From: Genelle Adrien
To: Crawford, Carol Y. (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC)
Cc: Payton Iheme
Subject: CDC approval requested: FAQ Content
Date: Tuesday, May 4, 2021 9:21:02 AM
Attachments: Copy of FAQ Content 4.30 CDC.xlsx

Hi Carol – Hope the week is off to a great start. Our content specialist, recently made copyedits to two CDC questions for our new FAQ modules appearing in the COVID-19 Information Center.

These are fairly minor edits to what you've already provided, but if you have additional edits, could you please let us know by COB if possible?

A quick note that our new launch date is 5/17. We are not planning any proactive comms at the moment, but if we do, we will let you know and coordinate accordingly.

Thanks and let me know if you have questions!

Best,
Genelle

	Notes for CDC from Facebook Content	Needs Partner Approval	Feedback from CDC
	Edited to add "More serious side effects are extremely rare. A person is far more likely to be seriously harmed by a disease than by the vaccine."	**What are the side effects of getting a COVID-19 vaccine?** You may have some side effects, which are normal signs that your body is building protection. These side effects might affect your ability to do daily activities, but they should go away in a few days. Some people have no side effects. You might experience: Pain, redness or swelling in the arm where you got the shot Tiredness Headache Muscle pain Chills Fever Joint pain You may get a high temperature or feel hot or shivery 1 or 2 days after having your vaccination. More serious side effects are extremely rare. A person is far more likely to be seriously harmed by a disease than by a vaccine.	
		How many doses of a COVID-19 vaccine will I need to get? The number of doses you'll get depends on which vaccine you're given. • Pfizer is 2 doses, 3 weeks (21 days) apart • Moderna is 2 doses, one month (28 days) apart • Johnson & Johnson is one dose If you get the Pfizer or Moderna vaccine, get your second shot as close to the recommended schedule as you can. However, you may get your second dose up to 6 weeks (42 days) after the first dose, if necessary	

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Stanley Onyimba; Jan Antonaros
Subject: CDC vaccine content
Date: Wednesday, December 23, 2020 10:20:00 AM

Just FYI. Rosie had this ready for discussion yesterday so sending it along if helpful. Have a great holiday!

New Pages

Moderna COVID-19 Vaccine Information | CDC
Moderna COVID-19 Vaccine Questions | CDC
COVID-19 Data Tracker: CDC COVID Data Tracker

New Prioritization Recommendations

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html
https://www.cdc.gov/vaccines/covid-19/implementation-strategies.html
https://www.cdc.gov/vaccines/covid-19/phased-implementation.html
https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html

Pages Updates with Prioritization Recommendations

What to Expect at Your Appointment to Get Vaccinated for COVID-19 | CDC

Pages Updated

COVID-19 Vaccines and Severe Allergic Reactions | CDC
Vaccination Considerations for People who are Pregnant or Breastfeeding | CDC
Vaccines | CDC
8 Things to Know about the U.S. COVID-19 Vaccination Program | CDC
How CDC is Making COVID-19 Vaccine Recommendations | CDC
COVID Clinical Landing Page
Product Info by US Vaccine Page
Pfizer-BioNTech COVID-19 Vaccine Information | CDC
COVID-19 Vaccine FAQs for Healthcare Professionals | CDC
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/pdfs/321466-A_FS_What_Expect_COVID-19_Vax_Final_12.13.20.pdf
Facts about COVID-19 Vaccines (cdc.gov)
Different COVID-19 Vaccines | CDC
Information about the Pfizer-BioNTech COVID-19 Vaccine | CDC
COVID-19 Vaccination Provider Requirements and Support | CDC
Training and Education | COVID-19 Vaccination | CDC

Carol Y. Crawford

Chief, Digital Media Branch
Division of Public Affairs
Office of the Associate Director for Communication
Centers for Disease Control and Prevention
404-498-2480
ccrawford@cdc.gov
Cell: (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O"Boyle; Stanley Onyimba; Jan Antonaros; Payton Iheme; Carrie Adams; Sam Huxley; Christopher Thomas Lewitzke (CENSUS/ADCOM CTR); Jennifer Shopkorn (CENSUS/ADCOM FED; Spkler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC)
Subject: COVID 19 BOLO Meeting
Start: Friday, May 14, 2021 12:00:00 PM
End: Friday, May 14, 2021 12:30:00 PM
Location: Zoom Meeting

We would like to invite digital platforms to attend a short "Be On The Lookout" meeting on COVID. Let us know if you have questions and feel free to forward this message to anyone in your organization that should attend.

Thank you.

Carol Crawford

Chief, Digital Media Branch

Division of Public Affairs

OADC

ccrawford@cdc.gov <mailto:ccrawford@cdc.gov>

404-498-2840

Join ZoomGov Meeting

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(b)(6)

US (San Jose)

US (New York)

US

US (San Jose)

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number: (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Iheme; Genelle Adrien
Subject: COVID BOLO Misinformation meetings
Date: Monday, May 10, 2021 12:44:00 PM

We would like to establish COVID BOLO meetings on misinformation and invite all platforms to join the meetings. We are aiming for our first one on Friday at noon. I know you were considering possible process on your end, but we wanted start here just as interim first step. Are there direct POCs on your end I should include on the invite? Happy to chat if better.

THANKS!

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O'Boyle
Cc: Sam Huxley; Christopher Lewitzke; Jennifer Shopkorn (CDC/OD/OADC) FEO; Spisler, Lynn (CDC/OD/OADC)
Subject: COVID Misinformation
Date: Monday, May 10, 2021 1:50:30 PM

Todd –

We wanted to point out two issues that we are seeing a great deal of misinfo about – vaccine shedding and microchips. The below are just some example posts. We do plan to post something shortly to address vaccine shedding and I can send that link soon. Our census team copied here, has much more info on it if needed.

Also, we are standing up a BOLO COVID misinformation meeting and inviting all tech platforms. We are shooting for 12pm EST on Friday for our first meeting. I'll include you on the invite but if you'd like to propose an alternative approach or would like to me include others, just let me know.

Thanks!

Post Text	Link
MAGNET STICKS TO AREA INJECTED BY THE VACCINE- ARE THE VACCINATED GETTING MICROCHIPPED? #justsayno	https://twitter.com/EscanorThe2nd/status/1388177564284461065
The ex VP of Pfizer came out predicting that there will be a human depopulation of the vaccinated people in 2 years. An even shorter lifespan after the booster. He believes it's eugenics. Many scientists are corroborating this. I'll be alive! Experimental vaccines!	https://twitter.com/leslibless/status/1388396652150970520
THE BIG QUESTION IS WHY ARE THEY LYING...GOVERNMENTS SIGNED US AWAY TO NWO...DEPOPULATION...ALSO EXPERIMENTS IN AI...IN LAYMENS TERMS...TRYING TO TURN US INTO ROBOTS/ ANDROIDS....ALSO THEY WANT WORLD BANK OF OUR DNA....VIA VAX	https://twitter.com/Elizabe32413720/status/1388823276508357633
Agreed. But if the science is being followed, there's an awful lot of evidence that the vax crowd are shedding...maybe the non-vaxxed are safer this way...thoughts @crislerwyo ?	https://twitter.com/orangecone21/status/1389591915276931080
COVID 'Vaccine Shedding', Evidence SARS-CoV-2 Spike Protein Can 'Alter Human Genes' & VAERS Truth	https://twitter.com/YouveAllDancd/status/1388289365311731712
Thank Bill Gates for wanting depopulation. That's exactly what this vaccine is doing, and will continue to do over the next few years.	https://twitter.com/PatriotGaGal/status/1390011916563648512
IM ALARMED BY THE AMOUNT OF WOMEN IN MY DM'S COMPLAINING ABOUT ABNORMAL BLEEDING AND MISCARRIAGES AFTER COMING IN CONTACT WITH SOMEONE WHOSE BEEN VACCINATED!!!!!	https://twitter.com/HoodHealer/status/1385878831286110222
Well hundreds of women on this page say they are having bleeding/ clotting after vaccination or that they bleed oddly being AROUND vaccinated women. Unconfirmed, needs more investigation. But lots of reports. COVID-19 Vaccine Side Effects	https://twitter.com/naomirwolf/status/1385927370501337092
[Links to: https://www.infowars.com/posts/vaccine-shedding-causing-miscarriages-and-blood-clots-in-unvaccinated-females/]	https://twitter.com/StevePieczenik/status/1388152327709551043
So the #CDC now says that those who are "Fully Vaxnated" can "Go outside & live freely" lol.. This is a joke. Quick questions for those who were experimented on I MEAN Took the shot, what were the ingredients in it? You did ASK right?... Also, do you know what SHEDDING is?	https://twitter.com/IshanRizza/status/1387476584072343267
Here is the official Pfizer trail protocols Concerning shedding by the vaccinated Fertility (male and female). contraception to be compulsorily used because shedding Adverse events and serious adverse events reporting And much more Dangers are known https://media.tghn.org/medialibrary/2020/11/C4591001_Clinical_Protocol_Nov2020_Pfizer_BioNTech.pdf	https://twitter.com/KeithMCR/status/1387726575806918657
For those of you who have questions about Spiked Protein SHEDDING: Pfizer admits in its own mRNA vaxx trial documentation that non-vaxxed people can be ENVIRONMENTALLY EXPOSED to the shot's spike proteins by INHALATION or SKIN CONTACT. https://thereisabeautifulworld.com/page5/skin-contact.page	https://twitter.com/Henrik_Palmgren/status/1387893422309056517
Pfizer acknowledges the existence of "SHEDDING" in their #mRNA vaccines, and is setting up this new trial to study these dangers. (Shedding is where unvaccinated people experience serious health issues just by being near to vaccinated people). https://media.tghn.org/medialibrary/2020/11/C4591001_Clinical_Protocol_Nov2020_Pfizer_BioNTech.pdf#page67	https://twitter.com/FreeMediaInfo1/status/1387726239474069510

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs
OADC
ccrawford@cdc.gov
404-498-2840

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O"Boyle; Stanley Onyimba; Jan Antonaros; Payton Iheme; Carrie Adams; Sam Huxley; Christopher Thomas Lewitzke (CENSUS/ADCOM CTR; zachary.henry.schwartz@census.gov; Jennifer Shopkorn (CENSUS/ADCOM FED; Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Kevin Kane; Caroline.M.Faught@census.gov; llagone@fb.com; lexisturdy@fb.com; Aspinwall, Brooke (CDC/DDID/NCIRD/OD)
Subject: COVID-19 CDC BOLO Meeting
Start: Friday, July 9, 2021 12:00:00 PM
End: Friday, July 9, 2021 12:30:00 PM
Location: Zoom

We would like to invite digital platforms to attend a short "Be On The Lookout" meeting on COVID. Let us know if you have questions and feel free to forward this message to anyone in your organization that should attend.

Topic: Bolo Meeting

Time: Jul 9, 2021 12:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

Passcode: (b)(6)

One tap mobile

(b)(6) US (San Jose)
US (San Jose)

Dial by your location

(b)(6) US (San Jose)
US (San Jose)
US
US (New York)

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number: (b)(6)

Join by SIP

(b)(6)

Join by H.323

(b)(6) (US West)
(US East)

Meeting ID: (b)(6)

Passcode: (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O"Boyle; Stanley Onyimba; Jan Antonaros; Payton Iheme; Carrie Adams; Sam Huxley; Christopher Thomas Lewitzke (CENSUS/ADCOM CTR; zachary.henry.schwartz@census.gov; Jennifer Shopkorn (CENSUS/ADCOM FED; Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Kevin Kane; Caroline.M.Faught@census.gov; liagone@fb.com; lexisturdy@fb.com; Aspinwall, Brooke (CDC/DDID/NCIRD/OD)
Subject: COVID-19 CDC BOLO Meeting
Start: Friday, July 9, 2021 12:00:00 PM
End: Friday, July 9, 2021 12:30:00 PM
Location: Zoom

We would like to invite digital platforms to attend our 2nd short "Be On The Lookout" meeting on COVID. Let us know if you have questions and feel free to forward this message to anyone in your organization that should attend.

