumococcus vaccination in relation to coronavirus infection.

Dear Anthony Fauci,

As I understand the fatal cases of covid-19 develop pneumonia after several days of symptoms of the acute viral infection.

In this way the present coronavirus infection is very like our present and previous fatal influenza virus infections. In the 1918 pandemic many if not most of the fatal cases were caused by bacterial superinfection with hemolytic streptococci and pneumococci. The former is rather seldom now, but the pneumococcal infections are common.

Should we advise persons over >65 y as well as people with chronic diseases with increased risk of fatal coronavirus diseases to be vaccinated against pneumococci now?

My best regards and thank you for your significant contribution to inflammatory medicine and infections.

Lars P. Nielsen, M.D.

Specialist in Medical Microbiology and Virology

Former head of the Danish National Influenza Laboratory.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:25:29 +0000
To: Elizabeth Stevens
Subject: RE: Thank you for staying front and center, and in the public eye re COVID-19

Ms. Stevens:
Thank you for your kind note.
Best regards,
A.S. Fauci

From: Elizabeth Stevens [REDACTED] (b) (6)
Sent: Friday, March 6, 2020 10:30 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Thank you for staying front and center, and in the public eye re COVID-19

Dear Dr. Fauci,

I am so happy to continue seeing you in press conferences and on news broadcasts.

Please keep making those public appearances. Americans need to hear the facts from someone who is trustworthy.

I am sure that tiptoeing around Donald Trump has dramatically complicated your life. I hope that you will find ways to "correct" or "clarify" the constant stream of misstatements that he makes – our lives depend upon it. (Maybe Trump could wear a hazmat suit – to protect his fragile ego from any possible bruising caused by a collision with the truth. Just kidding.)

Seriously, Doctor, it is a huge relief to see and hear you and your expert colleagues. It is to the point that we cannot believe a single word that comes out of Trump's mouth.

Very sincerely,
Elizabeth Stevens
[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:23:54 +0000
To: (b) (6)
Subject: FW: (b) (4)

fyi

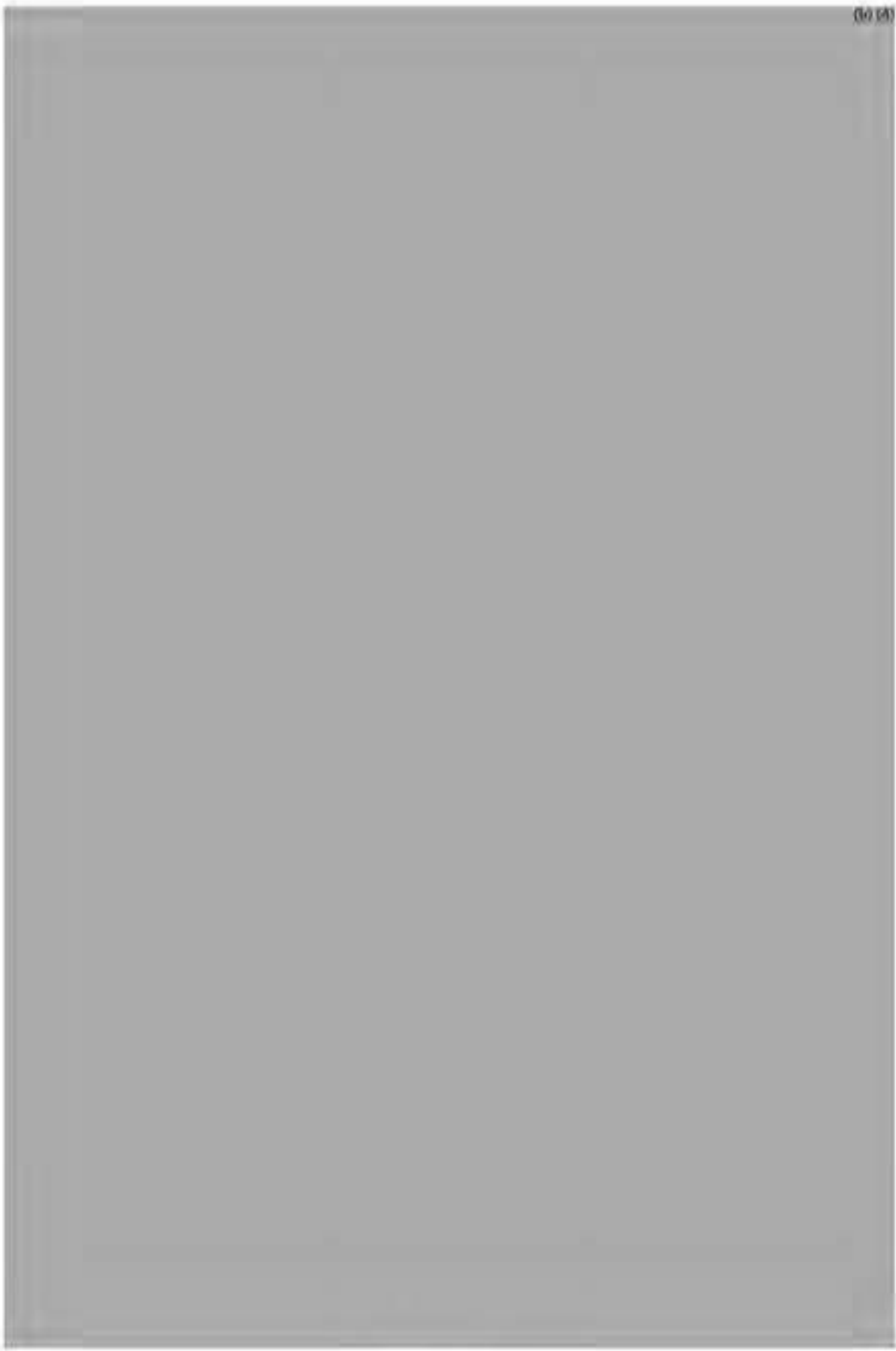
From: Lipkin, Ian W. (b) (6) >
Sent: Saturday, March 7, 2020 8:20 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: (b) (4)

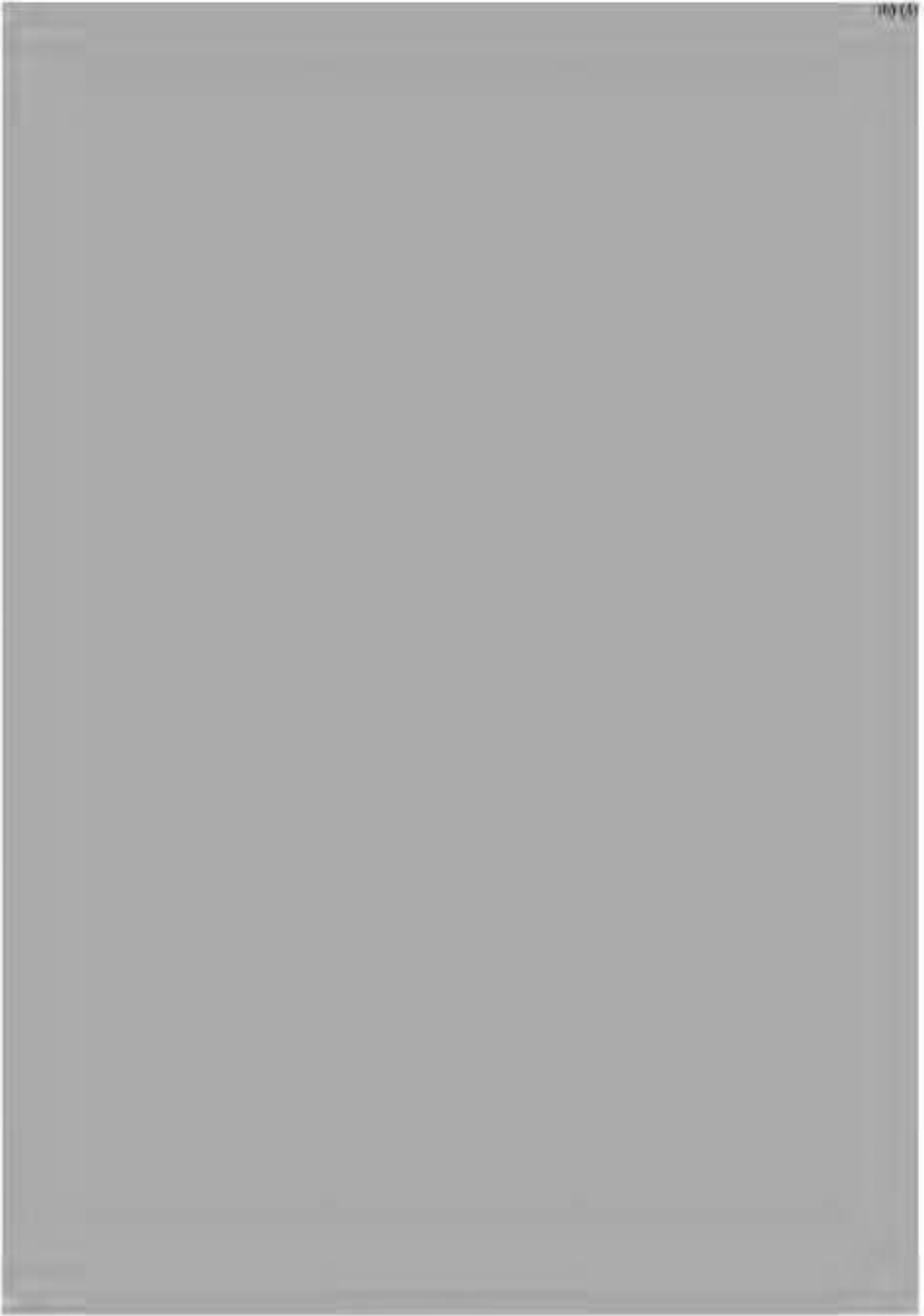
Tony,

Happy to connect you with Zhu.

(b) (4)

(b) (4)









>>>> With best regards,

>>>>

>>>> Zhu

>>>>

>>>>

>>>> 发件人: Lipkin, Ian W. [redacted] (b) (6)

>>>> 发送时间: 2020年2月9日 23:01

>>>> 收件人: Zhu Chen

>>>> 抄送: George Gao; zhangzongwei

>>>> 主题: Re: important info

>>>>

>>>> Zhu,

>>>> Please call me on [redacted] (b) (6)

>>>>

>>>> Ian

>>>>

>>>>

>>>>

>>>> W. Ian Lipkin, MD

>>>> John Snow Professor of Epidemiology and Director

>>>> Center for Infection and Immunity

>>>> Mailman School of Public Health

>>>>

>>>> Professor of Pathology and Neurology

>>>> College of Physicians & Surgeons

>>>> Columbia University

>>>> 722 West 168th Street, 17th Floor

>>>> New York, NY 10032

>>>> Voice: [redacted] (b) (6)

>>>> Fax: (212) 342-9044

>>>> Email: [redacted] (b) (6)

>>>>

>>>> Administrative Coordinator

>>>> (b) (6)

>>>> Voice: (b) (6)

>>>> Email: (b) (6)

>>>>

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>>>> On Feb 9, 2020, at 9:43 AM, ZhuChen (b) (6) > wrote:

>>>>

>>>> Dear Ian,

>>>> I have an important info to be shared with you. According to the latest report from the National Health Commission, the number of confirmed cases of NCP (2019-nCoV pneumonia) in other Provinces than Hubei (Wuhan is the capital city) was decreased from 890/day on Feb 3rd to 509/day on Feb 8th. So it is still possible for this outbreak to be basically contained in China.

>>>> Therefore, my suggestion is that we support the current public health policies and strategy to concentrate quality medical human resources and other resources to save more life of severe patients, even though the cost is high, very high. And then, we shall continuously analyze the situation for possible adjustment of policies and measures.

>>>> Best,

>>>> Zhu

>>>>

>>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:23:10 +0000
To: Lorne Brandes
Subject: RE: Coronavirus immunity

We have thought about it.

-----Original Message-----

From: Lorne Brandes [REDACTED] (b) (6) >
Sent: Saturday, March 7, 2020 12:51 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Coronavirus immunity

Hi Dr Fauci,

Has anyone considered the possibility that previous coronavirus infection(s) associated with common colds may result in at least partial immunity to the COVID-19 virus? This may explain why the disease is generally mild in 80% of adults and apparently rare in children (most of whom get more frequent colds than adults). I would be pleased to hear your thoughts.

Sincerely,

Lorne Brandes, MD, FRCPC
Professor, University of Manitoba [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:21:56 +0000
To: Ann Job
Subject: RE: 2020 Census and COVID-19

Ms. Job:

Thank you for your note.,
Best regards,
A.S. Fauci

From: Ann Job (b) (6) >
Sent: Saturday, March 7, 2020 12:18 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: 2020 Census and COVID-19

Dear Dr. Fauci,

Today I wrote and mailed a letter to both you and Dr. Redfield.

I will not duplicate nor attach it here, but I did want you to make you aware of my letter in case it doesn't reach your desk on Monday. In it I ask you and Dr. Redfield to explore the possibility of using 2020 Census Enumerators as an "on-the-ground army" to help stop COVID-19.

Because as you know better than anyone else that time is of the essence, I thought it useful to give you a heads-up about my letter via this email.

I am probably being naive, but just in case it makes sense to you, I thought it couldn't hurt to write you.

Thank you for being there for us. We really need you.

Yours,

Ann E. Job (pronounced like the Book of Job in the Bible)

(b) (6)
iPhone)
(home)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:13:58 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: A vaccine with anti immunosuppressive properties
Attachments: (b) (6)

Please respond on my behalf

From: Avraham Halbreich (b) (6) >
Sent: Saturday, March 7, 2020 7:00 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: A vaccine with anti immunosuppressive properties
Importance: Low

Dear Dr Fauci,

Common wisdom tells us that the inability to immunize against HIV, malaria etc. as well as the need to

repeat every year anti flu vaccination result from the excessive, or limitless, genetic variability of the underlying pathogens. While not doubting the reality of this genetic variability, best observed in an orderly manner in the case of HIV, I considered the possibility that these pathogens are endowed with an immunosuppressive capacity that is not inactivated during vaccine production, and that current vaccines do not induce immunity against such

immunosuppression. I applied this reasoning when I worked on an AIDS vaccine in 1991 in Zagury's lab

(Halbreich A et al. (1992) Vaccine Research, 4 :397-412). Indeed, we tested then, in suitably immunized animals, the effect of the various preparations on the cellular response to tuberculin and the capacity of animals to be

immunized against tuberculin and tetanus as a function of the extent of treatment. The immune response to these agents was indeed higher in the presence of HIVION compared to heat inactivated preparations. This HIVION preparation was used on 6 patients in Zaire (Zagury et al. (1992) J Acquired Immune Deficiency Syndromes, 5 :676-681).

Unfortunately, when I tried to make a greater prep for a phase I trial, the viral preparation turned out (too late),

by SDS gel electrophoresis, not to contain any viral protein, due either to degradation or another mishap. I left Zagury's lab soon after and it was impossible for me later to obtain material (either viral or from recombinant protein) to further advance the matter. I do believe that tuning vaccine preparation to counter immunosuppressive effect of the virus (parasite) while preserving its capacity to induce anti viral immunity should resolve the need to revaccinate every year against the same virus. In fact, identifying the épitopes, acting for immunity and those acting against immunosuppression, at a later stage should allow a better result than we obtained. (It is not yet known whether corona virus also mutates rapidly, but I heard that a woman was reinfected after having recovered from covid-19 infection and this might indicate a capacity of the virus to counteract the host's immune response.

In (b) (6) I have been itching ever since to go back to unfinished projects, but did not find an avenue. Now, with the outburst of the corona virus pandemic this surfaces again.

(b) (6)

Sincerely
Avraham Halbreich

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:06:00 +0000
To: Anderson, Jennifer (NIH/NIAID) [E]
Subject: RE: unit heads

If I am available, I would be happy to discuss COVID-19

From: Anderson, Jennifer (NIH/NIAID) [E] <[REDACTED]> (b) (6)
Sent: Saturday, March 7, 2020 8:03 AM
To: Fauci, Anthony (NIH/NIAID) [E] <[REDACTED]> (b) (6)
Subject: Fwd: unit heads

Good morning Dr Fauci

We are - for the moment - scheduled for a Unitheads meeting on Tuesday. Tae Wook is next to present but suggested (see below) that we make it a round table and discuss COVID-19.

Question: IF Unitheads isn't canceled how do you feel about having a Roundtable instead of Tae Wook presenting? Or would you prefer to take a break from Coronavirus for a moment and hear about HIV!

Thanks
Jen

Sent from my iPhone

Begin forwarded message:

From: "Chun, Tae-Wook (NIH/NIAID) [E]" <[REDACTED]> (b) (6)>
Date: March 6, 2020 at 9:53:11 AM EST
To: "Anderson, Jennifer (NIH/NIAID) [E]" <[REDACTED]> (b) (6)>
Subject: Re: unit heads

Can we do round table? I want to talk to him about corona not to mention the MTA will get canceled anyway. If you want me to I will present.

On Mar 6, 2020, at 9:47 AM, Anderson, Jennifer (NIH/NIAID) [E] <[REDACTED]> (b) (6) wrote:

Hi Tae Wook,

I think you are up for Unitheads? It's been so long, I've lost track. I think you were supposed to present back on Jan 14th but it got canceled and I don't think we've had a presentation since. Im being told we might have a UH on Tuesday – ASF is free so far. Can you present?

Jen

Jennifer M. Anderson, PhD
Deputy Branch Chief
IAMB/OAS/NIAID
Scientific Operations Manager
LIR/DIR/NIAID
9000 Rockville Pike, Bldg. 10 Rm. 6A19A
Bethesda, Maryland 20892
Office Phone : (b) (6)
NIH Cell: (b) (6)
Personal Cell: (b) (6)
FAX: 301-402-4122

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:02:34 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]
Subject: FW: Plasma therapy

FYI

-----Original Message-----

From: Lipkin, Ian W. [REDACTED] (b) (6)
Sent: Saturday, March 7, 2020 7:50 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Plasma therapy

Tony,

Just reviewed paper [REDACTED] (b) (4) on pilot study of plasma therapy for COVID-19. Sufficiently encouraging that I'd begin collecting plasma for compassionate use as well as larger randomized trial.

Ian

Ian

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 7 Mar 2020 13:02:18 +0000
To: Lipkin, Ian W.
Subject: RE: Plasma therapy

Thanks, Ian

----- Original Message -----

From: Lipkin, Ian W. [redacted] (b) (6) >
Sent: Saturday, March 7, 2020 7:50 AM
To: Fauci, Anthony (NIH/NIAID) [E] [redacted] (b) (6)
Subject: Plasma therapy

Tony,

Just reviewed paper [redacted] (b) (4) on pilot study of plasma therapy for COVID-19. Sufficiently encouraging that I'd begin collecting plasma for compassionate use as well as larger randomized trial.

Ian

Ian

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 23:44:54 +0000
To: Folkers, Greg (NIH/NIAID) [E]
Cc: Crawford, Chase (NIH/NIAID) [E]
Subject: Re: ASF ----- AIPAC reports that two people who attended its conference tested positive for the coronavirus
Attachments: image001.jpg

Yikes!

On Mar 6, 2020, at 6:23 PM, Folkers, Greg (NIH/NIAID) [E]
<(b) (6)> wrote:

Just fyi – folks from this delegation were in the hallway on the Hill when you and Chase were there

From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Friday, March 6, 2020 6:18 PM
Subject: JTA: AIPAC reports that two people who attended its conference tested positive for the coronavirus

AIPAC reports that two people who attended its conference tested positive for the coronavirus

MARCH 6, 2020 5:45 PM
<image001.jpg>

Outside the American Israel Public Affairs Committee (AIPAC) annual conference in Washington, DC on March, 01, 2020. (Marvin Joseph/The Washington Post via Getty Images)

WASHINGTON (JTA) — The American Israel Public Affairs Committee said that at least two people who attended the lobby's policy conference have tested positive for the coronavirus.

The conference, which ran from Feb. 28-March 2, drew 18,000 activists to Washington.

The AIPAC statement posted late Friday on Twitter said the two people who tested positive are from New York. The outbreak has been especially hard on the Orthodox Jewish community in Westchester County, and AIPAC listed the county's health department as among the authorities with which it is in communication.

The others are the New York Health Department, national health authorities and the District of Columbia Health Department. The statement also said the lobby was consulting with Edward Septimus, a professor of internal medicine at Texas A&M University.

The statement posted on Twitter said an email was going out to all attendees as well as to congressional offices. The conference routinely attracts a majority of Congress members and their staffers.

BY RON KAMPEAS



NIH-000898

AIIPAC 2020



From: (b) (6)
Sent: Fri, 6 Mar 2020 18:35:49 -0500
To: NIAID Public Inquiries
Subject: Fwd: Important & Emergency Nature (COVID-19) Related

Sent from my iPhone

Begin forwarded message:

From: Udita Katugampola (b) (6)
Date: March 6, 2020 at 6:29:16 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Important & Emergency Nature (COVID-19) Related

Dear Dr. Fauci,

I saw that you are discussing the steps we need to take to make the impact of COVID-19 a minimum in CNN and decided to write to you what we did as faculty in this aspect.

I believe that prevention is much more important than treatment later. As a preparation for the COVID-19 outbreak, two days ago, I made a personal decision to make all my homework online submission so that we may avoid the spread of the virus anymore.

Students work on homework for hours and can easily spread the virus without knowing it. Once it goes to graders (my TAs), they then spread it to the rest of the class, again without knowing it. Thus, an innocent act can be devastating. So, in simply two-three days it may spread to another 100 new individuals easily.

Graders may act as hubs in this case. The danger is, it may have spread to another hundred or more new individuals even before it comes to a detectable level from any test.

I also want to emphasize the following points:

1. We hear in all news that elderly people are the most vulnerable. But I think it should be corrected as people with immunodeficiency are the most vulnerable and elderly are in that category. Some one who is 10 years old and have diabetic or HIV has the same danger as an elderly person.
2. We should come up with a test such as a pregnancy test, which can be done at home without leaving their homes. This stops further spreading.
3. We should discuss foods that help cure it fast and things that we should not do.

I have shared my thoughts with CNN (Dr. Sanjay Gupta and Anderson Cooper as well). Thank you for your time and everything you do to our community at this critical moment.

Best,

Udita

Udita Katugampola, Ph.D.

Assistant Professor of Mathematics

Florida Polytechnic University

Office: IST 2015

Tel: (b) (6)

Email: (b) (6)@edu

Web: <https://sites.google.com/site/uditanaltn/>

From: (b) (6)
Sent: Fri, 6 Mar 2020 18:32:06 -0500
To: NIAID Public Inquiries
Subject: Fwd: MOSQUITOES

Sent from my iPhone

Begin forwarded message:

From: JAMES NUTILE (b) (6)
Date: March 6, 2020 at 5:58:58 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >
Subject: MOSQUITOES

Dr. Fauci,

No ones addressing the possibility of the Coronavirus being transferred by mosquitoes this summer. Is that a possibility?

Thank you,
James Nutile

Sent from my iPhone

From: (b) (6)
Sent: Fri, 6 Mar 2020 18:31:39 -0500
To: NIAID Public Inquiries
Subject: Fwd: I am not spam. Possible consideration for Coronavirus

Sent from my iPhone

Begin forwarded message:

From: Karen Bender (b) (6) >
Date: March 6, 2020 at 6:07:58 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: I am not spam. Possible consideration for Coronavirus

Good Evening Dr Fauci,

I have an idea for your consideration for the Coronavirus vaccine/treatment. Noting that the virus is attacking our elderly more and knowing their lungs are older and not as functional to fight this infection. Have you considered artificial surfactant to boost lung function. (b) (6)

Perhaps if their lungs are stronger to expand they could fight the virus better. Thank you for listening, My prayers are with our Healthcare Professionals to achieve a treatment/vaccine.
Karen Bender

From: (b) (6)
Sent: Fri, 6 Mar 2020 18:28:43 -0500
To: Lerner, Andrea (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]
Subject: Fwd: Kidney Disease (NS-MCD) and Covid-19 Coronavirus

Can one of you take this?

Sent from my iPhone

Begin forwarded message:

From: Raja R (b) (6) >
Date: March 6, 2020 at 6:15:37 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)>
Subject: Kidney Disease (NS-MCD) and Covid-19 Coronavirus

Dear Dr. Fauci,

I live in the United Kingdom and listen to your recent press briefings from White House. First of all, I want to convey my sincerest thanks to you for providing valuable information to the general public.

I would greatly appreciate it if you can advise on what precautions I should take (b) (6) in order to safeguard against the Covid-19 corona virus. (b) (6). Should he try to avoid all social contact, and of course avoid any cruise, air or public transport to prevent him from getting the infection?

I would greatly appreciate your advice on this.

Regards
Raja

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 15:26:21 +0000
To: Dzau, Victor J.
Subject: RE: URGENT - GPMB COVID-19 FUNDING NOTE

Please leave m name off. Thanks.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Dzau, Victor J. (b) (6)
Sent: Friday, March 6, 2020 10:02 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Alex Harris (b) (6); Jeremy Farrar (b) (6) >
Subject: Re: URGENT - GPMB COVID-19 FUNDING NOTE

Tony,

I know you are extremely busy. I am following up on GPMB business.

Given our conversation 3 days ago, would you like to sign on the statement or do you prefer us to leave you name off? Please let us know ASAP.

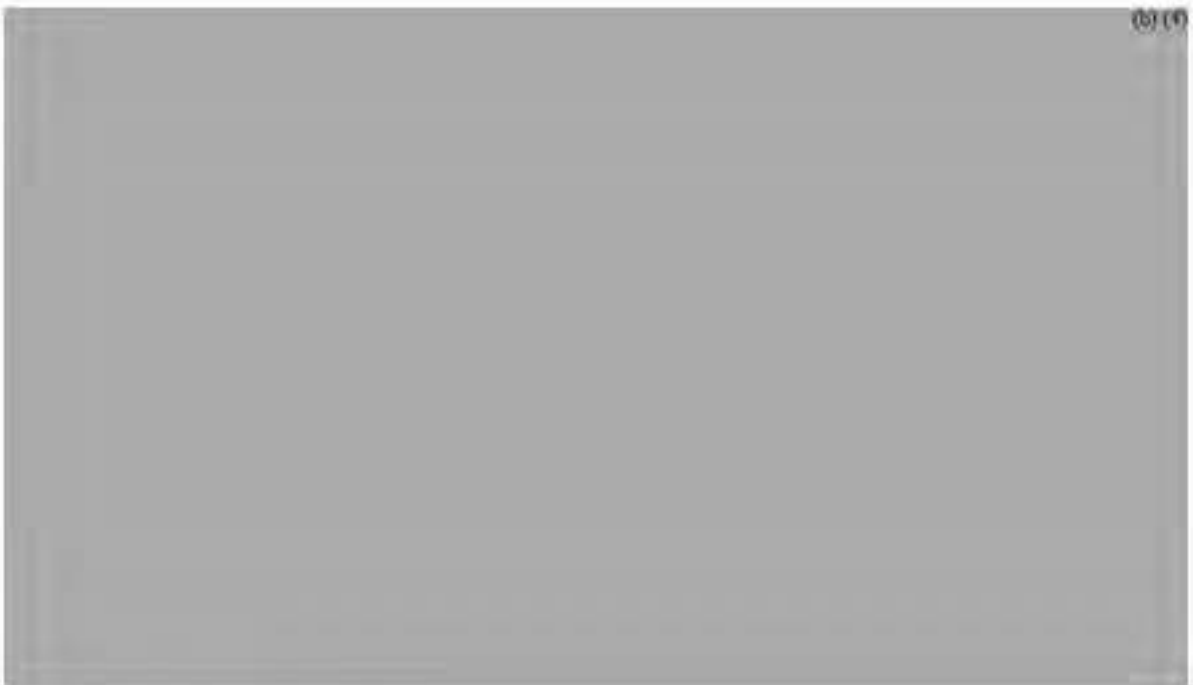
Best,

Victor

On Mar 5, 2020, at 9:31 AM, Alex Harris (b) (6) > wrote:

Dear Board Members,

Thank you for your input on the call yesterday regarding the COVID-19 (b) (4)



With many thanks,

Alex

Alex Harris
Head of Global Policy & Advocacy
Wellcome

T: (b) (6)
(b) (6)

G7 leaders and Sherpas

| Country | Rep | Sherpa (amendments welcome) | GPMB lead(s) |
|----------------|---------------------------------------|-----------------------------|---------------|
| Canada | Justin Trudeau, Prime Minister | (b) (6) | |
| France | Emmanuel Macron, President | | |
| Germany | Angela Merkel, Chancellor | | Jeremy Farrar |
| Italy | Giuseppe Conte, Prime Minister | | |
| Japan | <u>Shinzō Abe</u> , Prime Minister | | |
| United Kingdom | Boris Johnson, Prime Minister | | Jeremy Farrar |
| United States | Donald Trump, | | Victor Dzau |

| | | | |
|----------------|--|---------|------------------------------|
| | President | | |
| Participants | | | |
| European Union | Charles Michel, President of the European Council | (b) (6) | |
| European Union | Ursula von der Leyen, President of the European Commission | | Victor Dzau Jeremy Farrar |

International financial institutions

| Institution | Leadership | Sherpa/equivalent or suggested contacts | GPMB lead |
|------------------|------------|---|---------------|
| (b) (6), (b) (4) | | | Victor Dzau |
| | | | As Sy |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Jeremy Farrar |

From: Alex Harris

Sent: 03 March 2020 23:06

To: 'Amelie RIOUX' (b) (6); Dzau, Victor J. (b) (6);
(b) (6) Jeremy Farrar <(b) (6)>; Anthony
Fauci (b) (6); Fore Henrietta (b) (6); Gao Fu
(b) (6); Gashumba Diane <(b) (6)> Ilona
Kickbusch (b) (6); Suzuki Yasuhiro <(b) (6)>;
(b) (6); Vega Morales Jeanette (b) (6);
VijayRaghavan Krishnaswamy (b) (6); Skvortsova Veronika
(b) (6);

Cc: Gro Brundtland (b) (6); As Sy (b) (6); Elhadj SY
(b) (6); Tore Godal <(b) (6)> Godal, Tore (b) (6);
(b) (6); SCHWARTLANDER, Bernhard F.
(b) (6); RYAN, Michael J. (b) (6); Pate Muhamed
(b) (6); Kanarek, Morgan (b) (6);
(b) (6); 'Sheila Austria'
(b) (6); William Hall (b) (6); Teresa
Miller de Vega <(b) (6)> 'Marston Hilary'

(b) (6)
(b) (6); Zacharie Gahungu
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
Toomas Palu (b) (6)

Subject: RE: GPMB: COVID-19 FUNDING NOTE

Dear Board Members,

Ahead of the GPMB Board call on Wednesday, I'm pleased to attach a note (on behalf of Jeremy Farrar, Victor Dzau and a small working group) setting out the urgent need for new funding for the global COVID-19 response.

You will have seen the strong announcement today from the World Bank of up to \$12bn to support country response, which we warmly welcome. We are asking for your feedback on the call and (b) (4)

(b) (4)

(b) (4)

We look forward to the discussion.

With best wishes,

Alex

Alex Harris
Head of Global Policy & Advocacy
Wellcome

T: (b) (6)

(b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 15:23:33 +0000
To: Stover, Kathy (NIH/NIAID) [E]
Cc: Billet, Courtney (NIH/NIAID) [E];Folkers, Greg (NIH/NIAID) [E];Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: FOR ASF REVIEW: Draft PR re: Phase 1 mRNA coronavirus vax launch

Looks fine. Thanks.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Stover, Kathy (NIH/NIAID) [E] (b) (6)>
Sent: Friday, March 6, 2020 10:20 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Billet, Courtney (NIH/NIAID) [E] (b) (6)>; Folkers, Greg (NIH/NIAID) [E] (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Subject: FOR ASF REVIEW: Draft PR re: Phase 1 mRNA coronavirus vax launch

Good morning, Dr. Fauci,

Please find attached for your review a draft press release about the launch of the Phase 1 study of the mRNA COVID-19 vaccine. We are tentatively planning to issue the release on Wed., March 11 once we've received confirmation that the first participant has been vaccinated. For ease of reference, the following is the quote we have crafted for you:

"Finding a safe and effective vaccine to prevent infection with SARS-CoV-2 is an urgent public health priority," said NIAID Director Anthony S. Fauci, M.D. "This Phase 1 study, launched in record speed, is an important first step toward achieving that goal."

Thanks,

Kathy

Kathy Stover
Branch Chief
News and Science Writing Branch
Office of Communications and Government Relations
National Institute of Allergy and Infectious Diseases
National Institutes of Health
31 Center Drive, Room 7A17F
Bethesda, MD 20892
[REDACTED] (6)
Media line: (301) 402-1663

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 14:50:15 +0000
To: (b) (6)
Subject: FW: Developing Immunity to SARS-CoV-2 and Ivlg

Please respond to this person.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Dr. Art Kamm <art@kammconsultinginc.com>
Sent: Friday, March 6, 2020 7:47 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Lane, Cliff (NIH/NIAID) [E] (b) (6)>
Subject: Developing Immunity to SARS-CoV-2 and Ivlg

Dear Dr. Fauci and Dr. Lane:

I have been following the growing international outbreak of COVID-19 and wanted to share a thought with you, understanding that this may have already been thought of. My early academic research (reference provided, PNAS) involved cancer immunology where it contributed to a growing body of information that certain tumor cells could possess unique surface antigens that could be used for immunologic therapy (<https://www.pnas.org/content/pnas/75/12/5912.full.pdf>). My career then took me to executive and senior executive/corporate officer positions in publicly-held pharmaceutical corporations (Glaxo and Salix, respectively) overseeing R&D of therapeutic agents. My experience has included both pharmaceuticals and biologics.

(b) (6)

Our current understanding of COVID-19 mortality is that it appears to be concentrated in the elderly and those with underlying medical conditions. In healthy individuals (although still early) it appears that many of

those infected with SARS-CoV-2 may remain symptom free or develop mild disease, or recover from more severe illness. Currently there are tens of thousands of individuals who have been identified as having been infected but are considered 'recovered'. That being case it would seem plausible that they have mounted an antibody response to the virus.

The question is whether these individuals are being tested for antibody titre to the virus, and if that is occurring whether they are being approached to donate plasma to move into Igv production. With this illness still in its early stages and being international, I would imagine that such an effort would involve a public/private sector endeavor. Understanding the difficulty in developing a vaccine for 'cold viruses', IviG may be a way to at least reduce the mortality in our most vulnerable patients. So, the slow start we have had in testing the US population for this virus goes beyond disease prevention - it would certainly be affecting our ability, to some degree, of rapidly developing a more targeted intervention for high risk patients.

Again, you may have already thought of this, but as a concerned citizen having some background and an (b) (6), I wanted to share these thoughts. Understanding your busy schedules, I have copied both the Director and Deputy Director for Clinical Research and Special Projects.

Respectfully submitted,

Arthur R. Kamm, PhD

(b) (6)



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 14:48:03 +0000
To: Corey MD, Larry
Subject: RE: A query

Visit where?

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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-----Original Message-----

From: Corey MD, Larry (b) (6) >
Sent: Friday, March 6, 2020 8:18 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: A query

Should i and I the younger Glenda Gray give these 702 talks at CROI on This coming Tuesday in Boston. If I fly East for this Tuesday evening talk are you at all free Wednesday **to come visit** and talk about HIV antibodies ? Or are you so programmed with coronavirus this is not realistic. ?

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 12:56:55 +0000
To: McNeil, Donald (mcneil@nytimes.com)
Subject: FW: NYT: Inside China's All-Out War on the Coronavirus

Donald:

Your interview with Bruce Aylward was the best discussion of COVID-19 that I have seen thus far. Great job!

Best,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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E-mail: (b) (6)

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From: Folkers, Greg (NIH/NIAID) [E] (b) (6) >
Sent: Thursday, March 5, 2020 11:19 PM
Subject: NYT: Inside China's All-Out War on the Coronavirus

Q&A

Inside China's All-Out War on the Coronavirus

Dr. Bruce Aylward, of the W.H.O., got a rare glimpse into Beijing's campaign to stop the epidemic. Here's what he saw.



Dr. Bruce Aylward, leader of the W.H.O. team that visited China to assess the country's response to the coronavirus outbreak. Credit... Salvatore Di Nolfi/Keystone, via Associated Press



By [Donald G. McNeil Jr.](#)

- March 4, 2020

As the leader of the World Health Organization team that visited China, Dr. Bruce Aylward feels he has been to the mountaintop — and has seen what's possible.

During a two-week visit in early February, Dr. Aylward saw how China rapidly suppressed the coronavirus outbreak that had engulfed Wuhan, and was threatening the rest of the country. New cases in China have dropped to about 200 a day, from more than 3,000 in early February. The numbers may rise again as China's economy begins to revive. But for now, far more new cases are appearing elsewhere in the world.

