

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 19 Feb 2020 00:23:40 +0000
To: Eisinger, Robert (NIH/NIAID) [E]
Subject: FW: New England Journal of Medicine - 20-02387

FYI. Just to keep an eye on this. 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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-----Original Message-----

From: New England Journal of Medicine <onbehalf@manuscriptcentral.com>
Sent: Tuesday, February 18, 2020 10:41 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6); Redfield, Robert R. (CDC/OD) (b) (6)>
Subject: New England Journal of Medicine - 20-02387

Dear Dr. Fauci,

Thank you for submitting your manuscript, "COVID-19 : Navigating the Uncharted" to the New England Journal of Medicine.

Your manuscript has been forwarded to members of our editorial staff, who will make an initial evaluation and decide whether it merits further consideration. You will be notified of the decision as soon as possible.

Your manuscript ID is 20-02387.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to ScholarOne Manuscripts at <https://mc05.manuscriptcentral.com/nejm> and edit your user information as appropriate. You may also view the status of your manuscript at any time by checking For Authors section of the site.

We are undertaking evaluation of your manuscript with the understanding that neither the substance of the article nor the figures or tables have been published or will be submitted for publication elsewhere during the period of review.

Please provide the editors with copies of other manuscripts by you or your coauthors addressing similar or related research questions that are in preparation or under consideration at other journals. This does not apply to abstracts published in connection with scientific meetings or to news reports based on presentations at such meetings.

The Journal's policy is explained more fully at <http://www.nejm.org/page/author-center/editorial-policies>.

Please call us at 617-734-9800 if you have any questions.

Sincerely,

Eric J. Rubin, MD, PhD
Editor-in-Chief

New England Journal of Medicine
10 Shattuck Street
Boston, MA 02115
(617) 734-9800
Fax: (617) 739-9864
<http://www.nejm.org>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 23:57:32 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: draft response for NBC online

See my minor tweak

Anthony S. Fauci, MD
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From: Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, February 18, 2020 2:48 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: FW: draft response for NBC online

Ok any edits? Pls advise

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
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From: Routh, Jennifer (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, February 18, 2020 2:47 PM
To: Conrad, Patricia (NIH/NIAID) [E] (b) (6); OCPLPressTeam
<OCPLPressTeam@od.nih.gov>
Cc: NIAID COGCORE <COGCORE@mail.nih.gov>; NIAID Media Inquiries <mediainquiries@niaid.nih.gov>
Subject: draft response for NBC online

Reporter: Jacqueline Stenson
Organization: NBC online
Phone #(s): (b) (6)
Subject: COVID-19

NBC online asked, "What is NIAID's position on whether the SARS-CoV-2 is transmissible in asymptomatic people?"

I would propose that we send a response to Jacqueline attributed to ASF:

Early case reports indicate in certain circumstances SARS-CoV-2 is transmissible in asymptomatic people. We do not know the extent to which asymptomatic transmission is impacting the outbreak. However, we know that people with symptoms are usually the main driver of outbreaks of other respiratory diseases.

Jennifer Routh [E]
News and Science Writing Branch
Office of Communications and Government Relations
National Institute of Allergy and Infectious Diseases (NIAID)
NIH/HHS
31 Center Drive Room 7A17C
Bethesda, MD 20892
Direct: (b) (6)
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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 23:32:19 +0000
To: Dennis Golden
Cc: Monica A Golden
Subject: RE: Coronavirus

Denny and Monica:

Many thanks for your kind note. I hope that all is well with you.
Warm regards,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
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-----Original Message-----

From: Dennis Golden <(b) (6)>
Sent: Tuesday, February 18, 2020 4:39 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Monica A Golden (b) (6)
Subject: Coronavirus

Tony,

Our thoughts and prayers are with you as you professionally address the horrid coronavirus transmission.

We salute you for not "sugarcoating" or trying to be "diplomatic" about the Diamond Princess Cruises ship quarantine process.

As always, you proved yourself to be a courageous, honest and ethical man. A man who has always done the right things.

We stand with you !

In Hoc Signo Vinces,

Denny and Monica Golden

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 22:06:38 +0000
To: Selgrade, Sara (NIH/NIAID) [E]
Cc: Billet, Courtney (NIH/NIAID) [E];Folkers, Greg (NIH/NIAID) [E];Conrad, Patricia (NIH/NIAID) [E];NIAID OCGR Leg
Subject: RE: Requesting your assistance: Draft NIAID Statement for Upcoming Appropriations Hearings
Attachments: Draft_NIAID FY2021 Statement for the Record_to ASF - with Fauci tracked edits.docx

Here it is. Thanks.

Anthony S. Fauci, MD
Director
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Building 31, Room 7A-03
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From: Selgrade, Sara (NIH/NIAID) [E] (b) (6) >
Sent: Tuesday, February 18, 2020 4:18 PM
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)>; NIAID OCGR Leg <NIAIDOCGRLeg@mail.nih.gov>
Subject: Requesting your assistance: Draft NIAID Statement for Upcoming Appropriations Hearings

Dr. Fauci:

In preparation for the upcoming NIH budget hearings of the House and Senate Appropriations Subcommittees on Labor, HHS, Education, and Related Agencies, we have drafted the attached NIAID statement for the record, highlighting the topics that you previously selected.

We have a firm 3-page limit for the statement. It has been reviewed by the Divisions and Drs. Harper, Eisinger, Lerner, and Marston, as well as Courtney Billet, Martin Johnson, Greg Folkers, and Laurie Doepel.

NIH OLPA has asked to receive your statement by this Wednesday, Feb. 19th. Please let us know if you would like us to request additional time for your review, given competing priorities.

Thank you for your help.

Sara

Sara Selgrade, Ph.D.
Section Chief for Legislative Activities
Legislative Affairs and Correspondence Management Branch
Office of Communications and Government Relations
NIAID/NIH/DHHS
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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 14:37:35 +0000
To: Venigalla B Rao
Cc: Casetti, Cristina (NIH/NIAID) [E]
Subject: RE: Wuhan coronavirus vaccine candidates

Rao:

Best to contact Cristina Casetti in DMID. I have copied her here.

Best,

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
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From: Venigalla B Rao (b) (6)
Sent: Tuesday, February 18, 2020 9:20 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Wuhan coronavirus vaccine candidates

Dear Tony,

Good morning!

Sorry for taking your time at this very super busy time. Greatly appreciate your service and leadership!!

(b) (4)

(b) (4)

With best regards,
Rao

On Tue, May 23, 2017 at 11:03 AM Venigalla B Rao <(b) (6)> wrote:

Dear Tony,
Just a quick update.

(b) (4)

(b) (4). He has accepted both the papers and the

papers should come out back-to-back in Virology soon. I am attaching both the pdfs for your interest.

From scientific perspective, it is very satisfying to see that both the papers using completely different approaches arrived at the same virion capture model. That was not anticipated when we initiated the work 5-years ago because the reasons to develop these assays were very different. I have mentioned to Emerman to consider highlighting the papers in the journal issue, and that you and Jim might be willing to write a short piece but I have not heard about this.

With best regards,
Rao

On Mon, May 1, 2017 at 11:33 PM, Venigalla B Rao [redacted] (b) (6) wrote:

Dear Tony,

[redacted] (b) (4)

With best regards,
Rao

On Mon, May 1, 2017 at 9:40 PM, Fauci, Anthony (NIH/NIAID) [E] [redacted] (b) (6) wrote:

Rao:

Thanks for the note and for

[redacted] (b) (4) (b) (4)

Best regards,
Tony

From: Venigalla B Rao [mailto:[redacted] (b) (6)]
Sent: Thursday, April 27, 2017 8:24 PM
To: Fauci, Anthony (NIH/NIAID) [E]
Cc: Arthos, James (NIH/NIAID) [E]; [redacted] (b) (6)
Subject: Request

Dear Dr. Fauci,

This is Venigalla Rao from The Catholic University of America, Washington, DC. I have communicated with you a couple of times in the past years for different reasons. Having been involved in administrative duties (miniscule compared to yours), I can only imagine the demands on your time. I make this request despite this trepidation and I hope that you understand.

(b) (4)




Thank you for consideration.

With best regards,

Rao

Dr. Venigalla B. Rao
Professor and Chairman
Department of Biology
The Catholic University of America
620 Michigan Ave., NE
Washington, DC, 20064

<http://faculty.cua.edu/rao/>

Phone:  (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 14:12:48 +0000
To: Suzanne Peskin
Subject: RE: Visiting !

Suzanne:

Thanks for the note. I am very, very sorry, but I do not think that we will be able to connect on Sunday. The White House and HHS have me going 24/7 including Saturday and Sunday with the coronavirus crisis. I have seen my wife (b) (6) for a total of about 45 minutes over the past 10 days. Hopefully, we can do this at some other opportunity, but this is a very bad time. I hope that you understand.

Best regards,

Tony

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

From: Suzanne Peskin (b) (6)
Sent: Monday, February 17, 2020 9:56 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Visiting !