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

Passcode (b)(6)

One tap mobile

(b)(6) US (San Jose)
US (New York)

Dial by your location

(b)(6) US (San Jose)
US (New York)
US (San Jose)
US

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number: (b)(6)

Join by SIP

(b)(6)

Join by H.323

(b)(6) US West)
US East)

Meeting ID: (b)(6)

Passcode: (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O"Boyle; Stanley Onyimba; Jan Antonaros; Payton Iheme; Carrie Adams; Sam Huxley; Christopher Thomas Lewitzke (CENSUS/ADCOM CTR; zachary.henry.schwartz@census.gov; Jennifer Shopkorn (CENSUS/ADCOM FED; Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Kevin Kane; Caroline.M.Faught@census.gov; llagone@fb.com; lexisturdy@fb.com; Aspinwall, Brooke (CDC/DDID/NCIRD/OD); Gordon, Stephanie (CDC/OD/OADC)
Cc: Bonds, Michelle E. (CDC/OD/OADC)
Subject: Canceled: CDC COVID-19 BOLO Meeting
Importance: High

We would like to invite digital platforms to attend our 3rd short "Be On The Lookout" meeting on COVID. Let us know if you have questions and feel free to forward this message to anyone in your organization that should attend.

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

Passcode (b)(6)

One tap mobile

(b)(6) # US (San Jose)
US (New York)

Dial by your location

(b)(6) US (San Jose)
US (New York)
US (San Jose)
US

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number: (b)(6)

Join by SIP

(b)(6)

Join by H.323

(b)(6) US West)
US East)

Meeting ID: (b)(6)

Passcode (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Iheme; Carrie Adams
Subject: Children & Teens vaccine info
Date: Wednesday, May 12, 2021 8:38:00 PM

Just FYI, we have a great deal of new content posted. Also, some new info on myths your misinfo folks might be interested in.

- **New web page**: COVID-19 Vaccines for Children and Teens provides information about the benefits of COVID-19 vaccines for adolescents aged 12 and older, how to find a vaccination provider for adolescents, and what to expect during and after vaccination.

- **New fact sheet**: COVID-19 Vaccines for Preteens and Teens is a printable fact sheet for parents that explains the benefits of a COVID-19 vaccine for their children, safety information, and what to expect during and after vaccination. **New frequently asked questions**: Two new FAQs address questions about the safety and benefits of COVID-19 vaccination for adolescents aged 12 and older.

- **New myth-buster about menstrual cycles**: Your menstrual cycle *cannot* be affected by being near someone who received a COVID-19 vaccine. This question and answer explains why.

- **Myth-buster about infertility**: It is safe for people who would like to have a baby one day to get a COVID-19 vaccine. This question and answer explains why.

- **Key things to know**: The web pages Key Things to Know about COVID-19 Vaccines and About COVID-19 Vaccines have been updated to include the recommendation that adolescents aged 12 and older get vaccinated.

-

Information for Healthcare and Vaccine Providers

- **New pediatric toolkit**: The Pediatric Healthcare Professionals COVID-19 Vaccination Toolkit provides materials to help healthcare providers give parents clear and accurate information about COVID-19 vaccines. The toolkit includes answers to common questions, an explanation of how mRNA vaccines work, and printable materials to give to parents.

- **New FAQs about consent for minors**: FAQs have been posted on the Pfizer-BioNTech product page for providers with information about consent, prescreening questions, and other issues related to the vaccination of minors.

- **New sample patient letter**: Healthcare providers can customize and send this sample letter to encourage their patients to get a COVID-19 vaccine. It includes the new recommendation that everyone aged 12 and up get a COVID-19 vaccination.

Information for Community Groups and Health Departments

Toolkit for community-based organizations: The Community-Based Organizations COVID-19 Vaccine Toolkit has been updated to include information and resources on COVID-19 vaccination for adolescents aged 12 and older.

Carol Crawford
Chief, Digital Media Branch
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404-498-2840

Connecting People in the US With State COVID-19 Vaccine Information

Over 3 million people in the US have clicked through our News Feed promotions and COVID-19 Information Center to see vaccine eligibility information from their state health website or local provider.

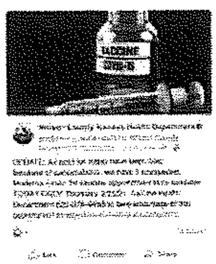
[illegible]

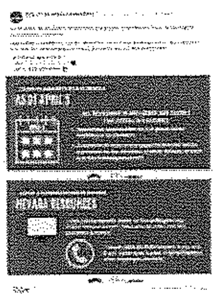
CrowdTangle Partnerships With Health Departments

[illegible]

Expanded Access to Facebook Local Alerts

[illegible]





FACEBOOK

[illegible]

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Carrie Adams
Cc: Payton Iheme
Subject: Example Quiz Question from HHS
Date: Friday, June 25, 2021 7:53:00 AM

This was the idea but I think we'd probably change up the question if we were talking about a QP.

Do vaccines contain the COVID virus? [User selects answer, choosing true or false]
True
False

[Correct answer displays upon click - [Include 1 plain-language sentence with explanation, followed by link**]**
False. A COVID-19 vaccine cannot make you sick with COVID-19 because it doesn't contain the live virus. Learn more [link leads to related cdc.gov content or Q&A video]

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Iheme
Subject: Example quiz I mentioned
Date: Monday, June 28, 2021 1:41:00 PM

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(10) CDC on Twitter: "If you've already had #COVID19 and recovered, you should still get vaccinated against COVID-19." / Twitter

https://www.facebook.com/76625396025/posts/10159266620161026/?d=n

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Iheme; Carrie Adams
Subject: FW: CDC approval requested: FAQ Content
Date: Tuesday, May 11, 2021 1:51:00 PM
Attachments: Facebook COVID-19 vax numbers_unsigned licensing agreement.docx

+Carrie

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Tuesday, May 11, 2021 1:51 PM
To: Genelle Adrien <genelleadrien@fb.com>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Cc: Payton Iheme <payton@fb.com>; McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: RE: CDC approval requested: FAQ Content

If you call can sign this we can move forward with the logo add. Thanks!

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Tuesday, May 4, 2021 8:45 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Cc: Payton Iheme <payton@fb.com>; McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: Re: CDC approval requested: FAQ Content

Thanks, Carol! This is great feedback. The proactive comms was in reference to this new FAQ module.

Speaking of the logo approval, the action page is live here: https://about.facebook.com/actions/responding-to-covid-19. And, we will add the CDC logo once we have your go ahead.

Thank you—
Genelle

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Date: Tuesday, May 4, 2021 at 7:53 PM
To: Genelle Adrien <genelleadrien@fb.com>, Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Cc: Payton Iheme <payton@fb.com>, McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: RE: CDC approval requested: FAQ Content

Hi Genelle – one Q was fine but our SMEs said the below on the other question. Also, just to check – was the proactive comms note about the item I'm getting the logo approved for?

Centers for Disease Control and Prevention/CDC
Trademark License Agreement—Non-Exclusive

Trademark License Number:

Licensee: Facebook Technologies, LLC

This Agreement ("Agreement") is dated as of _____, 20__ ("Effective Date"), between the Centers for Disease Control and Prevention/ATSDR, an agency of the Public Health Service, located at 1600 Clifton Road, Atlanta, GA 30329 ("Licensor; PHS") and Facebook Technologies, LLC ("Licensee"; collectively, the Parties) located at 1601 Willow Road, Menlo Park, CA 94025.

Recitals

PHS is the owner of trademarks ("Trademarks") as identified in Attachment "A," and the goodwill associated therewith.

The Trademarks are used in association with public health/safety messages, training, or communication initiatives that support the mission of Licensor, which is "Collaborating to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats."

Licensee desires to use the Trademarks on and in connection with jointly developed public health/safety messages, training modules, or other communication initiatives, as identified in Attachment B, as a co-brand with Licensee's brand.

The Parties are entering into this Agreement to confirm the basis upon which Licensee is permitted to use the Trademarks.

NOW, THEREFORE, for good and valuable consideration, including the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged, the Parties agree as follows:

1. Grant:
    1. PHS hereby grants to Licensee a non-exclusive, non-transferable, royalty free, license ("License") to use, reproduce and display the Trademarks on and within Internet pages, visual presentations, or written materials solely in connection with the jointly developed public health/safety messages. The License is for non-commercial use of the Trademarks only. The Trademarks may not be used in connection with any other goods or services without the written consent of PHS.
    2. Licensee shall only use the Trademarks on or in additional products or services other than those identified in Attachment B after such use has been approved by PHS, in writing, in response to a written request by Licensee.

2. Term of the Agreement: This Agreement will begin on the Effective Date and will continue for a period of thirty-six (36) months or upon expiration of the use described in Attachment B or any subsequent approval under paragraph 1.2, whichever occurs first ("Term"), unless terminated earlier in accordance with this Agreement.

3. Termination: Licensee shall have a unilateral right to terminate this Agreement by giving PHS seven (7) days written notice to that effect. PHS or Licensee may (without prejudice to any other right or remedy) terminate this Agreement (a) at any time upon notice in writing to the other party if the other party is in material breach of any obligation hereunder and does not cure such breach within seven (7) days of being requested in writing to do so; or (b) upon notice, where the Licensee's use of the Trademarks is the subject of a legal claim. The license to use PHS's Trademarks will cease within three (3) business days upon the termination or expiration of this Agreement. Licensee agrees to remove any Internet page content if in PHS's sole discretion such removal is warranted, and to destroy all material bearing the Licensed Trademarks. Licensee shall provide PHS written confirmation of such destruction. Notwithstanding, Licensee may, at PHS's discretion, distribute stocks of co-branded materials existing at the time of license termination unless Licensee has materially breached this Agreement and failed to cure such breach within thirty (30) days written notice by PHS. In the event there is a significant change in the scientific research or data reflected in any product using the Trademarks, which PHS reasonably concludes renders the content substantially inaccurate, PHS may notify the Licensee in writing. Upon receipt of such notice, Licensee shall, prior to producing any further such products update the content of those products. Failure to provide such update will result in PHS's termination of the license granted with respect to such products determined by PHS to contain scientifically outdated, incorrect, or harmful content.

4. Permitted Use; Standards of Quality; and Approval: The Licensee will only use the Trademarks in conformance with the policies, specifications, regulations and standards authorized or stipulated by PHS and whose character and quality is not altered by the Licensee without the authorization of PHS. Licensee is strictly prohibited from using any materials including the licensed product to promote any political party or affiliation or for lobbying purposes. Licensee may not use the Trademarks together with any content that is unlawful, defamatory, infringing, obscene, fraudulent, hateful, or racially, ethnically or otherwise objectionable in the sole discretion of PHS. Licensee may not use the Trademarks for any commercial purpose or to endorse or imply endorsement of any entity, product or service, including Licensee. Licensee agrees to adhere to the trademark usage guidelines illustrated in Attachment A. Licensee shall submit for PHS's approval at least one sample of each product using the Trademarks, including any product to be made available through the Internet, packaged and labeled in the form proposed to be marketed, at least twenty (20) business days before actually marketed. Licensee shall use the Trademarks only as specified in Attachment B or as otherwise approved in accordance with paragraph 1.2.

5. Trademark Control: Upon request by PHS, the Licensee will provide PHS with representative use(s) of Trademarks. Use of the Trademarks on goods or services other than as covered under this Agreement or in a manner inconsistent with Licensor's Trademark Guidelines or paragraph 4 shall constitute material breach of this Agreement. Notwithstanding paragraph 3, if such material breach has not been cured within five (5) business days following receipt of notice from PHS, this Agreement will be terminated.