China's counterattack can be replicated, Dr. Aylward said, but it will require speed, money, imagination and political courage.

For countries that act quickly, containment is still possible "because we don't have a global pandemic — we have outbreaks occurring globally," he added.

Dr. Aylward, who has 30 years experience in fighting polio, Ebola and other global health emergencies, detailed in an interview with The New York Times how he thinks the campaign against the virus should be run.

This conversation has been edited and condensed.

Do we know what this virus's lethality is? We hear some estimates that it's close to the 1918 Spanish flu, which killed 2.5 percent of its victims, and others that it's a little worse than the seasonal flu, which kills only 0.1 percent. How many cases are missed affects that.

There's this big panic in the West over asymptomatic cases. Many people are asymptomatic when tested, but develop symptoms within a day or two.

In Guangdong, they went back and retested 320,000 samples originally taken for influenza surveillance and other screening. Less than 0.5 percent came up positive, which is about the same number as the 1,500 known Covid cases in the province. (*Covid-19 is the medical name of the illness caused by the coronavirus.*)

There is no evidence that we're seeing only the tip of a grand iceberg, with nine-tenths of it made up of hidden zombies shedding virus. What we're seeing is a pyramid: most of it is aboveground.

Once we can test antibodies in a bunch of people, maybe I'll be saying, "Guess what? Those data didn't tell us the story." But the data we have now don't support it.

That's good, if there's little asymptomatic transmission. But it's bad in that it implies that the death rates we've seen — from 0.7 percent in parts of China to 5.8 percent in Wuhan — are correct, right?

I've heard it said that "the mortality rate is not so bad because there are actually way more mild cases." Sorry — the same number of people that were dying, still die. The real case fatality rate is probably what it is outside Hubei Province, somewhere between 1 and 2 percent.



Patients waiting to be transferred from one hospital in Wuhan to Leishenshan Hospital, a newly built medical center to address the epidemic that is also in Wuhan, China. Credit...Agence France-Presse — Getty Images

What about children? We know they are rarely hospitalized. But do they get infected? Do they infect their families?

We don't know. That Guangdong survey also turned up almost no one under 20. Kids got flu, but not this. We have to do more studies to see if they get it and aren't affected, and if they pass it to family members. But I asked dozens of doctors: Have you seen a chain of transmission where a child was the index case? The answer was no.

Why? There's a theory that youngsters get the four known mild coronaviruses so often that they're protected.

That's still a theory. I couldn't get enough people to agree to put it in [the W.H.O. report](#).

Does that imply that closing schools is pointless?

No. That's still a question mark. If a disease is dangerous, and you see clusters, you have to close schools. We know that causes problems, because as soon as you send kids home, half your work force has to stay home to take care of them. But you don't take chances with children.

Are the cases in China really going down?

I know there's suspicion, but at every testing clinic we went to, people would say, "It's not like it was three weeks ago." It peaked at 46,000 people asking for tests a day; when we left, it was 13,000. Hospitals had empty beds.

I didn't see anything that suggested manipulation of numbers. A rapidly escalating outbreak has plateaued, and come down faster than would have been expected. Back of the envelope, it's hundreds of thousands of people in China that did not get Covid-19 because of this aggressive response.

Is the virus infecting almost everyone, as you would expect a novel flu to?

No — 75 to 80 percent of all clusters are in families. You get the odd ones in hospitals or restaurants or prisons, but the vast majority are in families. And only 5 to 15 percent of your close contacts develop disease. So they try to isolate you from your relatives as quickly as possible, and find everyone you had contact with in 48 hours before that.

You said different cities responded differently. How?

It depended on whether they had zero cases, sporadic ones, clusters or widespread transmission.

First, you have to make sure everyone knows the basics: hand-washing, masks, not shaking hands, what the symptoms are. Then, to find sporadic cases, they do fever checks everywhere, even stopping cars on highways to check everyone.

As soon as you find clusters, you shut schools, theaters, restaurants. Only Wuhan and the cities near it went into total lockdown.

How did the Chinese reorganize their medical response?

First, they moved 50 percent of all medical care online so people didn't come in. Have you ever tried to reach your doctor on Friday night? Instead, you contacted one online. If you needed prescriptions like insulin or heart medications, they could prescribe and deliver it.



Grocery delivery to a quarantine area in Wuhan, China. Credit...Agence France-Presse — Getty Images

But if you thought you had coronavirus?

You would be sent to a fever clinic. They would take your temperature, your symptoms, medical history, ask where you'd traveled, your contact with anyone infected. They'd whip you through a CT scan ...

Wait — “whip you through a CT scan”?

Each machine did maybe 200 a day. Five, 10 minutes a scan. Maybe even partial scans. A typical hospital in the West does one or two an hour. And not X-rays; they could come up normal, but a CT would show the “ground-glass opacities” they were looking for.

(Dr. Aylward was referring to lung abnormalities seen in coronavirus patients.)

And then?

If you were still a suspect case, you'd get swabbed. But a lot would be told, “You're not Covid.” People would come in with colds, flu, runny noses. That's not Covid. If you look at the symptoms, 90 percent have fever, 70 percent have dry coughs, 30 percent have malaise, trouble breathing. Runny noses were only 4 percent.

The swab was for a PCR test, right? How fast could they do that? Until recently, we were sending all of ours to Atlanta.

They got it down to four hours.

So people weren't sent home?

No, they had to wait. You don't want someone wandering around spreading virus.

If they were positive, what happened?

They'd be isolated. In Wuhan, in the beginning, it was 15 days from getting sick to hospitalization. They got it down to two days from symptoms to isolation. That meant a lot fewer infected — you choke off this thing's ability to find susceptibles.

What's the difference between isolation and hospitalization?

With mild symptoms, you go to an isolation center. They were set up in gymnasiums, stadiums — up to 1,000 beds. But if you were severe or critical, you'd go straight to hospitals. Anyone with other illnesses or over age 65 would also go straight to hospitals.

What were mild, severe and critical? We think of "mild" as like a minor cold.

No. "Mild" was a positive test, fever, cough — maybe even pneumonia, but not needing oxygen.

"Severe" was breathing rate up and oxygen saturation down, so needing oxygen or a ventilator.

"Critical" was respiratory failure or multi-organ failure.

So saying 80 percent of all cases are mild doesn't mean what we thought.

I'm Canadian. This is the Wayne Gretzky of viruses — people didn't think it was big enough or fast enough to have the impact it does.



A sports stadium converted to a makeshift hospital in Wuhan, China. Credit...China Daily/Reuters

Hospitals were also separated?

Yes. The best hospitals were designated just for Covid, severe and critical. All elective surgeries were postponed. Patients were moved. Other hospitals were designated just for routine care: women still have to give birth, people still suffer trauma and heart attacks.

They built two new hospitals, and they rebuilt hospitals. If you had a long ward, they'd build a wall at the end with a window, so it was an isolation ward with "dirty" and "clean" zones. You'd go in, gown up, treat patients, and then go out the other way and de-gown. It was like an Ebola treatment unit, but without as much disinfection because it's not body fluids.

How good were the severe and critical care?

China is really good at keeping people alive. Its hospitals looked better than some I see here in Switzerland. We'd ask, "How many ventilators do you have?" They'd say "50." Wow! We'd say, "How many ECMOs?" They'd say "five." The team member from the Robert Koch Institute said, "Five? In Germany, you get three, maybe. And just in Berlin."

(ECMOs are extracorporeal membrane oxygenation machines, which oxygenate the blood when the lungs fail.)

Who paid for all of this?

The government made it clear: testing is free. And if it was Covid-19, when your insurance ended, the state picked up everything.

In the U.S., that's a barrier to speed. People think: "If I see my doctor, it's going to cost me \$100. If I end up in the I.C.U., what's it going to cost me?" That'll kill you. That's what could wreak havoc. This is where universal health care coverage and security intersect. The U.S. has to think this through.

What about the nonmedical response?

It was nationwide. There was this tremendous sense of, "We've got to help Wuhan," not "Wuhan got us into this." Other provinces sent 40,000 medical workers, many of whom volunteered.

In Wuhan, our special train pulled in at night, and it was the saddest thing — the big intercity trains roar right through, with the blinds down.

We got off, and another group did. I said, "Hang on a minute, I thought we were the only ones allowed to get off." They had these little jackets and a flag — it was a medical team from Guangdong coming in to help.

How did people in Wuhan eat if they had to stay indoors?

Fifteen million people had to order food online. It was delivered. Yes, there were some screw-ups. But one woman said to me: "Every now and again there's something missing from a package, but I haven't lost any weight."



A yoga class being taught online from a studio in Beijing. Credit...Roman Pilipey/EPA, via Shutterstock

Lots of government employees were reassigned?

From all over society. A highway worker might take temperatures, deliver food or become a contact tracer. In one hospital, I met the woman teaching people how to gown up. I asked, "You're the infection control expert?" No, she was a receptionist. She'd learned.

How did technology play a role?

They're managing massive amounts of data, because they're trying to trace every contact of 70,000 cases. When they closed the schools, really, just the buildings closed. The schooling moved online. Contact tracers had on-screen forms. If you made a mistake, it flashed yellow. It was idiot-proof. We went to Sichuan, which is vast but rural. They'd rolled out 5G. We were in the capital, at an emergency center with huge screens. They had a problem understanding one cluster. On one screen, they got the county headquarters. Still didn't solve it.

So they got the field team. Here's this poor team leader 500 kilometers away, and he gets a video call on his phone, and it's the governor.

What about social media?

They had Weibo and Tencent and WeChat giving out accurate information to all users. You could have Facebook and Twitter and Instagram do that.

Isn't all of this impossible in America?

Look, journalists are always saying: "Well, we can't do this in our country." There has to be a shift in mind-set to rapid response thinking. Are you just going to throw up your hands? There's a real moral hazard in that, a judgment call on what you think of your vulnerable populations.

Ask yourself: Can you do the easy stuff? Can you isolate 100 patients? Can you trace 1,000 contacts? If you don't, this will roar through a community.

Isn't it possible only because China is an autocracy?

Journalists also say, "Well, they're only acting out of fear of the government," as if it's some evil fire-breathing regime that eats babies. I talked to lots of people outside the system — in hotels, on trains, in the streets at night.

They're mobilized, like in a war, and it's fear of the virus that was driving them. They really saw themselves as on the front lines of protecting the rest of China. And the world.



A medical worker in a hospital in Wuhan working with traditional medicines to treat patients. Credit...Agence France-Presse — Getty Images

China is restarting its economy now. How can it do that without creating a new wave of infections?

It's a "phased restart." It means different things in different provinces.

Some are keeping schools closed longer. Some are only letting factories that make things crucial to the supply chain open. For migrant workers who went home — well, Chengdu has 5 million migrant workers.

First, you have to see a doctor and get a certificate that you're "no risk." It's good for three days. Then you take the train to where you work. If it's Beijing, you then have to self-quarantine for two weeks. Your temperature is monitored, sometimes by phone, sometimes by physical check.

What's going on with the treatment clinical trials?

They're double-blind trials, so I don't know the results. We should know more in a couple of weeks. The biggest challenge was enrolling people. The number of severe patients is dropping, and there's competition for them. And every ward is run by a team from another province, so you have to negotiate with each one, make sure they're doing the protocols right.

And there are 200 trials registered — too many. I told them: "You've got to prioritize things that have promising antiviral properties."

And they're testing traditional medicines?

Yes, but it's a few standard formulations. It's not some guy sitting at the end of the bed cooking up herbs. They think they have some fever-reducing or anti-inflammatory properties. Not antivirals, but it makes people feel better because they're used to it.

What did you do to protect yourself?

A heap of hand-sanitizer. We wore masks, because it was government policy. We didn't meet patients or contacts of patients or go into hospital dirty zones.

And we were socially distant. We sat one per row on the bus. We ate meals in our hotel rooms or else one person per table. In conference rooms, we sat one per table and used microphones or shouted at each other.

That's why I'm so hoarse. But I was tested, and I know I don't have Covid.



Dr. Aylward offered an elbow in lieu of a handshake during a briefing in Geneva on the W.H.O. mission to China. Credit...Salvatore Di Nolfi/EPA, via Shutterstock

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 12:31:28 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Nicolle Wallace / MSNBC interview request for today or next week...

FYI

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
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From: Robinson, Query (NBCUniversal) <query.robinson@msnbc.com>
Sent: Friday, March 6, 2020 7:17 AM
To: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Nicolle Wallace / MSNBC interview request for today or next week...

Hi Patricia,

This is Query Robinson with Nicolle Wallace at MSNBC's 'Deadline: White House' in New York again.

I am writing to request an interview with Dr. Fauci today during the 4 pm ET or at some point next week if his schedule may allow.

Nicolle is hoping to speak with Dr. Fauci about growing concerns over the spread coronavirus and what the public should be doing now in the wake of this pandemic.

We would gladly have Dr. Fauci join us from the NIH camera if his schedule may allow..

Please let me know if today may be a possibility or if another day next week may be better for the schedule when you may have a moment.

All the best,

Querry

Querry Robinson

'Deadline: White House' with Nicolle Wallace

30 Rockefeller Plaza, NY, NY 10112

W - 212-664-3923

C - (b)(6)

querry.robinson@nbcuni.com

Sent from my iPhone - please overlook any misspellings or grammatical errors

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 11:02:56 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Emergency Preparedness, Coronavirus, and Products from MPI
Attachments: MPI - CloroxPro_Scrubs_2019 (1).pdf, MPI - CloroxPro_LabCoats_2019.pdf, MPI - PrimeMedical_Curtains_Flyer.pdf, MPI - POW_HOSP_Barrier_Protection_28update29.pdf, MPI - EvaClean Tri Fold 2019.pdf

Please take a look and handle if necessary

From: Brad Wicklas [REDACTED] (b) (6) >
Sent: Friday, March 6, 2020 3:46 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Emergency Preparedness, Coronavirus, and Products from MPI

Hi Anthony Fauci,

I know you're busy, but I wanted to introduce our Company, Medical Partners International, and talk for a quick minute about what we do and how it can help you. As you know, the CDC has asked all healthcare facilities to prepare for the "worst case scenario" around the Novel Coronavirus. As much of our medical supply manufacturing in the US comes from overseas, it is of critical import to look at potential shortages of key products that will be needed to perform basic IP functions in your facility. We have already seen challenges with N95 masks, and I have heard about potential shortages of items like disinfection wipes. We at MPI have a couple of unique solutions you need to consider:

PureTabs and PureOne NaDCC tablets that are diluted in tap water to create HOCl for surface disinfection. They are currently used in electrostatic sprayers to offer greater coverage around your equipment. If, for some reason, there's a challenge getting the electrostatic sprayers in the future (and we've already seen shortages and delays in getting new units), simply use our NaDCC tablets with spray bottles from your local store to apply the HOCl for disinfection. Our tablets have kill claims for C. diff in four minutes, and like a number of other cleaning agents, we believe we can be effective against the Novel Coronavirus. The problem with the other products out there comes down to availability, particularly of the N95 masks that are required on their IFU's. With our product, an N95 mask is recommended, but not required, which is a huge distinction if you have run out of N95 masks.

Secondly, we have our protective scrubs, lab coats and privacy curtains from Prime Medical. Co-branded with Clorox, these products create a 3 log (99.9%) barrier against bacteria and viruses when washed with bleach. The barrier lasts for 12 weeks,

so there's a dramatically lower chance of passing something along. These are a great protective measure for your staff. The CDC mentioned that sodium hypochlorite (bleach) may be effective against Novel Coronavirus, so it stands to reason that our scrubs will help against unwanted spreading as well.

Finally, we have our Path-O-Wrap, which protects mattresses and gurneys from the harsh chemicals used during cleaning. It also can help dramatically when a catastrophic event happens, as you simply put these on a gurney or mattress and remove them between patients. It was invented by an EMT for just this purpose, and may be exactly what you need for your Emergency Preparedness Program.

We also have other great IP products such as:

- UV Disinfection Boxes to create a "touch-less check-in" to protect staff and patients alike
- HealthySole UV solutions for the bottom of feet for OR and other sensitive areas
- Bowman Cover Your Cough Stations

I have attached a couple of brochures for your review. We can provide you with a quote, or have our local representative bring in samples of some of the products to show. Simply write me back with what you would like more information on. We feel our products will make a difference for your facility; let us know how we can help.

Sincerely,

Medical Partners International

Brad Wicklas

Managing Partner

Cell: (b) (6)

Website: www.bwicklas@medpint.com



Medical Partners Int'l

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 11:00:51 +0000
To: Corey MD, Larry; Dieffenbach, Carl (NIH/NIAID) [E]
Subject: RE: coronavirus vaccine testing

Anything that works is fine with me.

From: Corey MD, Larry [REDACTED] (b) (6) >
Sent: Friday, March 6, 2020 12:23 AM
To: Dieffenbach, Carl (NIH/NIAID) [E] [REDACTED] (b) (6); Fauci, Anthony (NIH/NIAID) [E]
[REDACTED] (b) (6) >
Subject: coronavirus vaccine testing

I know the VTEU's are first in line but I am sure the HVTN sites would be quite willing to participate in any coronavirus vaccine testing and if you need international populations the sub Saharan African sites will I am sure be interested . so our informal polling of sites revealed enthusiasm.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:07:20 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: SARS CoV entry inhibition for the masses
Attachments: Novel Inhibitors of SARS CoV Entry.pdf

Please handle.

From: Chris Sorg [REDACTED] (b) (6) >
Sent: Wednesday, March 4, 2020 4:24 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: FW: SARS CoV entry inhibition for the masses

Dear Dr. Fauci: I really think you should look at this email trail. I can't seem to

(b) (4)



Respectfully,

John C. Sorg, M.D.

Cell: (b) (6)

Chris Sorg

Hospitalist

North Arkansas Regional Medical Center
620 North Main Street, Harrison, AR 72601

Office: (b) (6)



From: Chris Sorg

Sent: Monday, March 2, 2020 1:16 PM

To: (b) (6)

Subject: FW: SARS CoV entry inhibition for the masses

Continuing to think outloud.

(b) (4)

J.C. Sorg, M.D.

Chris Sorg

Hospitalist

North Arkansas Regional Medical Center
620 North Main Street, Harrison, AR 72601

Office: (b) (6)



From: Chris Sorg

Sent: Monday, March 2, 2020 12:11 PM

To: (b) (6)

Cc: (b) (6)

Subject: SARS CoV entry inhibition for the masses



Respectfully,

*J.C. Sorg, M.D.
Internal Medicine*

**Chris Sorg
Hospitalist
North Arkansas Regional Medical Center
620 North Main Street, Harrison, AR 72601
Office: (b) (6)**



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:06:51 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: Meeting to Assess Evaluation of COVID-19 vaccine candidates for risk of enhanced disease
Attachments: March 12th-Tentative list of questions to be discussed_JPC mg-sb[16212]-version4March-1239-CLEAN.docx, Draft agenda.Acc Assess ED.4Mar202011_with annexes.pdf

Please handle. I cannot meet with them.

From: Steve Black (b) (6)
Sent: Wednesday, March 4, 2020 4:26 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Robert Chen (b) (6)
Subject: Meeting to Assess Evaluation of COVID-19 vaccine candidates for risk of enhanced disease

Dear Doctor Fauci,

I am writing to you as a member of the SPEAC project which CEPI has funded to assist with the evaluation of the safety of vaccines in their portfolio. As part of this effort, we are assisting with developing preclinical and clinical testing criteria to evaluate the risk of enhanced disease following vaccination with COVID-19 vaccine candidates. As you know, this had been an issue with some prior SARS vaccine candidates.

We are convening a two day virtual meeting of experts via video conference next week on March 12 and 13 between 8 am and 1 pm Eastern time each day. Participants in the meeting are shown in the attached agenda but include Paul Henri Lambert from Geneva and Barney Graham from NIH. The meeting will actively involve the participants on the agenda the first day and on the second day the meeting will be open for several peer reviewers including Stanley Plotkin and Andy Pollard to review and comment on possible small and NHP animal models as well as appropriate immunologic testing to be done in early phase one trials.

I am wanted to make you aware of the meeting so that you could attend all or part as an observer if you wish but also to invite you to consider joining on day two as one of our formal peer reviewers. The goal of the meeting would be to share recommendations with CEPI COVID-19 developers as well as other interested parties.

Any comments you have on the agenda or draft questions for consideration would be greatly appreciated.

I look forward to hearing back from you.

ATTACHMENTS: DRAFT AGENDA; DRAFT QUESTIONS FOR CONSIDERATION

Steve

Steven Black MD
SPEAC Project work package lead for CEPI

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:04:44 +0000
To: (b) (6)
Subject: FW: medRxiv: Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

fyi

From: Folkers, Greg (NIH/NIAID) [E] <(b) (6)>
Sent: Wednesday, March 4, 2020 4:27 PM
Subject: medRxiv: Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

Xiaohua Chen, Binghong Zhao, Yueming Qu, Yurou Chen, Jie Xiong, Yong Feng, Dong Men, Qianchuan Huang, Ying Liu, Bo Yang, Jinya Ding, Feng Li

doi: <https://doi.org/10.1101/2020.02.29.20029520>

[This article is a preprint and has not been peer-reviewed \[what does this mean?\]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice.](#)

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- [Info/History](#)
- [Metrics](#)
-
- [Preview PDF](#)

Abstract

Background: Although the SARS-CoV-2 viral load detection of respiratory specimen has been widely used for novel coronavirus disease (COVID-19) diagnosis, it is undeniable that serum SARS-CoV-2 nucleic acid (RNAemia) could be detected in a fraction of the COVID-19 patients. However, it is not clear that if the incidence of RNAemia could be correlated with the occurrence of cytokine storm or with the specific class of patients. **Methods:** This study enrolled 48 patients with COVID-19 admitted to the General Hospital of Central Theater Command, PLA, a designated hospital in Wuhan, China. The patients were divided into three groups according to the Diagnosis and Treatment of New Coronavirus Pneumonia (version 6) published by the National Health Commission of China. The clinical and laboratory data were collected. The serum viral load detection and serum IL-6 levels were determined. Except for routine statistical analysis, Generalized Linear Models (GLMs) analysis was used to establish a patient status

prediction model based on real-time RT-PCR Ct value. Findings: The Result showed that cases with RNAemia were exclusively confirmed in critically ill patients group and appeared to reflect the illness severity. Further more, the inflammatory cytokine IL-6 levels were significantly elevated in critically ill patients, which is almost 10-folds higher than those in other patients. More importantly, the extremely high IL-6 level was closely correlated with the incidence of RNAemia ($R=0.902$) and the vital signs of COVID-19 patients ($R= -0.682$). Interpretation: Serum SARS-CoV-2 viral load (RNAemia) is strongly associated with cytokine storm and can be used to predict the poor prognosis of COVID-19 patients. Moreover, our results strongly suggest that cytokine IL-6 should be considered as a therapeutic target in critically ill patients with excessive inflammatory response.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:01:59 +0000
To: James Krellenstein
Subject: RE: 2019-nCoV Testing for Public Health Labs

James:

Thanks for the note. Be assured that I am trying to break this log jam.

Best,
Tony

From: James Krellenstein [REDACTED] (b) (6)
Sent: Wednesday, March 4, 2020 6:46 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: Re: 2019-nCoV Testing for Public Health Labs

Tony:

I am loath to contact you given that I am sure you are overwhelmed. However, we are now being contacted by sources at tertiary academic hospitals with CLIA-high complexity clinical labs who are alarmed about their inability to scale up SARS-CoV2 qRT-PCR testing in their facilities in the time frame they feel is necessary, even after Saturday's FDA regulatory guidance and the availability of Integrated DNA Technology's testing reagents. (An example of such an email is below.) I am passing this along with the hopes that if you can do something about it, you will. From an email:

“We have experience bringing up laboratory developed tests. We have never submitted an EUA before. For our current LDTs, they are typically for pathogens that we have some experience with, positive clinical samples are readily available, and/or appropriate control materials (e.g. bacteria, viral genomes) are readily commercially available. None of those are true for SARS-CoV2. There is tremendous concern about deploying a suboptimal test into a challenging environment.

The EUA guidance from FDA is not unreasonable for the validation of a new respiratory virus test, and it gives an accurate picture of the amount of testing that is required to bring on a new test by the lab. Federal law requires us to perform accuracy, reproducibility, analytical sensitivity / LOD, and analytical specificity (cross reactivity) studies. Those studies require positive control material *including* intact virus or RNA. Clinical labs are not prepared to generate RNA transcript, and we don't usually source these ourselves. We can't get the virus without filling out extensive paperwork that requires multiple signatures. Getting control material for validation one of the biggest issues.

Prior to the EUA change, the calculus for our labs was that it would take 3 to 4 weeks to actually validate a test, and then we would submit to the FDA for EUA (a process none of us has ever done), and then we would wait for the FDA to respond (hopefully in the affirmative). I think we all expected the FDA EUA review to be at least 4 weeks. Based on that time-line, many commercial vendors would have reagents available with their own EUAs that would be able to be performed on large automated instruments including potentially STAT. None of the LDT assays (or CDC assay) can be performed STAT or on demand.

With the EUA change, the process to validate the test is still the same and will still take 3 or more weeks. Once validated, we can perform clinical testing (like any other LDT) while we submit the EUA. This would likely allow us to begin testing several weeks before commercial vendors have EUA reagents available based upon our best current information. Most of us expect to transition a commercial EUA at some point.

The recent statement that IDT reagents can be used under the EUA from CDC is misleading. It applies to a very limited number of lots (currently 1, likely 2 soon), it assumes reagents are available, and it requires strict adherence to the CDC protocol using identical extraction methods (2 choices) and amplification / detection methods (1 instrument). It still specifies the use of an N1, N2, and N3 reactions, but CDC has dropped the N3 reaction. The EUA has not yet been updated. Neither of our hospitals have the complete extraction or amplification instruments so we have to do the EUA anyway."

Hope you are coping ok,

James

--

James B. Krellenstein
109 S 5th St,
Brooklyn, NY 11249

(b) (6) (mobile)

(b) (6)

On Sun, Feb 2, 2020 at 7:36 PM James Krellenstein (b) (6) > wrote:

Tony:

I hope this email finds you well. Over the past 48 hours, PrEP4All has received multiple requests from leaders of public health departments and public health practitioners to begin publicly pressuring

CDC/HHS to ensure that properly equipped public health labs (besides CDC's lab in Atlanta) can perform real time reverse transcription PCR (qRT-PCR) testing for 2019 Novel-Coronavirus (2019-nCoV).

Our understanding is that given the public health emergency declared by HHS, an emergency use authorization (EUA) from the FDA is required for public health labs to perform their own lab developed test for 2019-nCoV, even if it is using the CDC's published qRT-PCR protocol and primer/probe sequences (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/rt-pcr-panel-for-detection-instructions.pdf>) , and the lab is capable of handling BSL3+ samples.

We understand the extreme delicateness of this situation, and also that it is outside of our normal wheelhouse. But given the concerns of our colleagues in the public health sector, we thought it was important to give you a heads up regarding this request.

Let us know if there is anyway we can help.

Sincerely,

James Krellenstein
Data, Science and Policy Committee
The PrEP4All Collaboration
109 S 5th St, Brooklyn, NY 11249
(b) (6)

James B. Krellenstein
he - him - his

(b) (6)
(Sent from a mobile device)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:00:31 +0000
To: (b) (6)
Subject: FW: Covid-19 causes CRS (and source of mortality)
Attachments: Ruan2020_Article_ClinicalPredictorsOfMortalityD.pdf

FYI

From: Pavletic, Steven (NIH/NCI) [E] (b) (6) >
Sent: Wednesday, March 4, 2020 10:18 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: FW: Covid-19 causes CRS (and source of mortality)

Dear Dr Fauci, this is not an area of my expertise, but given the urgency of situation with the Covid-19 and some of our experiences with treating CART induced cytokine release syndrome in cancer patients, just wanted to share this email with you in case you find it of interest. Dr Betts is my brilliant junior BMT colleague at University of Minnesota. I realize this may be old news to you but wanted to share just in case.

Warm regards
Steve Pavletic

From: Brian Betts (b) (6) >
Sent: Wednesday, March 4, 2020 2:06 PM
To: Pavletic, Steven (NIH/NCI) [E] (b) (6) >
Subject: Covid-19 causes CRS (and source of mortality)

Hi Steve,

This is an interesting paper from intensivists in Wuhan. The IF of the journal is 18 too.

Looks like covid-19 causes an IL-6 mediated CRS with myocarditis, which is associated with mortality (more so than the pneumonitis).

This suggests we should be more concerned with getting tocilizumab for critically ill covid-19 patients, rather than tamiflu and ARVT...

Do you have a friend at the CDC that could use this info?

Thanks, Brian

--

Brian C. Betts MD
Associate Professor of Medicine
Division of Hematology, Oncology and Transplantation
University of Minnesota

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 03:57:38 +0000
To: Conrad, Patricia (NIH/NIAID) [E]; Greg Folkers [REDACTED] (b) (6)
Subject: FW: COVID-19 event Friday @CSIS Tony March 20, 1:30pm-3:30pm

Let us discuss.

From: Stephen Morrison <SMorriso@csis.org>
Sent: Thursday, March 5, 2020 7:02 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6); Samantha Stroman <SStroman@csis.org>
Subject: Re: COVID-19 event Friday @CSIS Tony March 20, 1:30pm-3:30pm

Hi Tony
Will March 20 work for you?
Best Steve

On Mar 2, 2020, at 10:07 AM, Stephen Morrison <SMorriso@csis.org> wrote:

Tony

I know the demands on you have skyrocketed, so I am circling back to confirm you are still available on Friday March 20 for the COVID-19 event, and also to seek your advice, as we amend the layout of the event, including possibly having it run a little longer.

I am still hoping you can do a big picture scene setter (15-20 minutes with slides)

- (i) The state of the science surrounding the virus, what we know and do not know,
- (ii) Progression of the outbreak
- (iii) Testing
- (iv) Status of accelerated early work on vaccines, antivirals

We will have a panel that covers China, and we may add a panel on the epicenters in Italy, ROK, Iran

I would like to carve out ample space for discussion of the United States. In your view, is it advisable to put a request forward to Secy Azar or VP Pence? Neither needs a platform to have their voices heard. But perhaps they would see this sort of setting as an opportunity. If not the Secy or VP, is there anyone else you might propose? I had reached out earlier to Steve Biegun to speak on the foreign policy dimensions, especially regarding China, but have not heard back.

I have separately reached out to the NGA about possibly enlisting a governor to speak.

If you are free and wish to speak by phone about any of this, please let me know.

Best of luck with everything. You seem to be making progress!

Best Steve

Cell [REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 03:56:47 +0000
To: MAVILIO Domenico ICH
Subject: RE: Ciao

Domenico:

Thanks for the note. Indeed, this outbreak has changed the lives of many people, including me. I am doing nothing else but coronavirus. I cannot predict when the travel restriction for Northern Italy will be removed. I hope soon, but I doubt that. STAY WELL.

Best regards,
Tony

From: MAVILIO Domenico ICH [REDACTED] (b) (6)
Sent: Thursday, March 5, 2020 7:49 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Ciao

Hi Tony,

just a short notice to tell you that you are becoming even more popular in Italy as your face and interviews are everywhere on the main Italian broadcasting news and journals.

It seems like to be in USA again for me, as I see you every day and I can tell you are doing well although you must be overwhelmed with all this. I was supposed to be at NIH in tre weeks from now, but I have cancelled the flight and travel due to highest restrictions from CDC and HHS for Italian travellers from Lombardia and Veneto (and I live in Milan).

Can we estimate how long all this will last? Weeks or months according to you knowledge?

Hope to see you soon anyway and I really hope U.S. outbreak will not turn as bad as the Italian one. Indeed, Milan is living a real unprecedented (for modern time) and surrealistic situation with a mix of fear, panic and incredulity among people. It almost seems a movie! The government shut down half country by closing all schools and universities, by not allowing meetings of any kind, by limiting travels in many places and by placing severe restrictions in social life. They even stopped the Fashion week in Milan that is a big thing here.

Maybe too late, but they didi it and we hope it will work somehow to reach a plateau in contagious.

have a nice day
Ciao

Domenico

Domenico Mavilio, M.D., Ph.D.
Associate Professor of Translational Medicine

Department of Medical Biotechnologies and Translational Medicine
Medical School of Milan University, Milan , Italy

Principal Investigator

Head, Unit of Clinical and Experimental Immunology
Humanitas Research Hospital, Rozzano, Milan, Italy

Adjunct Investigator

Laboratory of Cardiovascular Regenerative Medicine,
National Heart, Lung and Blood Institute
National Institutes of Health, Bethesda, MD, USA

[REDACTED] (b) (6)

Phone: [REDACTED] (b) (6)

Fax: +39 02 8224 5191

emails: [REDACTED] (b) (6)

[REDACTED] (b) (6)

[REDACTED] (b) (6)

webpage: <http://www.humanitas-research.org/category/principal-investigator/mavilio/>

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Stacc.

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Thank you

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 03:51:21 +0000
To: Phillips, Kyra
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Hi Tony! Univ of Nebraska.....

Kyra:

Thanks for the note. You would have to go through my Special Assistant, Patty Conrad, who is copied on this e-mail.
Best,
Tony

-----Original Message-----

From: Phillips, Kyra <Kyra.Phillips@abc.com>
Sent: Thursday, March 5, 2020 9:30 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Re: Hi Tony! Univ of Nebraska.....

Good morning! I made contact and it's in the works! We even have them in our 20/20 special tomorrow night!

Question: do you think you could go live with me from NIH or WH one day next week for our Noon Coronavirus show? It's live steamed so we have millions of viewers. We would take viewer questions (I would give you ahead of time) and you would answer only those you want to.

It's a half hour show, but we would do whatever amount of time your schedule allows.

It would be so impactful for the average viewer.

V/R

Kyra

@KyraPhillips, ABC News
Investigative Correspondent
KyraPhillips.Com
(b) (6)

> On Mar 3, 2020, at 10:32 PM, Fauci, Anthony (NIH/NIAID) [E] <(b) (6)> wrote:

>

> Kyra:

> They very well might let you do it. It is worth a try. The containment there is excellent and there is no evidence of community spread in Omaha.

> Best,

> Tony

>

> -----Original Message-----

> From: Phillips, Kyra <Kyra.Phillips@abc.com>
> Sent: Tuesday, March 3, 2020 6:21 PM
> To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
> Subject: Hi Tony! Univ of Nebraska.....

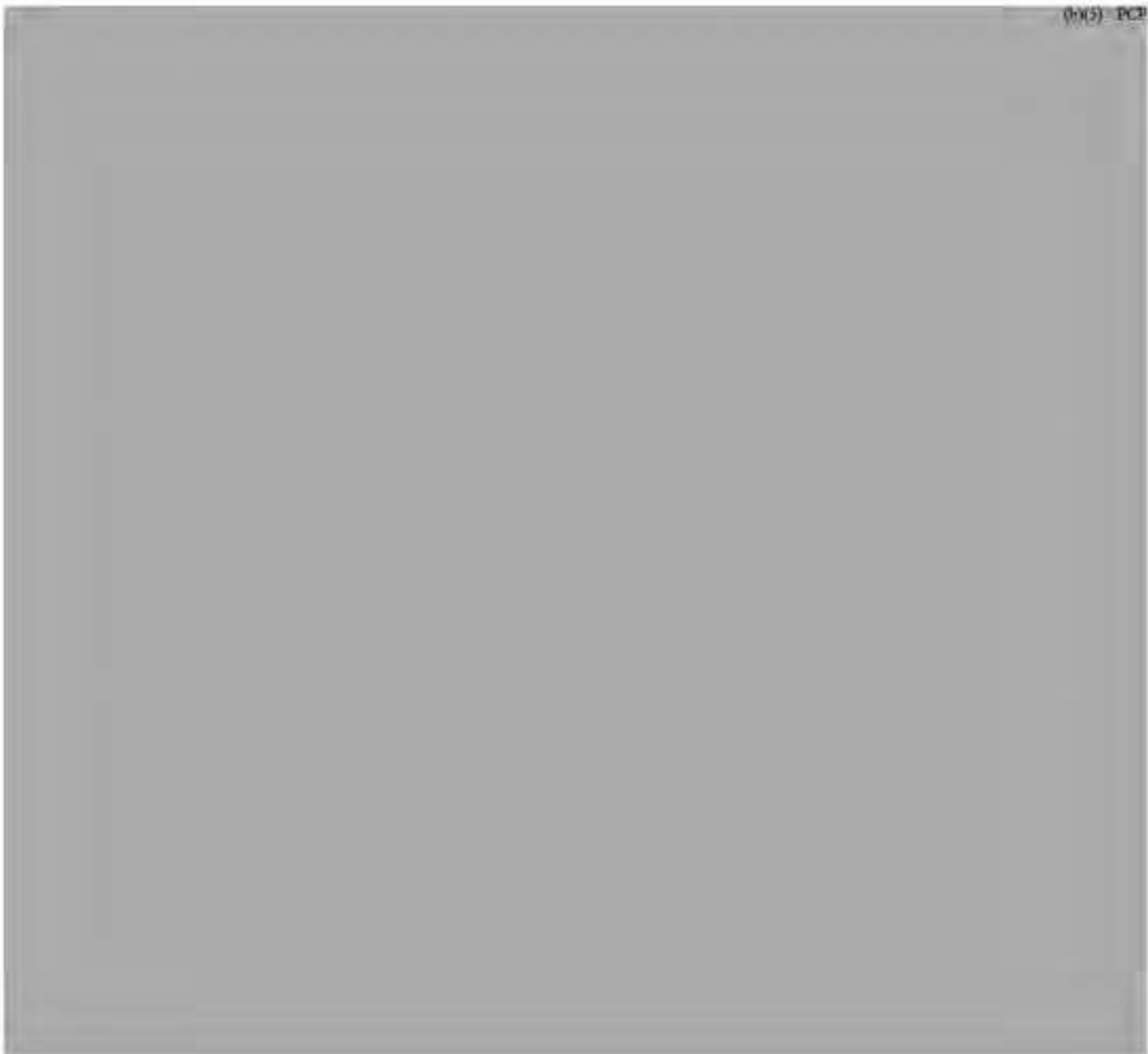
>

> Tony,

> Do you think the University of Nebraska would let me in to do a story for ABC News on the therapeutics they are working on?

