
From: [REDACTED] [REDACTED]@fb.com]
Sent: 7/28/2021 2:46:45 PM
To: [REDACTED] (CDC/OD/OADC) [REDACTED]@cdc.gov; [REDACTED] [REDACTED]@fb.com]
CC: [REDACTED] (CDC/OD/OADC) [REDACTED]@cdc.gov; [REDACTED] [REDACTED]@fb.com]
Subject: Re: FB Misinformation Claims_Help Debunking

Great! I'll let [REDACTED] gather some more claims and before we set a date, I'll reach out on topics so you can get the right folks on the call.

From: [REDACTED] (CDC/OD/OADC) <[REDACTED]@cdc.gov>
Date: Wednesday, July 28, 2021 at 2:36 PM
To: [REDACTED] <[REDACTED]@fb.com>, [REDACTED] <[REDACTED]@fb.com>
Cc: [REDACTED] (CDC/OD/OADC) <[REDACTED]@cdc.gov>, [REDACTED] <[REDACTED]@fb.com>
Subject: RE: FB Misinformation Claims_Help Debunking

Yes, we would love to do that. I do think getting the claims several days in advance will be critical to being sure we have what you need.

From: [REDACTED] <[REDACTED]@fb.com>
Sent: Wednesday, July 28, 2021 2:30 PM
To: [REDACTED] (CDC/OD/OADC) <[REDACTED]@cdc.gov>; [REDACTED] <[REDACTED]@fb.com>
Cc: [REDACTED] (CDC/OD/OADC) <[REDACTED]@cdc.gov> [REDACTED] <[REDACTED]@fb.com>
Subject: Re: FB Misinformation Claims_Help Debunking

Thank you so much, [REDACTED]!

[REDACTED] and I have been talking about in addition to our weekly meetings, doing a monthly misinfo / debunking meeting, with maybe claim topics communicated a few days prior so that you can bring in the matching experts and chat casually for 30 minutes or so. Is that something you'd be interested in?

From: [REDACTED] (CDC/OD/OADC) <[REDACTED]@cdc.gov>
Date: Wednesday, July 28, 2021 at 1:57 PM
To: [REDACTED] <[REDACTED]@fb.com>
Cc: [REDACTED] <[REDACTED]@fb.com>, [REDACTED] (CDC/OD/OADC) <[REDACTED]@cdc.gov>, [REDACTED] <[REDACTED]@fb.com>
Subject: RE: FB Misinformation Claims_Help Debunking

[REDACTED] - Below is some details from the team. I know it is a lot, does it give you what you need? In terms of the global database question at the end, I included some VAERS background below. This page adds more context: [Selected Adverse Events Reported after COVID-19 Vaccination | CDC](#). But I wasn't able to obtain recommended database.

Let me know if this doesn't work!

Spike protein in COVID-19 vaccines is dangerous/cytotoxic

Messenger RNA (mRNA) vaccines are one type of COVID-19 vaccine. Messenger mRNA vaccines work by teaching our cells to create a **harmless spike protein**. Spike proteins are ideal targets for vaccines. If you are exposed to the real COVID-19 virus after receiving a mRNA vaccination, your body will recognize it and fight it off by triggering an immune response inside your body. The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

mRNA vaccines cannot give someone the virus because they do not use the live virus that causes COVID-19. The mRNA vaccine does not interact with your DNA in any way. The mRNA never enters the nucleus of the cell where the DNA is kept. mRNA vaccines have been held to the same [rigorous safety and effectiveness standards](#) as all other types of vaccines in the United States. Researchers have been studying and working with mRNA vaccines for decades. RNA vaccines have been studied before for flu, Zika, rabies, and cytomegalovirus (CMV).

Provide link to graphic. [How mRNA COVID-19 Vaccines Work \(cdc.gov\)](#)

Guillain-Barre Syndrome (GBS) is a possible side effect of the COVID vaccine

The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) are monitoring reports of [Guillain-Barré Syndrome](#) (GBS) in people who have received the J&J/Janssen COVID-19 Vaccine.

GBS is a rare disorder where the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis. Most people fully recover from GBS, but some have permanent nerve damage.

After 12.8 million J&J/Janssen COVID-19 Vaccine doses administered, there have been around 100 preliminary reports of GBS identified in VAERS as of July 12. These cases have largely been reported about 2 weeks after vaccination and mostly in men, many 50 years and older. CDC will continue to monitor for and evaluate reports of GBS occurring after COVID-19 vaccination and will share more information as it becomes available.