6. Ownership: Licensee agrees to use the Trademarks only as stated in this Agreement. Licensee agrees not to use the Trademarks in combination with any other trade name, trademark or service mark without the prior written approval of PHS. Licensee acquires no right, title or interest in Licensor's Trademarks or the goodwill associated with them, other than the right to use Licensor's Trademarks according to this Agreement. In accepting this Agreement, Licensee acknowledges that as between Licensee and PHS, PHS is the owner of the Licensor's Trademarks and Licensee agrees not to use or apply to register any trademarks which include a Licensor Trademark or any trademark, service mark, trade name or derivation confusingly similar to a Licensor Trademark, in any country or territory during or after the term of this Agreement. Licensee will not take any action in derogation of any of the rights of PHS in any Licensor Trademarks.
7. Copyright: Contributions by US government employees in products bearing the Trademarks are not subject to copyright in the United States.
8. Indemnification: PHS offers no warranties other than that it owns the Trademarks. No indemnification of any loss, claim, damage or liability is intended or provided by any party under this Agreement. Each party shall be responsible for any loss, claim, damage or liability it incurs.
9. Assignment: The License granted herein is personal to Licensee and Licensee shall not assign, sub-license, transfer, or otherwise convey Licensee's rights or obligations under this Agreement without PHS's prior written consent, such consent of PHS not to be withheld unreasonably.
10. Survival. The parties' rights and obligations, which by their nature would continue beyond the termination of this Agreement, including, but not limited to, indemnification and actions affecting the enforceability of the mark, shall survive such termination.
11. Partial Invalidity: The provisions of this Agreement are severable, and in the event that any provision of this Agreement shall be determined to be invalid or unenforceable under any controlling body of law, such determination shall not in any way affect the validity or enforceability of the remaining provisions of this Agreement.
12. Entire Agreement: This Agreement supersedes all previous agreements, understandings, and arrangements between the parties, whether oral or written, and constitutes the entire agreement between the parties regarding the subject matter herein.
13. Notice: All notices required or permitted by this Agreement shall be given by confirmed receipt email or prepaid, first class, registered or certified mail properly addressed to the following:

    1. For CDC:

    Rick Hull
    Health Communications Specialist
    Centers for Disease Control and Prevention
    4770 Buford Highway K80
    Atlanta, GA 30341
    770-488-5055

flh1@cdc.gov

2. For Licensee:

Julian Nagler
jnagler@fb.com
With a copy to:
Email: Legal-Notices@fb.com
Attention: FB Legal Notices

14. Trademark Notice; Non-Endorsement Statement: Licensee agrees to place the following trademark notice on any product, communication, item, or Internet page that includes a Licensed Trademark: "The mark 'CDC' is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise." The notice must be placed in proximity to Licensed Trademarks.
15. Waiver of Rights: Neither Party may waive or release any of its rights or interests in this Agreement except in writing. The failure of PHS to assert a right hereunder or to insist upon compliance with any term or condition of this Agreement shall not constitute a waiver of that right by PHS or excuse a similar subsequent failure to perform any such term or condition by Licensee.
16. Non-endorsement: By entering into this Agreement, PHS does not directly or indirectly endorse Licensee or any product or service provided, or to be provided, by Licensee whether directly or indirectly related to this Agreement. Licensee shall not state or imply that this Agreement is an endorsement by the U.S. Government, PHS, any other U.S. Government organizational unit, or any U.S. Government employee. Additionally, other than the use specified in Attachment B, Licensee shall not use the names of CDC, PHS, or DHHS or the U.S. Government or their employees in any commercial advertising, promotional, or sales literature.
17. Dispute Settlement: The Parties agree to attempt to settle amicably any controversy or claim arising under this Agreement or a breach of this Agreement. Licensee agrees first to appeal any such unsettled claims or controversies to the designated PHS official, or designee, whose decision shall be considered the final agency decision. Thereafter, Licensee may exercise any administrative or judicial remedies that may be available.
18. Modifications: If either Party desires a modification to this Agreement, the Parties shall, upon reasonable notice of the proposed modification by the Party desiring the change, confer in good faith to determine the desirability of such modification. No modification will be effective until a written amendment is signed by the signatories to this Agreement or their designees.

IN WITNESS WHEREOF, the parties have caused this License to be executed by their duly authorized representatives.

For **PHS**:

_____ _____

Signature of Authorized PHS Official Date

Juliana Cyril, Ph.D.

Director, Office of Technology and Innovation

Centers for Disease Control and Prevention

For **Licensee**:

_____ _____

Signature of Authorized Licensee Official Date

Michael Abrash

VP, Facebook Research

Authorized Representative, Facebook Technologies, LLC

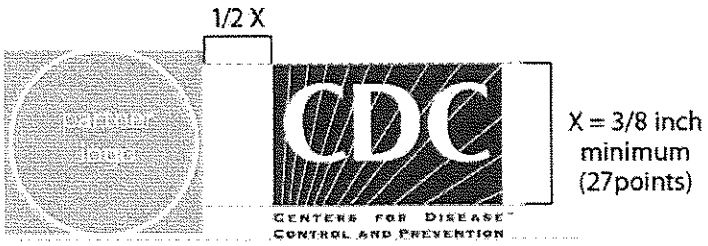
Attachment A – Trademarks

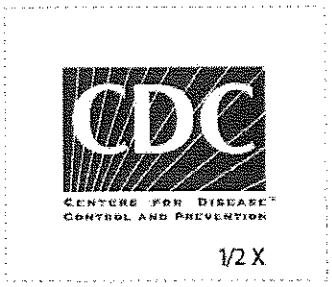
Color

The official CDC logo color is Pantone 286 blue (CMYK: 100, 66, 0, 2 RGB: 0, 93, 170) or black. Substitution of CDC blue or black is prohibited. The blue is acceptable for use on color material and the black is only acceptable for black and white or spot color use or when the partner logo is also presented in black and white.

Alignment and spacing

Separate the CDC logo from the partner logo by a minimum of 1/2 the vertical measurement of the CDC logo (excluding the CDC logo tag line).





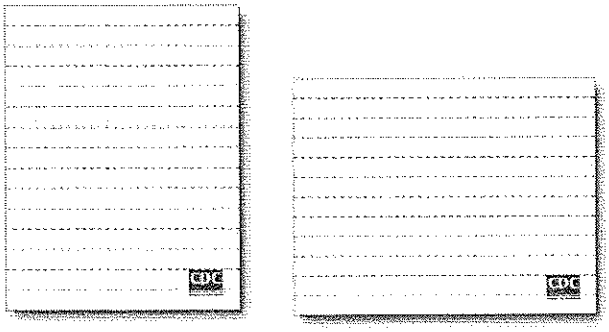
A buffer area of "1/2 X" around the CDC logo should be maintained free of text or graphics.

Partner use of the CDC logo on a Web site or Web page:

- The logo should be placed near the bottom of the partner's Web page.
- The following trademark notice should be placed proximate to the logo: "The mark 'CDC' is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise."
- The logo should be used at a minimum of 35 pixels in height and a maximum of 45 pixels in height, with proportional scaling of its horizontal dimension.

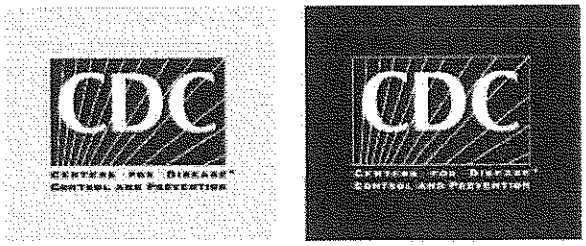
Appropriate relative sizing

On a vertically-oriented document the logo may occupy approximately 1/15 of the vertical grid. On a horizontally-oriented document the logo may occupy approximately 1/12 of the vertical grid.

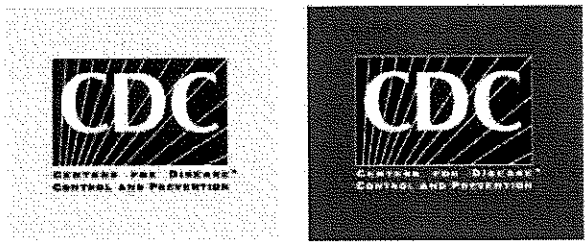


Legibility over a background color or image

The logo tag line only is reversed to white when used over a dark background. The logo block remains blue with white detail.



The same is true for the black version. Do not use a drop shadow, halo effect, or add a color frame to achieve legibility over a dark background or photo.

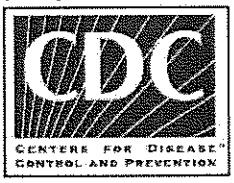


Examples of inappropriate logo use

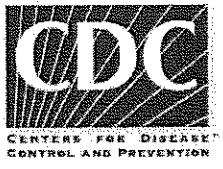
altering the color

altering the horizontal or vertical proportions

placing it inside a lined box



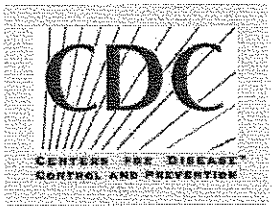
adding a dropshadow



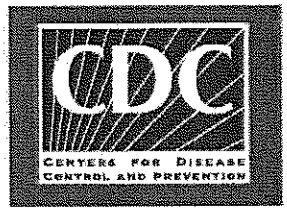
rotating off standard allignment

changing the transparency

reversing the color



placing inside a filled box



Attachment B – Covered Use

(sample covered use, showing where partner and PHS trademarks will go, per trademark usage guidance in Attachment A, and with "Trademark Notice; Non-Endorsement Statement" provided in paragraph 14. of the agreement.)

OUR GOAL

Helping 50 million people find the vaccine information they need.

VaccineFinder gives people a way to use Facebook and Instagram to find when and where they can make a vaccine appointment.

Find COVID-19 vaccine sites near you

Last updated: 04/28/2021

View the CDC's COVID-19 data tracker

How many people in the US have been vaccinated:

142,692,987

(at least one dose)

From task force:

I would suggest (b)(5) plus correcting the list as shown in red). For that bottom text, the first sentence is duplicative of the bulleted list

(b)(5)

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Tuesday, May 4, 2021 9:19 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <jfb5@cdc.gov>
Cc: Payton Iheme <payton@fb.com>
Subject: CDC approval requested: FAQ Content

Hi Carol – Hope the week is off to a great start. Our content specialist, recently made copyedits to two CDC questions for our new FAQ modules appearing in the COVID-19 Information Center.

These are fairly minor edits to what you've already provided, but if you have additional edits, could you please let us know by COB if possible?

A quick note that our new launch date is 5/17. We are not planning any proactive comms at the moment, but if we do, we will let you know and coordinate accordingly.

Thanks and let me know if you have questions!