> Would it even be safe for me to do it?

- > Appreciate how you are holding court during this crisis.
- > Respectfully,
- > Kyra
- >
- >
- > @KyraPhillips, ABC News
- > Investigative Correspondent
- > KyraPhillips.Com
- > (b) (6)
- >



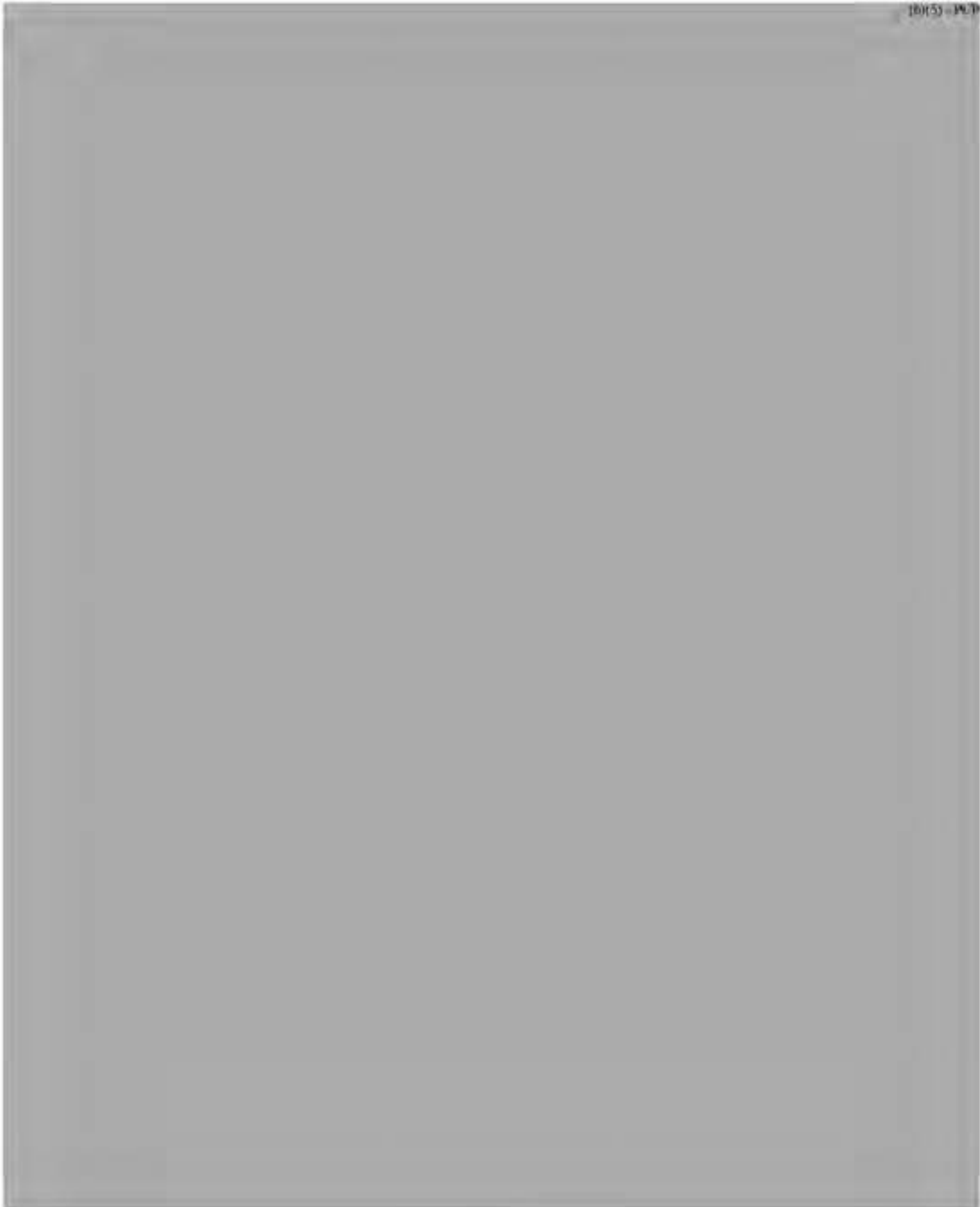
From: (b) (6)
Sent: Tue, 10 Mar 2020 14:57:59 -0400
To: Short, Marc T. EOP/OVP
Subject: Re: White House Coronavirus Task Force Meeting at **3:30pm** on 3/10/20

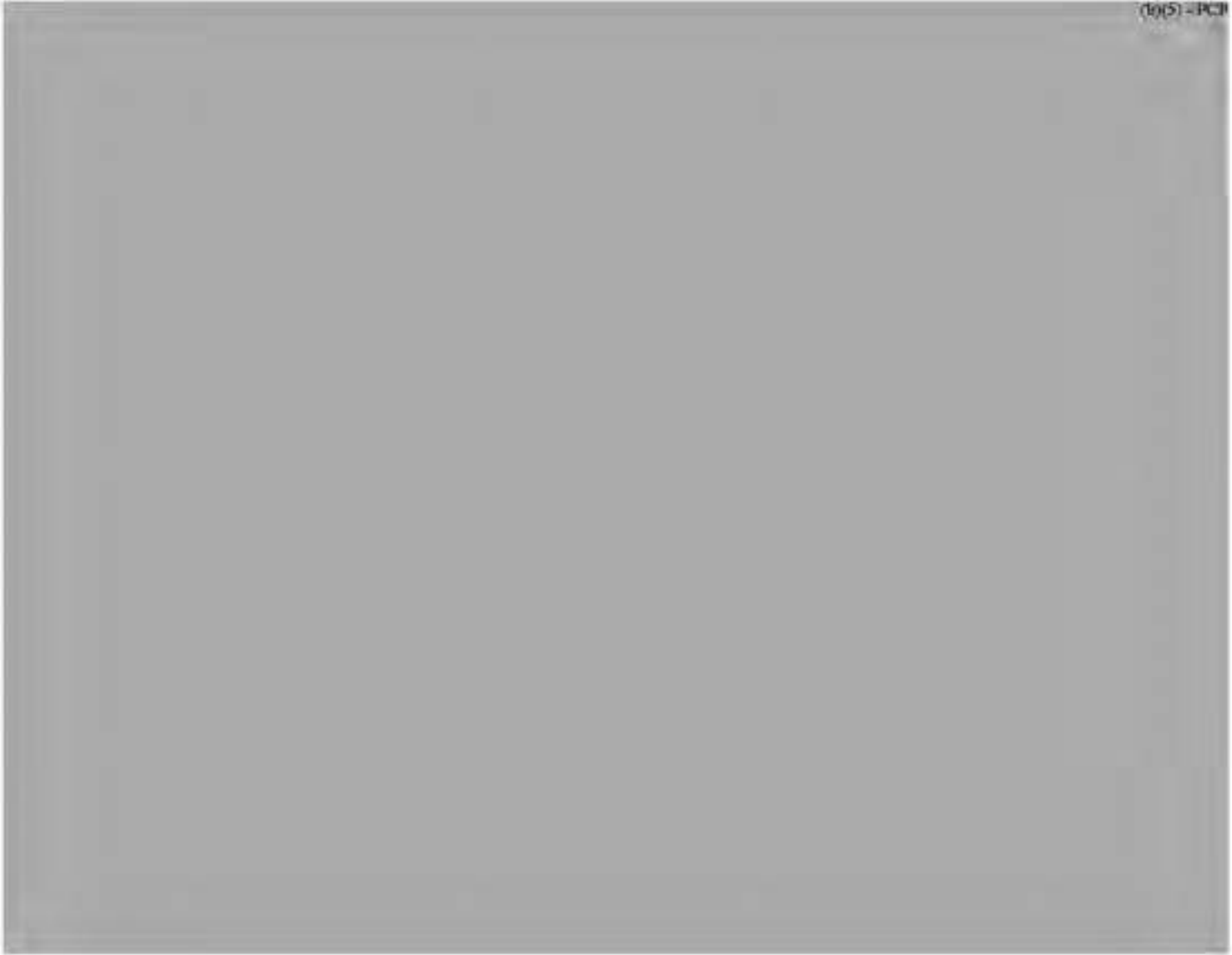
Marc:

I likely will be several minutes late since I have to come down from Bethesda by Metro and the time change threw me off. Sorry.

Tony

> On Mar 10, 2020, at 2:49 PM, Short, Marc T. EOP/OVP <(b) (6)> wrote:
>
>
> <White House Coronavirus Task Force Meeting at **3:30pm** on 3_10_20>





From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 10 Mar 2020 15:59:26 +0000
To: Hurst, Natalie R. EOP/OVP
Cc: Marston, Hilary (NIH/NIAID) [E]
Subject: RE: Important Updates - White House Coronavirus Subtask Force Calls

Natalie:

Please add my Assistant, Dr. Hilary Marston, to the list of invitees to the Subtask Force Calls. She reports directly to me and is my source of de-briefing after the calls. I am copying her on this e-mail. Many thanks.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Hurst, Natalie R. EOP/OVP (b) (6)
Sent: Tuesday, March 10, 2020 11:22 AM
Subject: Important Updates - White House Coronavirus Subtask Force Calls
Importance: High

Good morning all,

I wanted to send a note to clarify the White House Coronavirus Subtask Force Calls moving forward.

There will be a White House Coronavirus Subtask Force Call **every day**, unless otherwise directed by Olivia Troye, Dr. Debi Birx, or me.

- Monday – Friday, the call will take place at **9:00am**
- Saturday – Sunday, the call will take place at **10:00am**

Starting this evening, I will send a new calendar invite for the remainder of this week's calls (Wednesday, March 11 / Thursday, March 12 / Friday, March 13). On Friday, March 13, I will send a calendar invite for this weekend's calls (Saturday, March 14 & Sunday, March 15).

Looking ahead -

- Invites for weekday calls will be sent on Sunday nights.
- Invites for weekend calls will be sent on Friday nights.
- **Please note: Call-in numbers for Saturday & Sunday will be different from the number used Mondays - Fridays.**

**** If you would like to be removed from this distribution list, please respond to this email before 5:00 pm tonight, so that you will be removed starting Thursday morning.****

Please do not hesitate to reach out with any questions or concerns.

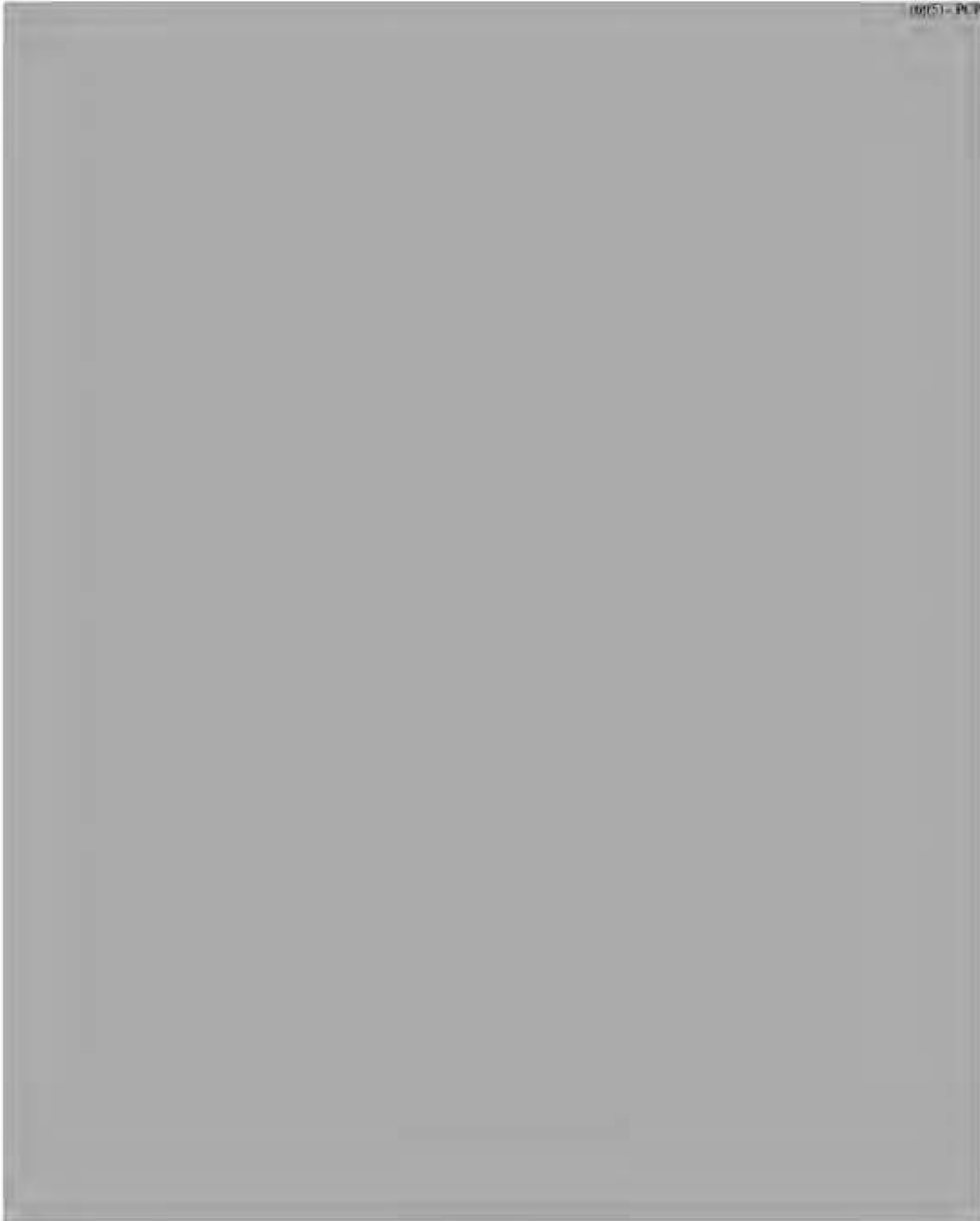
Thank you,

Natalie Hurst

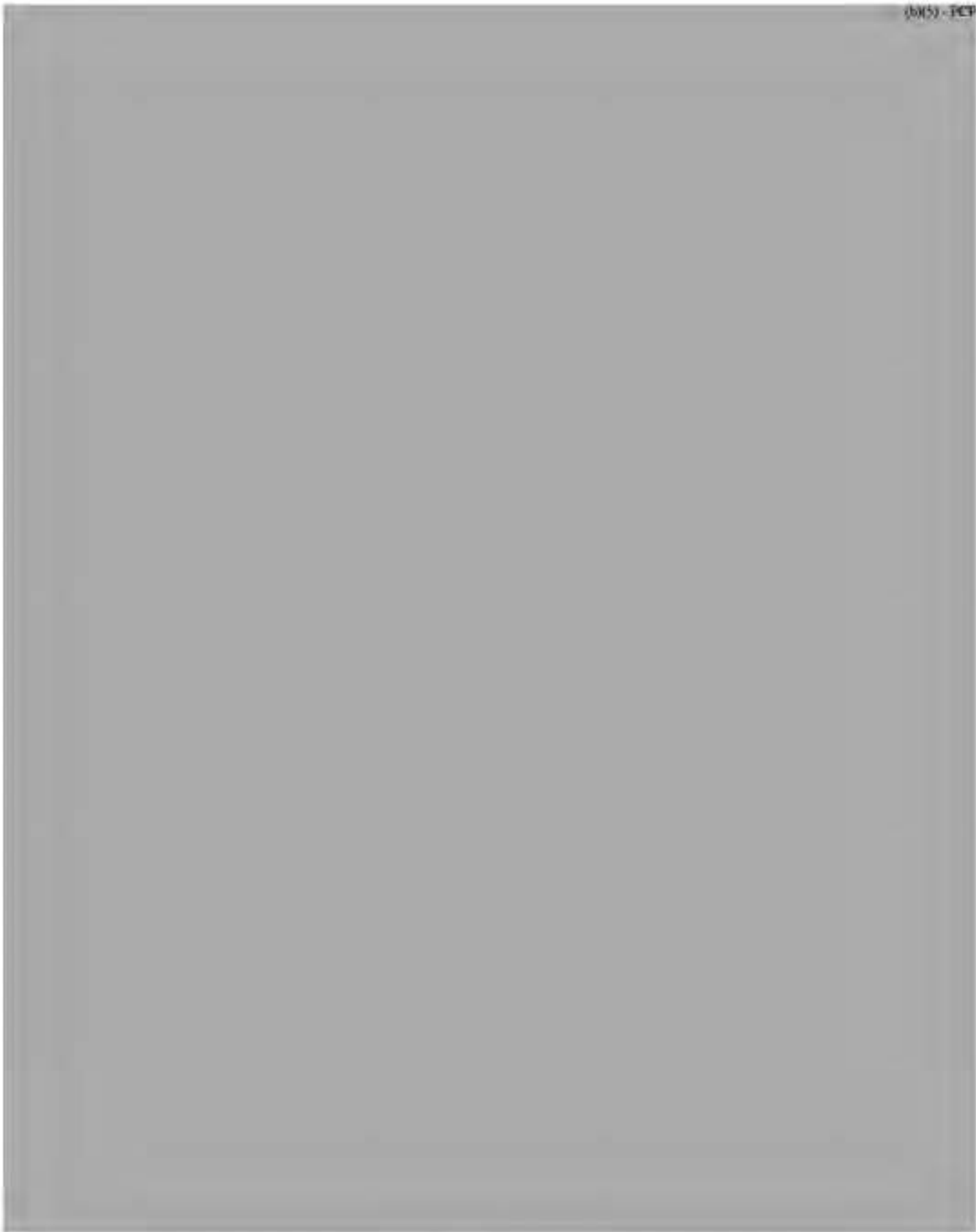
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President

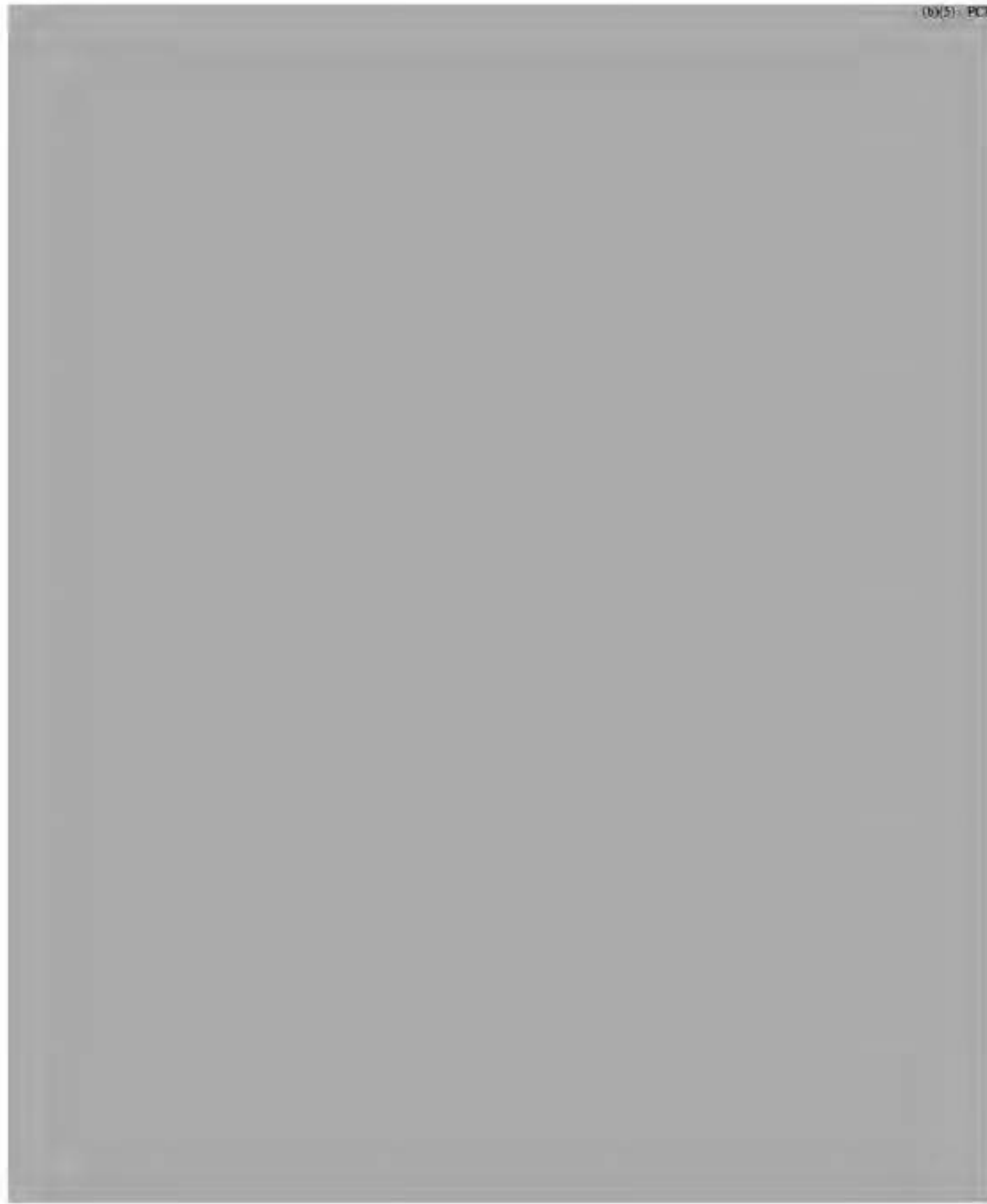
(b) (6)

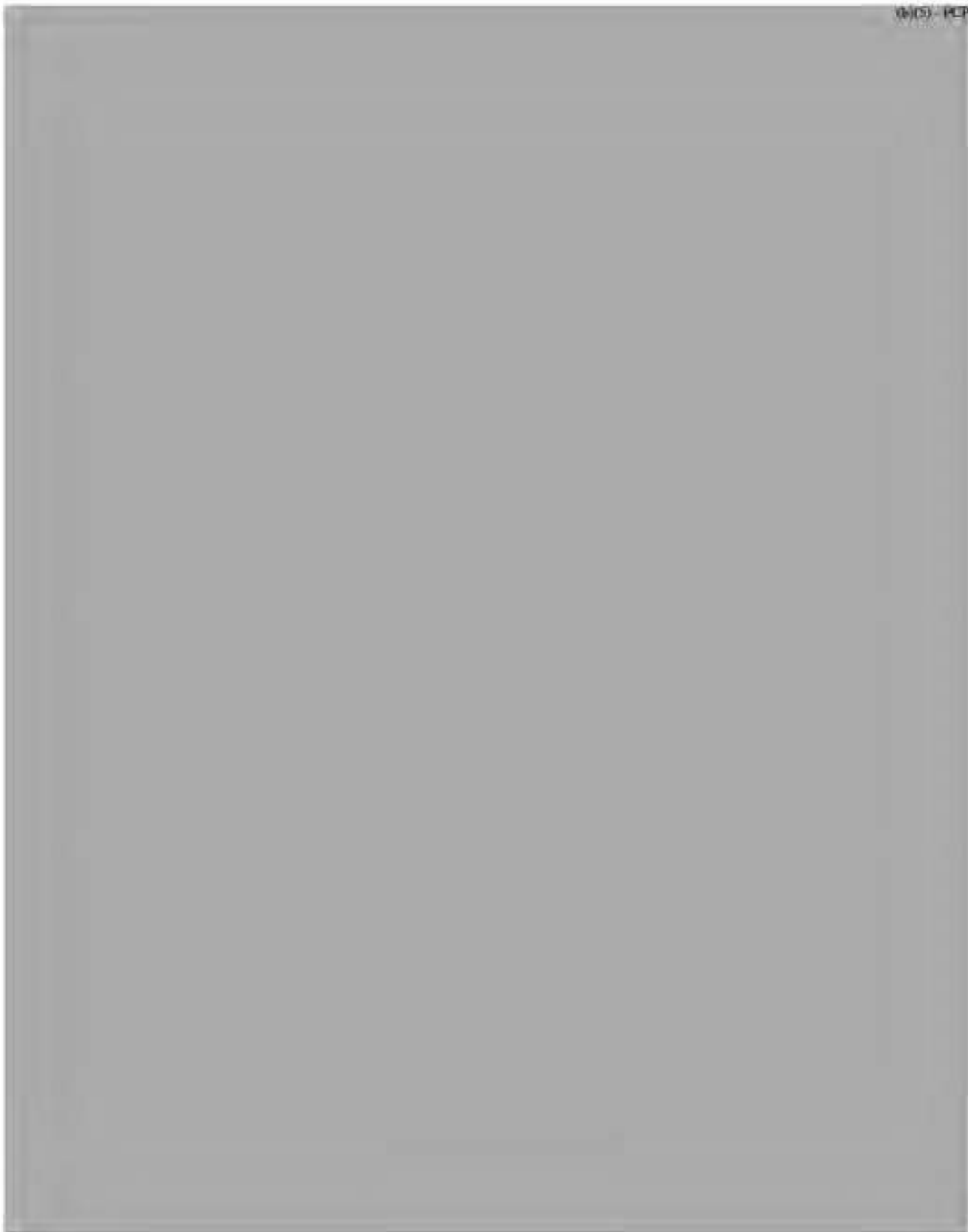












From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 8 Mar 2020 01:38:49 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: White House Coronavirus Task Force Meeting on 3.8.20 at 4:00pm

I need WAVES, please. Thanks.

From: Hurst, Natalie R. EOP/OVP [REDACTED] (b) (6)
Sent: Saturday, March 7, 2020 8:30 PM
Subject: White House Coronavirus Task Force Meeting on 3.8.20 at 4:00pm
Importance: High

All -

There will be a **White House Coronavirus Task Force Meeting on Sunday, March 8th at 4:00 pm** in the **White House Situation Room**. Agenda will be forthcoming.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
[REDACTED] (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:03:24 +0000
To: Greg Folkers ([REDACTED]) (b) (6)
Subject: FW: 2020 03 03 SC POTUS NIH Roundtable. Email #1
Attachments: P20200303SC-0059.jpg, P20200303SC-0066.jpg, P20200303SC-0088.jpg, P20200303SC-0109.jpg, P20200303SC-0123.jpg, P20200303SC-0182.jpg, P20200303SC-0272.jpg

For the file

From: Hansen, Daniel E. EOP/WHO <[REDACTED]> (b) (6) >
Sent: Wednesday, March 4, 2020 6:36 PM
To: Fauci, Anthony (NIH/NIAID) [E] ([REDACTED]) (b) (6) >
Subject: FW: 2020 03 03 SC POTUS NIH Roundtable. Email #1

Photos from POTUS visit Tuesday NIH For Your Personal Archives

2020 03 03 SC POTUS NIH Roundtable. Email #1

P20200303SC 0088

President Donald J. Trump listens as Dr. Francis Collins, director of the National Institute of Allergy and Infectious Diseases, addresses his remarks during a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

P20200303SC 0066 0109

President Donald J. Trump participates in a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

P20200303SC 0059 0123 0182

President Donald J. Trump listens as Dr. Anthony S. Fauci, director of the National Institute of Health, addresses his remarks during a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

P20200303SC 0272

President Donald J. Trump answers questions from reporters during a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Shealah Craighead)

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Dan Hansen

WH Photo Office







From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 6 Mar 2020 04:02:46 +0000
To: Greg Folkers (b) (6)
Subject: FW: 2020.03.03 WH bSouth Lawn Arrival from NIH and Press gaggle
Attachments: P20200303JB-1347.jpg, P20200303JB-1380.jpg, P20200303JB-1393.jpg, P20200303JB-1473.jpg, P20200303JB-1531.jpg, P20200303JB-1554.jpg, P20200303JB-1606.jpg, P20200303JB-1630.jpg, P20200303JB-1708.jpg, P20200303JB-1742.jpg

For the file

From: Hansen, Daniel E. EOP/WHO (b) (6) >
Sent: Wednesday, March 4, 2020 6:42 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: FW: 2020.03.03 WH bSouth Lawn Arrival from NIH and Press gaggle

Subject: 2020.03.03 WH South Lawn Arrival and Press gaggle for Personal Archives

P20200303JB-1347, 1380, 1393

President Donald J. Trump, joined by Dr. Anthony S. Fauci, director of the National Institute of Health, and Secretary of Health and Human Services Alex Azar, disembarks Marine One on the South Lawn of the White House after attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

P20200303JB-1473

President Donald J. Trump, joined by Dr. Anthony S. Fauci, director of the National Institute of Health, listens as Secretary of Health and Human Services Alex Azar answers a reporter's question following President Trump's return from attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

P20200303JB-1531, 1554, 1606

President Donald J. Trump, joined by Secretary of Health and Human Services Alex Azar, listens as Dr. Anthony S. Fauci, director of the National Institute of Health answers a reporter's question following President Trump's return from attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

P20200303JB-1630, 1708

President Donald J. Trump, joined by Dr. Anthony S. Fauci, director of the National Institute of Health, and Secretary of Health and Human Services Alex Azar, speaks with reporters following his return to the White House after attending a coronavirus roundtable briefing Tuesday, March 3, 2020, at the National Institutes of Health in Bethesda, Md. (Official White House Photo by Joyce N. Boghosian)

P20200303JB-1742

President Donald J. Trump, Dr. Anthony S. Fauci, director of the National Institute of Health, and Secretary of Health and Human Services Alex Azar, walk to the Oval Office Tuesday, March 3, 2020, at the White House. (Official White House Photo by Joyce N. Boghosian)

Dan Hansen
White House Photo Office

(b) (6)













From: (b) (6)
Sent: Mon, 2 Mar 2020 08:32:20 -0500
To: Tabak, Lawrence (NIH/OD) [E]
Cc: Collins, Francis (NIH/OD) [E]; Marston, Hilary (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: Re: TIME SENSITIVE

Larry:
Let Hilary do this. I am on a conference call.
Thanks,
Tony

On Mar 2, 2020, at 8:27 AM, Tabak, Lawrence (NIH/OD) [E]
(b) (6) > wrote:

Tony –
Could one of your folks give me a quick read out on this please? (should I reach out to Hilary Marston?). This is the paper that DOE alluded to in the initial conference call we had with OSTP. I will respond informed by your staff's guidance.
Larry

From: "Mango, Paul (HHS/IOS)" (b) (6) >
Date: Monday, March 2, 2020 at 8:19 AM
To: Stephen Hahn <(b) (6) >, "Lenihan, Keagan (FDA/OC)" (b) (6) >, Anthony Fauci <(b) (6) >, "Tabak, Lawrence (NIH/OD) [E]" (b) (6) >, "Redfield, Robert R. (CDC/OD)" (b) (6) >, "McGowan, Robert (Kyle) (CDC/OD/OCS)" (b) (6) >, "Berger, Sherri (CDC/OCOO/OD)" (b) (6) >
Cc: "Harrison, Brian (HHS/IOS)" (b) (6) >
Subject: TIME SENSITIVE

Dr Hahn and the FDA team in particular, but with input from relevant SMEs at CDC and NIH, please give the brief attached document and quick read on comment on the usefulness of us setting up a session with the folks at DOE today to discuss further.
Many thanks

Sent from my iPhone

Begin forwarded message:

From: "Harrison, Brian (HHS/IOS)" <(b) (6)>
Date: March 1, 2020 at 6:15:54 AM EST
To: (b) (6) (OS/IOS)" <(b) (6)>
Cc: "Stecker, Judy (OS/IOS)" <(b) (6)>, "Mango, Paul (HHS/IOS)" <(b) (6)>
Subject: FW:

With attachment. I've asked CDC, FDA, NIH, and ASPR to review.

From: Brouillette, Dan <(b) (6)>
Sent: Friday, February 28, 2020 9:58 PM
To: Harrison, Brian (HHS/IOS) <(b) (6)>
Subject:

Brian:

As we discussed earlier this evening, here's a preliminary finding from scientists at Oak Ridge National Laboratory using the Summit supercomputer system. We stand ready to assist in any manner helpful to you and Secretary Azar. Very best,

Dan

Sent with BlackBerry Work
(www.blackberry.com)

<coronavirus.pdf>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 24 Feb 2020 11:15:02 +0000
To: Kadlec, Robert (OS/ASPR/IO); Redd, John (OS/ASPR/SPPR); Yeskey, Kevin (OS/ASPR/IO); Shuy, Bryan (OS/ASPR/IO); Phillips, Sally (OS/ASPR/SPPR)
Cc: Redfield, Robert R. (CDC/OD)
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

We really need to discuss this.

From: Kadlec, Robert (OS/ASPR/IO) (b) (6)>
Sent: Sunday, February 23, 2020 11:31 PM
To: Redd, John (OS/ASPR/SPPR) (b) (6); Yeskey, Kevin (OS/ASPR/IO) (b) (6)>; Shuy, Bryan (OS/ASPR/IO) <(b) (6)>; Phillips, Sally (OS/ASPR/SPPR) (b) (6)>
Cc: Redfield, Robert R. (CDC/OD) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Fwd: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Read this! This is unsettling if true efficient spreading in asymptomatics with negative test. Is that possible? Report is intermittent shedding is that true or artifact of poor sample collection or lack of sensitivity of pcr testing?

From Dr Eva Lee GaTech

"Means of spread A study from AMA confirmed many of the parameters assumed in our models:

- A 20-year old infected with COVID-19 left Wuhan and went on infecting 5 relatives. When they tested positive, she was finally isolated, but tested negative still, and later tested positive, and remain normal on chest CT with no fever, stomach or respiratory symptoms (cough or sore throat as late as Feb 11 (time of the papert study duration).

So spreading and its wide scope is unavoidable because there exists these very healthy individuals who can spread effectively – even during incubation period – while they remain perfectly healthy. It also showcases difficulty in testing – negative test – may not be the end of it. "

Sent from my iPhone

Begin forwarded message:

From: "Dr. Eva K Lee" (b) (6) >
Date: February 23, 2020 at 7:37:12 AM EST
To: Carter Mecher (b) (6) >
Cc: Richard Hatchett (b) (6) >, Tracey McNamara (b) (6) >, "Caneva, Duane" <(b) (6)>, (b) (6) >, "Dodgen, Daniel (OS/ASPR/SPPR)" <(b) (6)>, "DeBord, Kristin (OS/ASPR/SPPR)" <(b) (6)>, "Phillips, Sally (OS/ASPR/SPPR)" (b) (6) >, David Marcozzi (b) (6) >, "Hepburn, Matthew J CIV USARMY (USA)" (b) (6) >, Lisa Koonin (b) (6) >, "Walters, William (STATE.GOV)" (b) (6) >, "HARVEY, MELISSA" (b) (6) >, "WOLFE, HERBERT" (b) (6) >, "Eastman, Alexander" (b) (6) >, "EVANS, MARIEFRED" (b) (6) >, "Callahan, Michael V.,M.D." (b) (6) >, "Johnson, Robert (OS/ASPR/BARDA)" (b) (6) >, "Yeskey, Kevin" (b) (6) >, "Disbrow, Gary (OS/ASPR/BARDA)" (b) (6) >, "Redd, John (OS/ASPR/SPPR)" (b) (6) >, "Hassell, David (Chris) (OS/ASPR/IO)" <(b) (6)>, "Hamel, Joseph (OS/ASPR/IO)" (b) (6) >, "Dean, Charity A@CDPH" (b) (6) >, "Lawler, James V" (b) (6) >, "Kadlec, Robert (OS/ASPR/IO)" (b) (6) >, "Martin, Gregory J" (b) (6) >, "Borio, Luciana" (b) (6) >, "Hanfling, Dan" (b) (6) >, "McDonald, Eric" (b) (6) >, "Wade, David" (b) (6) >, "TARANTINO, DAVID A" (b) (6) >, "WILKINSON, THOMAS" (b) (6) >, "David Gruber" (b) (6) >, "KAUSHIK, SANGEETA" (b) (6) >, Nathaniel Hupert (b) (6) >
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start
Reply-To: "Dr. Eva K Lee" (b) (6) >

A few things I want to highlight --

1. Means of spread A study from AMA confirmed many of the parameters assumed in our models:

- A 20-year old infected with COVID-19 left Wuhan and went on infecting 5 relatives. When they tested positive, she was finally isolated, but tested negative still, and later tested positive, and remain normal on chest CT with no fever, stomach or respiratory symptoms (cough or sore throat as late as Feb 11 (time of the papert study duration).