Recent data indicates thousands of hospitalizations are estimated to be prevented as a result of J&J/Janssen COVID-19 vaccination. The benefits of using the J&J/Janssen COVID-19 vaccine under the Food and Drug Administration's (FDA) Emergency Use Authorization (EUA) clearly outweigh the risks of GBS.

Heart inflammation is a possible side effect of all COVID-19 vaccines (including non mRNA vaccines)

- Myocarditis is inflammation of the heart muscle, and pericarditis is inflammation of the outer lining of the heart. In both cases, the body's immune system causes inflammation in response to an infection or some other trigger.
- More than 177 million people have received at least one dose of COVID-19 vaccine in the United States, and CDC continues to monitor the safety of COVID-19 vaccines for any health problems that happen after vaccination.
- Since April 2021, there have been more than a thousand reports to the Vaccine Adverse Event Reporting System (VAERS) of cases of inflammation of the heart — called myocarditis and pericarditis — happening after mRNA COVID-19 vaccination (i.e., Pfizer-BioNTech, Moderna) in the United States.
- These reports are rare, given the hundreds of millions of vaccine doses administered, and have been reported after mRNA COVID-19 vaccination, particularly in adolescents and young adults.
- CDC and its partners are actively monitoring these reports, by reviewing data and medical records, to learn more about what happened and to understand any relationship to COVID-19 vaccination.
- Most patients who received care responded well to treatment and rest and quickly felt better.
- Confirmed cases have occurred:
 - Mostly in male adolescents and young adults age 16 years or older
 - More often after getting the second dose than after the first dose of one of these two mRNA COVID-19 vaccines

- Typically within several days after COVID-19 vaccination
- Patients can usually return to their normal daily activities after their symptoms improve. They should speak with their doctor about return to exercise or sports.

Most patients who received care responded well to treatment and rest and quickly felt better.

CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older, given the risk of COVID-19 illness and related, possibly severe complications. Getting vaccinated is the best way to protect yourself and your family from COVID-19. More information will be shared as it becomes available.

Global source of truth/database for vaccine adverse effects including possibly vaccine-related deaths:

VAERS is a passive reporting system, meaning it relies on people sending in reports of their experiences after vaccination. The information is not submitted in real time. Also, VAERS is not designed to determine if a vaccine caused or contributed to an adverse event, such as death. A report to VAERS does not mean the vaccine caused the event. Reports of deaths following COVID-19 vaccination that are reported to VAERS are extracted and posted for transparency. Under EUA, healthcare providers are required to report any of the following (it also has the disclaimer they that have to report events regardless if the reporter thinks the vaccine caused it):

“Healthcare providers are required to report to VAERS the following adverse events after COVID-19 vaccination [under Emergency Use Authorization (EUA)], and other adverse events if later revised by FDA:

- Vaccine administration errors, whether or not associated with an adverse event (AE)
- Serious AEs regardless if the reporter thinks the vaccine caused the AE. Serious AEs per FDA are defined as:
 1. Death;
 2. A life-threatening AE;
 3. Inpatient hospitalization or prolongation of existing hospitalization;
 4. A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions;
 5. A congenital anomaly/birth defect;
 6. An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above.
- Cases of Multisystem Inflammatory Syndrome
- Cases of COVID-19 that result in hospitalization or death

Healthcare providers are encouraged to report to VAERS any additional clinically significant AEs following vaccination, even if they are not sure the vaccine caused the event.”

From: [REDACTED] <[REDACTED]@fb.com>
 Sent: Monday, July 26, 2021 12:58 PM
 To: [REDACTED] (CDC/OD/OADC) <[REDACTED]@cdc.gov>
 Cc: [REDACTED] <[REDACTED]@fb.com>; [REDACTED] <[REDACTED]@fb.com>
 Subject: FB Misinformation Claims_Help Debuning

Hi [REDACTED] I hope you're well!

Our Misinformation Policy team has identified some claims that we were hoping your team could **help us understand if they are false and can lead to harm?** The three claims include:

1. Spike protein in COVID-19 vaccines is dangerous/cytotoxic
2. Guillain-Barre Syndrome (GBS) is a possible side effect of the COVID vaccine
3. Heart inflammation is a possible side effect of all COVID-19 vaccines (including non mRNA vaccines)

In addition, I was wondering if your team was aware of any global source of truth/database for vaccine adverse effects including possibly vaccine-related deaths?

Please let me know if you have any questions about the above, and thank you so much again for the CDC's help!

Best,

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█ Health & Well-Being Policy

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