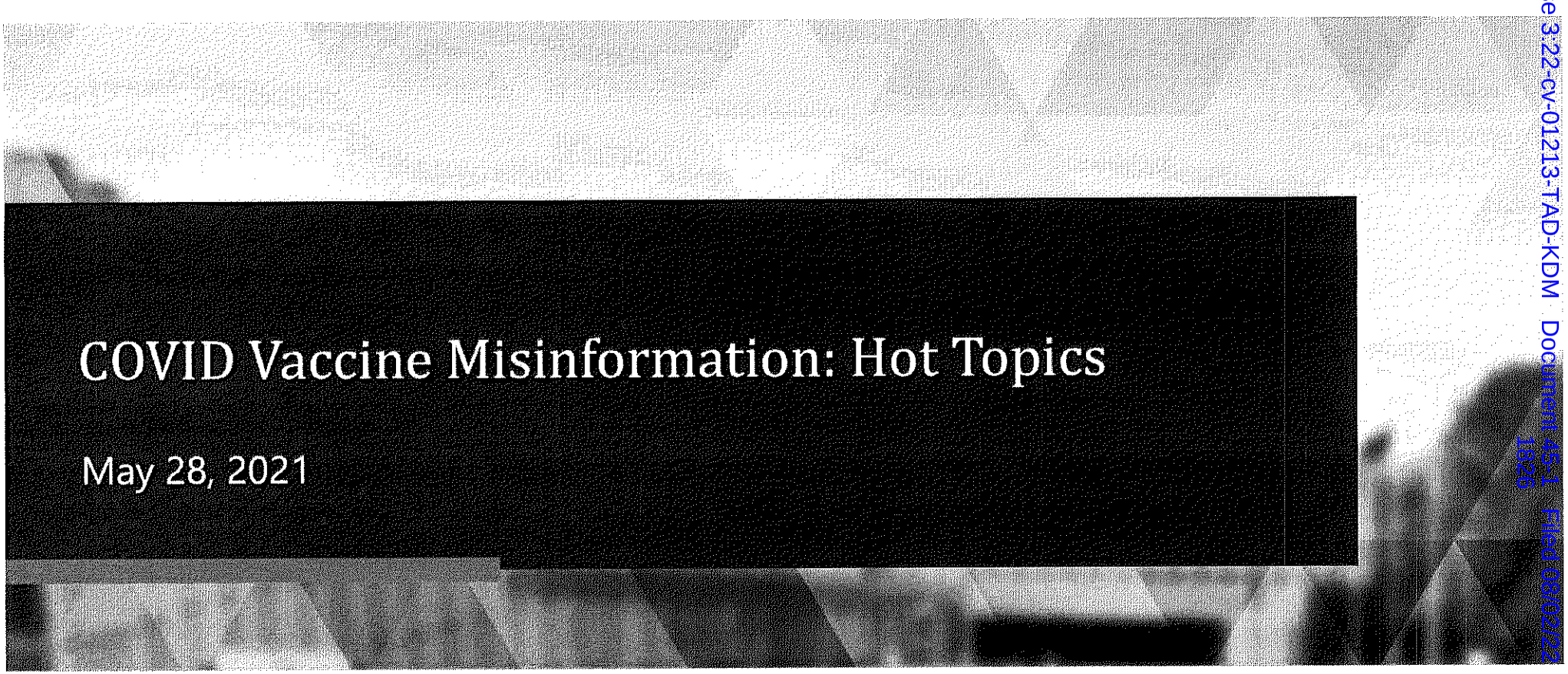
Best,
Genelle

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Crawford, Carol Y. (CDC/OD/OADC)
Bcc: llagone@fb.com; Payton Iheme; Carrie Adams; Sam Huxley; Christopher Thomas Lewitzke (CENSUS/ADCOM CTR); Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Caroline.M.Faught@census.gov; lexisturdy@fb.com; Todd O"Boyle; Jan Antonaros; Aspinwall, Brooke (CDC/DDID/NCIRD/OD)
Subject: Follow up info from BOLO meeting on 5/28
Date: Friday, May 28, 2021 1:19:00 PM
Attachments: CDCboloslides528.pdf

Thank you for those that were able to attend today. Here are the slides. Please do not share outside your trust and safety teams.

Let us know if you have any questions. Thank you.

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs
OADC
CDC
ccrawford@cdc.gov
404-498-2840



COVID Vaccine Misinformation: Hot Topics

May 28, 2021

CDC24/7

Agenda

Introduction

Hot Topics

1. SM-102 Vaccine Ingredient Safety
2. Magnetism Rumor
3. Vaccine Male Infertility/Fertility Issues Rumor

LOGISTICS

Next Meeting Date:

- To be announced

Point of Contact:

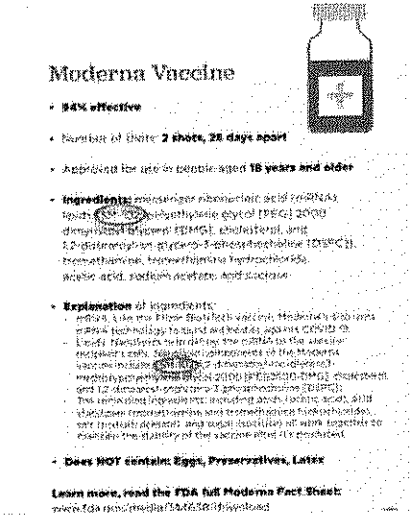
- Want a follow-up meeting to discuss information presented? Contact **Carol Crawford** (cjy1@cdc.gov).

ADVISORY

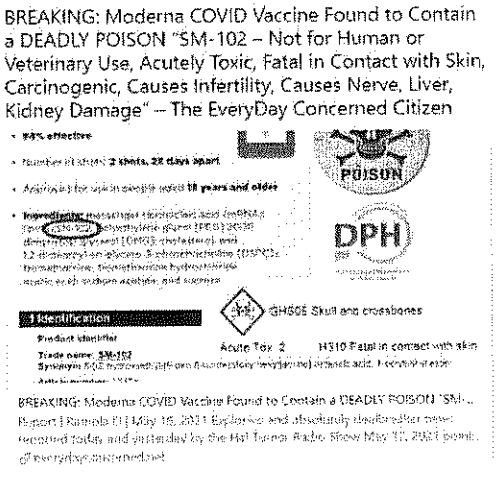
Misinformation has been identified about the safety of COVID-19 vaccine ingredients.

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misinformation that the Moderna vaccine is unsafe due to the ingredient SM-102.

When	May 2021
Where	Digital Platform(s): All.
Status	Following the publication of a Moderna COVID-19 fact sheet, there have been false claims that the vaccine ingredient SM-102 listed is poisonous and unsafe for humans.
Potential Impact	Reduced vaccine acceptance.
The Facts	The manufacturing process and controls have been well characterized and qualified. The analytical procedures developed and used for the release and stability monitoring of mRNA 1273 Drug Substance (DS) and Drug Product (DP) include tests to ensure vaccine safety, identity, purity, quality, and potency.



Example post



Example post

Associated Link(s) and Hashtag(s)

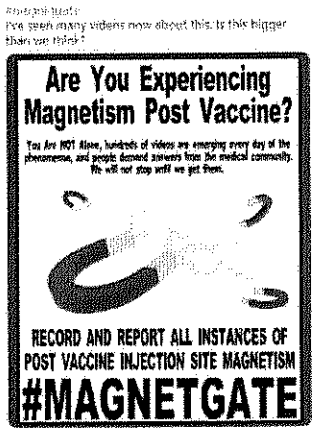
- Fact check story
- Example Post
- Example Post
- FDA Emergency Use Authorization

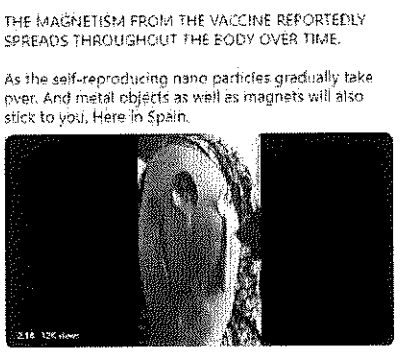
ADVISORY

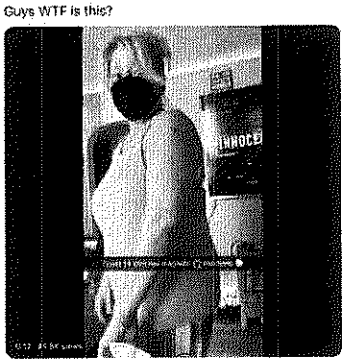
Misinformation has been identified about the COVID- 19 vaccine ingredients and related side effects.

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misleading or false information that vaccine ingredients cause vaccinated individuals to become magnetic.

When	May 2021
Where	Digital Platform(s): All.
Status	Videos shared widely on social media platforms claim to show individuals becoming "magnetic" after receiving the vaccine, further fueling the false claim that vaccines contain microchips.
Potential Impact	Reduced vaccine acceptance.
The Facts	COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the FDA's rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization.







Example posts

Associated Link(s) and Hashtag(s)

- Fact check story
- Example post
- Example post
- What are the ingredients in COVID-19 vaccines?
- Hashtag: #magnetgate #VaccineMagnetChallenge

Centers for Disease Control and Prevention
Office of the Director

ADVISORY

A rumor has been identified regarding COVID-19 vaccines effects on male fertility.

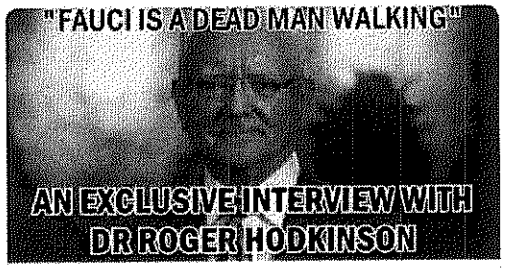
Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misinformation that vaccines cause infertility or other fertility-related issues in men.

When	April 2021 – Present
Where	Digital Platform(s): All.
Status	Recently, social media posts have falsely speculated that men should not have unprotected sex after receiving the Pfizer COVID-19 vaccine, as the "spike protein" from the virus could allegedly damage the individual's sperm or cause infertility.
Potential Impact	Vaccine hesitancy and reduced vaccine acceptance.
The Facts	COVID-19 vaccines are safe and effective. Millions of people in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.

Absolute LIES. Women aren't ovulating, even fertility clinics are reporting embryos are not growing properly and sperm counts of vaccinated men have dropped right down. Women are experiencing the most painful periods of their life, even women who are in their 70s and 80s have started bleeding again. How dare you say its safe without actually knowing!

She also pointed out that "there is a credible reason to believe that the Covid vaccines will cross-react with the syncytin and reproductive proteins in sperm, ova, and placenta, leading to impaired fertility and impaired reproductive and gestational outcomes," and that there are enough pregnancy losses reported thus far to warrant stopping the vaccines.

"There have been disturbing reports, ..of increased miscarriages following vaccination. I'm concerned about ... the potential of male infertility which could be permanent. ... it's merely appropriate caution given the scientific literature."



An exclusive interview with Dr Roger Hodkinson – "When the history of this madness is written...

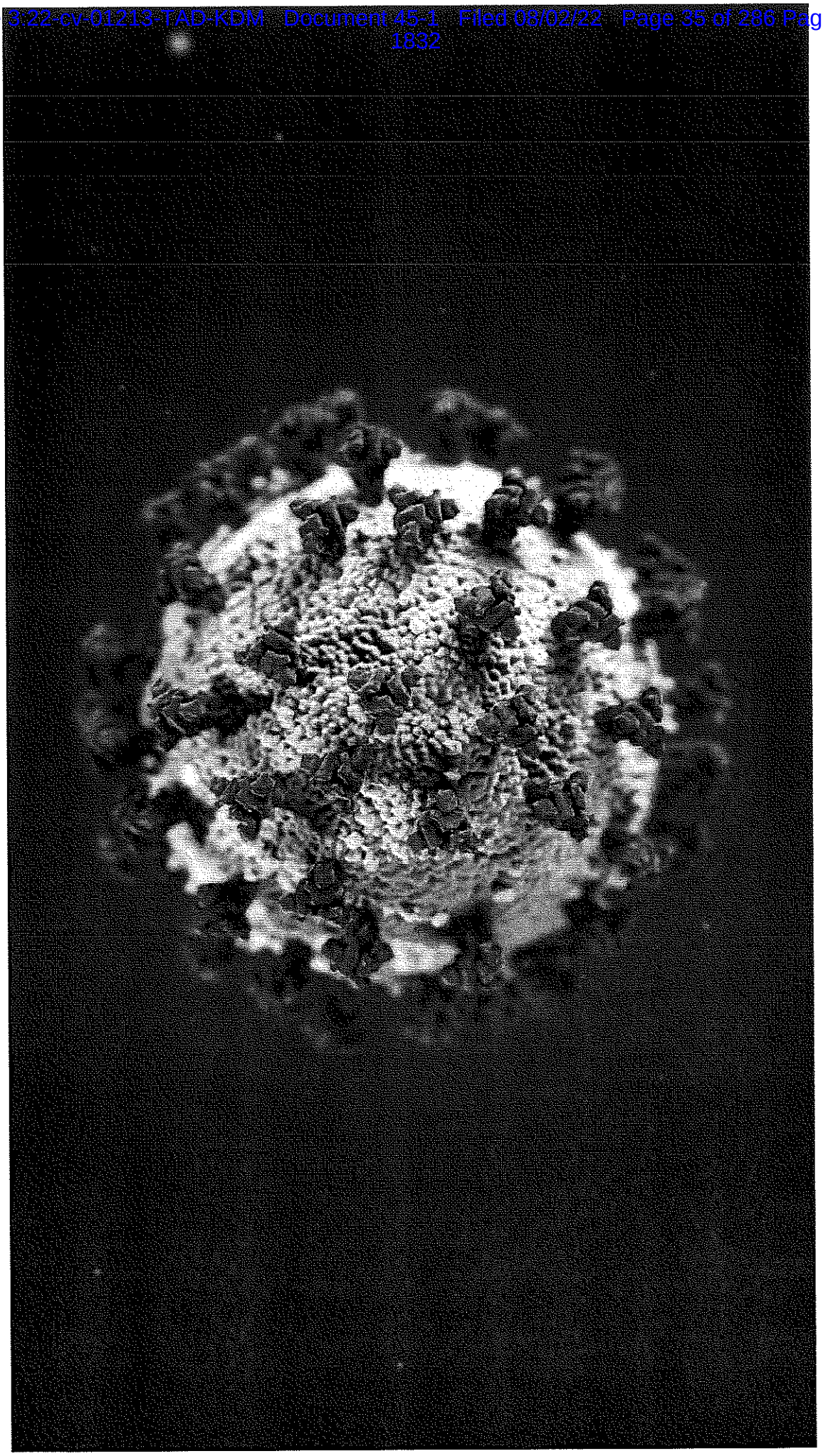
Example posts

Associated Link(s) and Hashtag(s)