Hi Tony, I hope all is well with you and your family. I know you are busy these days with the Coronavirus, but was wondering if you're in town this weekend ! (b) (6) lives in DC and works for Maryland CASA as a legal fellow. I'm coming in Friday evening and was planning on taking her down memory lane. She has heard so much about (b) (6) that I would love to introduce you two. (b) (6) We are free most of Sunday if you're in town. It's been way too long. Would love to see you.

Let me know if that is at all possible.

Love,

Suzanne
Sent from my iPad

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 13:17:03 +0000
To: Casetti, Cristina (NIH/NIAID) [E]
Subject: FW: [REDACTED] (b) (4) for coronavirus
Attachments: [REDACTED] (b) (4)

Please handle. Thanks.

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

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From: Li, Qihong [REDACTED] (b) (6)
Sent: Tuesday, February 18, 2020 8:04 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: [REDACTED] (b) (4) for coronavirus

Dear Dr. Fauci,
I'm writing to you to seek advice on potential collaborations with NIAID-funded facilities or other private sectors to [REDACTED] (b) (4)

[REDACTED] .

[REDACTED] (b) (4)

Please feel free to contact me if you have any questions.

Best regards,
Qihong

Qihong Li, Ph.D,
Dept. of Ophthalmology
University of Florida
Gainesville FL
32610-0284

Phone: (b) (6)

Email: (b) (6)

From: (b) (6)
Sent: Tue, 18 Feb 2020 07:00:32 -0500
To: Collins, Francis (NIH/OD) [E]
Subject: Re: Funds for CoV

Francis:

(b) (5)

Tony

On Feb 18, 2020, at 6:22 AM, Collins, Francis (NIH/OD) [E]

(b) (6) wrote:

Hi Tony,

Larry and I will have our regular meeting with the Secretary today.

(b) (5)

(b) (5)

I will see you this afternoon for our regular catch up, unless other events in our intensely busy lives intervene.

Francis

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 11:15:14 +0000
To: Bernice Mika Huang
Subject: RE: Singapore Coronavirus Updates

Bernice:

Thank you for this important update of information.
Best regards,
Tony

From: Bernice Mika Huang [REDACTED] (b) (6)
Sent: Tuesday, February 18, 2020 4:40 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6) >
Subject: Singapore Coronavirus Updates

Dear Dr. Anthony Fauci,

I'm Bernice [REDACTED] (b) (6).

I had read your online discussion details on USA Today which says:

" Another thing that we don't know is why, with a respiratory-borne illness, are there virtually no children getting infected. I mean, there are no cases of kids less than 15 years old. Does that mean for some strange reason they're not getting infected, or the illness is so mild in children that we're not noticing it? It's very clear the median age is 56 or 59."

I thought it would be crucial to share updates on Singapore's coronavirus situation for your reference, because you are the expert who could help analyze the current situation. Till date, in Singapore [REDACTED] (b) (6) have two young children who are infected:

ONE YEAR OLD

"Case 76 is a one-year-old Singaporean who was among the group evacuated from Wuhan on Feb 9. The toddler was without symptoms when he boarded the flight back to Singapore. He was put under quarantine upon landing in Singapore, and was confirmed to be infected with COVID-19 on Sunday afternoon. Advertisement He is currently warded in an isolation room at KK Women's and Children's Hospital, said MOH." Quoted from <https://www.channelnewsasia.com/news/singapore/covid19-coronavirus-singapore-update-feb-17-12441176>

SIX-MONTH OLD

" COUPLE, BABY AND MAID INFECTED The 28-year-old mother - whose infection was announced on Tuesday - works at Yong Thai Hang, a health product shop that primarily serves Chinese tourists. Her husband, a 45-year-old Singaporean tested positive on Wednesday at about 2pm, and is currently warded in an isolation room at the National Centre for Infectious Diseases (NCID). Both have no recent travel history to China. The couple's child, a six-month-old boy, tested positive at the same time and is currently warded in an isolation room at KK Women's and Children's Hospital. The family's domestic helper was one of the confirmed cases on Tuesday. MOH said in an update on Thursday that the child

was not in any infant care facility and was cared for at home, prior to being admitted to the hospital." -
Quoted from

<https://www.channelnewsasia.com/news/singapore/wuhan-virus-coronavirus-singapore-number-cases-12395928>

**Thanks, Best Regards & God Bless,
Bernice Huang**

(b) (6)

--

Best Regards, Bernice

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 11:12:55 +0000
To: Sheeley, Colin (NBCUniversal)
Subject: RE: NBC News Inquiry

I know that it is frustrating for you, but they still have not changed the official number, even though we know that it is certainly more than 44. Sorry.

From: Sheeley, Colin (NBCUniversal) <Colin.Sheeley@nbcuni.com>
Sent: Tuesday, February 18, 2020 12:26 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Chirbas, Kurt (NBCUniversal) <Kurt.Chirbas@nbcuni.com>; Varela, Jay (NBCUniversal) <jay.varela@nbcuni.com>; Santana, Cristian (NBCUniversal) <Cristian.Santana@nbcuni.com>; Mitchell, Alexander (NBCUniversal) <Alexander.Mitchell@nbcuni.com>; DiCasimirro, Gemma (NBCUniversal) <Gemma.DiCasimirro@nbcuni.com>; Studley, Joe (NBCUniversal) <Joe.Studley@nbcuni.com>; Metsch, Abigail (NBCUniversal) <Abigail.Metsch@nbcuni.com>
Subject: RE: NBC News Inquiry

Thank you Tony,

We heard this evening that there were 169 new confirmed cases aboard the cruise ship. Do you know if this changes the "official public" number at all?

Thanks,
Colin

From: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Sent: Monday, February 17, 2020 8:19 AM
To: Sheeley, Colin (NBCUniversal) <Colin.Sheeley@nbcuni.com>
Cc: Chirbas, Kurt (NBCUniversal) <Kurt.Chirbas@nbcuni.com>; Varela, Jay (NBCUniversal) <jay.varela@nbcuni.com>; Santana, Cristian (NBCUniversal) <Cristian.Santana@nbcuni.com>; Mitchell, Alexander (NBCUniversal) <Alexander.Mitchell@nbcuni.com>; DiCasimirro, Gemma (NBCUniversal) <Gemma.DiCasimirro@nbcuni.com>; Studley, Joe (NBCUniversal) <Joe.Studley@nbcuni.com>; Metsch, Abigail (NBCUniversal) <Abigail.Metsch@nbcuni.com>
Subject: [EXTERNAL] RE: NBC News Inquiry

Colin:

Thanks for the note. The number 44 is in flux. When I checked a couple of days ago, the "official public" number was 44. However, it was clear that there was likely more than that since the results of the tests were still coming back on some individuals. And so, it is a minimum of 44 infected from the cruise ship, but it is uncertain how many more than 44 are infected. I do not know where the Americans are staying

Best,
Tony

From: Sheeley, Colin (NBCUniversal) <Colin.Sheeley@nbcuni.com>

Sent: Monday, February 17, 2020 3:36 AM

To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>

Cc: Chirbas, Kurt (NBCUniversal) <kurt.Chirbas@nbcuni.com>; Varela, Jay (NBCUniversal) <jay.varela@nbcuni.com>; Santana, Cristian (NBCUniversal) <Cristian.Santana@nbcuni.com>; Mitchell, Alexander (NBCUniversal) <Alexander.Mitchell@nbcuni.com>; DiCasimirro, Gemma (NBCUniversal) <Gemma.DiCasimirro@nbcuni.com>; Studley, Joe (NBCUniversal) <Joe.Studley@nbcuni.com>; Metsch, Abigail (NBCUniversal) <Abigail.Metsch@nbcuni.com>

Subject: NBC News Inquiry

Hi there,

I'm reaching out on behalf of NBC National News – would you be able to confirm that 44 Americans aboard the Diamond Princess cruises ship have tested positive for coronavirus?

Also, would you be able to say where the Americans are staying as they are being treated for the virus?

Please **REPLY ALL** with your response, or give us a call at (212) 664-5222.

Thank you,
Colin

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 11:08:19 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: CNNi Interview Request: Anthony Fauci

Let us discuss.

From: Hynds, Joanna (NE) <Joanna.Hynds@turner.com>
Sent: Tuesday, February 18, 2020 5:49 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Pfeifer, Hazel <Hazel.Pfeifer@turner.com>; Roobeek, Rosanne <Rosanne.Roobeek@turner.com>; Avramova, Nina (NE) <Nina.Avramova@turner.com>
Subject: CNNi Interview Request: Anthony Fauci

Dear Mr Fauci,

I hope this finds you well.

I'm writing to you from CNN International to see if you are available to join [Becky Anderson](#) on her prime time flagship show '[Connect the World](#)' for a live interview on today to discuss the coronavirus.

The show airs live between **10amET – 12pmET** – do you have any availability during these hours to come to a convenient bureau?

We really loved having you on the show last Sunday! As the director of the National Institute of Allergy and Infectious Diseases your insight is always great for our global audience.

Might it be possible to arrange something?