So spreading and its wide scope is unavoidable because there exists these very healthy individuals who can spread effectively -- even during incubation period -- while they remain perfectly healthy. It also showcases difficulty in testing -- negative test -- may not be the end of it.

2. **Iranian cases**, though mysterious since the origin was not traced to China, may very well show that COVID-19 virus is very adaptable and mutating rapidly.

3. **Long recovery** The long recovery period is troublesome and must be taken seriously by health providers as they prepare for hospitalization. There is not much surge capacity in hospitals. So they must be innovative in the staggering process and isolation is of paramount importance. Government/Local should be readied for supplementing medical tents outside hospitals when needed (clearly extra staff too).

4. **Citizens' view** I was traveling so I did a real-time on-the-road analysis of human behavior and anxiety level. I overheard many people

- (a) asked when CDC would tell us more on what to do.
- (b) wish they could pull their kids out of school but there is no such option as part of the preventive measure (not announced by CDC).
- (c) wish CDC would recommend tele-work options so they don't have to travel and expose themselves and their family to unnecessary risk.
- (d) have no clue what the government is doing to keep the risk low as it is now. What exactly is being implemented to keep it low.

5. **Resource-limited countries** I pray that it would not reach the resource-limited countries like many in Africa (though it seems unavoidable). I cannot imagine the consequence.

6. **What we must do:** We must leverage the knowledge from other countries to better prepare ourselves. Japan's Crisis shows the importance of **TIMELY** proper isolation and **STRATEGIC** operations logistics in testing and in quarantine. South Korea (contrasting with Hong Kong, Singapore) demonstrates critical importance of **EARLY** social distancing and high compliance community NPI intervention. China's latest lockdown of 1/2 billion people truly signifies that gravity and uncharted territory of this virus. No country would take to such extreme measure.

7. **CFR** Since over 90% of influenza is never recorded/known, this COVID-19 seems to fall into similar spirit now, with so many cases of asymptomatic and transmission while incubating. While the true CFR remains unknown, the CFR of tested positive cases should offer a good comparison to the CFR of tested positive flu cases. That gives us a clearer estimate of health-resource burden.

(b) (6)

mobile: (b) (6)

Sent with [ProtonMail](#) Secure Email.

----- Original Message -----

On Saturday, February 22, 2020 10:19 PM, Carter Mecher (b) (6) > wrote:

Updates

South Korea (+123 with +2 deaths)—Total cases 556; Total deaths 4

<https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030>

Singapore (+3)—Total cases 89; Total deaths 0

Hong Kong (unchanged)—Total cases 69; Total deaths 2

Japan—Total cases 135; Total deaths 1

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)
Sent: Saturday, February 22, 2020 6:28 AM
To: [Richard Hatchett](#); [Dr. Eva K Lee](#)
Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David \(Chris\)](#) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
Subject: RE: Red Dawn Breaking. COVID-19 Collaborative, Feb 16 start

Roundup this morning.

Singapore and Hong Kong are holding steady—both have implemented NPIs pretty early and have good surveillance.

Things are really accelerating in South Korea. Case count increased to 433 with 2 deaths.

<https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030>

Report below of COVID hitting Samsung's mobile device factory, which has now been shut down. This is what will happen here. The greatest concern is what this would mean for critical infrastructure sectors (including components of our healthcare system). The strategies I outlined for outpatient clinics could be used by business (most especially CI sectors) to maintain business continuity. It is as simple as the old saying, "Don't put all your eggs in one basket." It is both contingency planning (continuity of operations/continuity of business) and application of NPIs/TLC (especially social distancing in the community supported by home isolation and home quarantine).

We now have COVID in several countries across the ME (Iran, Israel, Egypt, Lebanon, UAE). We added Iran the day before yesterday and 3 countries yesterday (Israel, Egypt and Lebanon). Iran already appears to have a well established outbreak that will be tough to slow down given the estimated size with 5 deaths already (that is where Wuhan was by Jan-20). Japan is also seeing acceleration with local transmission (119 cases).

Italy is another area to watch.

[https://protect2.fireeye.com/url?k=c92f3372-957b2a0e-c92f024d-0cc47adc5fa2-](https://protect2.fireeye.com/url?k=c92f3372-957b2a0e-c92f024d-0cc47adc5fa2-927014023819d8ec&u=https://www.ilgazzettino.it/nordest/...D0yaqf09ac4084)

[927014023819d8ec&u=https://www.ilgazzettino.it/nordest/...D0yaqf09ac4084](https://www.ilgazzettino.it/nordest/...D0yaqf09ac4084) Numerous infected in the hospital of Schiavonia (Padua)

"And unfortunately, what the experts feared since yesterday has occurred, when it was discovered that two patients had been hospitalized for about ten days at the Schiavonia hospital (Padua) without knowing that they had contracted the Coronavirus: since yesterday evening everyone those who attended the hospital were subjected to a swab to detect any infections, and the examination gave positive results in numerous cases. It means that there are other people, probably among those who attended the ward where two patients were hospitalized, who are now positive for the virus and consequently could in turn have spread the infection. Already yesterday evening the Governor of Veneto Luca Zaia ordered the progressive evacuation of the Padua hospital which should take place within 5-6 days."

"The hospital is surrounded by a 'sanitary cordon', with Carabinieri, workers of the Red Cross and Civil Protection. Cardiology chief Giampaolo Pasquetto arrived outside the hospital for a few minutes and reported the results of the swabs 'as far as I have been able to know from my colleagues so far,' he said. The modern structure is located between the towns of Este and Monselice and was recently inaugurated to serve the Euganean Hills area."

<https://www.reuters.com/article/us-china-health-southkorea-samsung-elec/samsung-electronics-confirms-coronavirus-case-at-phone-factory-complex-in-south-korea-idUSKCN20G0CG>

SEOUL (Reuters) - Samsung Electronics said on Saturday that one coronavirus case had been confirmed at its mobile device factory complex in the southeastern city of Gumi, causing a shutdown of its entire facility there until Monday morning.

Samsung Electronics, the world's top smartphone maker, said the floor where the infected employee worked would be shut down until the morning of Feb. 25.

"The company has placed colleagues who came in contact with the infected employee in self-quarantine and taken steps to have them tested for possible infection," Samsung said in a news release.

Samsung's factory in Gumi accounts for a small portion of its total smartphone production, and it makes high-end phones, mostly for the domestic market. Samsung produces most of its smartphones in Vietnam and India.

Gumi is close to the city of Daegu, home to a church at the center of South Korea's largest coronavirus outbreak.

South Korea said on Saturday that the number of people infected with the coronavirus in the country had more than doubled to 433.

Samsung said production at its chip and display factories in other parts of South Korea would not be affected.

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Friday, February 21, 2020 6:52 PM

To: [Richard Hatchett](#); [Dr. Eva K Lee](#)

Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#); (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#); (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Wuhan to add 19 additional hospital (when combined with the other 3 hospitals, this would add 30,000 beds).

Just to put that in perspective.

- There are 2.8 hospital beds in the US per 1,000 population.
- 30,000 beds is about the number of beds we would have for a population of 11 M.

When you add the 30,000 beds plus the 13,348 other beds added (total of 43,300 beds)

- There are 4.5 hospital beds in China per 1,000 population
- 43,300 beds is about the number of beds in China for a population of 9.6 M
- Wuhan will have nearly doubled its bed capacity

How hard would that be for us to double bed capacity in any major US city? (Really isolation beds for mild illness)

<https://www.straitstimes.com/asia/east-asia/coronavirus-wuhan-to-activate-one-more-temporary-hospital-with-3690-beds?fbclid=IwAR1otf14xNxKIuBRuODJzoTDMJWHueF9gTc06u11M9nM2u-3VTpohOtFt7s>

WUHAN (XINHUA) – Wuhan, the epicentre of the coronavirus outbreak, plans to build another 19 makeshift hospitals to receive more infected patients, local authorities said Friday (Feb 21).

Upon their completion, all the makeshift hospitals in Wuhan are expected to offer 30,000 beds on Feb 25, said Mr Hu Yabo, deputy mayor of Wuhan at a press briefing on epidemic prevention and control.

To date, Wuhan has converted 13 existing venues into temporary hospitals, with a total of 13,348 beds, and about 9,313 beds have been put into use to treat patients with mild symptoms, said Mr Hu.

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From: [Carter Mecher](#)
Sent: Friday, February 21, 2020 1:59 PM
To: [Richard Hatchett](#); [Dr. Eva K Lee](#)
Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J \(b\) \(6\)](#); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber \(b\) \(6\)](#); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Weekly CDC update looks like flu might be on the downslope (good news). Watching the curves of % positive flu tests and ILI (should track one another as flu is receding). Trouble is the data reported today is for the week ending Feb 15 (so a week old).

Our inpatient nursing sick leave is tracking ILI (current thru 2/20)—
nothing unusual

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Sent: Friday, February 21, 2020 10:54 AM
To: [Richard Hatchett](#); [Dr. Eva K Lee](#)
Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#)
(OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#)
(OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA);
[Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY,](#)
[MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#);
[Callahan, Michael V., M.D.](#); (b) (6)
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[David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)
(b) (6) [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Singapore and Hong Kong are holding the line. Both implemented
NPIs early. No change in numbers from Hong Kong and Singapore saw
its case count increase by only 1 for the past two days.

Japan reported to have 107 cases. First reported case in young children
(see below)

Hokkaido boy 1st Japan case of coronavirus infection under 10
February 21, 2020 (Mainichi Japan)

SAPPORO -- Two elementary school brothers and a woman in her 40s in Hokkaido have been infected with the new coronavirus, with the younger sibling becoming the first infection under 10 in Japan, Hokkaido Gov. Naomichi Suzuki announced on Feb. 21.

Some graphics of the drop off in travel in China (pretty dramatic)

Jan-23

Feb-13

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From: [Carter Mecher](#)
Sent: Friday, February 21, 2020 10:28 AM
To: [Richard Hatchett](#); [Dr. Eva K Lee](#)
Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
Subject: RE: Red Dawn Breaking. COVID-19 Collaborative, Feb 16 start

<https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030>

Here is the best link to track cases in South Korea. South Korea is now up to 204 cases and 1 death (South Korea is where Wuhan was 1 month ago).

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From: [Carter Mecher](#)
Sent: Friday, February 21, 2020 10:02 AM
To: [Richard Hatchett](#); [Dr. Eva K Lee](#)
Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David \(Chris\)](#) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#); (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#); (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
Subject: RE: Red Dawn Breaking. COVID-19 Collaborative, Feb 16 start

On a totally different note. Others have been plying with and modifying the notional conops for a healthcare system.

I set up some simple rules:

1. Protect uninfected patients and staff from infectious patients and staff (using all the tools that we have including home isolation and home quarantine, cohorting/physical separation, PPE, telehealth, etc.)
2. Provide acute care for COVID patients (continuum of ER-inpatient care-intensive care)
3. Support mildly ill COVID patients in home isolation--telehealth
4. Support patients in voluntary home quarantine--telehealth

5. Continue to address the usual mix of healthcare needs for patients (from outpatient care to acute care to mental health care to long term care)
 - a. Outpatient clinics and providers focus on wellness to minimize ER visits/hospitalization to unburden the acute care system—leverage telehealth
 - b. Continue to provide acute care and inpatient mental health care (continuum of ER-inpatient care-intensive care) for non-COVID conditions
 - c. Protect high-risk patients in residential/long term care (nursing homes, hospice, long term psychiatry, etc.)

The notional conops divides the healthcare system into hot and safe areas. The hot area is only acute care: ER-acute inpatient care-ICU care. The safe areas include a separate acute care area (ER-acute inpatient care-ICU care), all the outpatient clinics/care, other inpatient care areas such as mental health, as well as long term/residential care (nursing home, hospice, long term psychiatry, etc.).

Triage will not be easy (between hot and safe). Best I could come up with would be: (1) anyone already on home isolation or home quarantine (may need a medical record flag); (2) anyone with ILI (could narrow that down with a negative rapid flu test); (3) anyone with a sick household member with suspected COVID. Could be very difficult for an unconscious/confused, or trauma patient etc., but would probably err on the side of hot and think of additional layered strategies to minimize patient risk within that area (private rooms, patient PPE?). Triage would need to err on the side of keeping the safe area safe.

The mitigation measures are our best tools to reduce community transmission and reduce the probability of an infectious patient getting into a safe area. If we have a breach in a safe inpatient area, it pretty much converts that inpatient area into a hot area. That also means that we have the staff in that area exposed (because of limited availability of PPE, the staff in the safe area would not be PPE—PPE would have been directed to the staff in the hot area). Those staff would likely need to be placed on quarantine. The effect is we now have a much larger hot area with even fewer staff. That would really be a mess.

You have the same problem in the outpatient areas. Have a sick patient slip through and come in contact with a number of the clinic staff (not in PPE), and we now need to quarantine all those staff. In contrast to a breach for the inpatient area, the outpatient area can still operate as a safe area (just minus those staff who would now be on quarantine). But do that a few times and pretty soon you have nobody left to fight. One way I thought about dealing with this scenario is to take the outpatient staff and split them in two. One group works the clinic (physically present) for the usual clinic hours for a 14 day stretch (1 incubation period). Another group works from home (and practices social distancing, etc., really acting as if they are on home quarantine) and leverages telehealth technology to care for patients and help with monitoring those patients in home isolation and home quarantine. After 14 days the groups switch. [All along we monitor employees daily (whether at work or at home) for symptoms or sick household members] In the event of a breach, the groups immediately switch and the group that was working is placed on actual home quarantine (but still continues to work from home leveraging telehealth). That way if a breach does happen, we have a fallback response (that we are constantly practicing) that allows us to sustain outpatient care.

For the inpatient areas, I thought about the lone survivor model (holding back 1 Secretary and staff in the event that the government is decapitated). So think of a small group (would need to think thru what the composition of that team would look like for each area (acute care, inpatient mental health, long term care) that would at least provide the nucleus of the expertise necessary to reconstitute the service in the event of a major breach). This smaller group would vary in team members every 2 weeks and would rotate to work from home for 14 days stretches and practice social distancing (acting as if they were on home quarantine). They could also assist via telehealth (inpatient consultation, etc., while out of the hospital).

Is anyone thinking along these lines (really continuity of operations for the healthcare system)?

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From: [Carter Mecher](#)

Sent: Friday, February 21, 2020 8:35 AM

To: [Richard Hatchett](#); [Dr. Eva K Lee](#)

Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#); (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#); (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

<https://www.cbc.ca/news/canada/ottawa/diamond-princess-coronavirus-trenton-cornwall-1.5470386>

Canada flies home passengers from cruise line.

Data in article:

47 of 256 Canadians contract

<https://protect2.fireeye.com/url?k=95ebd7bc-cabfcec0-96ebe683-0cc47adc5fa2-16a39afbec00c653&u=https://www.timesofisrael.com/israel...nee-diagnosed/>

Israel confirms first coronavirus case as cruise ship returnee diagnosed
One of 11 Israelis who arrived in the morning after quarantine aboard Diamond Princess ship tests positive, after entering 14-day isolation at Sheba Medical Center

Trying to track cruises ship passenger/crew by country (data is sketchy)

| Country | Passengers/Crew | Total Confirmed Cases | ICU Admissions | Deaths | % Infected |
|---------|-----------------|-----------------------|----------------|--------|------------|
| US | 434 | 58 | 1? | | 13% |

| | | | | | |
|-------------|-------|-----|--|---|-----|
| Hong Kong | 330 | | | | |
| Canada | 256 | 47 | | | 18% |
| Australia | 241 | 48 | | | 20% |
| UK | 78 | 6 | | | 8% |
| Italy | 35 | | | | |
| South Korea | 14 | | | | |
| Israel | 11 | 1 | | | 9% |
| Japan | | | | 2 | |
| Subtotal | 1,399 | 160 | | | |
| Total | 3,711 | 634 | | | 17% |

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Friday, February 21, 2020 5:46 AM

To: [Richard Hatchett](#); [Dr. Eva K Lee](#)

Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#) (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

China has again modified its reporting (first it added clinical cases to lab confirmed cases on Feb-12). Now it is subtracting out those clinical cases and limiting numbers to lab confirmed). Have continued to follow the hospitalization data from Hubei (see below).

Here is the data being reported by Hubei and Wuhan. Data is pretty sketchy prior to Jan-21.

| Date | Hubei 2019-nCoV Confirmed Hospital Data | | | | | | | Hubei and Wuhan Cases & Hospitalization Rates | | | | |
|---------|---|--------------|--------------|----------------|----------------|------------|----------------|---|-------------|--|--|---------------------------|
| | Total Current Inpatients | Mild Disease | Severely Ill | Critically Ill | Cum Discharges | Cum Deaths | Cum Inpatients | Hubei Cum cases | Wuhan Cases | Hubei Cum Hospitalization Rate per 100,000 | Wuhan Cum Hospitalization Rate per 100,000 | %Hubei Cases Hospitalized |
| 1/14/20 | 6 | | 6 | | | | 6 | 41 | 41 | 0.01 | 0.5 | |
| 1/15/20 | 5 | | 5 | | | 2 | 7 | 41 | 41 | 0.01 | 0.5 | |
| 1/16/20 | 5 | | 5 | | | 2 | 7 | 45 | 45 | 0.01 | 0.5 | |
| 1/17/20 | 8 | | 8 | | | 2 | 10 | 62 | 62 | 0.02 | 0.7 | |
| 1/18/20 | 136 | 100 | 33 | 3 | | 3 | 139 | 121 | 121 | 0.2 | 1.4 | |
| 1/19/20 | 170 | 126 | 35 | 9 | | 4 | 174 | 198 | 198 | 0.3 | 2.4 | |
| 1/20/20 | 239 | 176 | 51 | 12 | | 7 | 246 | 270 | 258 | 0.4 | 3.1 | |
| 1/21/20 | | | | | | 15 | | 375 | 320 | 0.0 | 3.8 | |
| 1/22/20 | 399 | 304 | 71 | 24 | | 17 | 416 | 444 | 390 | 0.7 | 4.7 | |
| 1/23/20 | 494 | 365 | 106 | 23 | 31 | 24 | 549 | 549 | 495 | 0.9 | 5.9 | 100% |
| 1/24/20 | 658 | 472 | 129 | 57 | 32 | 39 | 729 | 729 | 572 | 1.2 | 6.8 | 100% |
| 1/25/20 | 915 | | 221 | | 85 | 52 | 1,052 | 1,052 | 618 | 1.8 | 7.4 | 100% |
| 1/26/20 | 1,645 | 1,013 | 563 | 69 | 44 | 76 | 1,423 | 1,423 | 698 | 2.4 | 8.3 | 100% |
| 1/27/20 | 2,567 | 1,877 | 563 | 127 | 47 | 100 | 2,714 | 2,714 | 1,590 | 4.6 | 19.0 | 100% |
| 1/28/20 | 3,349 | 2,450 | 671 | 228 | 80 | 125 | 3,554 | 3,554 | 1,905 | 6.1 | 22.8 | 100% |
| 1/29/20 | 4,334 | 3,346 | 711 | 277 | 90 | 162 | 4,586 | 4,586 | 2,261 | 7.8 | 27.0 | 100% |
| 1/30/20 | 5,486 | 4,392 | 804 | 290 | 116 | 204 | 5,806 | 5,806 | 2,63 | 9.9 | 31.5 | 100% |

| | | | | | | | | | | | | | |
|---------|--------|--------|-------|-------|--------|-------|--------|--------|--------|------|-------|------|--|
| 20 | | | | | | | | | 9 | | | | |
| 1/31/20 | 6,738 | 5,444 | 956 | 338 | 166 | 249 | 7,153 | 7,153 | 3,215 | 12.2 | 38.4 | 100% | |
| 2/1/20 | 8,565 | 7,003 | 1,118 | 444 | 215 | 294 | 9,074 | 9,074 | 4,109 | 15.5 | 49.1 | 100% | |
| 2/2/20 | 9,618 | 7,917 | 1,223 | 478 | 295 | 350 | 10,263 | 11,177 | 5,142 | 17.5 | 56.4 | 92% | |
| 2/3/20 | 10,990 | 8,857 | 1,557 | 576 | 396 | 414 | 11,800 | 13,522 | 6,384 | 20.2 | 66.6 | 87% | |
| 2/4/20 | 12,627 | 10,107 | 1,809 | 711 | 520 | 479 | 13,626 | 16,678 | 8,351 | 23.3 | 81.6 | 82% | |
| 2/5/20 | 14,314 | 11,230 | 2,328 | 756 | 633 | 549 | 15,496 | 19,665 | 10,117 | 26.5 | 95.3 | 79% | |
| 2/6/20 | 15,804 | 11,802 | 3,161 | 841 | 817 | 618 | 17,239 | 22,112 | 11,618 | 29.5 | 108.3 | 78% | |
| 2/7/20 | 19,835 | 14,640 | 4,188 | 1,007 | 1,113 | 699 | 21,647 | 24,953 | 13,603 | 37.0 | 141.1 | 87% | |
| 2/8/20 | 20,993 | 15,746 | 4,093 | 1,154 | 1,439 | 780 | 23,212 | 27,100 | 14,982 | 39.7 | 153.4 | 86% | |
| 2/9/20 | 22,160 | 16,655 | 4,269 | 1,236 | 1,795 | 871 | 24,826 | 29,631 | 16,902 | 42.4 | 169.3 | 84% | |
| 2/10/20 | 25,087 | 18,743 | 5,046 | 1,298 | 2,222 | 974 | 28,283 | 31,728 | 18,454 | 48.3 | 196.7 | 89% | |
| 2/11/20 | 26,121 | 18,880 | 5,724 | 1,517 | 2,639 | 1,068 | 29,828 | 31,728 | 18,454 | 51.0 | 207.4 | 94% | |
| 2/12/20 | 33,693 | 26,609 | 5,647 | 1,437 | 3,441 | 1,310 | 38,444 | 48,206 | 32,994 | 65.7 | 314.6 | 80% | |
| 2/13/20 | 36,719 | 27,081 | 7,953 | 1,685 | 4,131 | 1,426 | 42,276 | 51,986 | 35,991 | 72.3 | 349.9 | 81% | |
| 2/14/20 | 38,107 | 27,955 | 8,276 | 1,876 | 4,774 | 1,457 | 44,338 | 54,406 | 37,914 | 75.8 | 369.4 | 81% | |
| 2/15/20 | 39,447 | 29,051 | 8,439 | 1,957 | 5,623 | 1,596 | 46,666 | 56,249 | 39,462 | 79.8 | 391.4 | 83% | |
| 2/16/20 | 40,814 | 31,017 | 8,024 | 1,773 | 6,639 | 1,696 | 49,149 | 58,182 | 41,152 | 84.0 | 415.6 | 84% | |
| 2/17/20 | 41,957 | 30,987 | 9,117 | 1,853 | 7,862 | 1,789 | 51,608 | 59,989 | 42,752 | 88.2 | 439.7 | 86% | |
| 2/18/20 | 43,471 | 32,225 | 9,289 | 1,957 | 9,128 | 1,921 | 54,520 | 61,682 | 44,412 | 93.2 | 469.3 | 88% | |
| 2/19/20 | 43,745 | 32,567 | 9,128 | 2,050 | 10,337 | 2,029 | 56,111 | 62,013 | 45,027 | 95.9 | 487.0 | 90% | |
| 2/20/20 | 42,056 | 31,059 | 8,979 | 2,018 | 11,788 | 2,144 | 55,988 | 62,422 | 45,346 | 95.7 | 486.2 | 90% | |

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)
Sent: Friday, February 21, 2020 5:09 AM
To: [Richard Hatchett](#); [Dr. Eva K Lee](#)
Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#); (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#); (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

More on South Korea (sounds just like what happened at Jefferson Barracks, just outside St. Louis, in 1918, armed with the exact same tools they had more than 100 years ago to control an outbreak). I assume they must also be taking measures within the base to limit spread (keeping infectious individuals apart from those not yet infected with isolation and quarantine and social distancing).

<https://en.yna.co.kr/view/AEN20200221003000325?section=national/defense>

SEOUL, Feb. 21 (Yonhap) -- The military is making all-out efforts to prevent the new coronavirus from spreading further into the barracks, officials said Friday, after the country's first infections in the armed forces were confirmed.

Earlier in the day, a Navy sailor on the southern island of Jeju was confirmed to have contracted COVID-19 in the first such case among service personnel here.

Following the confirmation, the Navy has checked the temperature of all personnel at the base where the infected sailor served and quarantined all those who had contacts with the person, it said.

"We have carried out disinfection work at the base and are devoting all our efforts to preventing the spread of the new virus," the Navy said in a release.

An officer each from the Army and the Air Force were also confirmed to have the virus the same day.

The military is now working to identify personnel who have visited the southeastern city of Daegu and the surrounding North Gyeongsang Province since Feb. 10, as these areas have recently seen a surge in the number of infected people.

More than 5,000 service personnel are estimated to have visited the region during their vacation according to the military's preliminary investigation.

On Thursday night, the defense ministry said all personnel will be barred from vacationing, staying outside their bases and meeting visitors starting Saturday.

The decision was made at a meeting of top defense officials presided over by Defense Minister Jeong Kyeong-doo, during which he called for "extraordinary measures" to contain the spread of the virus.

Amid growing fears over the disease, the government called off a planned ceremony to mark the 60th anniversary of a pro-democracy movement in Daegu, which was designated a "special care zone" over the virus earlier in the day.

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From: [Carter Mecher](#)

Sent: Thursday, February 20, 2020 9:21 PM

To: [Richard Hatchett](#); [Dr. Eva K Lee](#)

Cc: [Tracey McNamara](#); [Caneva, Duane](#); [\(b\) \(6\)](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY,](#)

[MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6)
[Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#)
(b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)
(b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

S. Korea reports 52 new virus cases, total now at 156

[Welfare/Medicine](#) 10:37 February 21, 2020

SEOUL, Feb. 21 (Yonhap) -- South Korea reported 52 new cases of the new coronavirus Friday, bringing the total number of infections in the nation to 156, with the potentially fatal illness spreading fast across the country.

The number of COVID-19 infections here has almost tripled in just three days, with most new infections traced to church services in the southeastern city of Daegu.

Of the 52 new cases, 41 are in Daegu, 300 kilometers southeast of Seoul, and the neighboring North Gyeongsang Province. Another three were reported in Seoul, the Korea Center for Disease Control and Prevention (KCDC) said in a statement.

Four buses are parked at a logistics terminal in Daegu, 300 kilometers southeast of Seoul, on Feb. 20, 2020. Thirty-eight new coronavirus cases were reported in the city on Feb. 21, 2020. (Yonhap)

The spike of infections in Daegu and several cases in Seoul, where routes of infections are not immediately traceable, have prompted health officials to declare that COVID-19 has begun spreading locally.

The KCDC said two new cases were reported in South Gyeongsang Province. In a sign that the virus may broadly spread nationwide, six provinces, including Gyeonggi, Jeju, Chungcheong and North Jolla, each reported one case.

Of the 52 new cases, 39 are linked to the Shincheonji Church of Jesus in Daegu, where the 31st patient, the country's probable "super spreader," attended worship services, the KCDC said.

A 61-year-old South Korean woman, who tested positive for the virus earlier this week, attended worship services at the church on Feb. 9 and this past Sunday.

KCDC Director Jung Eun-kyeong told reporters Thursday that the agency is uncertain whether the woman, known as the 31st patient, was a "super spreader" of the virus but asked 1,001 members of the church to self-isolate to stem the spread of the virus.

The government decided to designate Daegu and neighboring Cheongdo as "special management zones," following the spike in the number of infected people and the nation's first death from the virus.

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From: [Carter Mecher](#)

Sent: Thursday, February 20, 2020 5:38 PM

To: [Richard Hatchett](#); [Dr. Eva K Lee](#)

Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6) [Dodgen, Daniel](#)

(OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#)

(OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#);

[Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY,](#)

[MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#);

[Callahan, Michael V., M.D.](#); (b) (6)

[Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#)

(OS/ASPR/BARDA); [Redd, Johnt](#)(OS/ASPR/SPPR); [Hassell, David \(Chris\)](#)

(OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A@CDPH](#); [Lawler,](#)

[James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#)

(b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade,](#)

[David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)

(b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

From Feb-15 to Feb-20 the number of confirmed cases increased from 355 to 634 (increase of 279). The number of asymptomatics increased from 73 to 322 (increase of 249). So from Feb-15 to Feb-20, 249 of the

279 confirmed cases (89%) were asymptomatic. Seems a little odd. Also, read reports that all passengers and crew have been tested (but reports only note that 3,066 of the 3,711 have been tested).

| Date | Event | Cumulative Number of Confirmed Cases | Cumulative Number of Deaths | Notes |
|--------|---|--------------------------------------|-----------------------------|-------------------------------|
| 20-Jan | Cruise ship departs from Yokohama Japan | | | |
| 25-Jan | 80 year old passenger disembarks in Hong Kong | | | |
| 1-Feb | 80 year old passenger confirmed to have COVID-19 | | | |
| | When results known, certificate of landing canceled and ship under quarantine. Tests for the virus would be administered to three groups: those with symptoms, those who got off in Hong Kong, and those who had close contact with the infected passenger. | | | |
| 3-Feb | Ship arrives in port of Yokohama Japan | | | |
| 5-Feb | 10 passengers and crew confirmed + | 10 | | |
| 6-Feb | 31 more passengers and crew confirmed + | 41 | | |
| 7-Feb | 30 more passenger and crew confirmed + | 61 | | |
| 8-Feb | 9 more passenger and crew confirmed + | 70 | | |
| 10-Feb | 66 more passenger and crew confirmed + | 136 | | 439 tested |
| 11-Feb | 39 more passenger and crew confirmed + | 175 | | 492 tested |
| 12-Feb | 28 more passenger and crew confirmed + | 203 | | 4 in ICU |
| 13-Feb | 15 more passenger and crew confirmed + | 218 | | 713 tested |
| 14-Feb | 67 more passenger and crew confirmed + | 285 | | 927 tested |
| 15-Feb | 70 more passenger and crew confirmed + | 355 | | 1,219 tested; 73 asymptomatic |

| | | | | |
|--------|---|-----|---|--|
| 16-Feb | 329 American evacuated from cruise ship (14 of the evacuees found to be +) 61 Americans remained on board 44 Americans remained hospitalized in Japan | 369 | | |
| 17-Feb | 85 more passenger and crew confirmed + | 454 | | 1,723 tested; 19 seriously ill |
| 18-Feb | 167 more passenger and crew confirmed + | 621 | | 3,011 tested |
| 19-Feb | 2 deaths | 621 | 2 | |
| 20-Feb | 13 more passenger and crew confirmed + | 634 | 2 | 3,066 tested; 28 seriously ill; 322 asymptomatic |

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From: [Carter Mecher](#)
Sent: Thursday, February 20, 2020 4:49 PM
To: [Richard Hatchett](#); [Dr. Eva K Lee](#)
Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#); (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#); (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

This is new

- Now 634 cases confirmed on the cruise ship (3,063 tested) (so not all the ship and crew have been tested 3,711)
- Slightly more than half are asymptomatic (previously we heard that 73 of 355 are asymptomatic)
- 28 in serious condition (4.4%)

Japan's Health Minister Katsunobu Kato told Parliament the two people from the Diamond Princess cruise ship who died had "received the best medical treatment" but couldn't be saved after catching the novel coronavirus on board. As of Thursday, 634 passengers and crew members were diagnosed with the virus out of 3,063 tested. Slightly more than half have no symptoms at all, officials said, and many of the remainder have only mild fever or a cough. Among patients who tested positive for the virus, 28 were reported in serious condition Thursday.

Doctors have said the virus can be particularly harmful in elderly patients, and one of the two fatal cases from the Diamond Princess, a Japanese man in his 80s, had pre-existing bronchial asthma and had been treated for angina. The other, a Japanese woman in her 80s without underlying illnesses, came down with a fever on Feb. 5, the same day passengers were told they would be quarantined in their cabins for two weeks, according to health ministry officials. The next day, she started suffering from diarrhea and saw a doctor on board.

She wasn't taken to a hospital until Feb. 12 when she started suffering shortness of breath. Her virus test came back positive the following day, and despite treatment with antiviral drugs normally used to treat HIV infection, she died Thursday.

Asked about the woman's case, health ministry official Hiroshi Umeda said, "I believe it was handled promptly." He said the ship was a difficult environment for medical staff but they worked day and night and tried to prioritize the most serious cases.

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From: [Carter Mecher](#)

Sent: Thursday, February 20, 2020 11:00 AM

To: [Richard Hatchett](#); [Dr. Eva K Lee](#)

Cc: [Tracey McNamara](#); [Caneva, Duane](#); [\(b\) \(6\)](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#);

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[Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J \(b\) \(6\)](#); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber \(b\) \(6\)](#) [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Keep an eye on South Korea too. Seeing rapid growth in cases in South Korea (see story below)

South Korea now reporting 104 cases and 1 death today. South Korea now implementing NPIs. This story is eerily reminiscent of the actions taken at Jefferson Barracks near St. Louis in 1918.

Also attached are update for Singapore (85 cases; 46 in hospital/4 in ICU; 4 kids, only 1 in hospital) and Hong Kong (69 cases, still no kids reported). Both have implemented NPIs (small increases in cases today). Japan has reported 10 new cases today—total now is 94.

South Korea reports first virus death as Daegu struggles to contain outbreak
<https://protect2.fireeye.com/url?k=3b9075da-67c46ca6-3b9044e5-0cc47adc5fa2-08635f0e31f1241a&u=https://www.stripes.com/news/pacific...break-1.619407>

SEOUL, South Korea — South Korea reported its first coronavirus-linked death Thursday, while the U.S. military tightened restrictions on travel to the southeastern city of Daegu due to an outbreak in infections in the area.

Daegu also urged residents to stay home as the city of 2.5 million people and surrounding areas struggled to contain an outbreak of the pneumonia-like disease.

The Army garrison in Daegu also restricted access and announced that schools and nonessential business would be closed for a second day on Friday.

In an exception to policy, U.S. service members were authorized to wear face masks in uniform “regardless of air quality conditions,” according to the garrison’s Facebook page.

Fast-moving developments this week were a blow to South Korea’s hope that the crisis was easing.

Instead, dozens of new cases were confirmed in recent days, with the total number of infections soaring to 104 on Thursday, according to the Korea Centers for Disease Control and Prevention

U.S. Forces Korea said, “there remains zero confirmed cases of USFK personnel with COVID-19.”

The virus first appeared in December in Wuhan, China, and spread to nearly 30 countries. More than 2,000 people have died — most in mainland China.

A South Korean man in his 60s died Wednesday at a hospital in the southeastern city of Cheongdo and posthumously tested positive for the virus, the KCDC said Thursday. It was South Korea’s first death from the virus.

USFK **raised the risk level for the military community** to moderate on Wednesday and banned all nonessential travel to Daegu due to an outbreak linked to a church near the Army garrison in the city.

On Thursday, USFK added that all travel by American troops to, from and around Daegu requires authorization from their leadership. The precaution was “highly encouraged” for all family members, civilians and contractors as well.

“All off-installation travel for all USFK populations should be minimized to reduce potential contamination,” USFK announced on its website.

U.S. Army Garrison Daegu, about 200 miles southeast of Seoul, also said visitors not performing mission essential or official business would be denied access as it implemented health checks at the gates.

Nonessential personnel were not required to go to work on Friday and most activities would be suspended, including the schools, it said.

The garrison also recommended that members of the military community avoid public places and transportation in the city, including

stores, restaurants and other heavily congested areas until the situation is brought under control.

Self-quarantine measures were ordered for any American troops who had visited the affected New World Church, but garrison commander Col. Edward Ballanco said earlier Thursday that no Americans were known to have done so.

He also urged Americans to avoid a local hospital where the woman believed to have been a carrier was treated.