- Fact check story
- Example post
- Example post
- Example post
- Safety of COVID-19 Vaccines

Contact Information

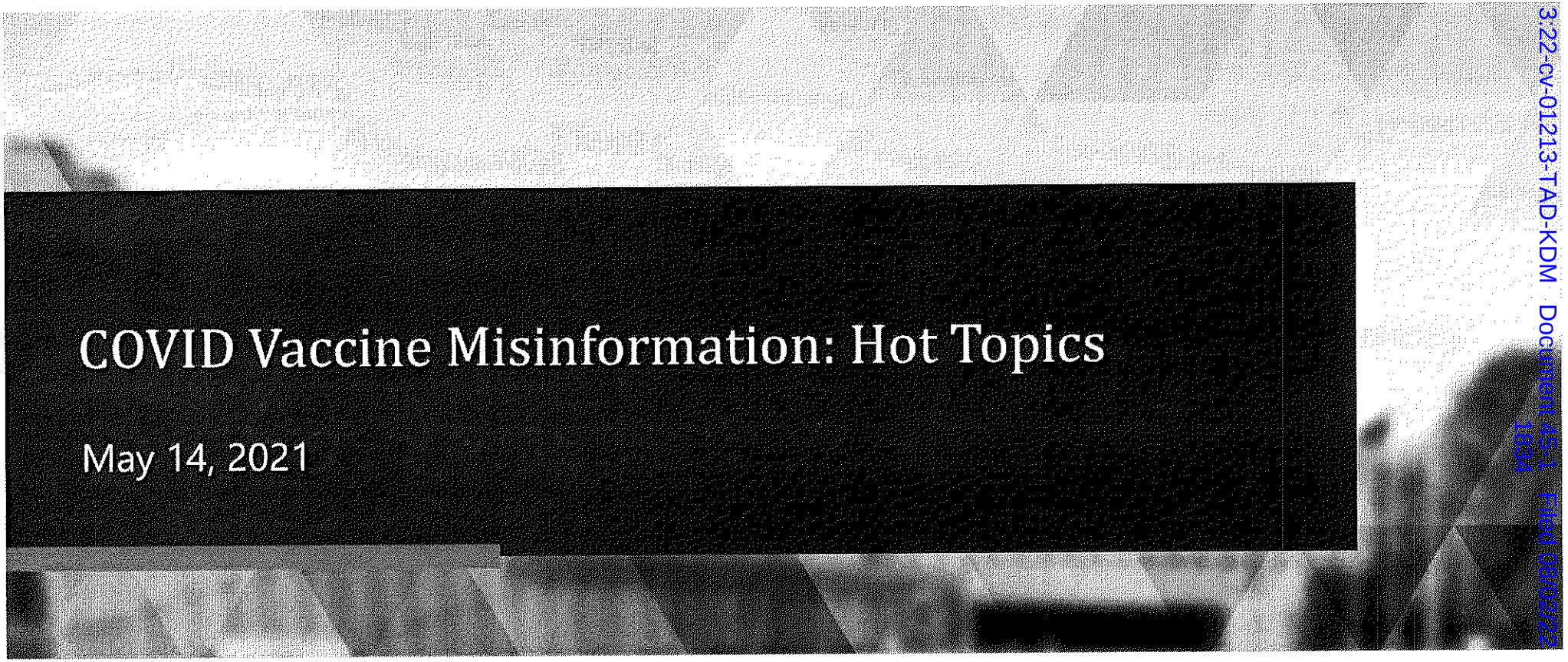
Carol Crawford
Digital Media Branch Chief, Division of Public Affairs
Centers for Disease Control and Prevention (CDC)
O: 404-498-2480 | M: 678-920-0578
cjy1@cdc.gov



From: Crawford, Carol Y. (CDC/OD/OADC)
To: Crawford, Carol Y. (CDC/OD/OADC)
Cc: liagone@fb.com; Payton Iheme; Carrie Adams; Sam Huxley; Christopher Thomas Lewitzke (CENSUS/ADCOM CTR); Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Caroline.M.Faught@census.gov; lexisturdy@fb.com; Todd O"Boyle; Jan Antonaros
Subject: Follow up info from BOLO meeting
Date: Friday, May 14, 2021 12:34:00 PM
Attachments: CDC Working Group Meeting_20210514_vF.pdf

Thank you for attending. Here are the slides. Also, as mentioned on the call, any contextual information that can be added to posts about VAERS could be very effective in education the public about what VAERS is. CDC.gov includes authoritative information about VAERS, such as the following taken from this page: *"VAERS accepts reports from anyone, including patients, family members, healthcare providers and vaccine manufacturers. VAERS is not designed to determine if a vaccine caused or contributed to an adverse event. A report to VAERS does not mean the vaccine caused the event."*

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs
OADC
ccrawford@cdc.gov
404-498-2840



COVID Vaccine Misinformation: Hot Topics

May 14, 2021

CDC 24/7

Agenda

Introduction

Hot Topics

1. Vaccine Shedding Rumor
2. Falsified VAERS Report
3. Potentially Misleading VAERS Posts
4. Depopulation/Bioweapon Conspiracy Theories
5. Expanded Emergency Use Authorization

LOGISTICS

Next Meeting Date:

- To be announced

Point of Contact:

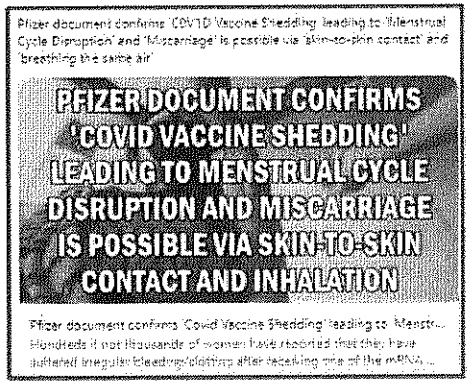
- Want a follow-up meeting to discuss information presented? Contact **Carol Crawford** (cjy1@cdc.gov).

ADVISORY

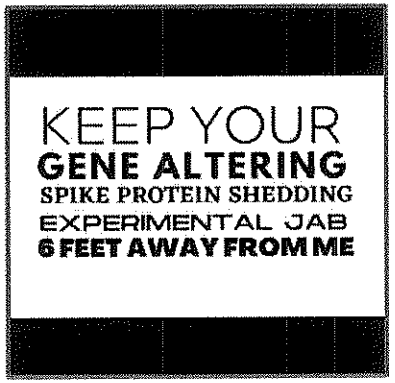
Misinformation has been identified about COVID-19 vaccine safety.

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misinformation that COVID-19 vaccines cause "shedding."

When	April 2021 – Present
Where	Digital Platform(s): All.
Status	False claims that COVID-19 vaccine shedding can cause adverse effects in people who are near recently-vaccinated people have been spreading on social media.
Potential Impact	Reduced vaccine acceptance and harmful policies from real-world institutions.
The Facts	Individuals who have received a COVID-19 vaccine **cannot shed** or release any of the vaccine components. In addition, none of the vaccines authorized for use in the United States contain a live virus so it is not possible to shed it.



Example post



Example post

Associated Link(s) and Hashtag(s)

- Myths and Facts about COVID-19 Vaccines
- Fact check article
- Example post
- Example post
- Hashtag: #stoptheshed

Centers for Disease Control and Prevention
Office of the Director

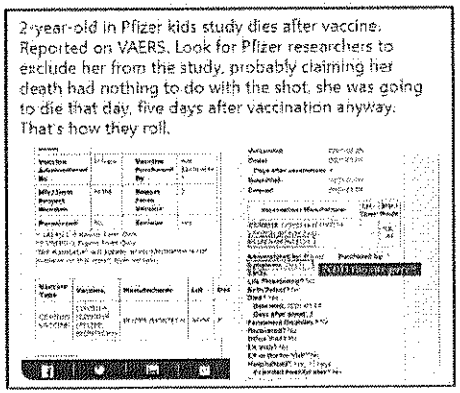
DRAFT – THIS INFORMATION IS NOT FOR FURTHER DISTRIBUTION

ADVISORY

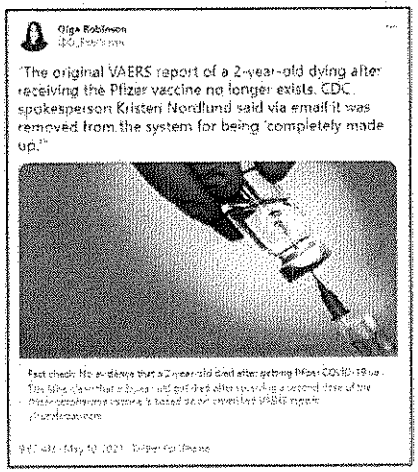
Disinformation has been identified regarding a report made in the Vaccine Adverse Event Reporting System (VAERS).

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misinformation that a 2-year-old died after receiving the vaccine.

When	May 9, 2021
Where	Digital Platform(s): All.
Status	In mid-April, a false VAERS report began spreading on social media showing that a 2-year-old had died after participating in a vaccine trial.
Potential Impact	Reduced vaccine acceptance.
The Facts	After investigation, it was determined that this report was "completely made up," and it has been removed from the VAERS database.



Example post spreading false claim



Example post with correct information

Associated Link(s) and Hashtag(s)

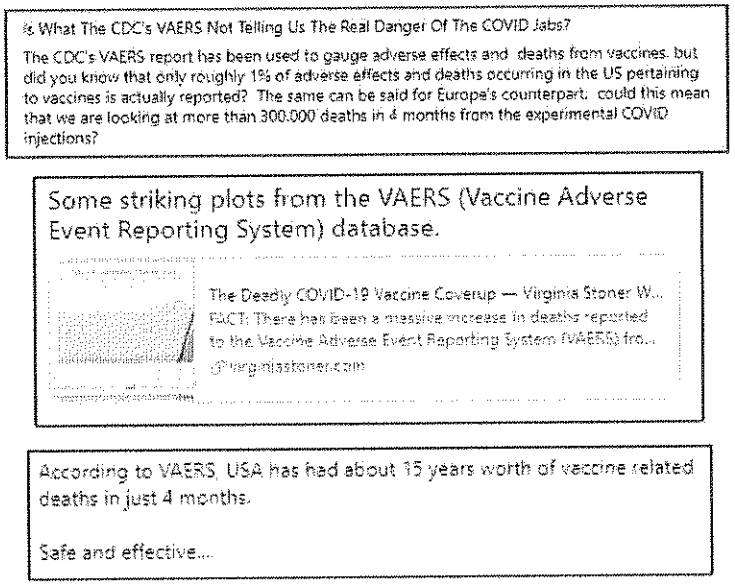
- Fact check story
- Example post
- Example post

ADVISORY

Potential Misinformation has been identified about the Vaccine Adverse Event Reporting System (VAERS).

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misleading information about VAERS reports.