Background on CNN

- CNN International reaches more than 250 million households worldwide including in the US via DIRECTV.
- CNN International is the number one international TV news channel according to all major media surveys across Europe, the Middle East and Africa, the Asia Pacific region and Latin America.
- In September 2019 [CNN.com](#) had 162 million unique readers globally per month and 114 million mobile readers a month, leading the BBC, Yahoo and New York Times.

Best,

Joanna Hynds

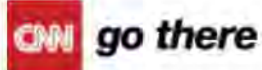
Planning Desk

CNN International

+ 44 207 693 1640 (office)

+ (b) (6) (cell)

joanna.hynds@turner.com



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 10:44:58 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Confirmation from CNN's New Day

OK. Thanks.

From: Conrad, Patricia (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, February 18, 2020 5:42 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Fwd: Confirmation from CNN's New Day

Firm hit for this morning in med arts studio at 715 am

Be in studio at 7 am

Sent from my iPhone

Begin forwarded message:

From: "Steinfeld, Alix" <Alix.Steinfeld@turner.com>
Date: February 18, 2020 at 5:13:08 AM EST
To: "Figliola, Mike" <Mike.Figliola@turner.com>, Jonathan Bennett (b) (6) >
Cc: "Conrad, Patricia (NIH/NIAID) [E]" (b) (6) >, "Daniels, Ronnel (NIH/OD/ORS) [C]" (b) (6) "Ryland, Ken (NIH/OD/ORS) [E]" (b) (6) >, "Jackson Farrar, Joy (NIH/OD/ORS) [E]" (b) (6)
Subject: RE: Confirmation from CNN's New Day

Good Morning
We have DR. ANTHONY FAUCI on New Day
Hit Time; 715aEST
IFB: 212.275.9225
PL: 212.275.9325
CONTROL: 212-275-9053
PO: 660980
Thanks
Alix

From: Figliola, Mike <Mike.Figliola@turner.com>
Sent: Tuesday, February 18, 2020 5:12 AM
To: Jonathan Bennett (b) (6) Steinfeld, Alix

<Alix.Steinfeld@turner.com>

Cc: Conrad, Patricia (NIH/NIAID) [E] <[REDACTED] (b) (6)>; Daniels, Ronnel (NIH/OD/ORS) [C] [REDACTED] (b) (6)>; Ryland, Ken (NIH/OD/ORS) [E] [REDACTED] (b) (6)>; Jackson Farrar, Joy (NIH/OD/ORS) [E] [REDACTED] (b) (6)>

Subject: RE: Confirmation from CNN's New Day

Importance: High

Adding Alix who has that info

Mike Figliola

Editorial Producer

CNN's New Day

[REDACTED] (b) (6)

mike.figliola@turner.com



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From: Jonathan Bennett [REDACTED] (b) (6)

Sent: Tuesday, February 18, 2020 5:05 AM

To: Figliola, Mike <Mike.Figliola@turner.com>

Cc: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6)>; Daniels, Ronnel (NIH/OD/ORS) [C] [REDACTED] (b) (6)>; Ryland, Ken (NIH/OD/ORS) [E] <[REDACTED] (b) (6)>; Jackson Farrar, Joy (NIH/OD/ORS) [E] <[REDACTED] (b) (6)>

Subject: Re: Confirmation from CNN's New Day

Mike,

Received and noted. What are the control room and and IFB numbers?

Jonathan

On Tue, Feb 18, 2020, 3:14 AM Figliola, Mike <Mike.Figliola@turner.com> wrote:

Hi everyone,

This is Mike with CNN's New Day. Hope you are well.

This is to confirm Dr. Fauci will be a guest today, **Tuesday 02.18.20** at around **7am EST** to discuss:

7A:

Latest on Americans who tested positive after evacuation from cruise ship; What we know about how coronavirus spreads <https://www.cbsnews.com/news/transcript-dr-anthony-fauci-on-face-the-nation-february-16-2020/>

You will be **solo at 7am EST** for the segments.

Alisyn Camerota and Jim Sciutto, in for John Berman, will both be conducting today's interview.

Please arrive at the studio no later than **6:50am EST**.

Here is your studio confirmation:

STUDIO INFO 2013424

THIS INTERVIEW WILL B E FROM their NIH MED ARTS STUDIO with a direct IFB connection

Control Room numbers are 301-827-8478 and 8479

Encompass Booking and Circuit Number:

Booking: 1-800-243-1995

Circuit: 36TBGS104492

Our IFB: 301-496-1811 (we prefer to call into the station's IFB)

Video: 1080i - the audio is embedded.

Please confirm you have received this and are all set to go!

Best,

M

Mike Figliola

Editorial Producer

CNN's New Day

(b) (6)

mike.figliola@turner.com



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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 03:08:59 +0000
To: Holland, Steven (NIH/NIAID) [E]
Subject: RE: New Coronavirus Draft Messaging

Short and sweet. Looks fine. Thanks.

From: Holland, Steven (NIH/NIAID) [E] (b) (6)
Sent: Monday, February 17, 2020 10:05 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: FW: New Coronavirus Draft Messaging

Tony,

When you get a moment could I get your take on this most recent iteration. Apologies for the intrusions.

Thanks

Steve

--
Director, Division of Intramural Research
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Bldg. 10/11N248 MSC 1960
Bethesda, MD 20892-1960
301-402-7684 voice
(b) (6) fax
(b) (6) email

Assistant lab: Eva Portillo
(b) (6) email
(b) (6) voice

Assistant to SD: Beth Schmidt
(b) (6)
(b) (6)

From: "Bailin, Heike (NIH/OD/ORS) [E]" (b) (6)>
Date: Monday, February 17, 2020 at 10:01 PM
To: "Moss, Bradley (NIH/OD/ORS) [E]" (b) (6)
Cc: "Gottesman, Michael (NIH/OD) [E]" (b) (6), Steven Holland
(b) (6), "Schmitt, James (NIH/OD/ORS) [E]"
(b) (6) "Johnson, Alfred (NIH/OD) [E]" (b) (6),
"Palmore, Tara (NIH/CC/OD) [E]" (b) (6)>, "McGowan, Colleen

(NIH/OD/ORS) [E]" (b) (6), "Cullen, William (NIH/OD/ORS) [E]"
(b) (6)>, "Newcomer, Derek (NIH/OD/ORS) [E]"
(b) (6)>, "Tosten, Timothy (NIH/OD/ORS) [E]"
(b) (6)

Subject: Re: New Coronavirus Draft Messaging

Brad- thank you. I liked much of what you did. And thanks to all who've commented and edited. Your points are well taken.

For the sake of clarity and effectively steering folks to OMS for the proposed ICP measures I favor focusing the message even more. Pease find attached OMS edits:

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 03:05:47 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: COVID 19 Diamond Princess Patients Possible Transmission by Fomites
Attachments: SARS Transmission Fomites Temperature and Humidity Variables.pdf

Please have someone respond

From: Angela Moore <[REDACTED] (b) (6)>
Sent: Monday, February 17, 2020 10:04 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: COVID 19 Diamond Princess Patients Possible Transmission by Fomites

I am a dermatologist but also a clinical researcher and scientist.
I was reading all of the news regarding concerns and questions on how the fellow patients are being infected.

A few questions arose, based on the NIH data on SARS Coronavirus, that has been much more studied, and most likely less virulent than the current COVID 19, which supposedly has HIV traits as well as traits to increase transmission.

I have wondered if COVID-19 is like Legionella, and possibly transmitted in the airborne water droplets in the air conditioning units of the Diamond Princess ship.

Even with the SARS Coronavirus, it was shown to be infective on fomites for up to 28 days unless 40 degrees Celsius and 80% humidity, when it was then inactivated in a few hours (see the attached article). I am wondering if the trays of food, after being passed to passengers on the ships, were then washed in suboptimal conditions (NOT at 40 degrees Celsius for several hours at 80% humidity)

I AM concerned, that based on the reinfection of those in Wuhan, China, after they returned home, on whether 14 days of quarantine is enough, based on the modeling and studies on the SARS Coronavirus, and whether 28 days of quarantine may actually be needed.

With the HIV virus component of COVID 19, one must also wonder if the T cells are being infected and passing the infection along within an infected patient. In the U.S., we may need to beware of blood transfusions from anyone infected, even asymptotically, with COVID 19.

I am sure that you have teams of clinicians and scientists working on this, and I don't know if any of the original scientists working on the SARS models are still around at Chapel Hill to perform these related studies and modeling.

Angela Moore

Angela Yen Moore, MD
Arlington Center for Dermatology
Arlington Research Center

711 East Lamar Blvd., Suite 200
Arlington, Texas 76011
phone 817-795-7546
fax 817-226-7546

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 02:48:13 +0000
To: bdoherly@mms.org
Cc: lbaden@nejm.org; Redfield, Robert R. (CDC/OD); (b) (6); Eisinger, Robert (NIH/NIAID) [E]; Greg Folkers ((b) (6)); Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: New England Journal of Medicine Editorial
Attachments: NEJM Editorial - Fauci et al - FINAL - 02-18-2020.docx

Briana and Lindsey:

As promised, I am attaching the invited Editorial related to the COVID-19 manuscript that we had discussed. Should I also submit it through the NEJM online website or will you take care of this? We will send in the COI and authorship forms in the next day or 2. Please let me know if you have any questions. Thank you.