The garrison also lifted limits on wearing face masks for American troops in uniform, who normally are only allowed to wear them on days with extreme pollution.

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From: [Carter Mecher](#)
Sent: Thursday, February 20, 2020 8:20 AM
To: [Richard Hatchett](#); [Dr. Eva K Lee](#)
Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J \(b\) \(6\)](#); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber \(b\) \(6\)](#); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Last thing. Keep a very close eye on Japan. The outbreak is starting to take off there with numbers of cases scattered across the country with no link to known cases. We are also seeing nosocomial transmission (a number of healthcare workers infected). There is also a large number of cases hospitalized in Japan related to the cruise ship, and now the release of large numbers of passengers from the cruise ship into the community. Yesterday they reported a total of 84 cases—caught up to

Singapore. But unlike Singapore, Japan has been slow to implement NPIs. The other concern is that Japan's population is disproportionately aged (it has the highest % age 65 of any country). In Japan, 27% of the population is ≥ 65 ; in the US, 15.6% of the population is ≥ 65 . And Japan can also claim the largest city in the world (metro Tokyo with 38 M people—pretty much the population of California crammed into an area smaller than the size of Connecticut).

Japan also has the 10th largest city in the world (Osaka with 19 M people).

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Thursday, February 20, 2020 7:15 AM

To: [Richard Hatchett](#); [Dr. Eva K Lee](#)

Cc: [Tracey McNamara](#); [Caneva, Duane](#); [\(b\) \(6\) Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V, M.D.](#); [\(b\) \(6\)](#)

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[\(b\) \(6\) KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

Subject: RE: Red Dawn Breaking. COVID-19 Collaborative, Feb 16 start

What has me worried is what happened on the cruise ship is a preview of what will happen when this virus makes its way to the US healthcare system (not to mention institutionalized high-risk populations in the US, like nursing homes). I'm not sure that folks understand what is just over the horizon.

Remember the story about Mann Gulch? We are at the equivalent of about 5:44. I anticipate that when we reach 5:45, there is going to be chaos and panic to get anything in place. I doubt that what we would

then hurriedly put in place will be any better than what they did on that cruise ship. As a consequence, would expect much the same results.

I listened to the discussion yesterday. After listening to James and Michael describe the conditions on and around the cruise ship, I wondered whether anyone in healthcare leadership (outside the expertise at our biocontainment facilities) is thinking about infection control practices for any staff entering areas of a hospital caring for COVID patients (like changing clothes before entering and perhaps wearing scrubs, not bringing personal items into the area like iPhones, iPads, stethoscopes, white coats, purses, briefcases, etc.)? And instituting policies that require all patients to phone for clearance to enter prior to presenting at safe acute and non-acute areas including community based clinics? Are we confident of the infection control practices of acute care staff (that they know the basics of how to don and doff PPE and behavior while in PPE?) Would HCWs in outpatient clinics or long term care facilities be any better prepared than the crew on board the cruise ship or the responders in Japan? I'm no expert in infection control and would defer to the expertise in this group. I was just a little surprised how little this seemed to be a concern for the healthcare leaders gathered yesterday.

I think we are getting close to the point where we need to drop those things that are not critical and focus on the most important things.

We are going to have a devil of time with lab confirmation—it is just too slow (they had a 2 day turnaround on the cruise ship) and we just don't have the capacity for the volume of tests we would anticipate. Charity has stressed this point again and again. That means we are going to have to fly blind early on. Perhaps the best we are going to be able to do in the near term if things begin to accelerate is screen all suspect cases (pretty much anyone with ILI symptoms) with a quick flu test and assume anyone who tests negative is suspected COVID until proven otherwise; and treat everyone who tests positive with Tamiflu. It will prove problematic early on, but as the epidemic barrels along, COVID will displace everything (at that point we will just assume that anyone with a fever or ILI has COVID). The problem is in the beginning. It is going to be so hard to sort things out. Matt, James and others are pushing for more rapid screening—but we just aren't there yet. The consequence is that we will be placing patients with resp illness (that is not flu and presumed to be COVID) in areas with actual

COVID patients. I hate to do that, but not sure how it could be avoided early on. But we would only do that for those who are ill enough to be hospitalized. The large number of asymptomatic and mildly ill patients would be under home isolation (so no worries about mixing confirmed and suspected patients). The downside is that we would have larger number of people in isolation and home quarantine than is really necessary (and the consequence of increased workplace absenteeism).

And it is because home isolation and home quarantine are so important, healthcare systems (and not just public health) have to grab a hold of operationalizing those NPIs with both hands. A while back, I created some prescriptions (tongue in cheek), just to underscore that physicians do have a role in isolation and quarantine (it is not limited to public health). We might not have pharmaceuticals available to treat COVID, but why can't we write prescriptions for non-pharmaceuticals? I don't think healthcare leaders appreciate this point. Every COVID patient we admit or see in the ER will require us to follow up with household members to make sure they know to home quarantine (need to do the same anywhere in our system we find a patient who is infected). You could not imagine the pushback I have received when I proposed that we must have an active role—people seem to think that state and local public health is alone responsible for this. I would think public health will be overwhelmed and taking charge of this is our best strategy to keep our safe areas safe.

I would be interested to hear how other healthcare systems and public health leaders are thinking about this.

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From: [Carter Mecher](#)
Sent: Thursday, February 20, 2020 6:39 AM
To: [Richard Hatchett](#); [Dr. Eva K Lee](#)
Cc: [Tracey McNamara](#); [Caneva, Duane](#); [\(b\) \(6\)](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#)

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(b) (6); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Keeping track of the outbreak aboard the cruise ship. The latest update is the announcement of 2 deaths (both patients in their 80s). An 87-year-old man and an 84-year-old woman, died on the 20th. Both were Japanese (the 87-year-old man was hospitalized on Feb-11 and the 84-year-old woman on Feb-12). So time to death from recognition of infection was 8-9 days. On Feb-12, the total number of confirmed cases was 203. So estimated CFR back dating the denominator to Feb-12 is 1%. Assuming a denominator of 621, the CFR is 0.3%. If deaths are lagging by 8-10 days (and confirmed cases plateau), we should have a pretty good estimate of CFR for the entire group in another week or so. Will need to peel off the number of cases involving the crew member to get a better estimate of CFR in the elderly. These numbers are within the range we have been estimating.

The 2,666 passengers are similar in age (and likely in co-morbidities) to the population we see in a nursing home or residential care facility. The 1,045 crew are a proxy for a young healthy population. It will be important to look at the outcomes separately. One of the concerns is how a 'remake of this movie' could play out in similarly confined populations of elderly frail Americans. Here are the numbers of long term care facilities/programs in the US that care for the frail elderly. A large number of locations and a large number of residents/participants. I know that healthcare leaders were engaged yesterday, is anyone engaging this sector (long term care)? The healthcare leaders seemed more concerned about critical supply shortages (akin to the IV fluid shortage). Listening to them, it felt like their concerns seemed almost divorced from the threat of COVID.

| | Number of Facilities / Communities | Number of Agencies / Centers | Number of Beds | Number of Residents | Number of Participants |
|------------------|------------------------------------|------------------------------|----------------|---------------------|------------------------|
| Nursing Homes | 15,600 | | 1,700,000 | 1,300,000 | |
| Residential Care | 28,900 | | 996,100 | 811,500 | |
| Hospice Care | | 4,300 | | | 1,400,000 |
| Adult Day Care | | 4,600 | | | 286,300 |

Source: <https://www.cdc.gov/nchs/fastats/nursing-home-care.htm>

The outbreak on the cruise ship should be the wake up call for leaders in long term care (and I would think healthcare overall).

Here is a summary of the cruise ship data (as of Feb 20)

| Date | Event | Cumulative Number of Confirmed Cases | Cumulative Number of Deaths | Notes |
|--------|---|--------------------------------------|-----------------------------|-------|
| 20-Jan | Cruise ship departs from Yokohama Japan | | | |
| 25-Jan | 80 year old passenger disembarks in Hong Kong | | | |
| 1-Feb | 80 year old passenger confirmed to have COVID-19 | | | |
| | When results known, certificate of landing canceled and ship under quarantine. Tests for the virus would be administered to three groups: those with symptoms, those who got off in Hong Kong, and those who had close contact with the infected passenger. | | | |
| 3-Feb | Ship arrives in port of Yokohama Japan | | | |
| 5-Feb | 10 passengers and crew confirmed + | 10 | | |
| 6-Feb | 31 more passengers and crew confirmed + | 41 | | |
| 7-Feb | 30 more passenger and crew | 61 | | |

| | | | | |
|--------|---|-----|---|--------------------------------|
| | confirmed + | | | |
| 8-Feb | 9 more passenger and crew confirmed + | 70 | | |
| 10-Feb | 66 more passenger and crew confirmed + | 136 | | 439 tested |
| 11-Feb | 39 more passenger and crew confirmed + | 175 | | 492 tested |
| 12-Feb | 28 more passenger and crew confirmed + | 203 | | 4 in ICU |
| 13-Feb | 15 more passenger and crew confirmed + | 218 | | 713 tested |
| 14-Feb | 67 more passenger and crew confirmed + | 285 | | 927 tested |
| 15-Feb | 70 more passenger and crew confirmed + | 355 | | 73 asymptomatic; 1,219 tested |
| 16-Feb | 329 American evacuated from cruise ship (14 of the evacuees found to be +) 61 Americans remained on board 44 Americans remained hospitalized in Japan | 369 | | |
| 17-Feb | 85 more passenger and crew confirmed + | 454 | | 1,723 tested; 19 seriously ill |
| 18-Feb | 167 more passenger and crew confirmed + | 621 | | 3,011 tested |
| 19-Feb | 2 deaths | 621 | 2 | |

Data by country is a bit sketchy

| Country | Passengers | Total Confirmed Cases | ICU Admissions | Deaths |
|-----------|------------|-----------------------|----------------|--------|
| US | 434 | 58 | 1 | |
| Hong Kong | 330 | | | |
| Canada | 256 | 32 | | |
| Australia | 241 | 46 | | |
| UK | 78 | 6 | | |
| Italy | 35 | | | |

| | | | | |
|-------------|-------|-----|--|--|
| South Korea | 14 | | | |
| Japan | | | | |
| Subtotal | 1,388 | 142 | | |

New virus cruise ship disembarks and kills two Japanese passengers in hospital

February 20, 2020 11:38

Two Japanese men and women in their 80s who were hospitalized and treated for the virus were killed on the 20th in a cruise ship passenger who was confirmed to be infected with the new coronavirus. This is the first time a cruise ship passenger has died and three people have been killed in the country.

As of the 19th, 621 cruise ships out of approximately 3,700 crew members and passengers on the cruise ship where outbreaks of the new coronavirus were confirmed were confirmed.

According to government officials, two of them, a 87-year-old man and an 84-year-old woman, died on the 20th.

Both were Japanese and had a basic illness and were confirmed to have been infected with the virus, so it was said that men were hospitalized on the 11th of this month and women on the 12th to be treated.

This is the first time a cruise ship passenger has died.

In addition, three people have been killed in Japan, following the death of a woman in her 80s living in Kanagawa Prefecture on the 13th of this month.

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Wednesday, February 19, 2020 10:05 PM

To: [Richard Hatchett](#); [Dr. Eva K Lee](#)

Cc: [Tracey McNamara](#); [Caneva, Duane](#); [\(b\) \(6\)](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#);

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Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

More puzzle pieces.

Italy <https://protect2.fireeye.com/url?k=e5d05247-b9844b3b-e5d06378-0ce47adc5fa2-e16553f827677d60&u=https://www.journalgazette.net/news/world/20200216/quarantine-ends-for-germans-italy-to-fly-citizens-from-ship>

Italy plans to evacuate 35 Italians from the cruise ship

- 25 Italian crew members (including the ship's captain)
- 15 passengers

UK <https://www.telegraph.co.uk/global-health/science-and-disease/coronavirus-news-uk-china-singapore-death-toll-latest/>

UK plans to evacuate British passengers Friday 2/21

78 British passengers on board

4 confirmed COVID the Foreign Office

2 passengers on board say they are infected

Hong Kong

<https://www.japantimes.co.jp/news/2020/02/16/national/science-health/canada-evacuate-passengers-coronavirus-covid19-diamond-princess-cruise-ship/>

There are around 330 Hong Kong residents on board, including 260 holding Special Administrative Region of Hong Kong passports and roughly 70 people with foreign ones.

South Korea

<https://www.japantimes.co.jp/news/2020/02/18/national/science-health/south-korea-evacuate-diamond-princess/>

The South Korean government is sending a presidential plane to Japan on Tuesday afternoon to evacuate several citizens on a coronavirus-stricken cruise ship docked in Yokohama, a government official said Tuesday.

14 South Koreans — nine passengers and five crew members

Canada

<https://www.japantimes.co.jp/news/2020/02/18/national/science-health/canada-diamond-princess-covid19/>

Global Affairs Canada had confirmed that 32 out of 256 Canadians on the ship had tested positive.

Canadian passengers are set to be evacuated from the virus-hit boat soon, passengers will be screened before boarding the evacuation aircraft, and those who exhibit symptoms of COVID-19 will be transferred to the Japanese health care system

Australia <https://www.news.com.au/travel/travel-updates/health-safety/unusual-rescue-flight-ahead-for-australian-evacuees-of-the-diamond-princess/news-story/564e590bec70b71825c897df85d0bc24>

Australia evacuated passengers from the cruise ship today.

- ~180 evacuated
- 15 declined evacuation
- 36 confirmed COVID hospitalized in Japan
- 10 newly confirmed had to stay behind

So there were a total of ~241 Australians aboard the ship; 46 tested + (19%)

The story from Australia sounds familiar (see below).

Australian cruise passengers arrive to Darwin after Diamond Princess virus outbreak ordeal

Feb 20

A rescue mission of Australian cruise ship passengers from Japan has officially landed in Darwin, but the flight wasn't free from drama.

Thousands of people sharing toilets, pools and buffets – is this the petri dish of the sea?

The Qantas coronavirus rescue flight, carrying about 180 citizens and permanent residents on board from Japan, has landed in Australia.

Qantas flight 6032 touched down in Darwin at 8.11am local time, after being slightly delayed from takeoff out of Haneda.

The last-minute drama hit the rescue mission when 10 Australians, who were set to leave the coronavirus-hit Diamond Princess ship and head to the airport, were told they had tested positive to coronavirus and had to stay behind.

About 180 citizens and permanent residents, who have spent the past fortnight on the quarantined cruise ship off the coast of Japan, had [taken up the Federal Government's offer of a seat on the repatriation flight to Australia.](#)

They join another 36 Australians who contracted coronavirus on the *Diamond Princess* and are being treated in Japan. About 15 of their relatives declined the offer of repatriation to stay with them.

The Australians on board will be screened for coronavirus five times before they are taken to a quarantine facility at Howard

Qantas boss Alan Joyce praised the crew who took part in the repatriation flight as well as two previous Qantas chartered flights that [brought Australians home from virus epicentre Wuhan.](#)

"It took literally thousands of hours to plan complex operations like these," Mr Joyce said at a press conference today.

"The crew were all volunteers and they did us proud."

Yesterday, Australians who were cleared to finally disembark the *Diamond Princess* were driven by bus to Haneda Airport for the chartered flight home.

They first needed to pass a health check to receive an approval of disembarkation notice by Japanese quarantine officials.

They were then screened several more times before they could board the Qantas 747.

On the plane, they had no contact with Qantas crew, who remained upstairs for the flight. Food for passengers was already waiting for them at their seats when they boarded.

If they passed the latest health check, they would have been given "approval of disembarkation" notices by Japanese quarantine officials, which grant them permission to enter Japan.

From Yokohama Port, where the ship was docked, they boarded buses to Haneda Airport.

Brisbane student [Tehya Pfeffer](#), 18, who has been quarantined on the *Diamond Princess* with her grandmother Cathy, was among them.

"At 10.30am (local time, 12.30pm AEDT) we will start to be screened and given luggage tags and wrist bands," Ms Pfeffer told [news.com.au](#) yesterday.

"At 5pm we have to have our luggage put outside, and at 6pm we will disembark the ship and go through a makeshift customs. This is where we use our wrist bands.

"And then we will take a bus to the airport and at around 12am Thursday we will fly to Darwin."

On the evacuation flight, cabin crew would not be making direct contact with evacuees.

Meals were already waiting for passengers at their seats when they boarded, and Qantas staff remained upstairs.

All those returning to Australia on the Qantas flight will spend two weeks in quarantine at the Howard Springs facility, in addition to the two weeks in lockdown they've had on the ship.

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Sent: Wednesday, February 19, 2020 8:36 PM

To: [Richard Hatchett](#); [Dr. Eva K Lee](#)

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Subject: RE: Red Dawn Breaking. COVID-19 Collaborative, Feb 16 start

South Korea cases are taking off.

S. Korea reports 31 more cases on 2/20; total now at 82

Singapore, Hong Kong, Japan, and South Korea are the new front lines. Matter of time before travel from those areas will raise concerns.

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Wednesday, February 19, 2020 4:45 PM

Subject: RE: Red Dawn Breaking. COVID-19 Collaborative, Feb 16 start

Was listening to the discussion today. There was a discussion about the shortages of PPE. There was also discussion re NPIs, but I'm not sure that most folks appreciate that the NPIs that have been arrayed as part of the TLC strategy to reduce disease transmission in the community

can be leveraged to create safer compartments or spaces by shunting disease toward the home. By implementing these interventions, one could reduce the likelihood of disease in workplaces (by home isolation and home quarantine-- keeping sick employees at home and keeping employees who are well but potentially infected because someone is sick in their household, at home). Adding in other social distancing measures including social distancing at work, helps to reduce community transmission (adds additional protection to the workplace). The consequence is shunting disease to the home-- 120 M different compartments in the US, and making the workplace the safe place. That is potentially very important for critical infrastructure. The answer is not PPE for these employees. And why would we expect that employees in these sectors would have any better IPC with the use of PPE than we saw with staff on the Diamond Princess?

Healthcare is a key critical infrastructure. It is different from the other sectors in that it will be attracting patients with COVID like a magnet. It is hard to imagine how one could make healthcare a safe workplace. But it is only hard to imagine how one could do that unless you begin to look a little closer at the different components of the healthcare system and the roles each component might play during this pandemic.

To illustrate this, I took a stab at developing a conops or roadmap to look at the various pieces of the healthcare system. The shunting of disease is really fractal. Just as we can look at shunting disease across a community into one compartment (the home) to make other compartments safer, we can do the same within our healthcare system—shunt disease to the acute care area where COVID patients will be concentrated. What are the strategies to do that?

This conops is notional. It is purposely designed for a severe outbreak with severe disease and assumes that the healthcare system must somehow continue to limp along and continue to care for the background disease we see during normal times (strokes, AMIs, fractures and trauma, appendicitis, other serious infections, CHF, diabetic emergencies, psychotic episodes, preeclampsia, complicated deliveries, end stage renal disease and dialysis, etc.) as well as sustain outpatients with chronic conditions that require monitoring and care to keep them well and out of the ER and out of the hospital.

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From: (b) (6)
Sent: Wednesday, February 19, 2020 2:36 PM
To: [Richard Hatchett](#); [Dr. Eva K Lee](#)
Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#); (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#); (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
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Update for South Korea (see attached) 51 cases; 1 child

Colombia confirms first case of Coronavirus - citizen on Japan cruise ship

February 17th, 2020, 09:06 AM

[@Stats Alerts](#)

BREAKING: Colombia confirms first case of Coronavirus Colombia confirms first case of coronavirus: citizen was on a Diamond Princess cruise

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Update on HK (65 cases; no children) and Singapore (84 cases; 49 currently hospitalized/4 in ICU; still only 4 children (2 asymptomatic/2 hospitalized).

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Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

As of yesterday, there are 251 Canadians on board the Diamond Princess, of whom 34 have tested positive.

<https://globalnews.ca/news/6567907/c...hip-canadians/>

Canada walks back expected departure date for evacuees of Japanese cruise ship

By Staff The Canadian Press

Posted February 19, 2020 7:47 am

Updated February 19, 2020 7:49 am

Global Affairs says the departure date for a plane that will carry Canadians home from a coronavirus-stricken cruise ship in Japan is yet to be confirmed. Spokeswoman Barbara Harvey says the departure will be settled once final arrangements are made with the Japanese government and the cruise ship company. A news release from the company operating the Diamond Princess cruise ship says the Canadian flight has been "shifted" to early Friday morning.

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Wednesday, February 19, 2020 8:09 AM

To: [Richard Hatchett](#); [Dr. Eva K Lee](#)

Cc: [Tracey McNamara](#); [Caneva, Duane](#); [\(b\) \(6\) Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); [\(b\) \(6\)](#)

[Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); ['Martin, Gregory J](#)

[\(b\) \(6\)'](#); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)

[\(b\) \(6\)](#); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

621 cases on cruise ship (17% of the passengers and crew have been infected).

<https://www.channelnewsasia.com/news...itive-12450498>

79 more people test positive for COVID-19 on Diamond Princess cruise ship
19 Feb 2020 06:21PM
(Updated: 19 Feb 2020 06:30PM)

TOKYO: An additional 79 cases of coronavirus have been discovered aboard the Diamond Princess cruise ship in Japan, the health ministry said Wednesday (Feb 19), bringing the total to 621.

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)
Sent: Wednesday, February 19, 2020 6:06 AM
To: [Richard Hatchett](#); [Dr. Eva K Lee](#)
Cc: [Tracey McNamara](#); [Caneva, Duane](#); (b) (6); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); (b) (6); [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#)(OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#) (b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#) (b) (6); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)
Subject: RE: Red Dawn Breaking. COVID-19 Collaborative, Feb 16 start

I saw a news story yesterday (WashPost) that testing was completed. So we should know in the next couple of days.

Also saw a story about the 100 or so Americans left behind (44 in hospitals and 61 who declined evacuation).

<https://mainichi.jp/english/articles/20200219/p2g/00m/0in/028000c>

Hard to find data on the status of those still hospitalized in Japan.

James made a very important point yesterday. Although the passengers are elderly (2,666 passengers), the crew members are relatively young (1,045 crew members). James also expected the attack rates to be very high among the crew members (they were housed together in a relatively small space aboard the ship, perfect conditions for explosive disease transmission). So this combined data on passengers (elderly) and crew (young and healthy) will be invaluable in terms of helping understand severity. I would think that Japan also realizes how invaluable this data is. Japan will be in the best position to assess the impact on the crew, since they will know the results of lab screening and hospitalization of all + crew members (as well as the monitoring quarantine of the rest of the crew over the next 14 days). But now that the passengers are being dispersed, it will be important for several nations to share the data on these passengers—it is really our best chance to understand severity (would need collaboration of the US, Canada, Australia, Hong Kong, Japan).

Sent from [Mail](#) for Windows 10

From: [Richard Hatchett](#)

Sent: Wednesday, February 19, 2020 4:47 AM

To: [Dr. Eva K Lee](#); [Carter Mecher](#)

Cc: [Tracey McNamara](#); [Caneva, Duane](#); [\(b\) \(6\) Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#); [\(b\) \(6\)](#); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J \(b\) \(6\)](#); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber \(b\) \(6\)](#); [KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

I understand from contacts at WHO that Japan is testing everyone on the Diamond Princess, so we should have a complete accounting of that closed population (and thus a nice dataset to inform severity estimates).

From: Dr. Eva K Lee (b) (6)
Sent: 19 February 2020 03:54
To: Carter Mecher (b) (6)
Cc: Tracey McNamara (b) (6); Caneva, Duane (b) (6); Richard Hatchett <(b) (6)>; (b) (6) Dodgen, Daniel (OS/ASPR/SPPR) (b) (6); DeBord, Kristin (OS/ASPR/SPPR) (b) (6); Phillips, Sally (OS/ASPR/SPPR) (b) (6); David Marcozzi <(b) (6)>; Hepburn, Matthew J CIV USARMY (USA) (b) (6); Lisa Koonin (b) (6); Wargo Michael (b) (6); Walters, William (STATE.GOV) <(b) (6); HARVEY, MELISSA (b) (6); WOLFE, HERBERT (b) (6); Eastman, Alexander (b) (6); EVANS, MARIEFRED (b) (6); Callahan, Michael V., M.D. (b) (6); Johnson, Robert (OS/ASPR/BARDA) (b) (6); Yeskey, Kevin (b) (6); Disbrow, Gary (OS/ASPR/BARDA) <(b) (6)>; Redd, Johnt(OS/ASPR/SPPR) <(b) (6)>; Hassell, David (Chris) (OS/ASPR/IO) <(b) (6)>; Hamel, Joseph (OS/ASPR/IO) (b) (6); Dean, Charity A@CDPH (b) (6); Lawler, James V <(b) (6)>; Kadlec, Robert (OS/ASPR/IO) (b) (6); 'Martin, Gregory J (b) (6) Borio, Luciana (b) (6); Hanfling, Dan (b) (6); McDonald, Eric (b) (6); Wade, David (b) (6); TARANTINO, DAVID A (b) (6); WILKINSON, THOMAS (b) (6); David Gruber (b) (6); KALUSHIK, SANGEETA (b) (6); Nathaniel Hupert (b) (6)

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Just talked to a lab director in Hong Kong U. They tested 3,600 passengers and crews on World Dream in 24 hours, all using the definitive RT-PCR test. The tests were performed in government labs. They disembarked everyone after 3 days (all came back negative). And they are still performing contact tracing and monitoring on all at the moment.

old news:

<https://www.scmp.com/news/hong-kong/health-environment/article/3049714/coronavirus-3600-passengers-and-crew-members>

For surveillance, regional hospitals do an initial screening, then suspected cases are tested by a governmental lab for confirmation.

Schools are still closed for another month.

(b) (6)

mobile: (b) (6)

Sent with [ProtonMail](#) Secure Email.

----- Original Message -----

On Tuesday, February 18, 2020 7:56 PM, Carter Mecher
(b) (6) wrote:

Japan inching toward mitigation

Abe urges people with cold-like symptoms to avoid work, school

Today 06:30 am JST [24 Comments](#)

TOKYO

Prime Minister Shinzo Abe on Tuesday advised people across the country not to go to work or school if they develop cold-like symptoms, as the country grapples with the spread of a new coronavirus originating in China.

Workplaces in the country, known for their long hours, need to encourage people to take days off without hesitation if they do not feel well, Abe said.

"The first thing that I want the people of Japan to keep in mind is to take time off school or work and refrain from leaving the house if they develop cold-like symptoms such as fever," Abe told a meeting of a government task force on the viral outbreak.

Teleworking is an "effective alternative" to help prevent the virus from spreading further, Abe said.

He made the remarks as the government is scrambling to contain the virus that originated in Wuhan, with more people with no obvious link to China getting infected in Japan.

The global outbreak of the disease called COVID-19 has prompted some event organizers in Japan to rethink their plans for hosting mass gatherings.

The number of confirmed cases in Japan has topped 600, including over 500 passengers and crew on the Diamond Princess, a quarantined cruise ship docked at Yokohama near Tokyo with more than 3,000 confined.

The steady rise in infections in various parts of Japan has raised public concern, prompting the health ministry to ask people who develop symptoms such as a temperature of 37.5 C or higher for at least four days to consult local health care centers and go to designated hospitals. The period is set shorter for the elderly, those with underlying conditions and pregnant women.

As Tokyo and other major cities in the country are notorious for packed rush-hour trains, commuters have been encouraged by a government panel of medical experts to go to work earlier or later than usual as the risk of infection is increased in crowds.

On Tuesday, Fujitsu Ltd and Hitachi Ltd said they are expanding teleworking, though Japanese companies overall have been slow to introduce it.

Sent from [Mail](#) for Windows 10

From: [Tracey McNamara](#)

Sent: Tuesday, February 18, 2020 4:38 PM

To: [Dr. Eva K Lee](#); [Caneva, Duane](#)

Cc: [Carter Mecher](#); [Richard Hatchett](#);

[\(b\) \(6\)](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V., M.D.](#);

[\(b\) \(6\)](#) [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J \(b\) \(6\)](#); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber \(b\) \(6\)](#); [KAUSHIK, SANGEETA](#);

[Nathaniel Hupert](#)

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

I must be psychic. This just came out. Like I said – Oxford Nanopore

Sequencers are being sent to
China!

Tracey

<https://protect2.fireeye.com/url?k=0a860669-56d21f15-0a863756-0cc47adc5fa2-4fc7adc96dfbde59&u=https://globalbiodefense.com/newswire/oxford-nanopore-sequencers-have-left-uk-for-china-to-support-rapid-near-sample-coronavirus-sequencing-for-outbreak-surveillance/>

To: 'Caneva, Duane'

(b) (6); Carter Mecher
(b) (6); Richard Hatchett
(b) (6); Dr. Eva K Lee
(b) (6)

Cc:
(b) (6)
Dodgen, Daniel
(OS/ASPR/SPPR) <(b) (6)>;
DeBord, Kristin (OS/ASPR/SPPR)
(b) (6); Phillips, Sally
(OS/ASPR/SPPR) (b) (6);
David Marcozzi
(b) (6); Hepburn,
Matthew J CIV USARMY (USA)
(b) (6); Lisa Koonin
(b) (6); Wargo Michael
(b) (6); Walters,

William (STATE.GOV) (b) (6);
HARVEY, MELISSA
(b) (6); WOLFE,
HERBERT (b) (6);
Eastman, Alexander
(b) (6); EVANS,
MARIEFRED
(b) (6);
Callahan, Michael V., M.D.
(b) (6);
Johnson, Robert (OS/ASPR/BARDA)
(b) (6); Yeskey, Kevin
(b) (6); Disbrow, Gary
(OS/ASPR/BARDA) (b) (6);
Redd, John (OS/ASPR/SPPR)
(b) (6); Hassell, David (Chris)
(OS/ASPR/IO) (b) (6);
Hamel, Joseph (OS/ASPR/IO)
(b) (6); Dean, Charity
A@CDPH <(b) (6)>; Lawler,
James V (b) (6); Kadlec,
Robert (OS/ASPR/IO) (b) (6);
'Martin, Gregory J (b) (6)
(b) (6); Borio, Luciana
(b) (6); Hanfling, Dan
(b) (6); McDonald, Eric
(b) (6); Wade, David
(b) (6); TARANTINO,
DAVID A (b) (6);
WILKINSON, THOMAS
(b) (6); David
Gruber (b) (6)
(b) (6); KAUSHIK,
SANGEETA <(b) (6)>;
Nathaniel Hupert (b) (6)
Subject: RE: Red Dawn Breaking, COVID-19
Collaborative, Feb 16 start

Hello all - Clearly, the most important thing of all is a reliable, real-time diagnostic test that can differentiate between flu and COVID-19. CDCs test kits were recalled because states said they were not working. Now they have to remanufacture the faulty reagent. How long will that take? If and when more kits are available, will they be available in sufficient quantity that all health care providers will have access?

In all of this, I have not heard anyone talk about the Nanopore MinION technology that has been used for Ebola. What gives??? It is field deployable and can be run in-house. Hospital labs can run thousands of samples at once. It gives results of all viruses, bacteria, protozoa, fungi, in 2 hours. We all know this technology is quite promising. Why aren't we going gangbusters to validate this rapid technology and get it to all diagnosticians? If ever there was a time to invest in a diagnostic technology, this is it!

Tracey

From: Dr. Eva K Lee <(b) (6)>

Sent: Tuesday, February 18, 2020 1:06 PM

To: Caneva, Duane (b) (6)

Cc: Carter Mecher (b) (6); Richard Hatchett (b) (6); Tracey McNamara (b) (6);

Dodgen, Daniel (OS/ASPR/SPPR)

(b) (6); DeBord, Kristin (OS/ASPR/SPPR) (b) (6); Phillips, Sally (OS/ASPR/SPPR) <(b) (6)>; David Marozzi (b) (6); Hepburn, Matthew J CIV USARMY (USA)

(b) (6); Lisa Koonin

(b) (6); Wargo Michael

(b) (6) Walters, William (b) (6); HARVEY, MELISSA (b) (6); WOLFE, HERBERT (b) (6); Eastman, Alexander (b) (6); EVANS, MARIEFRED (b) (6);

Callahan, Michael V.,M.D.

<(b) (6)>

(b) (6) Johnson, (b) (6);

Robert (OS/ASPR/BARDA) <(b) (6)>

Yeskey, Kevin (b) (6); Disbrow, Gary

(OS/ASPR/BARDA) <(b) (6)>; Redd, (b) (6);

Johnt(OS/ASPR/SPPR) <(b) (6)>; Hassell, (b) (6);

David (Chris) (OS/ASPR/IO) (b) (6);

Hamel, Joseph (OS/ASPR/IO) (b) (6);

Dean, Charity A@CDPH (b) (6);

Lawler, James V (b) (6)du>; Kadlec, (b) (6);

Robert (OS/ASPR/IO) (b) (6)y>; 'Martin, (b) (6)

Gregory J (b) (6)

Borio, Luciana (b) (6); Hanfling, Dan

(b) (6); McDonald, Eric (b) (6);

(b) (6); Wade, David

<(b) (6)>; TARANTINO, DAVID A

(b) (6); WILKINSON, (b) (6);

THOMAS (b) (6);

David Gruber (b) (6)

(b) (6); KAUSHIK, SANGEETA

(b) (6); Nathaniel Hupert

(b) (6)

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Carter,

Just listened in to our state COVID-19 response effort update. Georgia has no COVID-19 cases yet, and hence they remain in the containment period where they place medium-risk individuals on supervised monitoring of home quarantine, advise them to take temperature daily and report any respiratory symptoms (24/7). Educate them not to show up in ED, or any place without facilitation. To avoid potential disease spread, they are advised to remain at home.

The next stage will be mitigation when a confirmed case is reported. That will initiate the pandemic planning and community-based NPI will be considered. This includes social distancing -- telework, teleclass, etc.

I assume at cities where there are confirmed local COVID-19 cases, the public health leaders have already begun the mitigation phase now and hence are practicing some degree of social distancing and rolling out telework, and various strategies to protect health in the population and to maintain business continuity already. Is that true or they are still waiting to execute their operations?

There are not many tests needed here in Georgia. But rapid robust and reliable testing kits (Tracey's reporting of current bottleneck) remain critical in all communities with positive cases. If we have such means, testing can also be conducted (sampling) on some flu-like cases at strategic selected cities also.

----- Original Message -----

On Tuesday, February 18, 2020 2:20 PM, Dr. Eva K Lee

<[REDACTED]> wrote:

Duane, Yes, (asymptomatic or mild symptoms) this is the worry at the very start, and it remains the most critical. Hence even 1% of infection for us -- can balloon out of proportion and we can't handle. Shedding not only during infection period, but also post-recovery. It's a very long timeline that we have to deal with. Then you have all the university students. Students travelled to China and came back to school, they asked health service if they needed to quarantine or take any action, the advice -- no need. Those are missed opportunities. Again, seasonal influenza affects 8-10% Americans, 0.7% of those infected required hospitalization, and mortality is roughly 0.1%. So it is easy to "calculate" all these numbers backwards... So 20% of COVID-19 infected may need hospitalization, mortality is 10-30 times higher than seasonal flu. How much can we tolerate before anyone would spring into action? Keep in mind, some begin to infect rapidly upon contracting the virus, the incubation is so short (and so long) and infectious too during that period (with much being unknown).

Carter, I think you will expect heterogeneous approaches from different communities in the overall response strategy, since it depends on the social setting and the demographics and more importantly the local resources. We have to optimize for sure.

----- Original Message -----

On Tuesday, February 18, 2020 1:51 PM,
Caneva, Duane <(b) (6)>
wrote:

Seems to me a big challenge will be asymptomatic or mild symptoms in kids, spread through the schools, shed to parents who staff both categories acute and non-acute care clinics. If there are several days of asymptomatic shedding, how do you prevent spread to the vulnerable, high risk patients in each category?

Will mild symptoms drive complacent compliance?

From: Carter Mecher
<(b) (6)>

Sent: Tuesday, February 18, 2020
1:32 PM

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

My thinking is evolving in terms of healthcare system response. Initially I described how I would refocus the outpatient clinics away from COVID care and leverage the NPIs of isolation and quarantine to help keep the workplace safe (for the clinic staff and other patients) rather than a strategy that employs PPE. I would only use the outpatient clinic staff to help with telephone/home care support of those patients under home isolation or home quarantine--to help with compliance/adherence to isolation and quarantine, monitoring their health, and optimizing the care of their other chronic medical conditions (to keep them out of the ER and the hospital). But as I thought more about this, it occurs to me that this can be generalized beyond outpatient clinics.