When	December 2020 – Present
Where	Digital Platform(s): All.
Status	Users frequently share data and reports from VAERS that may be confusing or misleading to readers without further background or context about VAERS.
Potential Impact	Reduced vaccine acceptance and confusion.
The Facts	VAERS is a passive reporting system, meaning it relies on individuals to send in reports of their experiences to CDC and FDA. VAERS is not designed to determine if a vaccine caused a health problem but is especially useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine.



Example posts

Associated Link(s) and Hashtag(s)

- About VAERS
- Example post
- Example post
- Example post
- Hashtag: #vaers

ADVISORY

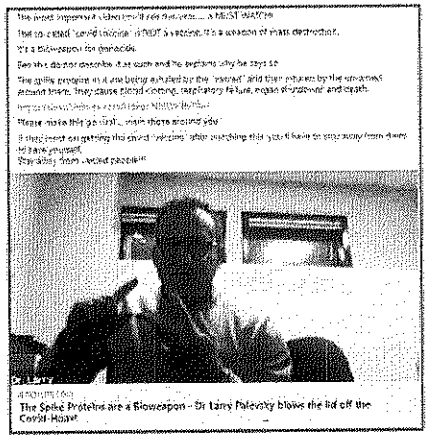
Misinformation has been identified regarding the purpose of COVID-19 vaccines.

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing vaccines contain are bioweapons, part of a depopulation scheme, or contain microchips.

When	December 2020 – Present
Where	Digital Platform(s): Twitter, Instagram.
Status	Conspiracy theories about the vaccine continue to spread, including that they are secretly a bioweapon or designed to control the global population. Many of these claims have been linked to Bill Gates.
Potential Impact	Reduced vaccine acceptance.
The Facts	COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the FDA's rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization.

> For the trolls - vaccines are not safe they never have been. They are a slow poison taking years off peoples lives, dumbing down the kids, causing all kinds physical and psychological problems and illnesses, infertility problems. They have always been a method of depopulation

Example post



Example post

Associated Link(s) and Hashtag(s)

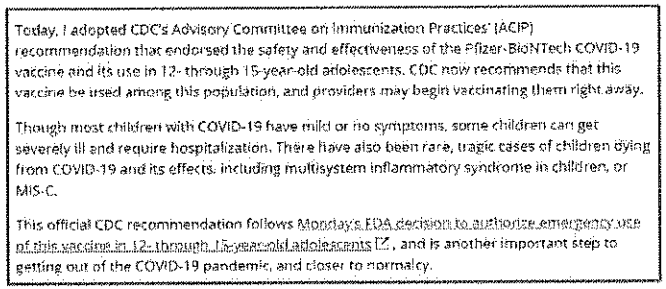
- Safety of COVID-19 Vaccines
- Example post
- Example post
- Hashtags: #depopulation, #billgates, #greatreset

ADVISORY

Potential misinformation may occur about COVID-19 vaccines and adolescents.

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misinformation about the eligibility of 12- to 15-year-olds for the Pfizer/BioNTech COVID-19 vaccine.

When	May 12, 2021
Where	Digital Platform(s): All.
Status	The CDC Director adopted CDC's Advisory Committee on Immunization Practices' recommendation that endorsed the safety and effectiveness of the Pfizer-BioNTech COVID-19 vaccine and its use in 12- through 15-year-old adolescents. In recent weeks, there has been an increase in misinformation about adolescents taking the vaccine.
Potential Impact	Reduced vaccine acceptance.
The Facts	CDC now recommends that this vaccine be used among 12- through 15-year-old adolescents, and providers may begin vaccinating them right away.

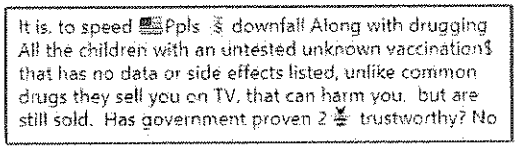


Today, I adopted CDC's Advisory Committee on Immunization Practices' (ACIP) recommendation that endorsed the safety and effectiveness of the Pfizer-BioNTech COVID-19 vaccine and its use in 12- through 15-year-old adolescents. CDC now recommends that this vaccine be used among this population, and providers may begin vaccinating them right away.

Though most children with COVID-19 have mild or no symptoms, some children can get severely ill and require hospitalization. There have also been rare, tragic cases of children dying from COVID-19 and its effects, including multisystem inflammatory syndrome in children, or MIS-C.

This official CDC recommendation follows Monday's FDA decision to authorize emergency use of this vaccine in 12- through 15-year-old adolescents, and is another important step to getting out of the COVID-19 pandemic, and closer to normalcy.

Statement from CDC Director



It is. to speed Ppls $ downfall Along with drugging All the children with an untested unknown vaccination$ that has no data or side effects listed, unlike common drugs they sell you on TV, that can harm you. but are still sold. Has government proven 2 trustworthy? No

Example post

Associated Link(s) and Hashtag(s)

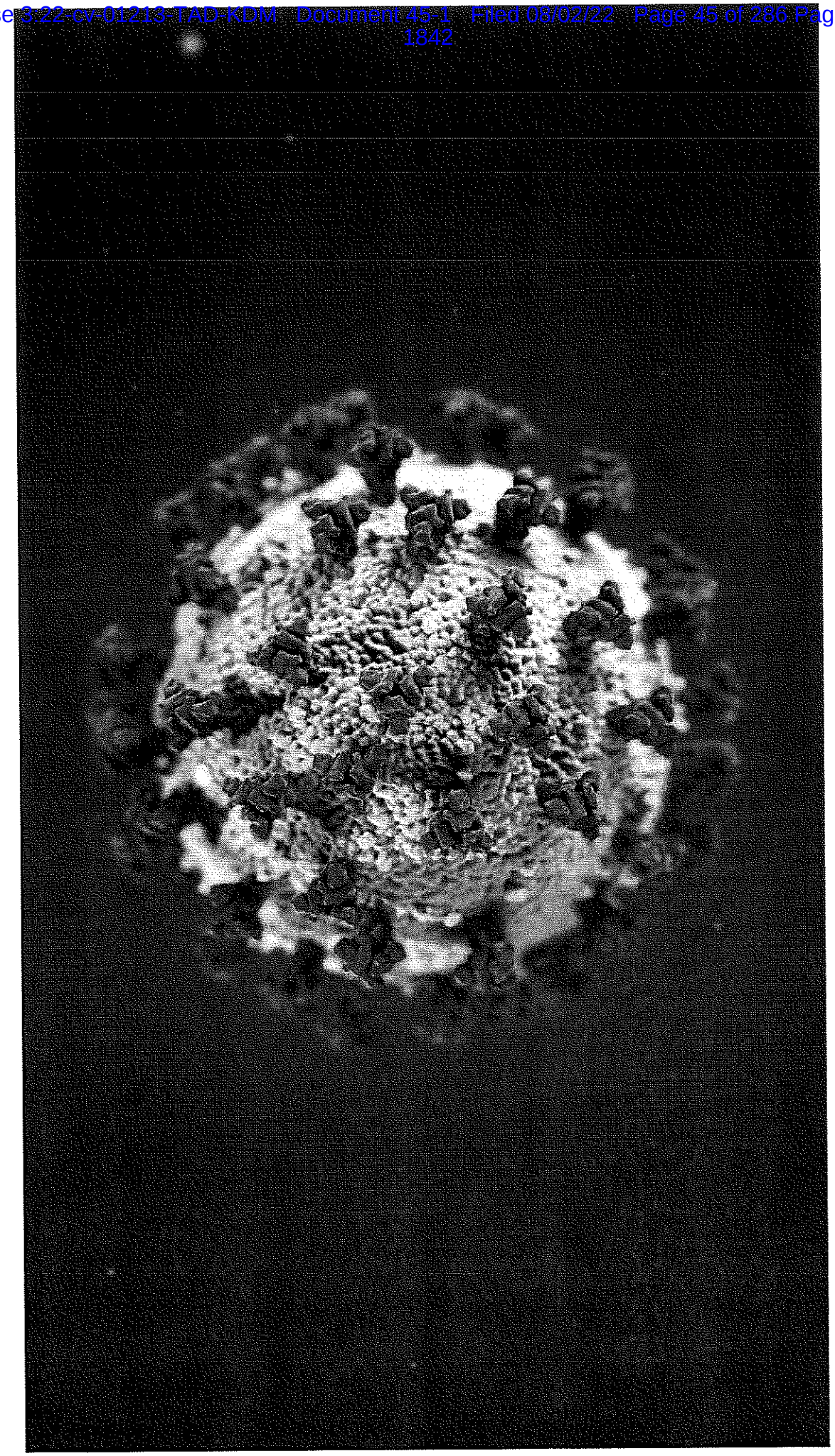
- CDC Director Statement on Pfizer's Use of COVID-19 Vaccine in Adolescents Age 12 and Older
- FDA Emergency Use Authorization
- Example post

Centers for Disease Control and Prevention
Office of the Director

DRAFT - THIS INFORMATION IS NOT FOR FURTHER DISTRIBUTION

Contact Information

Carol Crawford
Digital Media Branch Chief, Division of Public Affairs
Centers for Disease Control and Prevention (CDC)
O: 404-498-2480 | M: 678-920-0578
cjy1@cdc.gov

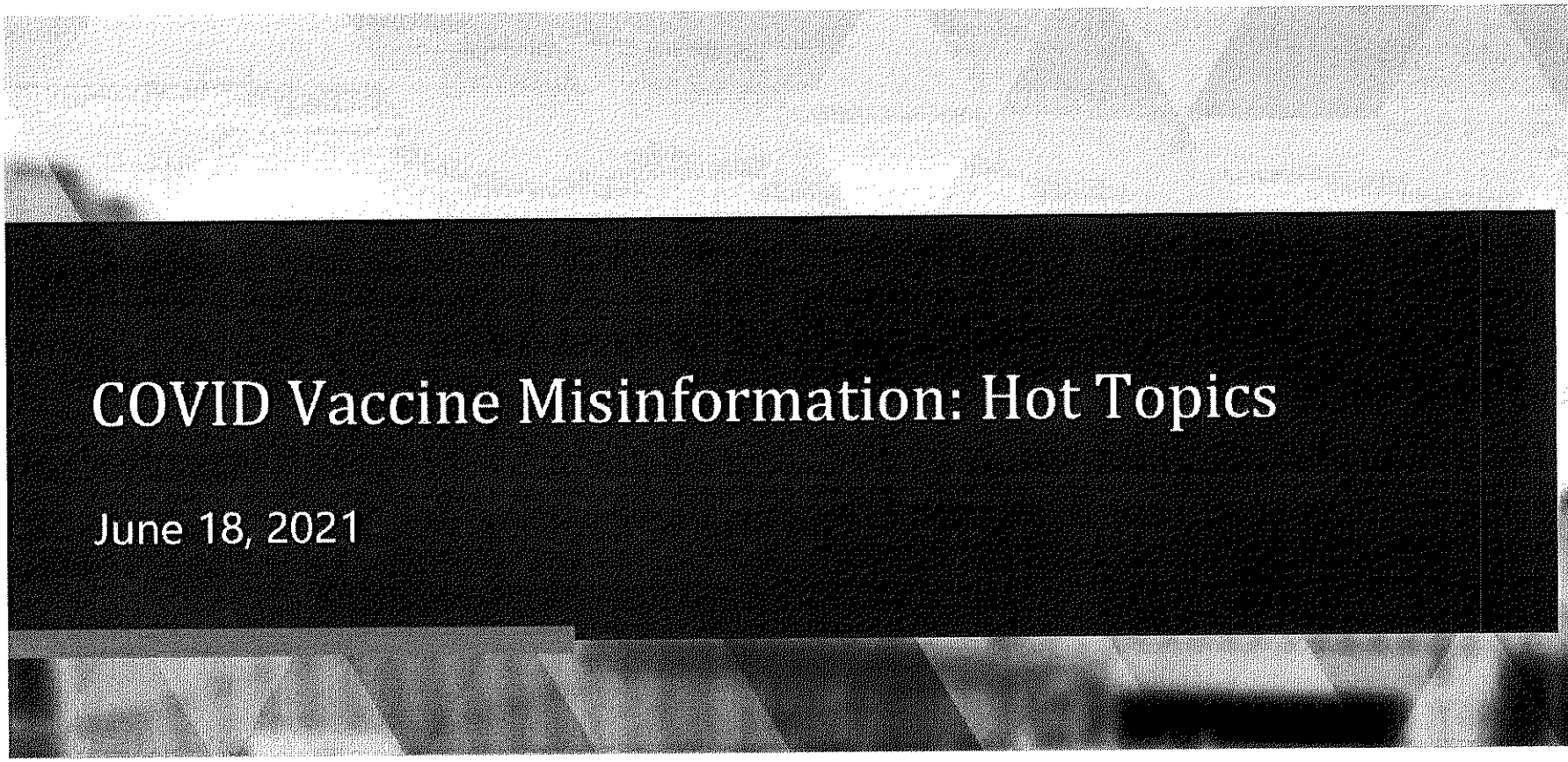


From: Crawford, Carol Y. (CDC/OD/OADC)
To: Crawford, Carol Y. (CDC/OD/OADC)
Cc: llagone@fb.com; Payton Iheme; Carrie Adams; Sam Huxley; Christopher Thomas Lewitzke (CENSUS/ADCOM CTR); Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Caroline.M.Faught@census.gov; lexisturdy@fb.com; Todd O"Boyle; Jan Antonaros
Subject: In lieu of a BOLO meeting tomorrow...
Date: Thursday, June 17, 2021 6:19:00 PM
Attachments: CDC Working Group Meeting_20210618_v2.pptx

Given the new federal holiday, I'll be cancelling our BOLO call tomorrow. However, I am sending the slides out for your reference. Let us know if you have any questions.