Best regards,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
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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: Briana Doherty <onbehalf@manuscriptcentral.com>
Sent: Monday, February 10, 2020 11:11 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: lbaden@nejm.org
Subject: New England Journal of Medicine Editorial

Dear Dr. Fauci,

I am delighted that you have agreed to write a signed editorial to accompany the article on the initial estimates of key transmission parameters associated with nCoV-2019 virus by Li et al.

The general purpose of the Journal's editorials is to provide the reader with an authoritative interpretation or elaboration based on the substance of the article. Since this substance is usually not within the average reader's special competence, such readers will particularly benefit if the editorial avoids technical jargon, explains the article's contribution to a field of knowledge, and emphasizes, whenever possible, its clinical implications. The editorial commentary should not be concerned exclusively with the article in question but rather should use the article as a starting point for a more general discussion.

Because editorials involve interpretation and opinion, you and your potential coauthor must be free of significant

relevant financial associations (including equity interest, regular consultancies, or major research support) with a company, or with a competing company, that stands to gain from the use of a product discussed in the editorial. Please contact me immediately if you are considering a coauthor, so I can ensure that your candidate meets our criteria. Additional information about disclosure of financial and other associations appears below this letter.

Please bear in mind that your editorial represents your (and any coauthor's) personal opinion. The Journal does not include statements of grant or other support or acknowledgments with editorials.

Journal policy dictates that we must have on file a signed Copyright Transfer and Authorship Agreement from each author before a manuscript can be accepted. Therefore, the enclosed form should be signed by all authors and faxed to (781) 207-6529.

Your editorial is due at the Journal on Monday, February 17, at the very latest if the deadline imposed by our printing schedule is to be met. If the editorial is to include a figure, please submit the figure at least one week before the due date for the editorial itself.

*** Additional information about preparing and submitting your editorial is given below; please read it carefully. ***

The editors must reserve the right to edit (or even reject) your editorial, but whether we use it or not, the Journal currently offers a modest stipend of \$300.

Thanks again for agreeing to write this editorial for the Journal. I look forward to receiving it.

Sincerely yours,

Lindsey R. Baden, M.D.
Deputy Editor

New England Journal of Medicine
10 Shattuck Street
Boston, MA 02115
(617) 734-9800
Fax: (617) 739-9864
<http://www.nejm.org>

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NEJM editorials should not exceed two printed pages. This means that your word count before editing should not exceed 750 words (approximately 4500 characters). Note that we spell out trial names and most other abbreviations for our readers, and we include trial registration numbers for any clinical trials mentioned; these will lengthen your editorial if you have not included them. Please provide a title not exceeding 45 characters and a word count for the text; the entire manuscript, including references, should be double-spaced.

REFERENCES

Cite no more than 10 references, including the article you are writing about. The average collection of 10 references requires about a quarter of a printed page.

TABLE OR FIGURE

A table or a figure in your editorial will require a reduction in the number of words; because figures and tables vary in size, you may be asked to shorten the text of your editorial during the production process. A quarter-page table roughly equals 250 words, and a half-page table roughly equals 500 words.

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this support has been received over the past 2 years. Please e-mail your completed disclosure form to editorial@nejm.org.

In the event of publication, each author's submitted disclosure form will be posted on the Web (with any dollar amounts redacted).

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*** It is important that you follow the instructions below to ensure that your article enters the correct queue. ***

When you are ready to submit your manuscript, please log in to the New England Journal of Medicine - Manuscript Central site (<http://mc05.manuscriptcentral.com/nejm>). Your case-sensitive USER ID is afauci@niaid.nih.gov. For security purposes, your password is not listed in this message. If you are unsure of your password, please visit <https://mc05.manuscriptcentral.com/nejm> and enter your e-mail address in the "Forgot Your Password?" field.

Once you are logged in, the Main Menu will be displayed. Please click on the Author Center, where you will find the manuscript listed under "Invited Manuscripts." You can click on the "Continue Submission" button to begin submitting your article.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 02:09:48 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Comments on Tedros

FYI

From: John Lauerman (BLOOMBERG/ NEWSROOM:) <jlauerman@bloomberg.net>
Sent: Monday, February 17, 2020 10:20 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Comments on Tedros

BTW, I just saw that you tried me earlier and I didn't respond. I was in Geneva and evidently didn't have service. Hope we can connect this time. Best number is my desk, +44 2035 251028. Thanks again, JL

From: John Lauerman (BLOOMBERG/ NEWSROOM:) At: 02/17/20 14:37:11
To: AFAUCI@NIAID.NIH.GOV
Subject: Comments on Tedros

Hi Dr. Fauci: I'm working on a story about WHO DG Tedros and the work that he's doing to contain the coronavirus epidemic. I'm planning on discussing a number of themes, including that responding to outbreaks has become the most visible job of the DG in the past couple of decades. I'd also like to explore the issue of how important it is that countries be as open as possible about disease outbreaks, and that it's the DG's job to encourage that and move countries toward greater transparency and participation in battling outbreaks. Would you care to comment on the job that Tedros is doing in these areas? Please give me a call at +44 2035 251028 or let me know when and at what number to call you. Thanks and regards, John Lauerman, Bloomberg News

John Lauerman, Bloomberg News
3 Queen Victoria Street, London, UK
tel +44 (0) 2035 251028 cell (b) (6)
<http://www.bloomberg.com>
<http://www.bloomberg.com/prognosis>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 02:09:18 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Comments on Tedros

Please try to set up a call with John Lauerman

From: John Lauerman (BLOOMBERG/ NEWSROOM:) <jlauerman@bloomberg.net>
Sent: Monday, February 17, 2020 9:37 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Comments on Tedros

Hi Dr. Fauci: I'm working on a story about WHO DG Tedros and the work that he's doing to contain the coronavirus epidemic. I'm planning on discussing a number of themes, including that responding to outbreaks has become the most visible job of the DG in the past couple of decades. I'd also like to explore the issue of how important it is that countries be as open as possible about disease outbreaks, and that it's the DG's job to encourage that and move countries toward greater transparency and participation in battling outbreaks. Would you care to comment on the job that Tedros is doing in these areas? Please give me a call at +44 2035 251028 or let me know when and at what number to call you. Thanks and regards, John Lauerman, Bloomberg News

John Lauerman, Bloomberg News
3 Queen Victoria Street, London, UK
tel. +44 (0) 2035 251028 cell (b) (6)
<http://www.bloomberg.com>
<http://www.bloomberg.com/prognosis>

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 02:02:35 +0000
To: Casseti, Cristina (NIH/NIAID) [E]
Subject: [REDACTED] (b) (5)

Cristina:

[REDACTED] (b) (5)

Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
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Phone: [REDACTED] (b) (6)
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From: (b) (6)
Sent: Mon, 17 Feb 2020 20:56:50 -0500
To: Collins, Francis (NIH/OD) [E]
Subject: Re: (b) (5) for SARS-CoV-2

(b) (5)

On Feb 17, 2020, at 8:48 PM, Collins, Francis (NIH/OD) [E]
(b) (6) wrote:

Hi Tony,

(b) (5)

Francis

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Tue, 18 Feb 2020 00:20:01 +0000
To: Townsend, Frances
Subject: RE: This ongoing 2019 novel coronavirus, or COVID-19, outbreak has a number...

Fran:

Thanks for the note. You certainly have covered a lot of ground with your questions. I look forward to seeing you tomorrow.

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: Townsend, Frances <FTownsend@MAFGRP.COM>
Sent: Monday, February 17, 2020 6:55 PM
To: (b) (6); Shuy, Bryan (OS/ASPR/IO) (b) (6)
Fauci, Anthony (NIH/NIAID) [E] (b) (6) Conrad, Patricia (NIH/NIAID) [E]
(b) (6)>
Cc: Hanson, Elizabeth <ehanson@MAFGRP.COM>
Subject: This ongoing 2019 novel coronavirus, or COVID-19, outbreak has a number...

All: Below is an outline of questions for tomorrow at CFR. Sorry to get this to you late but it seems the news changes everyday. As you will see I focus mostly on coronavirus as I suspect that's where the interest will be but get to bio weapons toward the end.

I am happy to take additional questions or suggestions. These sessions go quickly and we have time for Q and A so I doubt I will get through it all but wanted you all to have something to look at.

Thanks again for doing this tomorrow.

Best
Fran

This ongoing 2019 novel coronavirus, or COVID-19, outbreak has a number of historic firsts. It's the largest quarantine in world history with China locking down over 60 million people. It's the first mass repatriation of American citizens into a quarantine, climbing over 1,000.

Let's start with some quick basics: what is coronavirus? How contagious? What is the morbidity rate?

How does it compare to SARs and MERs? More/less infectious? Lethal?