I would think about dividing our healthcare system into two big pieces: (1) acute care (EDs, acute inpatient care, critical care); and (2) non-acute care including outpatient clinics (PC/Family Practice, pediatrics, OB/GYN, medical specialty, surgical specialty, dental, mental health, rehab, etc.), as well as other inpatient areas (inpatient mental health, substance abuse, nursing homes, hospice care, memory care, assisted living, etc.). Inpatient surgery (and I suppose labor and delivery) is part of acute care, but for this outbreak, it probably best belongs bundled with the other non-acute inpatient

areas. I would anticipate that the tripwire for implementing NPIs (community transmission), will also be the trigger for healthcare systems to dial down or turn off elective admissions (primarily surgical) to free up acute care and ICU/monitored beds. The most effective way to protect these non-acute areas is by shunting potential COVID patients away from these areas and either providing this type of care while the patients is hospitalized in acute care or thru telephone care/home care for patients with mild illness receiving care at home. And the most effective way to shunt these patients away from non-acute care areas is thru the implementation of early and aggressive NPIs of isolation of the ill and home quarantine of household contacts (and not fit testing the world and passing out PPE that we don't have).

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Tuesday, February 18, 2020
11:02 AM

To: [Richard Hatchett](#); [Caneva, Duane](#); [Tracey McNamara](#); [Dr. Eva K Lee](#); [\(b\) \(6\)](#)

Cc: [\(b\) \(6\)](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#);

DeBord, Kristin
(OS/ASPR/SPPR); Phillips, Sally
(OS/ASPR/SPPR); David
Marcozzi; Hepburn, Matthew J
CIV USARMY (USA); Lisa
Koonin; Wargo Michael; Walters,
William (STATE.GOV);
HARVEY, MELISSA; WOLFE,
HERBERT; Eastman, Alexander;
EVANS, MARIEFRED; Callahan,
Michael V.,M.D.;

(b) (6)
Johnson,
Robert (OS/ASPR/BARDA);
Yeskey, Kevin; Disbrow, Gary
(OS/ASPR/BARDA); Redd, John
(OS/ASPR/SPPR); Hassell, David
(Chris) (OS/ASPR/IO); Hamel,
Joseph (OS/ASPR/IO); Dean,
Charity A@CDPH; Lawler, James
V; Kadlec, Robert (OS/ASPR/IO);
*Martin, Gregory J

(b) (6); Borio,
Luciana; Hanfling, Dan;
McDonald, Eric; Wade, David;
TARANTINO, DAVID A;
WILKINSON, THOMAS; David
Gruber

(b) (6);
KAUSHIK, SANGEETA;
Nathaniel Hupert

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

More puzzle pieces re the cruise
ship outbreak.

- About
2/3rds of
the
passengers

have been tested so far (2,404 out of 3,711).

- 61 Americans opted to remain onboard and not be evacuated.

Japan has completed tests for all passengers and crew aboard the ship as of Monday, but the results for the last batch of tests aren't expected until Wednesday, the day that the quarantine is slated to end. So far, results are back for 2,404 passengers and crew, out of the 3,711 who were on board the ship when the quarantine began on Feb. 5.

Japanese Health Minister Katsunobu Kato said Tuesday that people who have tested negative for the virus would start leaving on Wednesday, but that the process of releasing passengers and crew won't be finished until Friday, according to [the Washington Post](#).

The remaining 61 American passengers on the DP who opted not to join the evacuation will not be allowed to return to the US until March 4, according to the American embassy in Tokyo. The governments of Australia, Hong Kong and Canada have also said they would evacuate passengers.

Elsewhere, Japan confirmed three more cases of the virus. This time, they were confirmed in Wakayama, a prefecture in eastern Japan.

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Tuesday, February 18, 2020
10:50 AM

To: [Richard Hatchett](#); [Caneva, Duane](#); [Tracey McNamara](#); [Dr. Eva K Lee](#); (b) (6)

Cc: (b) (6); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#); (b) (6); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Lawler, James](#)

V; Kadlec, Robert (OS/ASPR/IO);
*Martin, Gregory J

(b) (6); Borio,
Luciana; Hanfling, Dan;
McDonald, Eric; Wade, David;
TARANTINO, DAVID A;
WILKINSON, THOMAS; David
Gruber

(b) (6)
KAUSHIK, SANGEETA;
Nathaniel Hupert

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

Maybe he was misquoted or it was
a typo—perhaps what was meant
was 4 per 100 (and that would be a
low estimate)

Sent from Mail for Windows 10

From: Richard Hatchett

Sent: Tuesday, February 18, 2020
10:45 AM

To: Carter Mecher; Caneva,
Duane; Tracey McNamara; Dr.
Eva K Lee; (b) (6)

Cc: (b) (6);
(b) (6); Dodgen,
Daniel (OS/ASPR/SPPR);
DeBord, Kristin
(OS/ASPR/SPPR); Phillips, Sally
(OS/ASPR/SPPR); David

Marcozzi; Hepburn, Matthew J
CIV USARMY (USA); Lisa
Koonin; Wargo Michael; Walters,
William (STATE.GOV);
HARVEY, MELISSA; WOLFE,
HERBERT; Eastman, Alexander;
EVANS, MARIEFRED; Callahan,
Michael V.,M.D.;

(b) (6)
[REDACTED] Johnson,
Robert (OS/ASPR/BARDA);
Yeskey, Kevin; Disbrow, Gary
(OS/ASPR/BARDA); Redd, John
(OS/ASPR/SPPR); Hassell, David
(Chris) (OS/ASPR/IO); Hamel,
Joseph (OS/ASPR/IO); Dean,
Charity A@CDPH; Lawler, James
V; Kadlec, Robert (OS/ASPR/IO);
Martin, Gregory J

(b) (6); Borio,
Luciana; Hanfling, Dan;
McDonald, Eric; Wade, David;
TARANTINO, DAVID A;
WILKINSON, THOMAS; David
Gruber

(b) (6);
KAUSHIK, SANGEETA;
Nathaniel Hupert

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

Note that 4/100,000 would imply
that only 440 people have been
infected.

From: Carter Mecher
[REDACTED] (b) (6) >

Sent: 18 February 2020 15:26

To: Caneva, Duane

(b) (6)

Tracey McNamara

<(b) (6)>; Dr.

Eva K Lee (b) (6)

(b) (6)

Cc: (b) (6)

(b) (6) >; Dodgen,
Daniel (OS/ASPR/SPPR)

<(b) (6)>;

DeBord, Kristin
(OS/ASPR/SPPR)

<(b) (6)>;

Phillips, Sally (OS/ASPR/SPPR)
(b) (6) >; David

Marcozzi

(b) (6)

>; Hepburn, Matthew J CIV
USARMY (USA)

(b) (6)

>; Lisa Koonin

(b) (6) >; Wargo

Michael

(b) (6)

Walters, William
(STATE.GOV)

(b) (6) >;

HARVEY, MELISSA

(b) (6) >;

WOLFE, HERBERT

(b) (6)

Eastman, Alexander

(b) (6) >

; EVANS, MARIEFRED

(b) (6)

Callahan, Michael
V., M.D.

(b) (6)

>; Johnson,

Robert (OS/ASPR/BARDA)

(b) (6) >;

Yeskey, Kevin

(b) (6)

Disbrow, Gary
(OS/ASPR/BARDA)

(b) (6) >; Redd,

John (OS/ASPR/SPPR)

(b) (6) >; Hassell,

David (Chris) (OS/ASPR/IO)

(b) (6);

Hamel, Joseph (OS/ASPR/IO)

(b) (6) >; Dean,

Charity A@CDPH

(b) (6) >;

Richard Hatchett

(b) (6) >;

Lawler, James V

(b) (6);

Kadlec, Robert (OS/ASPR/IO)

(b) (6) >;

Martin, Gregory J

(b) (6)

>; Borio,

Luciana (b) (6) >;

Hanfling, Dan

(b) (6);

McDonald, Eric

(b) (6)

; Wade, David

(b) (6) >;

TARANTINO, DAVID A

(b) (6) >;

WILKINSON, THOMAS

(b) (6)

David Gruber

(b) (6)

KAUSHIK, SANGEETA

(b) (6) >;

Nathaniel Hupert

(b) (6) >

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

WHO estimates 80% of patient with COVID-19 have mild disease and recover; that implies that 20% have severe disease. WHO estimated that 14% develop pneumonia and 5% are considered critical. [We were estimating that 12% of cases needed hospitalization (so 88% did not) and 2% needed ICU care (with mortality of patients with pneumonia in the ICU generally between 15%-50% so a CFR of 0,3%-1.0%). Also noet his comment on sparing children. The latter comments are reminiscent of the early comments of public health leaders during the 1918 pandemic—always minimizing. I have no idea where an attack rate of 4 per 100,000 comes from.]

<https://www.channelnewsasia.com/news/world/covid-19-coronavirus-who-china-patients-have-mild-disease-12445010>

GENEVA: The new novel coronavirus only causes mild disease for 80 per cent of infected patients, said the World Health Organization on Monday (Feb 17). Speaking to reporters, WHO chief Tedros Adhanom Ghebreyesus said that 14 per cent of patients would have severe diseases such as pneumonia.

"Around five percent of cases are considered critical with possible multi-organ failure, septic shock and respiratory failure and, in some cases, death," he added.

Tedros also said there were "relatively few cases" among children and more research was needed to understand why.

The WHO chief also warned against "blanket measures" over the novel coronavirus outbreak, pointing out the epidemic outside of China was only affecting a "tiny" proportion of the population.

Ryan said that even at the epicentre of the crisis in the city of Wuhan in central Hubei Province, the "attack rate" - a measure of the speed of spread of the virus - was four per 100,000.

"This is a very serious outbreak and it has the potential to grow, but we need to balance that in terms of the number of people infected. Outside Hubei this epidemic is affecting a very, very tiny, tiny proportion of people," he said.

Tedros also referred to an [apparent decline in new cases](#) of the disease in recent days but said that the trend "must be interpreted very cautiously".

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Tuesday, February 18, 2020
10:15 AM

To: [Caneva, Duane](#); [Tracey
McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

Cc: (b) (6);
(b) (6); [Dodgen,
Daniel \(OS/ASPR/SPPR\)](#);
[DeBord, Kristin
\(OS/ASPR/SPPR\)](#); [Phillips, Sally
\(OS/ASPR/SPPR\)](#); [David
Marcozzi](#); [Hepburn, Matthew J
CIV USARMY \(USA\)](#); [Lisa
Koonin](#); [Wargo Michael](#); [Walters,
William \(STATE.GOV\)](#);
[HARVEY, MELISSA](#); [WOLFE,
HERBERT](#); [Eastman, Alexander](#);
[EVANS, MARIEFRED](#); [Callahan,
Michael V.,M.D.](#);

(b) (6);

(b) (6); [Johnson,
Robert \(OS/ASPR/BARDA\)](#);

[Yeskey, Kevin](#); [Disbrow, Gary
\(OS/ASPR/BARDA\)](#); [Redd, John
\(OS/ASPR/SPPR\)](#); [Hassell, David
\(Chris\) \(OS/ASPR/IO\)](#); [Hamel,
Joseph \(OS/ASPR/IO\)](#); [Dean,
Charity A@CDPH](#); [Richard
Hatchett](#); [Lawler, James V](#);
[Kadlec, Robert \(OS/ASPR/IO\)](#);
[Martin, Gregory J](#)

(b) (6); [Borio,
Luciana](#); [Hanfling, Dan](#);

[McDonald, Eric](#); [Wade, David](#);
[TARANTINO, DAVID A](#);
[WILKINSON, THOMAS](#); [David
Gruber](#)

(b) (6);

[KAUSHIK, SANGEETA](#);
[Nathaniel Hupert](#)

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

Update on cruise ship, Japan
(implementing NPIs) and South
Korea (evacuating passengers)

<https://www.channelnewsasia.com/news/asia/covid19-japan-virus-testing-complete-quarantine-cruise-ship-12445788>

88 more people test positive for
COVID-19 on Diamond Princess
cruise ship.

The new cases take the total
number of confirmed cases on the
Diamond Princess to 542 - the
biggest cluster outside the
epicentre in China. [Almost 15%
of the crew and passengers have
been infected.]

Japan has also confirmed at least
65 cases domestically, including
many involving people with no
history of recent travel to China.
Authorities have said the virus is
being transmitted locally now, and
have asked citizens to avoid
crowds and non-essential
gatherings. On Monday, the
amateur portion of the Tokyo
Marathon, which had been
expected to attract some 38,000
runners, was cancelled. Only elite
athletes will now be able to take
part. The public celebration for
Emperor Naruhito's birthday has

also been scrapped over virus fears.

South Korea will send a presidential aircraft on Tuesday to fly back four nationals and one Japanese spouse, an official told reporters. There are 14 South Koreans on board in total, but the other ten have declined to be evacuated from the ship because they live in Japan, the Yonhap news agency reported.

Vietnam NPIs

<https://protect2.fireeye.com/url?k=5a2fa482-067bbdfc-5a2f95bd-0cc47adc5fa2-a5b86bc1581cf39c&u=https://saigoneer.com/saigon-health/...ue-to-covid-19>

Due to COVID-19: As of February 15, all 63 provinces and cities in Vietnam have extended their school closing time, 56 of which — including Saigon — have announced that schools will be closed until the end of February. Ho Chi Minh City's People Committee proposing students stay at home until the end of March.

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Tuesday, February 18, 2020
7:10 AM

To: [Caneva, Duane](#); [Tracey
McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

Cc: (b) (6);
(b) (6); [Dodgen,
Daniel \(OS/ASPR/SPPR\)](#);
[DeBord, Kristin
\(OS/ASPR/SPPR\)](#); [Phillips, Sally
\(OS/ASPR/SPPR\)](#); [David
Marcozzi](#); [Hepburn, Matthew J
CIV USARMY \(USA\)](#); [Lisa
Koonin](#); [Wargo Michael](#); [Walters,
William \(STATE.GOV\)](#);
[HARVEY, MELISSA](#); [WOLFE,
HERBERT](#); [Eastman, Alexander](#);
[EVANS, MARIEFRED](#); [Callahan,
Michael V., M.D.](#);

(b) (6)

(b) (6); [Johnson,
Robert \(OS/ASPR/BARDA\)](#);
[Yeskey, Kevin](#); [Disbrow, Gary
\(OS/ASPR/BARDA\)](#); [Redd, John
\(OS/ASPR/SPPR\)](#); [Hassell, David
\(Chris\) \(OS/ASPR/IO\)](#); [Hamel,
Joseph \(OS/ASPR/IO\)](#); [Dean,
Charity A@CDPH](#); [Richard
Hatchett](#); [Lawler, James V](#);
[Kadlec, Robert \(OS/ASPR/IO\)](#);
[Martin, Gregory J](#)

(b) (6)

[Borio,
Luciana](#); [Hanfling, Dan](#);
[McDonald, Eric](#); [Wade, David](#);
[TARANTINO, DAVID A](#);
[WILKINSON, THOMAS](#); [David
Gruber](#)

(b) (6);

[KAUSHIK, SANGEETA](#);
[Nathaniel Hupert](#)

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

More things to keep an eye on
(attached links of stories and
translations of news reports):

Yesterday a 5th flight of evacuees
from Hubei arrived in Japan.
There were 65 on board and 7
people were symptomatic (11%).
Watch for the number of
confirmed—it will provide a point
estimate of prevalence of COVID-
19 in Hubei as of yesterday.
Sounds like this is the last flight
Japan will accept.

Yesterday, Japan provided an
update of all cases in Japan:

- 53 people
were
infected in
Japan and
travelers
from China
- 454
passengers
and crew
members on
cruise ships,
and
- 13 people
returned on

charter
aircraft.

- 520 people
in total.
- 23 people
were
determined
to be
seriously ill

Watching for other countries to
evacuate passengers from cruise
ship

- 256
Canadians
on the
Diamond
Princess
cruise ship
- 32 tested +
(as of Feb-
17)
- A plane
chartered by
the
Canadian
government
has left for
Japan to
evacuate its
nationals
aboard a
virus-hit
cruise ship
off
Yokohama,
TV Asahi
reported on
Tuesday,
citing a

tweet by
Canada's
foreign
minister

Can't find anything about other
countries evacuating passengers
(UK, Hong Kong, Italy, etc.)

Last thing. Am seeing stories
from Japan re patients going from
clinic to clinic with resp
symptoms and fever and being
confirmed. They are finding
nosocomial transmission—so
underscores the concerns outlined
in the proposal I outlined for re-
aligning outpatient clinics.

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Monday, February 17, 2020
10:39 PM

To: [Caneva, Duane](#); [Tracey
McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

Cc: (b) (6)
[Dodgen,
Daniel \(OS/ASPR/SPPR\)](#);
[DeBord, Kristin
\(OS/ASPR/SPPR\)](#); [Phillips, Sally
\(OS/ASPR/SPPR\)](#); [David
Marcozzi](#); [Hepburn, Matthew J
CIV USARMY \(USA\)](#); [Lisa](#)

Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V.,M.D.;

(b) (6); Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); Martin, Gregory J

(b) (6); Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber

(b) (6); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

I really need help thinking thru the testing piece (screening for COVID-19). How do we protect the staff in outpatient clinics (where all the ILI is typically seen) and conserve PPE by shifting all the mild illness away from clinics and toward patients' homes using telephone care/telehealth and home healthcare and employing home

isolation for those who are infected and voluntary home quarantine for otherwise well (but exposed and potentially infected) household contacts? Having all the suspected patients coming in to clinics to be screened really defeats the purpose. So how would very large numbers of outpatients get screened? Home screening? Drive thru screening? Or creating a free standing screening facility for rapid screening? Has anyone thought this thru (how you screen for disease plus promote adherence/compliance to home isolation and home quarantine and shift outpatient care of patients with mild disease to telephone/home care to protect outpatient clinic staff? Looking for practical solutions.

Just to remind you, here are the estimates of demand (assuming we would need to screen all ILI)—about 88K per day in primary care clinics across the US.

| US Data | |
|---------------------------|---------------|
| US population | 325,700,000 |
| Hospital Beds | 924,107 |
| ICU Beds | 81,790 |
| Hospital Admissions | 36,353,946.00 |
| ER Visits | 145,600,000 |
| Family Practice/PC Visits | 481,963,000 |
| Total Deaths | 2,813,503 |
| A Day in the US | |
| Hospital Admissions | 99,600 |

| | |
|--|-----------|
| Inpatient Census (85% occupancy) | 785,491 |
| ICU Census (85% occupancy) | 69,522 |
| ER Visits | 398,904 |
| Family Practice/PC Visits | 1,320,447 |
| Deaths | 7,708 |
| Current Background of Illness Similar to COVID-19 | |
| 2019-20 Flu Season MMWR Week 5 ILI Rate 6.7% | |
| 1.4M hospitalizations annually for pneumonia | |
| Medicare Average LOS Pneumonia 6 days | |
| 55,672 pneumonia & influenza deaths annually | |
| Daily Hospital Admissions Pneumonia | 3,836 |
| Hospital Census Pneumonia | 23,014 |
| Daily ILI cases seen in ERs | 26,727 |
| Daily ILI cases seen in FP/PC clinics | 88,470 |
| Daily pneumonia & influenza deaths | 153 |

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Monday, February 17, 2020
9:04 PM

To: [Caneva, Duane](#); [Tracey McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

Cc: (b) (6); (b) (6) >: [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally](#)

(OS/ASPR/SPPR); David
Marcozzi; Hepburn, Matthew J
CIV USARMY (USA); Lisa
Koonin; Wargo Michael; Walters,
William (STATE.GOV);
HARVEY, MELISSA; WOLFE,
HERBERT; Eastman, Alexander;
EVANS, MARIEFRED; Callahan,
Michael V.,M.D.;

(b) (6)
; Johnson,
Robert (OS/ASPR/BARDA);
Yeskey, Kevin; Disbrow, Gary
(OS/ASPR/BARDA); Redd, John
(OS/ASPR/SPPR); Hassell, David
(Chris) (OS/ASPR/IO); Hamel,
Joseph (OS/ASPR/IO); Dean,
Charity A@CDPH; Richard
Hatchett; Lawler, James V;
Kadlec, Robert (OS/ASPR/IO);
Martin, Gregory J

(b) (6); Borio,
Luciana; Hanfling, Dan;
McDonald, Eric; Wade, David;
TARANTINO, DAVID A;
WILKINSON, THOMAS; David
Gruber

(b) (6);
KAUSHIK, SANGEETA;
Nathaniel Hupert

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

I tinkered with the strategy for
integrating outpatient clinics and
hospitals for the care of COVID-
19 patients. Proposing this for my
system.

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Monday, February 17, 2020
7:17 PM

To: [Caneva, Duane](#); [Tracey
McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

Cc: (b) (6)

(b) (6) [Dodgen,
Daniel \(OS/ASPR/SPPR\)](#);
[DeBord, Kristin
\(OS/ASPR/SPPR\)](#); [Phillips, Sally
\(OS/ASPR/SPPR\)](#); [David
Marcozzi](#); [Hepburn, Matthew J
CIV USARMY \(USA\)](#); [Lisa
Koonin](#); [Wargo Michael](#); [Walters,
William \(STATE.GOV\)](#);
[HARVEY, MELISSA](#); [WOLFE,
HERBERT](#); [Eastman, Alexander](#);
[EVANS, MARIEFRED](#); [Callahan,
Michael V., M.D.](#);

(b) (6)

(b) (6) [Johnson,
Robert \(OS/ASPR/BARDA\)](#);
[Yeskey, Kevin](#); [Disbrow, Gary
\(OS/ASPR/BARDA\)](#); [Redd, John
\(OS/ASPR/SPPR\)](#); [Hassell, David
\(Chris\) \(OS/ASPR/IO\)](#); [Hamel,
Joseph \(OS/ASPR/IO\)](#); [Dean,
Charity A@CDPH](#); [Richard
Hatchett](#); [Lawler, James V](#);
[Kadlec, Robert \(OS/ASPR/IO\)](#);
[Martin, Gregory J](#)

(b) (6)

(b) (6) [Borio,
Luciana](#); [Hanfling, Dan](#);
[McDonald, Eric](#); [Wade, David](#);
[TARANTINO, DAVID A](#);
[WILKINSON, THOMAS](#); [David
Gruber](#)

(b) (6);

KAUSHIK, SANGEETA:
Nathaniel Hupert

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

More details on evacuation of
American passengers aboard the
cruise ship.

Total evacuated: $177 + 151 = 328$

<https://www.usatoday.com/story/travel/cruises/2020/02/17/coronavirus-diamond-princess-evacuees-test-positive-allowed-fly-united-states/4783787002/>

Fourteen evacuees from the Diamond Princess cruise ship quarantined in Japan were allowed to fly back to the United States Sunday despite testing positive for coronavirus, the U.S. State Department and Health and Human Services said in a joint statement. The evacuees were not symptomatic.

"These individuals were moved in the most expeditious and safe manner to a specialized containment area on the evacuation aircraft to isolate them in accordance with standard protocols," the statement, published Sunday, read.

The State Department was unaware the individuals had coronavirus when they were being removed from the ship; they had tested negative just a few days before, Robert Kadlec, the assistant secretary for preparedness and response at the U.S. Department of Health & Human Services, said on a phone call with reporters.

"If those results had come back four hours earlier before we'd started to disembark the ship and before these people were evacuees within an evacuation system, then it would've been a different discussion." Dr. William Walters, director of operational medicine at the U.S. Department of State, said on the call.

Kadlec said that individuals received multiple screenings when moving from ship to bus to plane and a more extensive medical assessment upon arrival.

Two charter flights carrying the Diamond Princess passengers landed at military bases in California and Texas overnight, starting the clock on a 14-day quarantine period to ensure those passengers don't have [coronavirus](#). In total, approximately 380 Americans were on board the Diamond Princess ship for the duration of the cruise and quarantine at sea.

'Something went awry': [Why did US break Diamond Princess coronavirus quarantine?](#)

One plane carrying American passengers touched down at Travis Air Force Base in northern California just before 11:30 p.m. Sunday local time. A second flight arrived at Lackland Air Force Base in Texas around 2½ hours later, early Monday.

The California flight had 177 people on it, seven of whom tested positive for coronavirus, Walters said. An additional three people were isolated during the flight for fever. Upon arrival, 171 stayed in Travis while six traveled to Omaha.

It's unclear which passengers were transferred there and whether initial tests were positive or whether they were at risk for the virus.

The Texas flight had 151 people board and included the other seven who tested positive for coronavirus. Two additional passengers were isolated on account of fever. All passengers who tested positive for coronavirus then moved on to Omaha.

The aircraft design allowed passengers to sit in isolation thanks to a plastic divider at the tail of the aircraft.

13 high-risk passengers await test results at Nebraska Medical Center

Officials from the University of Nebraska Medical Center and Nebraska Medicine confirmed that they are assessing 13 adults at their quarantine and biocontainment facility in Omaha.

"Late last night at about 2 or 3 a.m., we were asked to bring some individuals here who had either tested positive or had a high likelihood of testing positive because of symptoms they were exhibiting," said Dr. Chris Kratochvil, the executive director at the University of Nebraska Medical Center's Global Center for Health Security.

Twelve of them are housed in the quarantine center while one man was transferred to the hospital's biocontainment unit for testing and observation because of symptoms including cough, fever, shortness of breath, lightheadedness and an undisclosed chronic condition that would make him particularly vulnerable to the COVID-19 virus.

"He is doing good and in stable condition at this time," reported Shelly Schwedhelm, Nebraska Medicine's executive director of emergency management and biopreparedness.

She went on to note that "the folks in the quarantine center have all been tested, and we're waiting for those results."

She added that the other 12 are isolated in "very nice rooms with WiFi, TV and a small refrigerator

– a lot of the amenities at hotels but with engineering controls” to prevent contaminated air from escaping.

Their test results, which are due back Monday afternoon, will determine whether the patients will be allowed to see their spouses or leave their rooms.

Regardless of whether they test positive or negative, all of the new arrivals will spend at least 14 days in the facility, and any who test positive will likely stay longer, said Dr. Mike Wadman, the co-medical director of the National Quarantine Unit.

Kratochvil says it’s possible that they may be asked to take more patients should more of the Diamond Princess passengers now in quarantine at the airbases test positive.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, told the USA TODAY editorial board and reporters Monday that the original idea to keep people safely quarantined on the ship wasn’t unreasonable. But even with the quarantine process on the ship, virus transmission still occurred.

“The [quarantine process failed](#),” Fauci said. “I’d like to sugarcoat it and try to be diplomatic about it, but it failed. People were getting infected on that ship. Something went awry in the process of the quarantining on that ship. I don’t

know what it was, but a lot of people got infected on that ship."

USA TODAY reached out to Princess Cruises for clarification on how many Americans from the ship have the virus.

Sent from [Mail](#) for Windows 10

From: [Caneva, Duane](#)

Sent: Monday, February 17, 2020
4:51 PM

To: [Carter Mecher](#); [Tracey McNamara](#); [Dr. Eva K Lee](#);

(b) (6)

Cc: (b) (6)

(b) (6) [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#);

(b) (6)

(b) (6) [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel,](#)

Joseph (OS/ASPR/IO); Dean,
Charity A@CDPH; Richard
Hatchett; Lawler, James V;
Kadlec, Robert (OS/ASPR/IO);
Martin, Gregory J
(b) (6); Borio,
Luciana; Hanfling, Dan;
McDonald, Eric; Wade, David;
TARANTINO, DAVID A;
WILKINSON, THOMAS; David
Gruber
(b) (6);
KAUSHIK, SANGEETA;
Nathaniel Hupert

Subject: Re: Red Dawn Breaking,
COVID-19 Collaborative, Feb 16
start

+ Bob Glass

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From: Carter Mecher
<(b) (6)>
Sent: Monday, February 17, 2020
4:47:38 PM
To: Tracey McNamara
<(b) (6)>; Dr.
Eva K Lee (b) (6)
>
Cc: (b) (6)
>; Caneva,
Duane
(b) (6);
Dodgen, Daniel (OS/ASPR/SPPR)
<(b) (6)>;
DeBord, Kristin
(OS/ASPR/SPPR)

< (b) (6) >
Phillips, Sally (OS/ASPR/SPPR)
(b) (6) >; David
Marcozzi
(b) (6)
>; Hepburn, Matthew J CIV
USARMY (USA)
(b) (6)
>; Lisa Koonin
(b) (6) Wargo
Michael
(b) (6)
>; Walters, William
(STATE.GOV)
(b) (6) >;
HARVEY, MELISSA
(b) (6);
WOLFE, HERBERT
(b) (6)
Eastman, Alexander
(b) (6) >
>; EVANS, MARIEFRED
(b) (6)
>; Callahan, Michael
V.,M.D.
(b) (6)
>;
Johnson, Robert
(OS/ASPR/BARDA)
(b) (6) >;
Yeskey, Kevin
(b) (6) >;
Disbrow, Gary
(OS/ASPR/BARDA)
(b) (6) >; Redd,
John (OS/ASPR/SPPR)
(b) (6) Hassell,
David (Chris) (OS/ASPR/IO)
(b) (6)
Hamel, Joseph (OS/ASPR/IO)
(b) (6) >; Dean,
Charity A@CDPH
(b) (6)

Richard Hatchett
(b) (6);
Lawler, James V
(b) (6);
Kadlec, Robert (OS/ASPR/IO)
(b) (6);
Martin, Gregory J
(b) (6)
>; Borio,
Luciana (b) (6);
Hanfling, Dan
(b) (6);
McDonald, Eric
(b) (6)
>; Wade, David
(b) (6)
TARANTINO, DAVID A
(b) (6);
WILKINSON, THOMAS
(b) (6)
David Gruber
(b) (6)
>;
KAUSHIK, SANGEETA
(b) (6);
Nathaniel Hupert
(b) (6)
Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

A correction. Should not have included breakdown of hospitalized since we have spotty data (or could have used a range). Only solid data we have is number

confirmed (58), number in hospital (44), and number in ICU (≥ 1). Mix of hospital patients is unknown (from the Singapore data the ratio of hospitalized to ICU has ranged from 6:1 to 13:1 from two data points).

So estimates of severity looking only at the American passengers:

~400 total American passengers

58 confirmed to have COVID-19

12 Asymptomatic
(20%)

46 Symptomatic (80%)
(44 cases actually hospitalized)

~2% of total cases requiring ICU admission (1 case)

Expected mortality for patients with pneumonia admitted to ICU (15-50%); assuming 2% of those who become infected with COVID-19 require ICU care, these mortality rates equate to a CFR of 0.3%-1.0%

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Monday, February 17, 2020
4:15 PM

To: [Tracey McNamara](#); [Dr. Eva K Lee](#)

Cc: (b) (6);
(b) (6) [Caneva, Duane](#); [Dodgen, Daniel](#) (OS/ASPR/SPPR); [DeBord, Kristin](#) (OS/ASPR/SPPR); [Phillips, Sally](#) (OS/ASPR/SPPR); [David Marcozzi](#); [Hepburn, Matthew J](#) CIV USARMY (USA); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William](#) (STATE.GOV); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.](#), M.D.;

(b) (6);
(b) (6) [Johnson, Robert](#) (OS/ASPR/BARDA); [Yeskey, Kevin](#); [Disbrow, Gary](#) (OS/ASPR/BARDA); [Redd, John](#) (OS/ASPR/SPPR); [Hassell, David](#) (Chris) (OS/ASPR/IO); [Hamel, Joseph](#) (OS/ASPR/IO); [Dean, Charity A](#)@CDPH; [Richard Hatchett](#); [Lawler, James V](#); [Kadlec, Robert](#) (OS/ASPR/IO); [Martin, Gregory J](#)

(b) (6); [Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)

(b) (6);
[KAUSHIK, SANGEETA](#); [Nathaniel Hupert](#)

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

Latest data from Singapore (77 cases; 4 children, 2 are asymptomatic) and Hong Kong (60 cases; no children)

More puzzle pieces.

Singapore status:
<https://protect2.fireeye.com/url?k=f6750fe4-aa211698-f6753edb-0cc47adc5fa2-76d29cc40fd8c03f&u=https://www.moh.gov.sg/news-highlights/2020/02/16/confirmed-cases>

Update on condition of confirmed cases

To date, a total of 24 cases have fully recovered from the infection and have been discharged from hospital. Of the 53 confirmed cases who are still in hospital, most are stable or improving. Four are in critical condition in the intensive care unit.

[Ratio of hospitalized to ICU of 53/4 or ~ 13:1] Consistent with estimates in earlier email. [On Feb-12 Singapore reported that 8 patients were in ICU.]

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Monday, February 17, 2020
2:57 PM

To: [Tracey McNamara](#); [Dr. Eva K Lee](#)

Cc: [Caneva, Duane](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#);

(b) (6)

[Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Richard Hatchett](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#)

(b) (6)

[Borio, Luciana](#); [Hanfling, Dan](#); [McDonald, Eric](#); [Wade, David](#); [TARANTINO, DAVID A](#); [WILKINSON, THOMAS](#); [David Gruber](#)

(b) (6)

KAUSHIK, SANGEETA;
Nathaniel Hupert;

(b) (6)

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

Trying to estimate severity by
bringing a number of pieces
together.

The Diamond Princess Cruise
Ship had a crew of 1,745 and
2,666 passengers (total pf 3,711)
Approximately 400 of the
passengers are Americans (11%).
Several days ago (Feb-13) we
attempted to estimate disease
severity using the current data
being reported by the media
(number of confirmed cases and
ICU cases) as well as data on the
outbreak in Singapore (number of
confirmed cases, number
hospitalized, and number in ICU)
(see attached Word file).

Given the additional information
becoming available (including
more specific information being
reported by the media on the
numbers of Americans infected), I
was interested in an updated crude
estimate of severity (and to see
how well the early predictions of
severity matched with what was
being reported by the media on
illness in the Americans. See

latest re the cruise ship outbreak below (two stories). We can glean from these stories that the number infected is now up to 454. And 14 positive passengers were included among the Americans who were evacuated to the US. Canada, South Korea, Italy and Hong Kong announced Sunday that they would also arrange charter flights to evacuate their citizens. A few additional pieces of data. News reports yesterday stated that 73 of the 355 confirmed cases from the cruise ship were asymptomatic (20%). Also, yesterday the media quoted Dr. Fauci that the total number of Americans who were confirmed to have COVID yesterday and who remained at hospitals in Japan at 44.

Assuming that this number does not include the 14 confirmed cases that were evacuated, suggests that the total number of Americans with confirmed COVID is 58. An earlier news report from Feb-12 re a couple from California, noted the husband was in the ICU in Japan (so at least 1 American in the ICU). ["...remained in a hospital intensive care unit and has been able to communicate with his family, his wife said in a phone interview from the ship, where she remained in quarantine."

<https://protect2.fireeye.com/url?k=5b014cc3-075555bf-5b017dfc-0cc47adc5fa2-5be62cfla816fc6d&u=https://web.archive.org/web/20200212093725/https://www.ocregister.com/2020/02/11/southern-california-man-on-cruise-sent-to-a-hospital-in-tokyo->

[with-a-high-fever-tested-for-coronavirus/](#)]

So, piecing all the data together:

The ~400 Americans account for 11% of the 3,711 passengers and crew of the Diamond Princess.

The 58 confirmed cases among Americans account for 12% of the 454 total confirmed COVID cases

Assuming that proportion of asymptomatic cases in Americans is similar to the proportion of asymptomatic cases for the entire ship (73/355 or 20%), we would estimate the number of Americans with asymptomatic infection at ~12. Symptomatics would be 46.

If 2% of cases result in ICU admission (based on earlier estimates on Feb-12 where 4 ICU cases were reported with 203 total confirmed cases), we would expect ~9 ICU cases overall with 454 infected. Media reports from today note 19 of the passengers are "seriously ill, with some of whom treated in intensive care units." (Would be helpful to quantify "some"—from the earlier data, we would estimate about half that number would require ICU care at some point). For the 54 Americans confirmed to have COVID, we would estimate 1 would require ICU care if 2% of cases required ICU care (we are already aware of at least 1 American who was receiving ICU care in Japan).

So estimates of severity looking only at the American passengers:

~400 total American passengers

58 confirmed to have COVID-19

12 Asymptomatic
(20%)

46 Symptomatic (80%)

~55% of total cases mildly ill (hospitalized for isolation only) (31 cases)

~25% of total cases acutely ill requiring inpatient care (15 cases)

~2% of total cases requiring ICU admission (1 cases)

Expected mortality for patients with pneumonia admitted to ICU (15-50%); assuming

2%
of
thos
e
who
beco
me
infec
ted
with
CO
VID
-19
requ
ire
ICU
care,
thes
e
mor
talit
y
rates
equa
te to
a
CFR
of
0.3
%-
1.0
%

Those estimates fit pretty well with the estimates from Feb-13. To firm up these numbers it would be useful to have actual numbers from Japan on ICU admissions, number requiring mechanical ventilation, number in the hospital because they are acutely ill, and number in the hospital because of isolation only (mildly ill or asymptomatic). Also would be helpful to have more granular

information on the Americans (hospital data in Japan including number acutely ill, number needing ICU admission, and number only in the hospital for isolation). Would also be critical to gather/compile the same information from Canada, South Korea, Italy, Hong Kong, and other nations as they also evacuate their citizens. The cruise ship is a circumscribed population where it is possible to get a handle on severity fairly early in an epidemic. The limitation though, is the population on board that ship is elderly (so need to be careful about generalizing to the entire population). But it is the best data we have.