Thank you!

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs, OADC
CDC
ccrawford@cdc.gov
404-498-2840



COVID Vaccine Misinformation: Hot Topics

June 18, 2021

CDC24/7

Agenda

Introduction

Hot Topics

1. Spike Protein AccumulationMagnetism RumorAirline travel

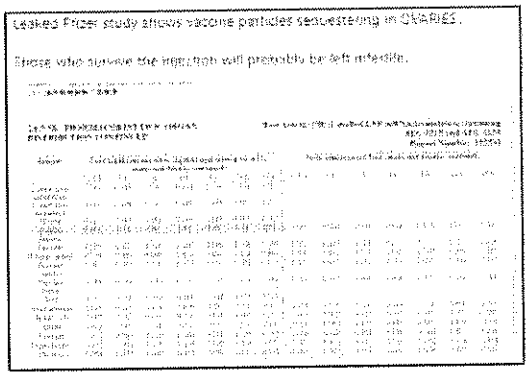
LOGISTICS

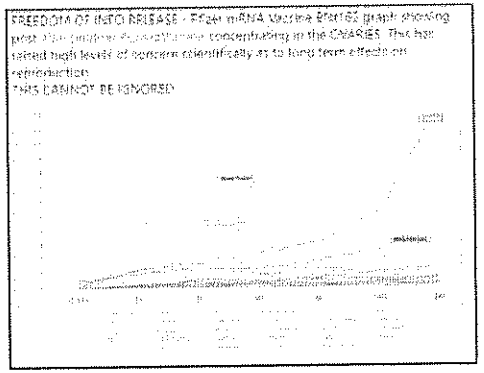
Next Meeting Date: To be announcedPoint of Contact:Want a follow-up meeting to discuss information presented? Contact Carol Crawford (cjy1@cdc.gov).

ADVISORY

Misinformation has been identified about the safety of COVID-19 vaccine ingredients.Please Be On the Lookout for: Statements, pictures, posts, or messages containing misinformation that spike proteins from vaccines have an effect on fertility or other harmful effects.

When	Early June 2021
Where	Digital Platform(s): Twitter.
Status	There has been an increase in speculation that spike proteins from the vaccine are harmful, including citing a "study" showing that COVID-19 vaccine particles accumulate in ovaries. This has been used to falsely claim that the vaccines will impact fertility.
Potential Impact	Reduced vaccine acceptance.
The Facts	There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines.





The spike protein is the bio weapon

Example posts

Associated Link(s) and Hashtag(s)

- CDC Myths and FactsFact check articleExample postExample postExample post

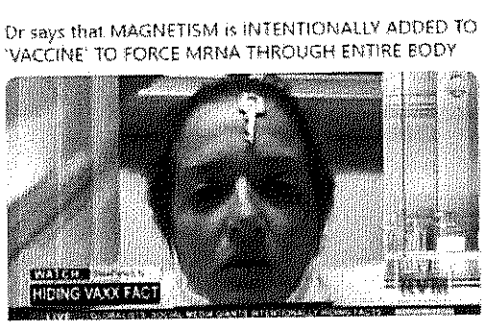
Centers for Disease Control and Prevention
Office of the Director

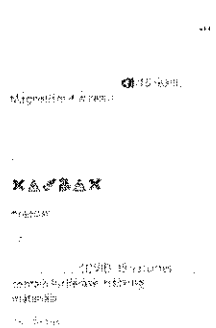
DRAFT – THIS INFORMATION IS NOT FOR FURTHER DISTRIBUTION

ADVISORY

Misinformation has been identified about the COVID-19 vaccine ingredients and related side effects.Please Be On the Lookout for: Statements, pictures, posts, or messages containing misleading or false information that vaccine ingredients cause vaccinated individuals to become magnetic.

When	May 2021 – Present
Where	Digital Platform(s): All.
Status	There continue to be videos shared widely on social media platforms claim to show individuals becoming "magnetic" after receiving the vaccine, further fueling the false claim that vaccines contain microchips.
Potential Impact	Reduced vaccine acceptance and spread in real-world spaces.
The Facts	Receiving a COVID-19 vaccine will not make you magnetic, including at the site of vaccination which is usually your arm. COVID-19 vaccines do not contain ingredients that can produce an electromagnetic field at the site of your injection.





Example posts

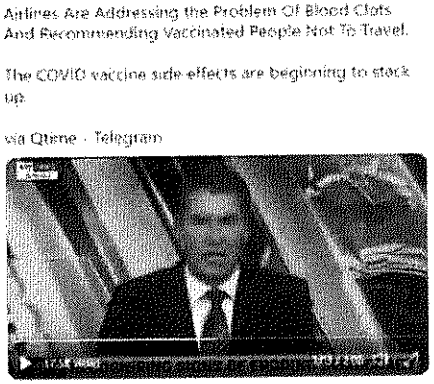
Associated Link(s) and Hashtag(s)

- Myths and Facts about COVID-19 VaccinesExample postExample postWhat are the ingredients in COVID-19 vaccines?Hashtag: #magnetgate #VaccineMagnetChallenge

ADVISORY

Misinformation has been identified about risks for individuals who have received the COVID-19 vaccine.Please Be On the Lookout for: Statements, pictures, posts, or messages containing misleading or false information that vaccinated individuals cannot travel via airplane.

When	June 2021
Where	Digital Platform(s): Twitter, Facebook, TikTok, Telegram
Status	There have been claims that because of a risk of blood clots, airlines are not allowing vaccinated individuals to travel or are discussing a potential ban.
Potential Impact	Reduced vaccine acceptance and confusion.
The Facts	CDC recommends to delay travel until fully vaccinated. Not related to the COVID-19 pandemic, airplane travel, especially flights longer than 4 hours, may increase the risk for blood clots, including deep vein thrombosis and pulmonary embolism.



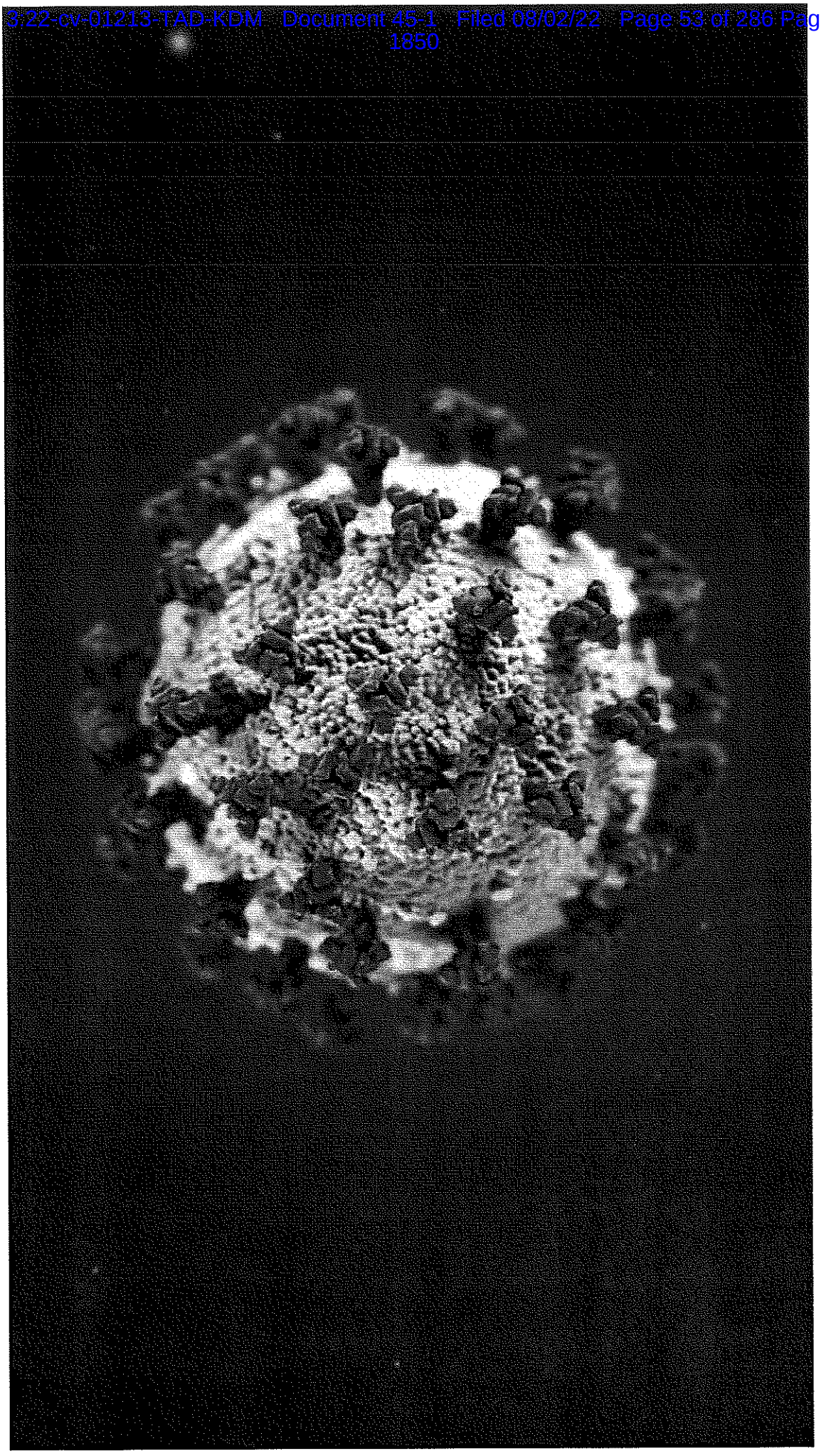
Example posts

Associated Link(s) and Hashtag(s)

- Domestic Travel during COVID-19Before You TravelFact check storyExample postExample post

Contact Information

Carol Crawford Digital Media Branch Chief, Division of Public Affairs Centers for Disease Control and Prevention (CDC) O: 404-498-2480 | M: 678-920-0578
cjy1@cdc.gov



From: Crawford, Carol Y. (CDC/OD/OADC)
To: Jan Antonaros; Stanley Onyimba
Subject: J&J content
Date: Wednesday, April 14, 2021 10:03:00 AM

FYI...the content that we thought would post last night, has not. Will be posted after the ACIP this afternoon.