Just to put this in perspective every year here in the US we deal with the flu. How many Americans on average die each year from the flu?

But as I mentioned coronavirus has resulted in a number of historic firsts, talk about what you expect could be our scientific firsts and what roadblocks do those scientific firsts confront?

Over the years, global economic interdependence has grown in nearly every industrial sector, including health care. But that means our health care is also globally interdependent on other systems less equipped, less transparent and perhaps less responsible global actors.

China closed the wet market where the coronavirus outbreak began on 1/1, gene sequenced the virus on 1/9 so they could develop a diagnostic test but did not share the gene sequence with the global health community until 1/12.

How transparent and quick was the Chinese response? What should they have done that they failed to do? What were the consequences?

China now claims more than 70K infected and almost 1800 deaths from the virus. But it has been widely reported that the Chinese have underreported both numbers. What are countries' international obligations to report accurately? To whom? How do you know the numbers are accurate?

How does the current outbreak impact the domestic medical supply chain? What steps could or should we consider to enhance supply chain resilience?

What do the numbers suggest to you about what to expect regionally and worldwide? Have numbers peaked? Will they continue to rise? With the cruise ship there are now a total of 15 Americans infected. Do you expect additional cases? What scale? How prepared are we nationally? Locally?

Looking back over the roughly past decade, emerging infectious diseases played a recurring ominous theme. Be it from H1N1, to ebola, then Zika, and now the 2019 novel coronavirus, the threat is clearly not dissipating. When it comes to non-disease natural disasters, the Stafford Act provides a Disaster Relief Fund to enable immediate response. By comparison, there is a small Infectious Diseases Rapid Response Reserve Fund. Do we need a more Stafford Act-like mechanism to enable quicker response and research to these new threats? What other actions can we take to better prepare?

While often we see folks painting emerging infectious diseases and biodefense into separate categories, the truth is that there is significant crossover in terms of preparedness and research. Understanding that this is a sensitive topic, could you talk about how we should approach these risks in a comprehensive manner that can achieve public health and national security objectives concurrently?

I'd like to use this to transition to the topic of bio weapons which is what we originally planned to talk about. The landscape here has also transformed. When BioShield was written and the Strategic National Stockpile established we worried about State actors deploying banned weapons like smallpox; plague and hemorrhagic fever. And you

still must prepare against those things as well as new and emerging threats like the toxins we have seen deployed by Russia and North Korea in more targeted assassinations.

How do you stay ahead of these threats? Do we have the resources and surveillance that we need to stay ahead of the threat? And ensure the necessary vaccines and therapeutics?

The ebola outbreak may be an instructive example, it seems to be coming under some control despite the precarious security situation in the Democratic Republic of Congo. But the ongoing 2018 outbreak was the second largest in history following the 2013-2016 West African outbreak. As a result of these outbreaks, the United States government has pioneered new FDA-approved diagnostics and vaccines, with promising therapeutics seemingly around the approval corner too. What lessons can we draw from the ebola outbreaks? How do you work with and incentivize industry to develop what you need in the event of a catastrophic bio attack? And How do you make the best possible decisions about the stockpile?

I always worried that because we are global leaders if there was a bio attack or outbreak anywhere in the world, others would look to us and to our stockpile for the answer. Are our global allies doing enough to prepare against these threats--whether they be manmade or natural? Are they maintaining adequate stockpiles of medical countermeasures and research bases--and should they be?

Lastly (if we have time)...the FBI recently arrested a Harvard scientist for accepting undisclosed grant money from China for scientific research. It has now been reported that there are similar investigations at a number of US universities including Yale and MIT to name two and that the grant monies are in the billions. What are foreign governments looking for? Why in the US? Clearly a national security risk, is it a bio weapons concern?

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 20:29:27 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: COVID-1
Attachments: letter to NIAID-ICIS.pdf

Please respond to them. 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: Fitzgerald, Kate <Kate.Fitzgerald@umassmed.edu>
Sent: Monday, February 17, 2020 1:52 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Cc: Eleanor Fish <en.fish@utoronto.ca>
Subject: COVID-1

Dear Dr. Fauci,

On behalf of the International Cytokine and Interferon Society, please find attached a letter from us as clinicians and scientists committed to developing and implementing therapeutic interventions targeted against global viral infection outbreaks. We propose that high priority be given to evaluating the therapeutic antiviral activities of IFN- α /bc (clinically approved formulations) against COVID-19 which poses a potential threat to global health. Further information is detailed in the attached. The ICIS would be happy to provide the scientific and clinical expertise for this program and welcome further discussion. In particular Dr. Eleanor Fish copied above has the track record and expertise in this area.

Sincerely,

Kate A. Fitzgerald | Professor of Medicine
President | International Cytokine and Interferon Society (ICIS)

www.cytokinesociety.org

Join us @ Cytokines 2020



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 20:22:39 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: Happenings Radio Q+A...

Let us discuss. She called me up today and I told her to send me an e-mail since I was on a call. [REDACTED] (b) (5)
[REDACTED] For discussion.

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

From: cassidy@happeningsmag.com <cassidy@happeningsmag.com>
Sent: Monday, February 17, 2020 3:15 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: Happenings Radio Q+A...

Hi there,

This is Cassidy G-D from Happenings Magazine & Radio in Kenosha, WI- we ever so briefly spoke on the phone earlier today.

I was reaching out with the hope of getting you on our radio program for a 20-30 minute Q+A in which we would talk about the Coronavirus and more specifically the impact it is having on the Diamond Princess Cruise ship along with anything you would like to talk about regarding infectious diseases and or your position as director of the National Institute of Allergy and Infectious Diseases.

Please let me know if you have any interest in being on the air with us and I would be happy to provide further details. You can also get ahold of me by our office phone at 262-564-8800.

Hope you are well and I look forward to hearing back from you, Cassidy G-D

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 19:50:25 +0000
To: Casetti, Cristina (NIH/NIAID) [E]
Cc: Erbeling, Emily (NIH/NIAID) [E]; Mascola, John (NIH/VRC) [E]; Conrad, Patricia (NIH/NIAID) [E]
Subject: BMGF

Cristina:

I just spoke with Chris Carp and Trevor Mundel of the BMGF and they want to try and coordinate some of the things that they and we are doing regarding COVID-19. I told them to give you a call to set up a teleconference to discuss respective R & D agendas of NIAID and BMGF.

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)
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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 18:58:46 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: Info from China

Please have someone 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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-----Original Message-----

From: Jodie Dillman <(b) (6)>
Sent: Monday, February 17, 2020 12:42 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Info from China

Dear Dr. Fauci,

It is with trepidation that I reach out to you with information that has been shared with me regarding the real status of the Coronavirus in China. My information comes to me from a (b) (6) who has correspondence from a nurse in Harbin, China.

(b) (6) is here on an H1V visa, employed for the past several years at (b) (6) in the international student program. (b) (6)

(b) (6) I have no reason to doubt the authenticity of the correspondence that she shared with me.

This correspondence shows a lung X-ray, a glass container of bloody fluid removed from an infected lung, and a map of Harbin, China depicting many areas of the coronavirus outbreaks. The written correspondence reveals that the numbers being released of confirmed deaths is drastically low due to the spread being too fast to test. Deaths in hospital hallways and of medical staff is not being shared in order to prevent panic.

Protective gear is unavailable and the nurse writing the correspondence is fearful for her life. She states that there are five levels of screenings (tests?) before a person is reported as testing positive or of being infected with the virus. If someone dies before being confirmed, these suspected deaths are covered up and not reported. Reported numbers, even of confirmed cases are grossly undercounted.

I figure you and our government realize the information and numbers coming out of China are highly inaccurate, but this correspondence on (b) (6) confirms it. I felt it was only ethical and moral to report this, despite (b) (6) plea that the two people involved in the correspondence fear governmental retribution if it was discovered that they discussed or passed on this confidential information.

I report this and swear it to be true and confidential. I am trusting it will help in some way and not just stir panic.

Jolonda Dillman

(b) (6)

Sent from my iPhone

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 18:51:17 +0000
To: Casseti, Cristina (NIH/NIAID) [E]
Subject: FW: AI supplementation of influenza surveillance system for COVID-19 outbreak.

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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E-mail: (b) (6)

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From: Ed Peshko <esp@hedviginc.com>
Sent: Monday, February 17, 2020 1:19 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: Re: AI supplementation of influenza surveillance system for COVID-19 outbreak.

ps - feel free to contact me at this address, or my personal email address, that is (b) (6).

again, I have no dog in this fight aside from wanting to avoid a large scale pandemic worldwide.

And I'm sincerely hoping that we throw the rulebook out - and develop a new one - to deal with this the same way we did when we dealt with the 1918-1919 pandemic.

On Mon, Feb 17, 2020 at 10:09 AM Ed Peshko <esp@hedviginc.com> wrote:

Dr. Fauci,

Like you, I've been watching the COVID-19 outbreak with great alarm. Given the current data, I'm almost positive at this point that it will hit the US hard at some point and as a student of history that terrifies me.