The reason why this is so important is decisions re the implementation of NPIs depend upon severity (the more severe the more intense the NPIs). The sooner we have a more accurate assessment of severity, the better for making plans for NPIs.

Story #1

<https://protect2.fireeye.com/url?k=fb4e1b73-a71a020f-fb4e2a4c-0cc47adc5fa2-6b70ca76908c81a4&u=https://www3.nhk.or.jp/news/html/20200217>

[/k10012289341000.html?utm_int=news_contents_news-main_001](#)

Translation

New virus cruise ship confirmed
99 new infections

February 17, 2020 18:54

A new outbreak of the coronavirus was confirmed on February 17, with 99 new passengers and crew members infected on a cruise ship. As a result, 454 passengers and crew members of cruise ships have been infected, of which 19 are severely affected.

According to the Ministry of Health, Labor and Welfare, a total of 99 new passengers, including 85 passengers and 14 crewmembers, were revealed on March 17 on the cruise ship "Diamond Princess" anchored in Yokohama Port. Among them, there are 43 Japanese.

This means that a total of 1723 passengers and crew members were inspected on the cruise ship, and a total of 454 infections were confirmed.

According to the Ministry of Health, Labor and Welfare, 19 of the confirmed individuals are seriously ill, some of whom are being treated in intensive care units.

According to the Ministry of Health, Labor and Welfare, the Ministry of Health, Labor and Welfare said that infections were confirmed one after another on

cruise ships. Need to be analyzed quickly. "

The Ministry of Health, Labor and Welfare has a policy to conduct a virus test on all passengers and crew members remaining on board, and those who have a negative result will be asked to leave the ship after the 19th.

Story #2

Fourteen people who were evacuated from the Diamond Princess cruise ship and flown back to the United States on charter flights tested positive for [novel coronavirus](#), according to a joint statement from the US Departments of State and Health and Human Services.

The passengers are among the more than 300 people removed from the ship, which is docked off the Japanese port city of Yokohama, Sunday night and [flown to military bases in the United States](#).

US officials were notified that they had tested positive for coronavirus during the evacuation process, after passengers had disembarked the ship, the agencies said in the joint statement Monday. The passengers had been tested two to three days before the

evacuation flights, the statement said.

"After consultation with HHS officials, including experts from the HHS Office of the Assistant Secretary for Preparedness and Response, the State Department made the decision to allow the 14 individuals, who were in isolation, separated from other passengers, and continued to be asymptomatic, to remain on the aircraft to complete the evacuation process," the agencies said.

One charter flight carrying evacuated Americans arrived at Travis Air Force Base near Fairfield, California, around 11:28 p.m. local time Sunday. A second arrived at Joint Base San Antonio-Lackland in San Antonio, Texas at 3:56 a.m. local time Monday.

The passengers who tested positive were isolated from the other passengers during the flights, the statement said. And all passengers are being "closely monitored" throughout the flight.

"Any who become symptomatic will be moved to the specialized containment area, where they will be treated," the statement said.

After the flights land, any passengers that developed symptoms on the flights and those who had already tested positive will be transported to "an appropriate location for continued isolation and care."

The remaining passengers will remain under quarantine for 14 days.

Passengers arriving to Travis Air Force Base will be housed in the same facility as evacuees who arrived from Wuhan earlier this month, a spokesperson for the base told CNN. New evacuees will be kept in a separate area of the Westwind Inn on the base, the spokesperson said.

Before the announcement about the infected flight passengers, some Americans aboard the Diamond Princess said they didn't want to take a chance being evacuated for fear they would be subject to possible infection.

Sacramento resident Matthew Smith told [CNN affiliate KOVR](#) that he would rather deal with issues in Japan than be evacuated and quarantined in the United States.

"We decided we would just face whatever consequences here rather than exposing ourselves to that situation," Smith told the affiliate. "It kind of didn't make any sense if the us was fearful that these were infected people which is why they're going to quarantine them for another 2 weeks to have thrown them all together"

Smith's wife Katherine Codekas was met with some surprise when she told authorities that she and her husband weren't going to go with the other American evacuees, KOVR reported.

"They came back around again and I said no we're not going and they very sincerely wished us luck but there was a little look of surprise on their face," Codekas explained to the affiliate.

"You know, it's not like we're the last helicopter off the roof top in Ho Chi Mihn City," she told KOVR. "We're on a boat and we're watching people go away and people just make different choices about how they want to confront the virus."

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Monday, February 17, 2020
11:00 AM

To: [Tracey McNamara](#); [Dr. Eva K Lee](#)

Cc: [Caneva, Duane](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#);

[\(b\) \(6\)](#);

(b) (6); Johnson, Robert (OS/ASPR/BARDA);
Yeskey, Kevin; Disbrow, Gary
(OS/ASPR/BARDA); Redd, John
(OS/ASPR/SPPR); Hassell, David
(Chris) (OS/ASPR/IO); Hamel,
Joseph (OS/ASPR/IO); Dean,
Charity A@CDPH; Richard
Hatchett; Lawler, James V;
Kadlec, Robert (OS/ASPR/IO);
Martin, Gregory J

(b) (6); Borio,
Luciana; Hanfling, Dan;
McDonald, Eric; Wade, David;
TARANTINO, DAVID A;
WILKINSON, THOMAS; David
Gruber

(b) (6);
KAUSHIK, SANGEETA;
Nathaniel Hupert

Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

Attached is Bob Glass' original
paper—his co-author was his
high-school age daughter.

Here is a link to another paper.

Glass RJ, Glass LM, Beyeler WE,
Min HJ. Targeted social
distancing designs for pandemic
influenza. *Emerg Infect Dis* [serial
on the Internet]. 2006 Nov [date
cited].
[http://dx.doi.org/10.3201/eid1211.
060255](http://dx.doi.org/10.3201/eid1211.060255)

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Monday, February 17, 2020
9:59 AM

To: [Tracey McNamara](#); [Dr. Eva K Lee](#)

Cc: [Caneva, Duane](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#);

(b) (6)

[Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel, Joseph \(OS/ASPR/IO\)](#); [Dean, Charity A@CDPH](#); [Richard Hatchett](#); [Lawler, James V](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Martin, Gregory J](#)

(b) (6)

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(b) (6)

KAUSHIK, SANGEETA:
Nathaniel Hupert

Subject: RE: Red Dawn
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This is the original graph of Bob Glass' data. He modeled the various interventions alone or in combination. Along one axis are the social distancing measures from doing nothing, to just closing schools but allowing kids to mix in the community, to social distancing of kids in the community but keeping schools open, to only social distancing of adults in the community, to closing schools and adults social distancing, to kids and adults social distancing in the community, to closing schools and social distancing of kids in the community, to a combo of all 3. Along the other axis are other interventions including doing nothing, to quarantine (Q), treatment of the ill with antivirals (T), prophylaxis of contacts (P), and various combinations. We observed what we called a "cliff effect" or phase transition or a discontinuity once you closed schools and implemented social distancing among kids. The effect was non-linear and dramatic. As a consequence we began a deep dive to better understand the school environment (including the

transportation system half the school age kids use each day) and school age kids. An unsung hero in all this was Lisa Koonin (who was at CDC at the time). If Richard birthed TLC, Lisa kept the baby alive in the neonatal ICU.

We still have much to learn about this virus. Thus far, it seems to be sparing kids (just like SARS). We have been monitoring the reports from China as well as the detailed data we can see from Hong Kong, Singapore, and Japan—the numbers of kids remain very low and disease appears to be mild. Nonetheless, TLC (and the NPIs) is focused on reducing disease transmission (effectively decreasing R_0)—the interventions are really agnostic to severity. It is why CDC had to scale the implementation of TLC (later called CMG) to severity. Despite the absence of severe disease in kids, we really are still in the dark in terms of the amount of asymptomatic disease or mild sub-clinical disease in kids because we just haven't been able to look.

I never forgot this graph of the data from Bob Glass and the inflection point that was observed when the combo of closing schools and social distancing of kids was implemented in his model. Although closing schools is complicated by its 2nd and 3rd order impacts, it is actually a pretty clean intervention in terms

of actually pulling the trigger (much cleaner than the other components of TLC). If this outbreak proves to be as severe as our initial estimates, we should think long and hard before dismissing the early implementation of this strategy (closing schools and social distancing of kids).

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Monday, February 17, 2020
8:57 AM

To: [Tracey McNamara](#); [Dr. Eva K Lee](#)

Cc: [Caneva, Duane](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [David Marcozzi](#); [Hepburn, Matthew J CIV USARMY \(USA\)](#); [Lisa Koonin](#); [Wargo Michael](#); [Walters, William \(STATE.GOV\)](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [Callahan, Michael V.,M.D.](#);

(b) (6)

[\[REDACTED\]](#); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Redd, John \(OS/ASPR/SPPR\)](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hamel,](#)

Joseph (OS/ASPR/IO); Dean,
Charity A@CDPH; Richard
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Martin, Gregory J
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Luciana; Hanfling, Dan;
McDonald, Eric; Wade, David;
TARANTINO, DAVID A;
WILKINSON, THOMAS; David
Gruber
(b) (6);
KAUSHIK, SANGEETA;
Nathaniel Hupert

Subject: RE: Red Dawn
Breaking, COVID-19
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NPIs are going to be central to our response to this outbreak (assuming our estimates of severity prove accurate). This email group has grown since we began (not quite epidemic-level growth, but getting there). Looking ahead, I anticipate we might encounter pushback over the implementation of NPIs and would expect similar concerns/arguments as were raised back in 2006 when this strategy first emerged. It was one of the reasons I shared the updated data on US households from American Community Survey, data on USDA programs for nutritional support (including school meal programs), data on schools and enrollment, and even data on juvenile crime. The data that was gathered back in 2006 on social density in various environments

(homes, offices/workplaces, schools, daycare, etc., is unchanged). For additional background and context, we attached are 3 papers on NPIs and TLC for those who are interested. Richard Hatchett deserves full credit for birthing the idea of TLC (it was actually developed in response to the threat of H5N1 and later adopted for pandemic influenza response). Duane, perhaps you can store these documents on MAX for safe keeping and access?

The first paper is an historical review of the 1918 pandemic (the comparison of Philadelphia and St. Louis is emblematic of the lesson from 1918 that timing matters when deploying NPIs—need to be early). The second paper is modeling work that was done to evaluate these strategies. At the time, modelers were focused on how best to contain an outbreak overseas (really focusing on using antivirals primarily for treatment and prophylaxis). They focused their models to evaluate the effectiveness of various strategies and quantities of antiviral medications required to quench an emerging outbreak. There were 3 groups who were doing this work back then. They each present their data in that paper. A few things to note. In all the model runs, they did not model perfection or 100% adherence (actually far from it). You will see scenarios from 30/60 (meaning 30% compliance and 60% ascertainment) on up to 90/80). (See figures 1) Even leaky implementation can reduce overall

attack rates. The modelers also looked at timing of implementation (see figure 3). At the time there was a great deal of skepticism—was hard for people to believe this was possible. Or even if TLC could be effective, was implementation practical given the challenges trying to implement and the 2nd and 3rd order consequences (especially of closing schools). But the modeling data combined with the historical data was the tipping point. Marty Cetron from CDC and Howard Markel from U of Michigan, published a more extensive historical review of the 1918 pandemic showing much the same. Since then, a group within CDC continued to work on this (collecting additional data from the 2009 pandemic and elsewhere). They published an update of CMG in MMWR in 2017.

<https://protect2.fireeye.com/url?k=3985fc87-65d1c5fb-3985cdb8-0cc47adc5fa2-bb4a28993b5aa9e0&u=https://www.cdc.gov/media/dpk/cdc-24-7/preventing-pandemic-influenza/community-mitigation-guidelines-for-preventing-pandemic-flu.html>

The third paper, is a more recent paper (from 2017) that Richard shared with me. The paper is a little dense, but

I found this paper useful because it provides a vocabulary for strategies that we have raised (Symptom Monitoring vs

Quarantine of potentially infected but symptom-free contacts during an epidemic). This paper identifies those conditions where SM or Q is preferred. Figure 1 is useful for understanding the challenges given the picture that seems to be emerging with this virus. This outbreak seems closer to pandemic flu than SARS in terms of transmission dynamics (and hence the NPIs we would need to employ).

Lastly, another person, Bob Glass at Los Alamos, also did work on this separately from the MIDAS group. He actually began this work as part of a science fair project for his daughter (using social contacts of his daughter and her classmates at school to model disease transmission). He knew someone at VA who forwarded his work to us (chain of transmission). Early on (even before the MIDAS group modeled TLC), we had a “Eureka” moment when we graphed his data in Excel (I can share that single graph to anyone interested). Bob Glass was also interested in trying to determine when you could let up on the NPIs during a pandemic. Here is a story about Bob Glass and that work published in Fast Company

<https://protect2.fireeye.com/url?k=3862f880-6436e1fc-3862c9bf-0cc47adc5fa2-9ce5af31e3c2cd64&u=https://www.fastcompany.com/3058542/the-scientists-who-simulate-the-end-of-the-world> I will see if I can find his work on when to reopen schools. Decisions in terms of

letting up on NPIs could be critical
down the line.

Sent from [Mail](#) for Windows 10

From: [Tracey McNamara](#)

Sent: Sunday, February 16, 2020
7:10 PM

To: [Carter Mecher](#); [Dr. Eva K
Lee](#)

Cc: [Caneva, Duane](#); [Dodgen,
Daniel \(OS/ASPR/SPPR\)](#);
[DeBord, Kristin
\(OS/ASPR/SPPR\)](#); [Phillips, Sally
\(OS/ASPR/SPPR\)](#); [David
Marcozzi](#); [Hepburn, Matthew J
CIV USARMY \(USA\)](#); [Lisa
Koonin](#); [Wargo Michael](#); [Walters,
William \(STATE.GOV\)](#);
[HARVEY, MELISSA](#); [WOLFE,
HERBERT](#); [Eastman, Alexander](#);
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[Kadlec, Robert \(OS/ASPR/IO\)](#);
[Martin, Gregory J](#)

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TARANTINO, DAVID A;
WILKINSON, THOMAS; David
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KAUSHIK, SANGEETA;
Nathaniel Hupert

Subject: Re: Red Dawn Breaking,
COVID-19 Collaborative, Feb 16
start

Here is the link to a town hall
mtg at the Munich Security
Conference. Shared by Dr
Christian Haggemiller ,
Dorector of the German
Defense Institute.

[https://protect2.fireeye.com/url
?k=ec4e0592-b01a1cee-
ec4e34ad-0cc47adc5fa2-
c00af41a186719a2&u=https://s
ecurityconference.org/en/medi
alibrary/asset/townhall-on-the-
coronavirus-outbreak-
20200215-1000/](https://protect2.fireeye.com/url?k=ec4e0592-b01a1cee-ec4e34ad-0cc47adc5fa2-c00af41a186719a2&u=https://securityconference.org/en/medi alibrary/asset/townhall-on-the-coronavirus-outbreak-20200215-1000/)

Tracey

Get [Outlook for Android](#)

From: Dr. Eva K Lee (b) (6)

>

Sent: Sunday, February 16, 2020
3:05:43 PM

To: Carter Mecher

(b) (6) >

Cc: Caneva, Duane

(b) (6)

Dodgen, Daniel (OS/ASPR/SPPR)

< (b) (6) >;
DeBord, Kristin
(OS/ASPR/SPPR)
(b) (6) >;
Phillips, Sally (OS/ASPR/SPPR)
(b) (6) >; David
Marcozzi
(b) (6)
>; Hepburn, Matthew J CIV
USARMY (USA)
(b) (6)
>; Lisa Koonin
(b) (6) Wargo
Michael
(b) (6)
Walters, William
(STATE.GOV)
(b) (6)
HARVEY, MELISSA
(b) (6)
WOLFE, HERBERT
(b) (6)
Eastman, Alexander
(b) (6) >
>; EVANS, MARIEFRED
(b) (6)
>; Callahan, Michael
V., M.D.
(b) (6)
>;
Johnson, Robert
(OS/ASPR/BARDA)
(b) (6)
Yeskey, Kevin
(b) (6) >;
Disbrow, Gary
(OS/ASPR/BARDA)
< (b) (6) Redd,
John (OS/ASPR/SPPR)
(b) (6) >; Hassell,
David (Chris) (OS/ASPR/IO)
< (b) (6)
Hamel, Joseph (OS/ASPR/IO)

(b) (6);
Tracey McNamara
(b) (6);
Dean, Charity A@CDPH
(b) (6);
Richard Hatchett
(b) (6);
Lawler, James V
(b) (6);
Kadlec, Robert (OS/ASPR/IO)
(b) (6);
Martin, Gregory J
(b) (6)
Borio,
Luciana (b) (6);
Hanfling, Dan
(b) (6);
McDonald, Eric
(b) (6)
Wade, David
(b) (6)
TARANTINO, DAVID A
(b) (6)
WILKINSON, THOMAS
(b) (6)
David Gruber
(b) (6)
KAUSHIK, SANGEETA
(b) (6);
Nathaniel Hupert
(b) (6);
Subject: RE: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16 start

Hi Carter, great points.

1. Separate current ED/ICU patients from COVID-19 is a must.

2. Migrating current ED/ICU (non-COVID) patients to other care sites is great idea.

3. Caring for COVID-19 patients:leveraging ED/ICU personnel for high compliance and usage of limited resources (PPE everything that goes with it) is very critical. Strategic usage and minimizing non-medical staff is necessary --- either these operators are well-trained and protected, or they cannot be there.

4. Concentrating care within ED/ICU for COVID-19 ensures rapid learning and sharing of knowledge among workers as they take care of these patients. Clearly from the standpoint of data collection and clinical symptoms recording and organization, it is more feasible and allow for immediate analysis and feedback.

5. Strategic prioritization of limited resources is extremely important. We must do it now, because the supply chain is already being affected and it can go worse.

6. Primary care and call centers are good. If you want to do strategic testing, this is also a good place to involve.

7. So few children are reported among the confirmed positive cases. They may be good spreaders (not necessarily have to be super) and the more vulnerable people would be ones show up with symptomatic disease characteristics (or no/mild symptoms).

Best, Eva



mobile (b) (6)

Sent with [ProtonMail](#) Secure Email.

----- Original Message -----

On Sunday, February 16, 2020
4:30 PM, Carter Mecher

<(b) (6)> wrote:

Wanted to bounce something off this group.

I have been concerned about some of the preparedness efforts of healthcare systems

as they are ramping up their capabilities to care for patients with COVID-19 presenting anywhere in their system. Staff working in ERs and ICUs are pretty familiar with the care of these types of patients and the use of appropriate PPE (standard contact and airborne precautions including eye protection). The staff at the hospitals undergo fit testing for respirators, etc. Staff in outpatient clinics (especially remote community based outpatient clinics) don't typically undergo fit testing for respirators. So ERs and ICUs have muscle memory for isolating patients and providing care to patients with infectious respiratory disease. Community based outpatient clinics do not.

As part of the preparedness efforts, there has been interest in fit testing outpatient clinic staff and supplying these clinics with PPE and establishing procedures for

evaluating COVID-19 patients in the community based clinics. Given the projected shortages of PPE, that just doesn't seem like the most prudent approach.

Rather than expand the care of potential COVID-19 patients to community based outpatient clinics, I would focus on hospital care--ERs and inpatient areas (especially ICUs). I would not pursue fit testing for staff working in outlying clinics. As a strategy, I suggested dividing COVID patients into two categories--(1) those with illness that is mild enough to be cared for at home (self care or care by other family members); or (2) those who are sick enough to be seen in the ER for possible hospitalization. I would refocus the efforts of outlying clinics away from COVID and toward keeping non-COVID patients with the usual mix of acute and chronic illnesses we see from hypertension to CHF to diabetes,

etc., out of the ER and out of the hospital. That is what they can do to help unburden ERs and hospitals for the surge in COVID patients in ERs and hospitals. I would leverage telephone care as much as possible to handle patients with mild disease seeking care related to COVID (and quickly develop algorithms to determine who has mild disease and can be managed by telephone at home and who needs to be evaluated in the ER). Think of it like the program Lisa developed for pandemic influenza (Nurse On Call) on steroids, minus the antiviral piece. Could we repurpose and leverage that program for COVID? Such a strategy would help to conserve our PPE supply (avoid the expansion of fit testing and the redirection of already limited supplies of PPE to outlying clinics) and not ask outlying clinics to do something they don't typically do (that usually doesn't turn out very well). If

the outlying clinics focused on what they normally do (caring for patients with chronic diseases), they could help the ER and hospitals cope with the demands of COVID. I would think about Urgent Care centers in the same way—to help to decompress ERs.

I also think that we need to start thinking about strategies to conserve PPE for hospitals. I'm concerned about the projected burn rates and the supply chains for PPE. Click on Amazon and check out the prices now.

Or click on WalMart (can't pick up any masks from WalMart now). I saw one supplier selling 200 surgical masks on WalMart's site for only \$459.99. Such a deal.

As a conservation strategy, we might think about limiting the amount of staff interacting with infected patients and cohorting patients (even thinking of strategies to minimize need for

housekeeping or food service or lab services from entering areas with COVID patients--think Ebola-like strategies (not out of concern of disease transmission but simply to limit number of staff to conserve PPE). Could do something similar with ERs (akin to what pediatricians do to separate sick call patients from other appointments). I have recommend prioritizing PPE for EDs and ICUs as well as specific inpatient areas where we would likely initially cohort patients, not pursuing fit testing of outpatient clinic staff, and shifting patients with mild COVID disease to telephone care and away from outpatient clinics.

I know several of you are part of large healthcare systems. Am curious how others are approaching this challenge.

I am also resending the questions I posed

for handling sick
ER/hospital staff or
staff members with a
confirmed case of
COVID in their
household. Carter

Sent from [Mail](#) for
Windows 10

From: [Caneva,
Duane](#)

Sent: Sunday,
February 16, 2020
3:24 PM

To: [Dodgen, Daniel
\(OS/ASPR/SPPR\);
DeBord, Kristin
\(OS/ASPR/SPPR\);
Phillips, Sally
\(OS/ASPR/SPPR\);
David Marcozzi;
Hepburn, Matthew J
CIV USARMY
\(USA\); Lisa Koonin;
Wargo Michael;
Walters, William
\(STATE.GOV\);
HARVEY,
MELISSA; WOLFE,
HERBERT; Eastman,
Alexander; EVANS,
MARIEFRED;
Callahan, Michael
V.,M.D.;](#)

(b) (6)

[; Johnson, Robert](#)

(OS/ASPR/BARDA);

Yeskey, Kevin;

Disbrow, Gary

(OS/ASPR/BARDA);

Redd, John

(OS/ASPR/SPPR);

Hassell, David (Chris)

(OS/ASPR/IO);

Hamel, Joseph

(OS/ASPR/IO);

Tracey McNamara;

Dean, Charity

A@CDPH; Richard

Hatchett; Lawler,

James V; Kadlec,

Robert

(OS/ASPR/IO);

'Martin, Gregory J

(b) (6)

); Borio, Luciana;

Hanfling, Dan;

McDonald, Eric;

Wade, David;

TARANTINO,

DAVID A;

WILKINSON,

THOMAS; David

Gruber

(b) (6)

KAUSHIK,

SANGEETA; Dr. Eva

K Lee; Nathaniel

Hupert; Carter

Mecher

Subject: Re: Red

Dawn Breaking,

COVID-19

Collaborative, Feb 16

start

Sorry for spam.

+ Carrer

[Get Outlook for iOS](#)

From: Caneva,
Duane

Sent: Sunday,
February 16, 2020
10:21:38 AM

To: Dodgen, Daniel
(OS/ASPR/SPPR)

(b) (6)
>; DeBord,
Kristin

(OS/ASPR/SPPR)

(b) (6)
>; Phillips, Sally
(OS/ASPR/SPPR)

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David Marcozzi

(b) (6)
>;

Hepburn, Matthew J
CIV USARMY
(USA)

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>; Lisa

Koonin

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Wargo Michael

(b) (6)

Walters, William
([STATE.GOV](#))

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WOLFE,

HERBERT

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>; Eastman,

Alexander

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EVANS,
MARIEFRED

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Callahan, Michael
V.,M.D.

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;

>; Johnson, Robert
(OS/ASPR/BARDA)

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>; Yeskey,
Kevin

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Disbrow, Gary
(OS/ASPR/BARDA)

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>; Redd, John
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>; Hassell, David
(Chris)
(OS/ASPR/IO)

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Hamel, Joseph
(OS/ASPR/IO)

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>; Tracey
McNamara

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Dean,
Charity A@CDPH

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>; Richard
Hatchett

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James V

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>; Kadlec, Robert

(OS/ASPR/IO)

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; 'Martin,

Gregory J

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>; Borio, Luciana

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Hanfling, Dan

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; McDonald, Eric

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Ralph S

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WILKINSON,

THOMAS

(b) (6)

>; Hassell,

David (Chris)

(OS/ASPR/IO)

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>; David Gruber

(b) (6)

KAUSHIK,
SANGEETA

(b) (6)

Dr. Eva

K Lee

(b) (6)

Nathaniel Hupert

(b) (6)

>

Subject: RE: Red
Dawn Breaking,
COVID-19

Collaborative, Feb 16
start

Some Mark Lipsitch
Tweets copied.
Sorry, might not be in
the right order...

"So far, we have
conducted tests for
1,219 individuals. Of
those, 355 people
tested positive. Of
those, 73 individuals
are not showing
symptoms," Japan's
health minister says

Marc Lipsitch (@mlipsitch)

[14/02/2020, 17:42](#)

I did actually say the quote that is going around, but the article contained vital context -- we don't know what proportion are symptomatic. Also we have only a rough estimate of what proportion of symptomatic people will have severe outcomes.
pic.twitter.com/cWzvINSZBm



**Marc
Lipsitch
([@mlipsitch](#))**

[14/02/2020, 17:43](#)

Why do I think a pandemic is likely? The infection is in many parts of China and many countries in the world, with meaningful numbers of secondary transmissions. The scale is much larger than SARS for example (where the US had many introductions and no known onward transmission)



**Marc
Lipsitch**
([@mlipsitch](#))

14/02/2020, 17:45

Why do I think 40-70% infected?
Simple math models with oversimple assumptions would predict far more than that given the R_0 estimates in the 2-3 range (80-90%). Making more realistic assumptions about mixing, perhaps a little help from seasonality, brings the numbers down



Marc Lipsitch
([@mlipsitch](#))

14/02/2020, 17:48

pandemic flu in 1968 was estimated to symptomatically infect 40% of the population, and in 1918 30%. Those likely had R_0 less than COVID-19. Below is from stacks.cdc.gov/view/cdc/11425
pic.twitter.com/EMwjEpA49s



Marc Lipsitch
([@mlipsitch](#))

14/02/2020, 17:49

What could make this scenario not happen? 1) conditions in Wuhan could be so different in some fundamental way from elsewhere that we are mistaken in expecting further outbreaks to have basic aspects in common. No reason I know of to think that but a formal possibility



Marc Lipsitch
(@mlipsitch)

14/02/2020, 17:53

2) There could be a higher degree of superspreading than has been appreciated ("dispersion in R_0 ") which could mean that many locations outside Wuhan could "get lucky" and escape major onward transmission.

hopkinsidd.github.io/nCoV-Sandbox/D...



Marc Lipsitch
(@mlipsitch)

14/02/2020, 17:53

2) There could be a higher degree of superspreading than has been appreciated ("dispersion in R_0 ") which could mean that many locations outside Wuhan could "get lucky" and escape major onward transmission.

hopkinsidd.github.io/nCoV-Sandbox/D...



Marc Lipsitch
(@mlipsitch)

14/02/2020, 17:55

3) Control measures could be extremely effective in locations that have had time to prepare. Maybe in a few, but seems unlikely that is the case in all, especially countries with stretched health systems.



Marc Lipsitch
(@mlipsitch)

14/02/2020, 17:56

4) Seasonal factors could be much more powerful at reducing transmission than we currently expect. That doesn't help the Southern hemisphere, and is not consistent with behavior in China (preprint in queue from [@MauSantillana](#) et al.)

From: Caneva,
Duane

Sent: Sunday,
February 16, 2020
9:39 AM

To: Dodgen, Daniel
(OS/ASPR/SPPR)

(b) (6)
>; DeBord,
Kristin

(OS/ASPR/SPPR)

(b) (6)
>; Phillips, Sally
(OS/ASPR/SPPR)

(b) (6)
David Marcozzi
(b) (6)

Hepburn, Matthew J
CIV USARMY
(USA)

(b) (6)
>; Lisa
Koonin

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Wargo Michael
(b) (6)
>;

Walters, William

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MELISSA

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>; WOLFE,
HERBERT

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>; Eastman,
Alexander

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EVANS,
MARIEFRED

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>;
Callahan, Michael
V.,M.D.

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>; Johnson, Robert
(OS/ASPR/BARDA)

(b) (6)
>; Yeskey,
Kevin

(b) (6)
Disbrow, Gary
(OS/ASPR/BARDA)

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Redd, John
(OS/ASPR/SPPR)

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>; Hassell, David
(Chris)
(OS/ASPR/IO)

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>; Hamel, Joseph
(OS/ASPR/IO)

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>; Tracey
McNamara

(b) (6)
>; Dean,
Charity A@CDPH

(b) (6)
Caneva,
Duane

(b) (6)
>; Richard
Hatchett

(b) (6)
>; Lawler,
James V

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>; Kadlec, Robert
(OS/ASPR/IO)

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>; *Martin,
Gregory J

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>; Borio, Luciana
(b) (6);
Hanfling, Dan

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>; McDonald, Eric
(b) (6)

>;
Wade, David
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TARANTINO,
DAVID A
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>; Baric,
Ralph S
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WILKINSON,
THOMAS
(b) (6)

>; Hassell,
David (Chris)
(OS/ASPR/IO)

(b) (6)
David Gruber
(b) (6)

(b) (6)
>;
KAUSHIK,
SANGEETA

(b) (6)
(b) (6)

Subject: Red Dawn
Breaking, COVID-19
Collaborative, Feb 16
start

Purpose: This is a
new Red Dawn String
to cut down the size
from the previous
string, opportunity to
provide thoughts,
concerns, raise issues,
share information
across various
colleagues responding
to COVID-19.

Including all from
previous string plus a
few additional folks.

Duane C. Caneva,
MD, MS

Chief Medical
Officer

Department of
Homeland Security



Executive Assistant:



(b) (6)

(U) Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 24 Feb 2020 11:08:54 +0000
To: Gilman, James (NIH/CC/OD) [E]; Tabak, Lawrence (NIH/OD) [E]
Cc: Davey, Richard (NIH/NIAID) [E]
Subject: RE: 3 COVID-19 Asymptomatic Positive Individuals Identified at Travis AFB

We should probably also include Rick Davey on all communication regarding such patients

From: Gilman, James (NIH/CC/OD) [E] (b) (6) >
Sent: Monday, February 24, 2020 12:40 AM
To: Tabak, Lawrence (NIH/OD) [E] (b) (6); Fauci, Anthony (NIH/NIAID) [E]
(b) (6) >
Subject: Re: 3 COVID-19 Asymptomatic Positive Individuals Identified at Travis AFB

Larry

Best POC is Dr Palmore.

Jim

From: "Tabak, Lawrence (NIH/OD) [E]" (b) (6) >
Date: Sunday, February 23, 2020 at 10:02:41 PM
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6), "Gilman, James (NIH/CC/OD) [E]"
(b) (6) >
Subject: FW: 3 COVID-19 Asymptomatic Positive Individuals Identified at Travis AFB

Who is P-O-C, related to transfer? Pius

From: "Kadlec, Robert (OS/ASPR/IO)" (b) (6) >
Date: Sunday, February 23, 2020 at 9:56 PM
To: "Harrison, Brian (HHS/IOS)" <(b) (6)>, "Stecker, Judy (OS/IOS)"
(b) (6) >, "Mango, Paul (HHS/IOS)" (b) (6) >, "Murphy, Ryan
(OS/ASPA)" <(b) (6)>, "Arbes, Sarah (HHS/ASL)" (b) (6) >,
Anthony Fauci (b) (6) >, "Tabak, Lawrence (NIH/OD) [E]"
(b) (6) "Redfield, Robert R. (CDC/OD)" (b) (6), "McGowan,
Robert (Kyle) (CDC/OD/OCS)" (b) (6) >
Cc: "Lee, Scott (OS/ASPR/EMMO)" (b) (6) >, "Yeskey, Kevin (OS/ASPR/IO)"
(b) (6), "Waters, Cicely (OS/ASPR/OEA)" (b) (6), "Shuy,
Bryan (OS/ASPR/IO)" (b) (6), "Greene, Jonathan (OS/ASPR/EMMO)"
<(b) (6)>, "Imbriale, Samuel (OS/ASPR/SIIM)" (b) (6),
"Austin, Meredith (uscg.mil)" (b) (6), "Herrmann, Jack (OS/ASPR/OEA)"
(b) (6)
Subject: 3 COVID-19 Asymptomatic Positive Individuals Identified at Travis AFB

Initial CDC testing of the 100 individuals repatriated from the Diamond Princess yielded three individuals COVID-19 POS who are currently asymptomatic at Travis. These individuals are being transferred to local hospital for evaluation and admission. Currently ASPR TEAM at Travis is ascertaining

(b) (5)

My team is working the details of transfer via aeromedical aircraft. Dr Kevin Yeskey and CAPT Scott Lee copied here are leading the operational planning
For 3 courses of action:

(b) (5)

Will advise as these course are pursued in parallel.

WILL NEED A POC at NIH to connect with Dr Yeskey and CAPT Lee ASAP to begin arrangements.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 22 Feb 2020 14:01:20 +0000
To: Grigsby, Garrett (HHS/OS/OGA)
Subject: RE: CDC L2 THN Korea

Thanks, Garrett.

From: Grigsby, Garrett (HHS/OS/OGA) [REDACTED] (b) (6)
Sent: Saturday, February 22, 2020 8:56 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Re: CDC L2 THN Korea

Dr F,

Here it is: [REDACTED] (b) (6)

Sent from my iPhone

On Feb 21, 2020, at 9:41 PM, Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) wrote:

Garrett:

Please send me the call in number for tomorrow's call at 11:00 AM

Thanks,
Tony

From: Grigsby, Garrett (HHS/OS/OGA) [REDACTED] (b) (6)
Sent: Friday, February 21, 2020 9:24 PM
To: Phil Ferro [REDACTED] (b) (6); Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Cc: Zebley, Kyle (HHS/OS/OGA) <[REDACTED] (b) (6)>; Harrison, Brian (HHS/IOS) [REDACTED] (b) (6) >; Shuy, Bryan (OS/ASPR/IO) <[REDACTED] (b) (6)>
Subject: Fwd: CDC L2 THN Korea

Gentlemen,

Can you please circulate this for discussion at the 11am call tomorrow?

Many thanks!!

Sent from my iPhone

Begin forwarded message:

From: "Cetron, Marty (CDC/DDID/NCEZID/DGMQ)" (b) (6)
Date: February 21, 2020 at 9:01:06 PM EST
To: (b) (6) (OS/IOS); (b) (6); "Harrison, Brian (HHS/IOS)"
(b) (6), "Grigsby, Garrett (HHS/OS/OGA)"
(b) (6)>
Cc: "Redfield, Robert R. (CDC/OD)" (b) (6), "Cetron, Marty
(CDC/DDID/NCEZID/DGMQ)" (b) (6)>
Subject: CDC L2 THN Korea

Per WHTF request CDC L2 THN RoK. Please share w Sec Biegun at DOS. We
will post when he is ready presumably Sat
Thks
MSC

<Coronavirus L2 - South Korea.docx>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 22 Feb 2020 02:40:45 +0000
To: Grigsby, Garrett (HHS/OS/OGA)
Subject: FW: CDC L2 THN Korea
Attachments: Coronavirus L2 - South Korea.docx, ATT00001.htm

Garrett:

Please send me the call in number for tomorrow's call at 11:00 AM

Thanks,

Tony

From: Grigsby, Garrett (HHS/OS/OGA) (b) (6)
Sent: Friday, February 21, 2020 9:24 PM
To: Phil Ferro (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Zebley, Kyle (HHS/OS/OGA) (b) (6); Harrison, Brian (HHS/IOS)
(b) (6) Shuy, Bryan (OS/ASPR/IO) (b) (6)
Subject: Fwd: CDC L2 THN Korea

Gentlemen,

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Sent from my iPhone

Begin forwarded message:

From: "Cetron, Marty (CDC/DDID/NCEZID/DGMQ)" (b) (6)
Date: February 21, 2020 at 9:01:06 PM EST
To: (b) (6) (OS/IOS) (b) (6); "Harrison, Brian (HHS/IOS)"
(b) (6); "Grigsby, Garrett (HHS/OS/OGA)" (b) (6)
Cc: "Redfield, Robert R. (CDC/OD)" (b) (6); "Cetron, Marty
(CDC/DDID/NCEZID/DGMQ)" (b) (6)
Subject: CDC L2 THN Korea

Per WHTF request CDC L2 THN RoK. Please share w Sec Biegun at DOS. We will post when he is ready presumably Sat

Thks

MSC

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 21 Feb 2020 10:55:47 +0000
To: Kadlec, Robert (OS/ASPR/IO)
Subject: RE: Good morning

Bob:

No problem. Got you covered.