So I'm hoping that your department has contacted the Bill and Melinda Gates foundation and see if you could make the following idea national or international. It is a supplemental health system based on AI and mobile technology and consists of two planks:

First:

- train an AI to be able to detect COVID-19 by measurements that can be done by cell phone (for example pictures of patients, recordings of patient's respiratory system)

Second:

- develop and release a smart-phone application that does the following:
 - turns on location tracking so health authorities can see where the cell phone owner is.
 - allows for people to upload health measurements from their cell phone.
 - keeps TRACK of where the cell phone owner is. If that person then tests positive for COVID later on, it can then automatically figure out all the contacts of that person for the last 14 days.
 - notifies those contacts that they have been in contact with someone with COVID-19, to isolate themselves and regularly test themselves.

The goal would be to prevent hundreds of thousands of people from descending on hospitals and overwhelming them, and to allow for the CDC or other medical personnel to go OUT and get them - or isolate them for treatment in their own homes - rather than having them come in and infect everybody.

Now this all hinges on the idea that AI could detect COVID-19 based on an audio recording or a simple picture and do it reliably, but I'm fairly sure that it can based of the peer-reviewed literature. It is not a difficult AI problem assuming that the microphone can pick up sounds well enough - if not, there are already integrated stethoscopes for cell phones that could be mass produced - and once developed to enough precision it could be deployed nationally or internationally fairly easily.

For all I know something like this is already in the works but I haven't heard of anything like it - apart from the chinese app which AFAICT does not use any AI but DOES allow for automatic contact tracing.

I sincerely hope this is already in the works. Ultimately it could be used both for detection and treatment - assuming the current antivirals work out they could be distributed to the same coordinates that positive diagnoses come in, perhaps by cheap drone so that nobody actually needs to be exposed to the virus to effect treatment.

Anyways, thanks for your time and efforts. Personally I'm a software developer but I'm hoping that perspective his helpful - for I view the fight against this virus as an INFORMATIONAL fight. It's like a fire-suppression system or food safety measures. Again, I have no clue whether or not this is already being done, and I apologize in advance if I'm missing something and this all seems obvious.

I just think that in this case it is prudent for us to be safe rather than sorry.

Thanks much,

Ed

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 18:47:09 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: AI supplementation of influenza surveillance system for COVID-19 outbreak.

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: Ed Peshko <esp@hedviginc.com>
Sent: Monday, February 17, 2020 1:10 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: AI supplementation of influenza surveillance system for COVID-19 outbreak.

Dr. Fauci,

Like you, I've been watching the COVID-19 outbreak with great alarm. Given the current data, I'm almost positive at this point that it will hit the US hard at some point and as a student of history that terrifies me.

So I'm hoping that your department has contacted the Bill and Melinda Gates foundation and see if you could make the following idea national or international. It is a supplemental health system based on AI and mobile technology and consists of two planks:

First:

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- develop and release a smart-phone application that does the following:

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- allows for people to upload health measurements from their cell phone.
- keeps TRACK of where the cell phone owner is. If that person then tests positive for COVID later on, it can then automatically figure out all the contacts of that person for the last 14 days.
- notifies those contacts that they have been in contact with someone with COVID-19, to isolate themselves and regularly test themselves.

The goal would be to prevent hundreds of thousands of people from descending on hospitals and overwhelming them, and to allow for the CDC or other medical personnel to go OUT and get them - or isolate them for treatment in their own homes - rather than having them come in and infect everybody.

Now this all hinges on the idea that AI could detect COVID-19 based on an audio recording or a simple picture and do it reliably, but I'm fairly sure that it can based of the peer-reviewed literature. It is not a difficult AI problem assuming that the microphone can pick up sounds well enough - if not, there are already integrated stethoscopes for cell phones that could be mass produced - and once developed to enough precision it could be deployed nationally or internationally fairly easily.

For all I know something like this is already in the works but I haven't heard of anything like it - apart from the chinese app which AFAICT does not use any AI but DOES allow for automatic contact tracing.

I sincerely hope this is already in the works. Ultimately it could be used both for detection and treatment - assuming the current antivirals work out they could be distributed to the same coordinates that positive diagnoses come in, perhaps by cheap drone so that nobody actually needs to be exposed to the virus to effect treatment.

Anyways, thanks for your time and efforts. Personally I'm a software developer but I'm hoping that perspective his helpful - for I view the fight against this virus as an INFORMATIONAL fight. It's like a fire-suppression system or food safety measures. Again, I have no clue whether or not this is already being done, and I apologize in advance if I'm missing something and this all seems obvious.

I just think that in this case it is prudent for us to be safe rather than sorry.

Thanks much,

Ed

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 17:42:47 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: PBS NewsHour inquiry for today

FYI

Let us discuss after I get off the AMA call, which is going long

From: David Coles <dcoles@newshour.org>
Sent: Monday, February 17, 2020 11:51 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Subject: PBS NewsHour inquiry for today

Dr. Fauci,

Might you be available to update our viewers on the latest developments in the coronavirus story today/tonight? We are particularly interested in getting your evaluation of the passengers who have been released from two cruise ships. The first, in Yokohama, Japan, where over 300 Americans released from the ship have now arrived back in the US, to go into 14 days of quarantine. 14 of those people tested positive at some point after leaving the ship, but before they boarded the plane. The second ship we want to focus on is in Cambodia. Something in the neighborhood of 1,000 passengers released from that ship have been reported to be in some state of travel to their homes, presumably around the globe. One woman who made it as far as Malaysia tested positive there and is hospitalized in Kuala Lumpur. We do know that the CDC is working with WHO and the cruise ship line to track down those traveling people.

We would very much like to hear from you what level of concern we should have over those many hundreds of people traveling right now, how well quarantine works, how important it is to maintain it, etc. We would also like to touch on the methods of containment and treatment being done inside China and how well those methods have worked.

I realize it is a holiday, and that could complicate things. But please let me know whether you could consider this, Doctor, and we will begin to work out the logistics.

Thank you.

Very best regards,
Dave

David Coles
Deputy Senior Producer, National Affairs



703 998 2104

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 16:35:20 +0000
To: Smith, Steven
Subject: Re: i've been thinking about you
Attachments: image003.png

Steven:

Thanks for the note. Much appreciated. It has been 24/7 for me for the past 4 weeks. Hope that all is well with you.

Best,
Tony

On Feb 17, 2020, at 10:39 AM, Smith, Steven <Steven.Smith@[REDACTED] (b) (6)> wrote:

Having just come back from Australia where coronavirus is hands down a national emergency, I've been thinking about you again and all the good work you do to keep us safe.

I was with someone who's a diplomat with the Australian government who said "it's much, much worse than the Chinese would have you believe. Much worse." Melbourne and Sydney were deserted almost immediately of Chinese tourists and students. I luckily flew through DOHA.

Hang in there. It's always something.

Steven

Steven W. Smith [REDACTED] (b) (6)

[REDACTED] (b) (6)

<image003.png>

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[REDACTED] (b) (6)



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 14:14:34 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: Re: Request from CNN's New Day
Attachments: image001.jpg

Thanks

On Feb 17, 2020, at 9:11 AM, Conrad, Patricia (NIH/NIAID) [E]
(b) (6) wrote:

Working on this from med arts for tomorrow as well. Just FYI

Sent from my iPhone

Begin forwarded message:

From: "Figliola, Mike" <Mike.Figliola@turner.com>
Date: February 17, 2020 at 8:42:38 AM EST
To: "Conrad, Patricia (NIH/NIAID) [E]" (b) (6)
Subject: RE: Request from CNN's New Day

Copy will be back soonest

M

Mike Figliola
Editorial Producer
CNN's New Day
(b) (6)
mike.figliola@turner.com

<image001.jpg>

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immediately notify us by reply e-mail at mike.figliola@turner.com or by telephone at (917) 670-9410, and destroy the original transmission and its attachments without reading them or saving them to disk. Thank you.

From: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6)>
Sent: Monday, February 17, 2020 8:42 AM
To: Figliola, Mike <Mike.Figliola@turner.com>
Subject: RE: Request from CNN's New Day

Between 7 am – 7:50 am ET

From: Figliola, Mike <Mike.Figliola@turner.com>
Sent: Monday, February 17, 2020 8:40 AM
To: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: RE: Request from CNN's New Day

Working on timing – is there a preferred time?

Mike Figliola
Editorial Producer
CNN's New Day
[REDACTED] (b) (6)
mike.figliola@turner.com

<image001.jpg>

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From: Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6)
Sent: Monday, February 17, 2020 8:40 AM
To: Figliola, Mike <Mike.Figliola@turner.com>
Subject: Re: Request from CNN's New Day

Would hit time be I. The 7 am hour? Do I have exact time?

Sent from my iPhone

On Feb 17, 2020, at 4:16 AM, Figliola, Mike
<Mike.Figliola@turner.com> wrote:

Hi Patty,

Mike with cnn and new day here

Hope all is well

We are interested in checking Dr Fauci's availability for
Tuesday's show.

May you let me know if he is avail and what time frame works
best?

Topic is Coronavirus

Thanks!

M

Sent from my iPhone

On Jan 30, 2020, at 10:05 AM, Figliola, Mike
<Mike.Figliola@turner.com> wrote:

Hi Patty!

Morning

If we want Fauci for tomorrow, is he avail?

Barring maj breaking news we are not planning to
cancel

Thoughts?

M

Mike Figliola
Editorial Producer
CNN's New Day
(b) (6)
mike.figliola@turner.com

<image001.jpg>

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From: Figliola, Mike
Sent: Thursday, January 23, 2020 10:22 AM
To: Conrad, Patricia (NIH/NIAID) [E]
(b) (6)
Subject: RE: Request from CNN's New Day

Copy thank you!

Mike Figliola
Editorial Producer
CNN's New Day
(b) (6)
mike.figliola@turner.com

<image001.jpg>

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and its attachments without reading them or saving them to disk. Thank you.

From: Conrad, Patricia (NIH/NIAID) [E]
(b) (6)>
Sent: Thursday, January 23, 2020 10:16 AM
To: Figliola, Mike <Mike.Figliola@turner.com>
Subject: RE: Request from CNN's New Day

Per our chat just now – can have him avail between 6 am – 8:15. Hard stop at 815 am ET

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: Figliola, Mike <Mike.Figliola@turner.com>
Sent: Thursday, January 23, 2020 10:02 AM
To: Conrad, Patricia (NIH/NIAID) [E]
(b) (6)
Subject: RE: Request from CNN's New Day

Ok – we wont know until 1030a meeting – is it ok to hold 6 and 7a until then?

Mike Figliola

Editorial Producer

CNN's New Day

(b) (6)

mike.figliola@turner.com

<image001.jpg>

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From: Conrad, Patricia (NIH/NIAID) [E]

(b) (6)

Sent: Thursday, January 23, 2020 10:00 AM

To: Figliola, Mike <Mike.Figliola@turner.com>

Subject: RE: Request from CNN's New Day

Sorry to be a pain-if you think it will be in the 6 am hour – we might need to use a different studio...if its in the 7 am hour we can use our remote studio...

Any thoughts as to which hour again, sorry

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: Figliola, Mike <Mike.Figliola@turner.com>

Sent: Thursday, January 23, 2020 9:23 AM

To: Conrad, Patricia (NIH/NIAID) [E]

(b) (6)>

Subject: RE: Request from CNN's New Day

Copy thank you

Mike Figliola

Editorial Producer

CNN's New Day

(b) (6)

mike.figliola@turner.com

<image001.jpg>

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From: Conrad, Patricia (NIH/NIAID) [E]
(b) (6)>
Sent: Thursday, January 23, 2020 9:18 AM
To: Figliola, Mike <Mike.Figliola@turner.com>
Subject: RE: Request from CNN's New Day

Checking now for all times between 6-9 will let you know soonest

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: Figliola, Mike <Mike.Figliola@turner.com>
Sent: Thursday, January 23, 2020 9:10 AM
To: Conrad, Patricia (NIH/NIAID) [E]
(b) (6)
Subject: RE: Request from CNN's New Day

Hi again

Could be back half of 7am but if this gets much worse we may play it higher in the hour – is there any time that doesn't work?

Mike Figliola
Editorial Producer
CNN's New Day
(b) (6)

mike.figliola@turner.com

<image001.jpg>

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From: Conrad, Patricia (NIH/NIAID) [E]

(b) (6)

Sent: Thursday, January 23, 2020 8:57 AM

To: Figliola, Mike <Mike.Figliola@turner.com>

Subject: FW: Request from CNN's New Day

Hi Mike – we can make this happen.
The 7 am hour is best for us but will get back to you. do you have an idea of the hit time? need to make sure our nih studio is available.

thx

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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Begin forwarded message:

From: "Figliola, Mike"
<Mike.Figliola@turner.com>
Date: January 23, 2020 at 8:36:15 AM EST
To: "Fauci, Anthony (NIH/NIAID) [E]"
(b) (6)
Subject: RE: Request from CNN's New Day

Hi everyone,

This is Mike with CNN's New Day

Hope you are well

We would like to invite Dr, Fauci back to the program to discuss coronavirus

Might he be available tomorrow

We air 6-9am and happy to provide car service to and from the studio wherever you are located. John Berman and Alisyn Camerota anchor from NY.

Thoughts?

best,

M

Mike Figliola

Editorial Producer

CNN's New Day

(b) (6)

mike.figliola@turner.com

<image001.jpg>

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NIH-00184



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 13:50:10 +0000
To: Natalie Rahhal
Cc: Kadlec, Robert (OS/ASPR/IO)
Subject: FW: Comments re: 14 US passengers with coronavirus and updates

Natalie:

I sent the incorrect e-mail address for Dr. Kadlec. Here is the correct one.
Tony

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Monday, February 17, 2020 8:47 AM
To: Natalie Rahhal (b) (6) >
Cc: (b) (6); Conrad, Patricia (NIH/NIAID) [E] (b) (6) >
Subject: RE: Comments re: 14 US passengers with coronavirus and updates

Natalie:

Thank you for your note. Dr. Robert Kadlec, the Assistant Secretary for Preparedness and Response (ASPR) at HHS could either answer this question or point you in the direction of someone who could. I am copying him on this e-mail.

Best regards,
Tony

From: Natalie Rahhal (b) (6)
Sent: Monday, February 17, 2020 8:28 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Subject: Comments re: 14 US passengers with coronavirus and updates

Hi Dr Fauci,

I hope this note finds you well and that you've gotten a little rest over the weekend, during what I'm sure is an inordinately busy time. Would you be able to elaborate on the measures taken to keep the 14 US evacuees who have coronavirus from infecting others on board the plane? I know that remdesivir, under compassionate use, was given to at least the first American coronavirus patient, and last week NIH researchers published results early that it had preventive effects for macaques exposed to MERS. Has the US considered using this drug to protect those exposed to but not yet infected with coronavirus?

Thank you,

Natalie A Rahhal
Acting US Health Editor

Daily Mail.com

Daily Mail Online | 51 Astor Place, 9th floor, New York NY 10003

Tel: +1 212 402 9086

Mobile: (b) (6)

Twitter: <https://twitter.com/natalier78?lang=en>

Email: Natalie.rahhal@mailonline.com

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 17 Feb 2020 13:24:34 +0000
To: Folkers, Greg (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; Doepel, Laurie (NIH/NIAID) [E]; Eisinger, Robert (NIH/NIAID) [E]; Lerner, Andrea (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]
Subject: RE: ASF ----- attached for your review is draft abstract for Florence vaccine meeting
Attachments: Keystone abstract --transforming vaccinology -- 3-16-2020 - with minor Fauci edits.docx

Greg:

This looks great. I have made some minor edits that are tracked in the document. Please accept these and then it is ready to go. Thanks.

Best,
Tony

From: Folkers, Greg (NIH/NIAID) [E] (b) (6)
Sent: Wednesday, February 12, 2020 1:47 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6) >
Cc: Conrad, Patricia (NIH/NIAID) [E] (b) (6) >; Doepel, Laurie (NIH/NIAID) [E] (b) (6) >; Eisinger, Robert (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Lerner, Andrea (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6) >
Subject: ASF ----- attached for your review is draft abstract for Florence vaccine meeting

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 16 Feb 2020 22:28:19 +0000
To: Jon LaPook
Subject: RE: Coronavirus

Jon:

I have no idea what this guy is talking about. I have never said the R0 was close to 5 or 6. The R0 is about 2.0 to 2.2. Also, the situation is as we have discussed on several occasions. In the USA, the travel restrictions seem to be working with only 15 cases in the USA (13 travel and 2 spouses). But, as I have said, this could change. If we get substantial sustained transmission in a number of countries throughout the world, including the developing world, then sooner or later there will be significant leakage of infected individuals into the USA since you cannot restrict incoming travel from the whole world. The way we might be able to avoid a real global pandemic is if the non-China countries can contain the infections in their respective countries before there is widely distributed sustained transmissions. Once widely distributed sustained transmissions happen, a global pandemic is inevitable. What would a global pandemic mean? It depends on the true rates of morbidity and mortality. The currently reported mortality of COVID-19 is about 2%. However, there are several folds more cases than are coming to the official attention of health authorities, i.e. asymptomatic or minimally symptomatic infections. If you count these, the denominator gets much larger and the case fatality rate could drop to 1% of even 0.5 % or less. If that is the case, then this could be a very severe seasonal flu (0.2% to 0.4%; regular seasonal flu is 0.1%) or a typical pandemic like 1957 or 1968 (0.5% -0.9 %). We are not sure where it is going to land.

Hope this is helpful.

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)
FAX: (301) 496-4409
E-mail (b) (6)

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

From: Jon LaPook (b) (6)>
Sent: Sunday, February 16, 2020 4:39 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Coronavirus

Hi Tony,

I thought you would be interested to see a text (below my email) I just got from a very smart Wall Street guy who has been filling me in on reaction there. I've been doing my best on air to put the current situation in perspective - communicating that the risk in the U.S. is still relatively low while letting viewers know the situation is fluid and could change. How would you sum up where we are now?