Best,

Tony

From: Kadlec, Robert (OS/ASPR/IO) (b) (6) >
Sent: Friday, February 21, 2020 5:53 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: Good morning
Importance: High

Tony during today's table top as we walk through the placement I will ask you to walk through the Critical Information Requirements and ask you to highlight what we know, don't know and what we think about the this coronavirus. Let me know if you have any questions . Best Bob

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 20 Feb 2020 21:26:05 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: HHS COVID 19 Response TTX Concept Placemat_Senior Leader_19Feb2020v2.pptx
Attachments: HHS COVID 19 Response TTX Concept Placemat_Senior Leader_19Feb2020v2.pptx, ATT00001.htm

Here it is

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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From: Kadlec, Robert (OS/ASPR/IO) <(b) (6)>
Sent: Wednesday, February 19, 2020 6:15 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Fwd: HHS COVID 19 Response TTX Concept Placemat_Senior Leader_19Feb2020v2.pptx

Sent from my iPhone

Begin forwarded message:

From: "Mackay, Thomas (OS/ASPR/EEAA)" <(b) (6)>
Date: February 19, 2020 at 5:55:17 PM EST
To: "Kadlec, Robert (OS/ASPR/IO)" <(b) (6)>, "Yeskey, Kevin (OS/ASPR/IO)" <(b) (6)>
Cc: "Ford-Barnes, Arwenithia (OS/ASPR/IO)" <(b) (6)>, "Holland, Tara (OS/ASPR/EMMO)" <(b) (6)>, "Callahan, Victoria (OS/ASPR/IO) (CTR)" <(b) (6)>
Subject: HHS COVID 19 Response TTX Concept Placemat_Senior Leader_19Feb2020v2.pptx

Gentlemen – attached is the latest version of the Placemat. The reason there are four slides is to give you the option of how the backside is laid out. Slide one and three are identical, the information on slides two and four are also identical just laid out differently. Standing by for corrections as necessary.

v/r Tom

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 20 Feb 2020 04:02:40 +0000
To: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Giroir, Brett (HHS/OASH); Shuy, Bryan (OS/ASPR/IO); Schuchat, Anne MD (CDC/OD); Cetron, Marty (CDC/DDID/NCEZID/DGMQ); McGowan, Robert (Kyle) (CDC/OD/OCS); Grigsby, Garrett (HHS/OS/OGA); Zebley, Kyle (HHS/OS/OGA); Redfield, Robert R. (CDC/OD)
Subject: RE: Updated Draft in Track Changes
Attachments: Phases of USG nCoV Response _WHTF_13 Feb_PCC_Master.Final ASPR Edits - CDC BG.docx

HHS Team:

I have been following these various iterations closely over the past couple of hours and I agree with Dan. It looks like we have actually finally arrived at a good place and a point of comfortable agreement between ASPR and CDC. Am I correct and do we all agree with the latest tracked document (see attached)?

Thanks,
Tony

From: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6)
Sent: Wednesday, February 19, 2020 10:54 PM
To: Giroir, Brett (HHS/OASH) (b) (6); Shuy, Bryan (OS/ASPR/IO) <(b) (6)>; Schuchat, Anne MD (CDC/OD) (b) (6); Cetron, Marty (CDC/DDID/NCEZID/DGMQ) <(b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6); McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Grigsby, Garrett (HHS/OS/OGA) (b) (6); Zebley, Kyle (HHS/OS/OGA) (b) (6); Redfield, Robert R. (CDC/OD) (b) (6)
Subject: RE: Updated Draft in Track Changes

Here with Adm Giroir's input as well. I think we may have arrived?
Dan.

From: Giroir, Brett (HHS/OASH) (b) (6)
Sent: Wednesday, February 19, 2020 10:06 PM
To: Shuy, Bryan (OS/ASPR/IO) (b) (6); Schuchat, Anne MD (CDC/OD) <(b) (6)>; Cetron, Marty (CDC/DDID/NCEZID/DGMQ) <(b) (6)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6); Fauci, Anthony (NIH/NIAID) [E] (b) (6); McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Grigsby, Garrett (HHS/OS/OGA) (b) (6); Zebley, Kyle (HHS/OS/OGA) <(b) (6)>
Subject: RE: Updated Draft in Track Changes

(b) (3)

Please include me on the email exchange.

I am happy to point force the issue, which I can and will, but I assume it was an accidental omission

BG

Brett P. Giroir, MD
ADM, US Public Health Service
Assistant Secretary for Health (ASH)
200 Independence Avenue, SW
Washington, DC 20201
Office Phone: (b) (6)

From: Giroir, Brett (HHS/OASH)
Sent: Wednesday, February 19, 2020 10:02 PM
To: Shuy, Bryan (OS/ASPR/IO) (b) (6)>; Schuchat, Anne MD (CDC/OD) <(b) (6)>; Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6)>; Anthony (NIH/NIAID) Fauci [E] (b) (6)>; McGowan, Robert (Kyle) (CDC/OD/OCS) (b) (6); Grigsby, Garrett (HHS/OS/OGA) (b) (6)>; Zebley, Kyle (HHS/OS/OGA) (b) (6)>
Subject: RE: Updated Draft in Track Changes
Importance: High

(b) (5)

Brett P. Giroir, MD
ADM, US Public Health Service
Assistant Secretary for Health (ASH)
200 Independence Avenue, SW
Washington, DC 20201
Office Phone: (b) (6)

Begin forwarded message:

From: "Kadlec, Robert (OS/ASPR/IO)" <(b) (6)>
Date: February 19, 2020 at 9:03:33 PM EST
To: "Schuchat, Anne MD (CDC/OD)" (b) (6)>, "Cetron, Marty (CDC/DDID/NCEZID/DGMQ)" (b) (6)>, "Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)" <(b) (6)>, "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "McGowan, Robert (Kyle) (CDC/OD/OCS)" (b) (6)>, "Shuy, Bryan (OS/ASPR/IO)" (b) (6)>, "Grigsby, Garrett (HHS/OS/OGA)" (b) (6)>, "Zebley, Kyle (HHS/OS/OGA)" (b) (6)>
Subject: Updated Draft in Track Changes

Please accept my apologies for the delay I had a competing priority action but please find attached.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 19 Feb 2020 01:38:52 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Subject: RE: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan

I am very well aware of their official position and [REDACTED] (b) (5)

From: Billet, Courtney (NIH/NIAID) [E] <[REDACTED] (b) (5)>
Sent: Tuesday, February 18, 2020 8:23 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (5)>
Cc: Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (5); Conrad, Patricia (NIH/NIAID) [E] <[REDACTED] (b) (5)>
Subject: Fwd: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan

Making sure you have seen CDC's official update on the ship and efforts with Japan. [REDACTED] (b) (5)

From: "Hall, Bill (HHS/ASPA)" [REDACTED] (b) (6)>
Date: Tuesday, February 18, 2020 at 4:52:06 PM
Subject: FW: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan

From: MMWR Media List <MMWR-MEDIA@LISTSERV.CDC.GOV> On Behalf Of Media@cdc.gov (CDC)
Sent: Tuesday, February 18, 2020 4:46 PM
To: MMWR-MEDIA@LISTSERV.CDC.GOV
Subject: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan

Media Statement

For Immediate Release

Tuesday, February 18, 2020

Contact: [CDC Media Relations](#)

(404) 639-3286

Update on the Diamond Princess Cruise Ship in Japan

We commend the extraordinary efforts by the Government of Japan to institute quarantine measures onboard the *Diamond Princess*. While the quarantine potentially conferred a significant public health benefit in slowing transmission, CDC's assessment is that it may not have been sufficient to prevent transmission among individuals on the ship. CDC believes the rate of new infections on board, especially among those without symptoms, represents an ongoing risk. Therefore, to protect the health of the American public, all passengers and crew of the ship have been placed under travel restrictions, preventing them from returning to the United States for at least 14 days after they had left the *Diamond Princess*.

Currently, there are more than 100 U.S. citizens still onboard the *Diamond Princess* cruise ship or in hospitals in Japan. These citizens have been placed under the restrictions, as have the ship's other passengers and crew.

After disembarkation from the *Diamond Princess*, these passengers and crew will be required to wait 14 days without having symptoms or a positive coronavirus test result before they are permitted to board flights to the United States.

If an individual from this cruise arrives in the United States before the 14-day period ends, they will still be subject to a mandatory quarantine until they have completed the 14-day period with no symptoms or positive coronavirus test results.

Because of their high-risk exposure, there may be additional confirmed cases of COVID-19 among the remaining passengers on board the *Diamond Princess*.

CDC is committed to protecting the health and safety of all Americans. We continue to believe that the risk of exposure to COVID-19 to the general public in the United States is currently low. The U.S. Government is taking these measures to protect the *Diamond Princess* passengers and crew, their loved ones, the traveling public, and communities within the United States.

###

[U.S. Department of Health and Human Services](#)

CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 20:16:44 +0000
To: Tabak, Lawrence (NIH/OD) [E]
Bcc: Marston, Hilary (NIH/NIAID) [E]
Subject: RE: Larry, does NIH have a single point person through which all Coronavirus intel bubbles up?

Larry:

Thanks for the note. [REDACTED] (b) (5)

[REDACTED] (b) (5) The person who usually subs for me when I cannot be on a call or at a meeting is Hilary Marston. She is up to speed on virtually all this stuff and is the name that you should send to Paul. You can tell Paul that he should channel everything through me and I can turf to Hilary when necessary and appropriate. Hilary is right here in my office and is very close to me.

Best,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED] (b) (6)
FAX: (301) 496-4409
E-mail: [REDACTED] (b) (6)

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From: Tabak, Lawrence (NIH/OD) [E] <[REDACTED] (b) (6)>
Sent: Monday, February 17, 2020 2:56 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Fwd: Larry, does NIH have a single point person through which all Coronavirus intel bubbles up?

Tony
Do want this to be one of your folks or me?
Thanks
Larry

Sent from my iPhone

Begin forwarded message:

From: "Mango, Paul (HHS/IOS)" <(b) (6)>
Date: February 17, 2020 at 2:45:52 PM EST
To: "Tabak, Lawrence (NIH/OD) [E]" <(b) (6)>
Subject: Larry, does NIH have a single point person through which all Coronavirus intel bubbles up?

Larry- we are trying to integrate some of the department communications channels. Dr Fauci is on just about every call, but do you have someone else as well who is representing NIH and would be aware of any developments?

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 15 Feb 2020 18:57:22 +0000
To: Harrison, Brian (HHS/IOS)
Subject: FW: WaPo - fact check on coronavirus story

FYI. See below.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Saturday, February 15, 2020 1:50 PM
To: Oakley, Caitlin B. (OS/ASPA) (b) (6) >
Cc: Stecker, Judy (OS/IOS) (b) (6); Conrad, Patricia (NIH/NIAID) [E]
(b) (6) >; Billet, Courtney (NIH/NIAID) [E] (b) (6)
Subject: RE: WaPo - fact check on coronavirus story

Caitlin/Judy:

I had a long and good conversation with Yasmeen Abutaleb and went over (and countered) all of the issues that had any negative connotations for the Secretary and/or the President. I spoke on the record and gave her permission to use my quotes as she so wishes. Mission accomplished.

Best regards.,

Tony

Anthony S. Fauci, MD
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National Institute of Allergy and Infectious Diseases
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E-mail: (b) (6)

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From: Oakley, Caitlin B. (OS/ASPA) (b) (6)
Sent: Saturday, February 15, 2020 11:31 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Stecker, Judy (OS/IOS) (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Billet, Courtney (NIH/NIAID) [E] (b) (6)
Subject: FW: WaPo - fact check on coronavirus story

Dr. Fauci—Thank you for the chat. Here is the reporter's contact info and she is expecting your call.

Yasmeen Abutaleb
The Washington Post
Health policy reporter
o: 202-334-8387 c: (b) (6)
Yasmeen.Abutaleb@washpost.com

Caitlin B. Oakley
Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
(b) (6)

From: Abutaleb, Yasmeen <Yasmeen.Abutaleb@washpost.com>
Sent: Friday, February 14, 2020 4:40 PM
To: Oakley, Caitlin B. (OS/ASPA) (b) (6) >; McKeogh, Katherine (OS/ASPA) (b) (6)
Subject: WaPo - fact check on coronavirus story

Hey Caitlin and Katie,

Happy Friday! I'm working on a story about the coronavirus response, aiming to publish tomorrow. The story is about how President Trump has praised China and President Xi, but that has made some of his advisors uncomfortable given the lack of transparency from China and the inability to get CDC scientists in to the country. We also have some details about the response and the task force, and some disagreements that have arisen. I've listed the points we have in the story that pertain to HHS – would you be able to take a look, let me know if there are any issues and potentially provide a comment? I included some quotes from Sec. Azar's interviews on Friday with CNN and CNBC but also happy to include a quote from the agency.

I realize I'm sending this at the end of the day, so would it be possible for you to get back to me by 1 pm tomorrow? Let me know what works on your end. Thanks so much.

- President Trump has lavished praise on China and its ruler, Xi Jinping, for its handling of the growing coronavirus outbreak – a posture some in his administration are growing increasingly uncomfortable with as his advisors remain concerned about China's transparency and handling of the epidemic.
- Trump's praise towards Xi has irked some advisors, who say those comments and others about how the virus will likely behave reflect how the president is being briefed, underscoring tensions within the administration over its handling of the outbreak and the message it should be sending to the American public.
- Worries about the market and tenuous negotiations with China over a trade deal have played a large role in influencing Trump's friendly posture.
- Trump has told advisors he does not want the administration to do or say anything that would further spook the markets, but remains worried that any large-scale outbreak in the U.S. could hurt his reelection bid.
- For weeks, the administration's messaging was that the threat to the American public remained low and the virus was not spreading within communities. But some advisors pushed for a more balanced message because they expect there to eventually be some community spread as the outbreak grows, and the administration has since adjusted its message to reflect that.
- In an effort to keep Trump calm and restrained, Azar has been briefing the president that "everything is under control, totally under control," which has kept Trump from doing or saying anything drastic.
- HHS officials have also told Trump that the number of infections could go down in the spring when it gets warmer, which is mainly an educated guess.
- Some officials have complained that Trump's comments emanate from his briefings with Azar, who they say has sought to control the response. He has told other doctors, including Anthony Fauci, not to get too far into the details of the virus and outbreak with Trump. Instead, Azar has instructed doctors to let him handle it.
- Azar has also wanted to be the one to announce major updates about the administration's response to the virus. On Thursday, he briefed the Senate Finance Committee that the CDC would use public health labs in five cities that normally test for influenza to also test for coronavirus, taking state health officials by surprise.
- Some officials said the response has become smoother and better coordinated in recent weeks.

Yasmeen Abutaleb
The Washington Post
Health policy reporter
o: 202-334-8387 c: (b) (6)
@yabutaleb7

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 22 Feb 2020 21:07:26 +0000
To: Messonnier, Nancy (CDC/DDID/NCIRD/OD)
Cc: Redfield, Robert R. (CDC/OD); Cetron, Marty (CDC/DDID/NCEZID/DGMQ); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)
Subject: RE: Wpost: New developments suggest coronavirus incubation could be longer than 14 days, as global infections rise

Sounds good to me. Thanks.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
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Phone: (b) (6)
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From: Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6)
Sent: Saturday, February 22, 2020 4:06 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Redfield, Robert R. (CDC/OD) (b) (6); Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6)
Subject: Re: Wpost: New developments suggest coronavirus incubation could be longer than 14 days, as global infections rise

(b) (6)
Sound good?

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Sent: Saturday, February 22, 2020 3:12:02 PM
To: Redfield, Robert R. (CDC/OD) (b) (6); Messonnier, Nancy (CDC/DDID/NCIRD/OD) (b) (6); Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6)
Subject: FW: Wpost: New developments suggest coronavirus incubation could be longer than 14 days, as global infections rise

Folks:

(b) (5)

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
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From: Folkers, Greg (NIH/NIAID) [E] (b) (6)

Sent: Saturday, February 22, 2020 10:52 AM

Subject: Wpost: New developments suggest coronavirus incubation could be longer than 14 days, as global infections rise

New developments suggest coronavirus incubation could be longer than 14 days, as global infections rise



Medical workers in protective suits gather Friday at a temporary hospital at Tazihu Gymnasium in Wuhan in central China's Hubei province. (AP)

By

[Anna Fifield](#),

[Min Joo Kim](#) and

[Simon Denyer](#)

Feb. 22, 2020 at 10:17 a.m. EST

There are new indications that the incubation period for the virus could be longer than the currently believed 14 days, with patients testing positive after much longer quarantine periods. This development came as infections rose in South Korea, Japan, Iran and Italy and the head of the World Health Organization warned that the window for stopping the epidemic was narrowing.

Here's what we know:

- Chinese leader Xi Jinping has been advised that the situation in Wuhan "remains grim and complex."
- South Korea and Japan both reported a sharp spike in cases Saturday, with the number of cases in South Korea doubling in a day. A fifth person died in Iran from the virus, while Italy now has 50 confirmed cases, making it the largest hot spot in Europe.
- China reported only 397 new cases Saturday, as the rate of increase continued to decline, but an additional 109 people have died. There continues to be a [great deal of skepticism about China's numbers](#) as the criteria for diagnosing coronavirus keep changing.
- A team of international epidemic experts had Wuhan added to their itinerary in China, following questions about why they wouldn't go to the center of the coronavirus outbreak that has caused more than 2,000 deaths in the country.
- Scientists in China said they had isolated coronavirus strains in urine, raising the possibility that it might be transmissible that way, as well as through fecal matter and respiratory droplets.

BEIJING — Scientists are studying reports that the incubation period for coronavirus could be longer than the currently believed 14 days, potentially casting doubt on current quarantine criteria for containing the virus amid an increasingly urgent effort to stop the epidemic from spreading in northeast Asia and across the world.

South Korea and Japan both reported a sharp spike in cases Saturday, while in China, an additional 109 people died and a fifth person died from the virus in Iran. Italian authorities on Saturday said the country was seeing a sudden rise in coronavirus cases, with roughly 50 confirmed in the past two days — an outbreak that represents the largest yet across Europe.

Meanwhile, scientists in China reported indications that the virus might be transmissible through urine. A team of experts from the World Health Organization was due to arrive Saturday in Wuhan, the epicenter of the coronavirus outbreak.

WHO director-general Tedros Adhanom Ghebreyesus on Friday stressed the urgency of containing the spread of the coronavirus, after cases were reported earlier in Iran and Lebanon.

"Although the window of opportunity is narrowing to contain the outbreak, we still have a chance to contain it," he told reporters in Geneva. "If we don't, if we squander the opportunity, then there will be a serious problem on our hands."

Chinese leader Xi Jinping, who has not visited Wuhan since the outbreak began, was briefed that the situation in the city and in surrounding Hubei province "remains grim and complex," according to a [report](#) by the official Xinhua News Agency published Saturday.

"The nationwide inflection point of the epidemic has not yet arrived," the report said after a meeting of Communist Party leaders.

China's National Health Commission reported Saturday that 397 new cases of coronavirus had been diagnosed Friday, taking the total to more than 76,000. The rate of infection outside Hubei appears to have slowed markedly, although there has been a great deal of confusion about the statistics this week as officials have repeatedly changed the criteria for confirming cases.

Among the new cases discovered Friday were a 70-year-old man in Hubei who was confirmed as infected after 27 days in isolation, while a man in Jiangxi province tested positive after 14 days of centralized quarantine and five days of isolation at home. On Thursday, authorities reported that a man in Hubei had tested positive for coronavirus after what appeared to be a 38-day incubation period with no symptoms.

Coronavirus cases in South Korea skyrocket; cases triple in Japan

In Seoul, the Korea Centers for Disease Control and Prevention reported Saturday that 229 additional cases of the coronavirus had been detected, taking the total to 433, more than doubling in the space of a day. This makes it the worst-affected country outside China.

"Apart from the Diamond Princess cruise ship, [South] Korea now has the most cases outside China, and we're working closely with the government to fully understand the transmission dynamics that led to this increase," Tedros said.

The majority of the new cases have been traced to existing clusters at a church in southern city of Daegu and a hospital in nearby Cheongdo County, according to the KCDC.

The South Korean government has designated Daegu and surrounding North Gyeongsang province as "special care zones" where containment efforts and support will be concentrated.

More than half of South Korea's cases are connected to Daegu branch of the Shincheonji Church of Jesus the Temple of the Tabernacle of the Testimony.

Since members of the church attended a funeral at nearby Cheongdo Daenam hospital, 111 coronavirus cases have been reported there, including two patients who died from the virus.

The mass infection at the hospital is centered on its locked psychiatric ward, where a confined environment could have aggravated transmissions, said Jung Eun-Kyeong, director of the KCDC. A man in his 40s was found dead at his home in city of Gyeongju, east of Daegu, after becoming infected with the virus. He is the third person to die from the virus in South Korea.

[Trump was not told coronavirus-infected Americans would be flown home from cruise ship](#)

In Japan, the number of coronavirus cases rose to 121 on Saturday, more than tripling in a week. That number excludes the 634 people on board the [Diamond Princess](#) who contracted the virus.

One of the latest cases was a teacher in her 60s at a public junior high school east of Tokyo, who complained of nausea while working. The mayor of Chiba city said the school will be closed until Wednesday, public broadcaster NHK reported.

The teacher had not traveled abroad in the past two weeks and has no record of having been in contact with a known infected person, underlining the fact that the virus is now spreading almost invisibly throughout the country, experts say.

Quarantines in effect in parts of Italy amid sudden spike in cases

As numbers suddenly rose in Italy, the government has scrambled to contain the new outbreak, asking some 50,000 people to stay indoors and suspending all public events — including religious ceremonies and school — in 10 small towns to the south of Milan.

Until a few days ago, Italy had seen only three confirmed infections, including a pair of Chinese tourists. “There is quite an evident contagion, a very strong one,” said Giulio Gallera, health chief of the northern Lombardy region, which has seen the majority of the cases.

Italian officials on Friday attributed the country’s first death to the coronavirus, and on Saturday said that a 77-year-old woman had also tested positive for the virus after being found dead in her home. But Italian authorities said the woman suffered from other health conditions, and were unsure if it was the virus that had killed her.

As of Saturday afternoon, there were 39 confirmed cases in the prosperous Lombardy region, which includes the country’s financial hub, Milan. There were another 12 cases in the neighboring northern region of Veneto.

The regional president of Veneto, Luca Zaia, said it is becoming harder to figure out how the virus is jumping from one place to the next.

“It goes to show you that having other cases of contagion is absolutely possible,” Zaia said.

According to Italian media reports, one of the first people to come down with the virus was a 38-year-old who’d had dinner with somebody who had just come back from China. But some three weeks passed between that dinner and the time the man came down with a fever. In between, he ran a half-marathon, played soccer and traveled to several towns, according to La Repubblica, a major Italian daily.

Iran, meanwhile, announced its fifth death from the virus, raising the country’s overall total confirmed cases to twenty eight.

Efforts to clear the Diamond Princess cruise ship continue

Meanwhile, tests are continuing on the crew members on board the Diamond Princess. At least 74 crew members have so far been found to have the virus.

All of the passengers have now been tested and almost all have left the ship, either to go home if they tested negative, to local hospitals or government facilities if they have the virus, or back to their home countries.

Some passengers were asked to stay on board to serve an additional quarantine if their cabin mate contracted the virus, but this group is also disembarking Saturday to serve out the rest of their quarantine in a government facility, local media reported.

[In China’s ‘war’ on coronavirus, hospitals turn away other patients — with dire results](#)

More than 200 port calls in Japan by international cruise ships have been canceled since the beginning of February due to the coronavirus outbreak, a Kyodo News survey showed Saturday, with the lost revenue from passengers coming ashore dealing another blow to Japan's weak economy.

Controversy continues to simmer about the infection control procedures on board the ship, after a doctor complained on Tuesday about "chaotic" and scary conditions on board.

Six people working on the boat or with the passengers, including four government officials, a medic and an ambulance driver, have contracted the virus.

Media reports questioned why about 90 government officials who worked on the ship have returned to work without being tested for the coronavirus. Asked about this, Health Minister Katsunobu Kato said the government is "trying to confirm what operations staff were involved in specifically."

American woman in Malaysia declared free of coronavirus

The 83-year-old woman who tested positive for the coronavirus when she arrived at Kuala Lumpur airport after disembarking in Cambodia from the MS Westerdam cruise ship has recovered, Malaysia health authorities said Saturday.

The woman "is showing good improvement and signs of recovery, however, she is still being monitored and managed in hospital for a slight cough," Malaysia's director general of health, Noor Hisham Abdullah, said in a [statement](#).

The woman repeatedly tested negative while on board the ship and when she disembarked in Sihanoukville, then twice tested positive while transiting in Kuala Lumpur airport on Feb. 15. That set off a global scramble to track the hundreds of other passengers who had also disembarked then boarded planes bound for home.

The woman was taken to a hospital and given antiviral treatment and supplementary oxygen, and she showed improvement after 72 hours of treatment initiation, Abdullah said. Two more tests, conducted 24 hours apart, both came back negative for coronavirus.

But the U.S. Centers for Disease Control and Prevention cast doubt on whether the woman was ever infected, saying she "never had coronavirus to our knowledge."

"I have confirmed that all the passengers were tested, and they have come back negative for coronavirus, including the person who initially tested positive," USA Today [quoted](#) CDC spokesperson Richard Quartarone as saying. The woman "may have had a respiratory illness, but if she did, it was not covid-19," he said, using the official name for the virus.

Cambodia's Ministry of Health had previously cleared the 747 crew members who were still on board the Westerdam and the 781 passengers who were still in the country of coronavirus infection.

Chinese scientists isolate coronavirus strains in urine as WHO prepares visit

Separately, scientists in China are continuing to study how the virus is transmitted.

A research team led by renowned Chinese pulmonologist Zhong Nanshan had isolated live coronavirus strains in urine samples from infected patients, Zhao Jincun, a respiratory expert at the State Key Laboratory, told reporters in Guangdong on Saturday.

The team of scientists had previously said the virus, in addition to being carried in respiratory droplets, appeared to be transmissible through fecal matter, underscoring the need to practice good hand washing as a preventive measure.

Zhao did not directly say that the virus could be transmitted through urine, simply noting that the strains had been isolated and that this had implications for public health control. They are continuing to work on isolating the virus and on a cure, the Guangzhou Daily reported.

But he said people should pay more attention to personal and family hygiene to prevent the spread of the virus and recommended frequently washing hands, closing the toilet lid before flushing and making sure bathroom drains are not blocked.

WHO experts have also been on an investigative mission in China this week, holding meetings in Beijing and traveling to the provinces of Sichuan and Guangdong. But they had not been scheduled to travel to Wuhan, where the outbreak began at a live animal market and which remains under strict lockdown in an effort to contain the virus.

This had led to speculation that the Chinese government, which has come under fire for its slow response to the outbreak and where medical workers are stretched to the limit, did not want the experts to visit.

But the WHO said late Friday that the experts would be traveling to the center of the outbreak on Saturday, although they gave no further information about their itinerary.

Kim reported from Seoul and Denyer from Tokyo. Lyric Li in Beijing, Akiko Kashiwagi in Tokyo and Chico Harlan and Stefano Pitrelli in Rome contributed reporting.

[Two Beijing hospitals quarantined amid fears coronavirus infections will spike in the capital](#)

[Confusion mounts over China's counting methods as coronavirus numbers swing wildly](#)

[Coronavirus claims lives of two passengers from Diamond Princess cruise ship, Japanese media says](#)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 22 Feb 2020 18:35:29 +0000
To: Mermin, Jonathan (CDC/DDID/NCHHSTP/OD)
Subject: RE: COVID-19

Jono:

Many thanks for your kind note. Much appreciated. I hope that all is well with you.

Best regards,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
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From: Mermin, Jonathan (CDC/DDID/NCHHSTP/OD) (b) (6) >
Sent: Saturday, February 22, 2020 1:14 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: COVID-19

Tony:

I just wanted to send you a quick note of compliment. I have seen and heard you speak on COVID-19 over the past few weeks, eloquently, accurately, and as definitively as the data allow. Outstanding work.

Best,

Jono

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 21 Feb 2020 11:59:09 +0000
To: Cetron, Marty (CDC/DDID/NCEZID/DGMQ); Collins, Francis (NIH/OD) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; Charles, Julia (CDC/OD/OCS); Eidex, Rachel Barwick (CDC/DDID/NCEZID/DGMQ)
Subject: RE: Infectious disease advice for NSO Asia tour

Thanks, Marty.

Anthony S. Fauci, MD
Director
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From: Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6) >
Sent: Friday, February 21, 2020 6:31 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Collins, Francis (NIH/OD) [E] (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6); Charles, Julia (CDC/OD/OCS) (b) (6); Eidex, Rachel Barwick (CDC/DDID/NCEZID/DGMQ) (b) (6) >
Subject: Re: Infectious disease advice for NSO Asia tour

Tony and Francis

Happy to be a POC for Deborah. She can text me (b) (6) and we can arrange a time to speak. My cell reception in EOC not great. Alternatively EOC can track me down (b) (6)

Email pretty clogged these days...

Best,
MSC

Get [Outlook for iOS](#)

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Sent: Friday, February 21, 2020 5:46:50 AM
To: Collins, Francis (NIH/OD) [E] (b) (6)

Cc: Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6); Conrad, Patricia (NIH/NIAID) [E]
(b) (6)

Subject: RE: Infectious disease advice for NSO Asia tour

Francis:

(b) (5)

(b) (5) The best person in the world for this is Marty Cetron at the CDC. I am copying him on this e-mail. Perhaps he can directly get back to you.

Best,
Tony

-----Original Message-----

From: Collins, Francis (NIH/OD) [E] (b) (6)
Sent: Friday, February 21, 2020 5:21 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: FW: Infectious disease advice for NSO Asia tour

Hi Tony,

See below from Deborah Rutter, the head of the Kennedy Center. (b) (5)

Who would you recommend at NIH or CDC to be a contact?

Francis

-----Original Message-----

From: Rutter, Deborah F. <DFRutter@Kennedy-Center.org>
Sent: Thursday, February 20, 2020 5:59 PM
To: Collins, Francis (NIH/OD) [E] (b) (6)>
Cc: Ginstling, Gary <GGinstling@Kennedy-Center.org>
Subject: Infectious disease advice for NSO Asia tour

Dear Francis

As you may know, the National Symphony Orchestra has long had an Asia tour on its schedule for March this year, leaving in just two weeks or so. The China portion of the tour was cancelled a few weeks ago but the Japan portion of the trip has been sustained. Now, with increased focus on Japan, some of the members and our management are looking for additional advice on travel concerns and any infectious disease warning/direction. Would you have someone amongst your brilliant colleagues who could be a resource to our team?

I have included Gary Ginstling on this email as he is our Executive Director of the NSO. Thank you so much for any direction you can offer us!

Deborah

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From: (b) (6)
Sent: Tue, 18 Feb 2020 15:41:35 -0500
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Fwd: Lunch with AMB at Thai Residence on 27 Feb or 4 March

Let us discuss.

Begin forwarded message:

From: "Wolfe, Mitchell (CDC/OD)" (b) (6)
Date: February 18, 2020 at 1:08:55 PM EST
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Cc: "Conrad, Patricia (NIH/NIAID) [E]" (b) (6), (b) (6), (b) (6)
Subject: FW: Lunch with AMB at Thai Residence on 27 Feb or 4 March

Tony,

The Thai Ambassador has invited you, and CDC, to lunch at his residence either 27 Feb or 4 March. They didn't have your contact and asked (per below) if I could contact you to ask. Dr. Redfield is in Washington, DC on 27 Feb and I will ask if he wants to attend. If you or your staff can let me know, I will get back with them.

Best regards,

Mitchell Wolfe, MD, MPH
RADM, USPHS
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Ph: (b) (6)

From: Panupat Chavananikul <panupatc@thaiembdc.org>
Sent: Tuesday, February 18, 2020 12:42 PM
To: Wolfe, Mitchell (CDC/OD) (b) (6)
Cc: Chuliepote Isarankura Na Ayudhaya <chuliepotei@thaiembdc.org>
Subject: Lunch with AMB at Thai Residence on 27 Feb or 4 March

Dear P Mitch krub,
Ref: invitation for Lunch on 27 Feb OR 4 March

1. Hope all is well with you. Hopefully you had some rest last weekend. Since you were living in Thailand for a while you must be missing authentic Thai food, Ambassador Thani

would like to extend his invitation to you and CDC colleagues to have lunch at Thai residence **either on Thursday 27 Feb or Wednesday 4 March at 12.30 pm**. His residence located at [REDACTED] (b) (6) You may invite your colleagues who involve in Coronavirus or Thailand, and please let me know their name and ranking as well as your available date.

For the Embassy 's side, there will be Ambassador + Ms. Chuliepote + me + and some of our colleagues.

2. Also, Ambassador Thani and I attended Dr. Tony Fauci's briefing, organized by NSC, on Feb 6., but unfortunately we didn't have much time to talk to him. Dr. Fauci also received Prince Mahidol award back in 2013. Ambassador would also like to have him join our lunch at his residence as well.

Is it possible that you may reach out to him to see whether he can have lunch with us or not, OR you may provide me his contact details.

Thank you krub & Best wishes,

Panupat (boat)

—
Mr. Panupat Chavananikul
Counsellor (Consul)
Royal Thai Embassy
Cell [REDACTED] (b) (6)
Work 202 640-5308

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 14:57:27 +0000
To: Redfield, Robert R. (CDC/OD)
Subject: RE: Severity Assessment for U.S. Response - CDC
Attachments: Severity Assessment for U.S. Response - CDC.docx

Bob:

See my minor tracked edits.

Thanks,

Tony

Anthony S. Fauci, MD
Director
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From: Redfield, Robert R. (CDC/OD) (b) (6)
Sent: Tuesday, February 18, 2020 9:35 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Fwd: Severity Assessment for U.S. Response - CDC

Take a look ?edits thoughts
Dr. Robert Redfield

From: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b) (6)
Sent: Monday, February 17, 2020 10:48:48 PM
To: Redfield, Robert R. (CDC/OD) (b) (6)
Cc: Schuchat, Anne MD (CDC/OD) (b) (6)>; Cetron, Marty (CDC/DDID/NCEZID/DGMQ) (b) (6)>; Butler, Jay C. (CDC/DDID/OD) (b) (6)>
Subject: Severity Assessment for U.S. Response - CDC

Dr. Redfield:

Here is the severity assessment in response to your request from yesterday. Take a look and see if this addresses your request.

Dan

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 19 Feb 2020 12:03:04 +0000
To: Marks, Peter;Schuchat, Anne MD (CDC/OD)
Cc: Cho, David S (CBER) (FDA/CBER);Munster, Vincent (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E]
Subject: RE: Covid-19 Survival on Surfaces

Peter:

Vincent Munster at NIAID's RML has done work on this. I am copying him on this e-mail.

Best,
Tony

Anthony S. Fauci, MD
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From: Marks, Peter (b) (6)>
Sent: Wednesday, February 19, 2020 6:41 AM
To: Schuchat, Anne MD (CDC/OD) (b) (6)>; Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Cho, David S (CBER) (FDA/CBER) (b) (6)
Subject: Covid-19 Survival on Surfaces

Dear Anne and Tony,

I am sorry to bother you, but I am hoping that you can direct me to anyone at NIAID or CDC who is working on the survival of Covid-19 on surfaces. This could include shipping boxes, but also on various products and other perishable items. The food safety people here at FDA are quite concerned about the latter, given published reports of differential coronavirus survival on various surfaces.

If it turns out that this has not been evaluated, or is not in the process of being evaluated, we are happy to work on this in our BSL-3 labs, which are now in receipt of the virus.

Thanks so much for any direction that you can provide.

Best Regards,
Peter