Thanks,
Jon

TEXT I JUST RECEIVED:

“Doc, total panic mode setting in . Tony Fauci talking R nought at closer to 5 or 6. Good biotech guys saying it might not die down in April. People talking about 60% of us will get it ; unstoppable in Africa. I can’t scare people but this is really bad. I hate bothering you on this but I know I need to take my cue from what you will say on CBS”

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

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 16 Feb 2020 21:16:02 +0000
To: Lucassen, Elisabeth B
Subject: RE: Coronavirus patient--secure

Elisabeth:

Do you have time for a quick phone call?

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)

FAX: (301) 496-4409

E-mail: (b) (6)

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From: Lucassen, Elisabeth B <Elisabeth.Lucassen@providence.org>

Sent: Friday, February 14, 2020 1:54 PM

To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)

Subject: Coronavirus patient--secure

Importance: High

Dear Dr. Fauci,

(b) (6)

(b) (6)

(b) (6). Any input would be most appreciated. Many thanks in advance!

Sincerely,
Elisabeth Lucassen

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 16 Feb 2020 20:40:58 +0000
To: Redfield, Robert R. (CDC/OD)
Cc: Greg Folkers (b) (6)
Attachments: nejmoa2001316.pdf, NEJM Editorial - Fauci et al - clean with Fauci edits accepted.docx

Bob:

As per our discussion, I am attaching the Editorial together with the NEJM paper upon which the editorial is based. Please take a look and give your approval. Of course if you have any comments or edits, they are most welcome. As mentioned, the NEJM wants the manuscript by COB tomorrow (Monday).

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
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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 16 Feb 2020 20:20:29 +0000
To: Arthos, James (NIH/NIAID) [E]
Subject: RE: one on one

No problem. I am drowning in coronavirus and our meeting likely would have wound up being cancelled anyway. Hopefully, we will soon get back to some sort of normality in our meetings. 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)
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From: Arthos, James (NIH/NIAID) [E] (b) (6)
Sent: Sunday, February 16, 2020 2:18 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: one on one

Hi Tony,

I'm very sorry to bother you when you are so busy. Regarding this Tuesday, we are on your schedule for a one on one and unit head meeting. something came up last minute and I am going to be away from Tuesday through Friday, so I won't be able to make either. Sorry for the late notice.

Jim

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 16 Feb 2020 20:17:53 +0000
To: Lane, Cliff (NIH/NIAID) [E]
Cc: Greg Folkers (b) (6); Conrad, Patricia (NIH/NIAID) [E]
Subject: NEJM manuscript
Attachments: NEJM Editorial - Fauci et al - clean wuth additional Fauci edits - 02-15-2020.docx, NEJM Editorial - Fauci et al - clean with Fauci edits accepted.docx

Cliff;

I am attaching 2 documents: 1) The revised manuscript that Greg worked on in which I have added a number of tracked changes including deleting a substantial amount to get it between 800 and 900 words; and 2) A clean version where I have accepted all the tracked changes (Greg's and mine). Right now I like it the way it is and would not change it much if at all. What it needs now is references. Greg will take a shot at adding the references. If you have references, please send them to Greg and me. In the meantime, I will send it without references to Bob Redfield for his review/approval. Let us discuss by phone if you wish.

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: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 16 Feb 2020 19:19:00 +0000
To: Greg Folkers (b) (6)
Cc: Conrad, Patricia (NIH/NIAID) [E]
Subject: NEJM manuscript
Attachments: NEJM Editorial - Fauci et al - clean wuth additional Fauci edits - 02-15-2020.docx, NEJM Editorial - Fauci et al - clean with Fauci edits accepted.docx

Greg;

I am attaching 2 documents: 1) The revised manuscript that you sent to me in which I have added a number of tracked changes including deleting a substantial amount to get it between 800 and 900 words; and 2) A clean version where I have accepted all the tracked changes (yours and mine. Right now I like it the way it is and would not change it much if at all. What it needs now is references. Can you add up to 10 references? It might be easier for you to do that rather than Cliff. If not, I will send to Cliff and see if he can do it. In the meantime, I will send it without references to Bob Redfield for his review/approval. Let us discuss by phone if you wish.

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
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E-mail: (b) (6)

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 16 Feb 2020 12:12:58 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]
Subject: FW: COVID-19 therapy

Please handle.

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

From: Cesare Cocchi [REDACTED] (b) (6)>
Sent: Sunday, February 16, 2020 5:18 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Subject: COVID-19 therapy

Dear Doctor Fauci,

I am a pediatrician from [REDACTED] (b) (6) (IT).

I was wondering if high doses of vitamin A have been tried in the therapy of COVID-19.

Do you remember the cases of viral pneumonia due to measles that take place in African infants in the late seventies. It seemed to work.

Many sorry to bother you.

Have a good job!

Best regards

Cesare Cocchi MD

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 15 Feb 2020 22:21:34 +0000
To: Conrad, Patricia (NIH/NIAID) [E]
Subject: FW: To VIMA newspaper-Greece-interview request-coronavirus

FYI

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

From: Θεοδώρα Τσώλη <ttsoli@tovima.gr>
Sent: Saturday, February 15, 2020 4:22 PM
To: NIAID NEWS (NIH/NIAID) <NIAIDNEWS@niaid.nih.gov>
Cc: Fauci, Anthony (NIH/NIAID) [E] (b) (6)>
Subject: To VIMA newspaper-Greece-interview request-coronavirus

Hallo

My name is Theodora Tsoli and I am a science editor for the greek newspaper To VIMA (www.tovima.gr) one of the biggest Sunday papers in my country. I would like to have, if possible, a telephone interview with dr Fauci on the coronavirus outbreak for next Sunday's paper. If he won't be able to speak, could I send questions to which he could answer?

Looking forward to your reply

Thank you in advance

Theodora Tsoli

Στάλθηκε από το iPhone μου

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/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>

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)

[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 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
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

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=3985fc87-65d1e5fb-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](#);
[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

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)
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HARVEY, 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.
(b) (6)
>;
Johnson, Robert
(OS/ASPR/BARDA)
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Yeskey, Kevin
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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
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Borio,
Luciana (b) (6)>;
Hanfling, Dan
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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

(b) (6)

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 [Mai](#) 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](#)

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[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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Hepburn, Matthew J
CIV USARMY
(USA)

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Koonin
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Wargo Michael
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Walters, William
([STATE.GOV](#))

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(OS/ASPR/IO)

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Hamel, Joseph
(OS/ASPR/IO)

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McNamara

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Dean,
Charity A@CDPH

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>; Borio, Luciana
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; McDonald, Eric
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Wade, David
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THOMAS

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>; Hassell,
David (Chris)
(OS/ASPR/IO)

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>; David Gruber
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(b) (6)

KAUSHIK,
SANGEETA
(b) (6)

Dr. Eva
K Lee (b) (6)

(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
(@mlipsitc
h)**

[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](#)
[h](#))

[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 R0 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 R0 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)

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David Marcozzi
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Hepburn, Matthew J
CIV USARMY
(USA)

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>; Lisa

Koonin
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Wargo Michael
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Walters, William
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HERBERT

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>; Eastman,
Alexander

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EVANS,
MARIEFRED

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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)
Caneva,
Duane

(b) (6)
>; Richard
Hatchett

(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)

(b) (6)
TARANTINO,
DAVID A
(b) (6)

>; Baric,
Ralph S
(b) (6)

(b) (6)
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

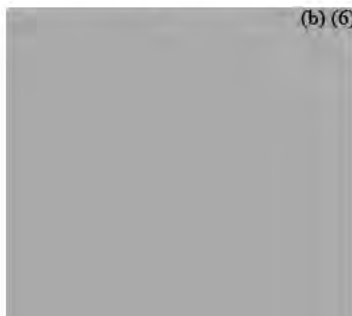
Purpose: This is a
new Red Dawn String
to cut down the size
from the previous
string, opportunity to
provide thoughts,
concerns, raise issues,
share information
across various
colleagues responding
to COVID-19.

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)

(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,

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

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) [REDACTED] (b) (6) >
Sent: Friday, February 21, 2020 5:53 AM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (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) (5)

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) (6)>
Sent: Tuesday, February 18, 2020 8:23 PM
To: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)>
Cc: Folkers, Greg (NIH/NIAID) [E] [REDACTED] (b) (6); Conrad, Patricia (NIH/NIAID) [E] <[REDACTED] (b) (6)>
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.

If you would like to unsubscribe from this ListServ LIST, please send an email to LIST@cdc.gov, enter CDC in the email Subject, and include the following "one" line in the Body of the email: signoff MMWR-MEDIA

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)" <[REDACTED] (b) (6)>
Date: February 17, 2020 at 2:45:52 PM EST
To: "Tabak, Lawrence (NIH/OD) [E]" <[REDACTED] (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
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

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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
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: 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
Bethesda, MD 20892-2520
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) (5)
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
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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
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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/NCEID/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
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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

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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