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Iheme; Genelle Adrien
Cc: Sam Huxley; Christopher Lewitzke; Jennifer Shopkorn (CENSUS/ADCOM FED); Sokler, Lynn (CDC/OD/OADC)
Subject: Misinfo on two issues
Date: Thursday, May 6, 2021 8:55:00 PM

Payton/Genelle-

As mentioned, here are two issues we are seeing a great deal of misinfo on that we wanted to flag for you all – vaccine shedding and microchips. These are just some example posts. We do plan to post something shortly to address vaccine shedding and I can send that link soon. Our census team copied here, has much more info on it if needed.

Thanks!

Facebook and Instagram

Post text	Link
Screenshot that reads: For a year, we were told that we need to socially distance and wear masks to avoid asymptomatic spreaders. NOW, the vaccinated ARE the asymptomatic spreaders through viral shedding of their vaccine.	https://www.instagram.com/p/COTIlZMHsUN/
SWIPE: For weeks, it has been rumored that viral shedding from Covid-19 vaccinated to Covid-19 unvaccinated people was the cause of problems with women and their menstrual cycles. Some of these problems include miscarriage.	https://www.instagram.com/p/COTO9OdH1_t/
Screenshot that reads: We now know the COVID jab sheds. The first distribution of this nightmare went to healthcare providers who are now shedding on their patients and then to teachers who are now shedding on our children.	https://www.instagram.com/p/COUA5w9AuoW/
If it is being used for depopulation, then why are they giving it to the key people like NHS workers, carers, the military, etc? If all these people end up dying from the poison, then what? Do the poisons have a sterility agent that won't kill the person, but will make them sterile, thus	https://www.facebook.com/1100924840381516/posts/1126327577841242

reducing the population in the future? Any thoughts?	
Former VP Of Pfizer Drops Terrifying Bombshell On Vaccine Scheme: "Entirely Possible This Will Be Used For Massive-Scale Depopulation" https://www.teaparty.org/former-vp-of-pfizer-drops.../	https://www.facebook.com/172526489431467/posts/4877608792256523
Only ones really pushing these unapproved jabs are those in with Gates Foundation, that are behind depopulation of the planet.	https://www.facebook.com/225877282549585/posts/2735693411137 12
No medical degree yet controls the field of medicine? No agricultural degree yet has purchased LARGE quantities of land? Father worked with planned parenthood and was indeed a EUGENICIST? So what is the goal of these 's Mr. Gates? The same as your fathers = Depopulation....	https://www.instagram.com/tv/COeT0qUnwPU/
Dr. Sherri Tenpenny Explains How the Depopulation COVID Vaccines Will Start Working in 3-6 Months	https://www.instagram.com/p/COVPvcqDARd/
Vaccine Shedding Causing Miscarriages and Blood Clots in Unvaccinated Females	https://www.facebook.com/104622279580575/posts/3987080758001355
Turns out Pfizer did tests and found that the spiked protein can "shed" (their word) and affect unvaccinated people. Are you concerned about being around people who may be unknowingly emitting the filthy vaccine?	https://www.facebook.com/59453552191/posts/10159109994267192
Seeing more and more signs like this in stores because of shedding. Be aware that for up to four months after you get your vaccine you can really get others extremely ill [Note: Fact checked but not removed]	https://www.facebook.com/1141356506338028/posts/1173137176493294
Has anyone else heard of people that have gotten the Vaccine, making people that didnt get vaccine sick(after being in close contact with them)? Symptoms such as- itching, migraines, bad	https://www.facebook.com/819249958919372/posts/910044976506536

stomach cramps, periods happening randomly or 2 times a month when they are usually pretty consistent, and etc? The Term they are using is "Shedding".	
Stay tuned and follow @sharyl_attkisson & Dr. Larry Palevsky, Dr. Tenpenny, so many more on Twitter and keep your eye out for the whistle blower videos on the spike protein shedding and causing damage to reproductive organs. There is NO PROOF that this IS NOT occurring, none...	https://www.instagram.com/p/COMtAVJnHbE/
[Repost of above]	https://www.instagram.com/p/CONztCUAdRI/
In a disturbing twist of the genocide program, women are reporting strange menstrual cycles, and even miscarriages, after being close to those who have had the .	https://www.instagram.com/p/CN98SoDAAWO/
SPIKE PROTEIN CONFUSION - V SHEDDING, BLOOD AND FERTILITY This is a clip from Amandha Vollmer's bitchute account Doctor_Yummy that explains what's going on with the spike proteins and shedding quite well.	https://www.instagram.com/tv/COPDRIaAEgm/

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Jan Antonaros; Stanley Onyimba
Cc: LaPorte, Kathleen (CDC/DDID/NCIRD/ID); Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD); Kelly, Krista (HHS/ASPA)
Subject: New About VaccineFinder CDC webpage
Date: Thursday, February 25, 2021 2:29:00 PM

Stanley/Jan – Just saw this after our 1:00 with HHS. We wanted to point out this new webpage we just posted -- **About VaccineFinder**. It would be great if this would come up higher in results instead of our provider page (VaccineFinder: COVID-19 Information for Jurisdictions and Healthcare Providers). But also, I wanted you to see our resource on it if helpful in anyway.

Happy to answer any other questions and have copied Kathleen and Rosie, our vaccine experts here too.

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O"Boyle
Subject: RE: CDC COVID-19 BOLO Meeting
Date: Thursday, June 10, 2021 7:12:00 AM

Thanks for letting us know.

From: Todd O'Boyle <toboyle@twitter.com>
Sent: Wednesday, June 9, 2021 7:54 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Subject: Re: CDC COVID-19 BOLO Meeting

I will be on (b)(6) next week, but I will see if another colleague from Twitter can join.

Best.
TO

On Wed, Jun 9, 2021 at 4:23 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

> We would like to invite digital platforms to attend our 3rd short "Be On The Lookout" meeting on COVID. Let us know if you have questions and feel free to forward this message to anyone in your organization that should attend.
>
> Join ZoomGov Meeting
>
> (b)(6)
>
> Meeting ID: (b)(6)
>
> Passcode: (b)(6)
>
> One tap mobile
>
> (b)(6) US (San Jose)
> US (New York)
>
> Dial by your location
>
> (b)(6) (San Jose)
> (New York)
> (San Jose)

(b)(6)

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number (b)(6)

Join by SIP

(b)(6)

Join by H.323

(b)(6) (US West)

(US East)

Meeting ID: (b)(6)

Passcode: (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Genelle Adrien; Dempsey, Jay H. (CDC/OD/OADC)
Cc: Payton Iheme; McDaniel, Rebecca (CDC/OD/OADC)
Subject: RE: CDC approval requested: FAQ Content
Date: Tuesday, May 11, 2021 1:50:00 PM
Attachments: Facebook COVID-19 vax numbers_unsigned licensing agreement.docx

If you call can sign this we can move forward with the logo add. Thanks!

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Tuesday, May 4, 2021 8:45 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Cc: Payton Iheme <payton@fb.com>; McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: Re: CDC approval requested: FAQ Content

Thanks, Carol! This is great feedback. The proactive comms was in reference to this new FAQ module.

Speaking of the logo approval, the action page is live here: https://about.facebook.com/actions/responding-to-covid-19. And, we will add the CDC logo once we have your go ahead.

Thank you—
Genelle

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Date: Tuesday, May 4, 2021 at 7:53 PM
To: Genelle Adrien <genelleadrien@fb.com>, Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Cc: Payton Iheme <payton@fb.com>, McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: RE: CDC approval requested: FAQ Content

Hi Genelle – one Q was fine but our SMEs said the below on the other question. Also, just to check – was the proactive comms note about the item I'm getting the logo approved for?

From task force:

I would suggest (b)(5) plus correcting the list as shown in red). For that bottom text, the first sentence is duplicative of the bulleted list

(b)(5)

Centers for Disease Control and Prevention/CDC
Trademark License Agreement—Non-Exclusive

Trademark License Number:

Licensee: Facebook Technologies, LLC

This Agreement ("Agreement") is dated as of _____, 20__ ("Effective Date"), between the Centers for Disease Control and Prevention/ATSDR, an agency of the Public Health Service, located at 1600 Clifton Road, Atlanta, GA 30329 ("Licensor; PHS") and Facebook Technologies, LLC ("Licensee"; collectively, the Parties) located at 1601 Willow Road, Menlo Park, CA 94025.

Recitals

PHS is the owner of trademarks ("Trademarks") as identified in Attachment "A," and the goodwill associated therewith.

The Trademarks are used in association with public health/safety messages, training, or communication initiatives that support the mission of Licensor, which is "Collaborating to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats."

Licensee desires to use the Trademarks on and in connection with jointly developed public health/safety messages, training modules, or other communication initiatives, as identified in Attachment B, as a co-brand with Licensee's brand.

The Parties are entering into this Agreement to confirm the basis upon which Licensee is permitted to use the Trademarks.

NOW, THEREFORE, for good and valuable consideration, including the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged, the Parties agree as follows:

1. Grant:
    1. PHS hereby grants to Licensee a non-exclusive, non-transferable, royalty free, license ("License") to use, reproduce and display the Trademarks on and within Internet pages, visual presentations, or written materials solely in connection with the jointly developed public health/safety messages. The License is for non-commercial use of the Trademarks only. The Trademarks may not be used in connection with any other goods or services without the written consent of PHS.
    2. Licensee shall only use the Trademarks on or in additional products or services other than those identified in Attachment B after such use has been approved by PHS, in writing, in response to a written request by Licensee.

2. Term of the Agreement: This Agreement will begin on the Effective Date and will continue for a period of thirty-six (36) months or upon expiration of the use described in Attachment B or any subsequent approval under paragraph 1.2, whichever occurs first ("Term"), unless terminated earlier in accordance with this Agreement.

3. Termination: Licensee shall have a unilateral right to terminate this Agreement by giving PHS seven (7) days written notice to that effect. PHS or Licensee may (without prejudice to any other right or remedy) terminate this Agreement (a) at any time upon notice in writing to the other party if the other party is in material breach of any obligation hereunder and does not cure such breach within seven (7) days of being requested in writing to do so; or (b) upon notice, where the Licensee's use of the Trademarks is the subject of a legal claim. The license to use PHS's Trademarks will cease within three (3) business days upon the termination or expiration of this Agreement. Licensee agrees to remove any Internet page content if in PHS's sole discretion such removal is warranted, and to destroy all material bearing the Licensed Trademarks. Licensee shall provide PHS written confirmation of such destruction. Notwithstanding, Licensee may, at PHS's discretion, distribute stocks of co-branded materials existing at the time of license termination unless Licensee has materially breached this Agreement and failed to cure such breach within thirty (30) days written notice by PHS. In the event there is a significant change in the scientific research or data reflected in any product using the Trademarks, which PHS reasonably concludes renders the content substantially inaccurate, PHS may notify the Licensee in writing. Upon receipt of such notice, Licensee shall, prior to producing any further such products update the content of those products. Failure to provide such update will result in PHS's termination of the license granted with respect to such products determined by PHS to contain scientifically outdated, incorrect, or harmful content.

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5. Trademark Control: Upon request by PHS, the Licensee will provide PHS with representative use(s) of Trademarks. Use of the Trademarks on goods or services other than as covered under this Agreement or in a manner inconsistent with Licensor's Trademark Guidelines or paragraph 4 shall constitute material breach of this Agreement. Notwithstanding paragraph 3, if such material breach has not been cured within five (5) business days following receipt of notice from PHS, this Agreement will be terminated.

6. Ownership: Licensee agrees to use the Trademarks only as stated in this Agreement. Licensee agrees not to use the Trademarks in combination with any other trade name, trademark or service mark without the prior written approval of PHS. Licensee acquires no right, title or interest in Licensor's Trademarks or the goodwill associated with them, other than the right to use Licensor's Trademarks according to this Agreement. In accepting this Agreement, Licensee acknowledges that as between Licensee and PHS, PHS is the owner of the Licensor's Trademarks and Licensee agrees not to use or apply to register any trademarks which include a Licensor Trademark or any trademark, service mark, trade name or derivation confusingly similar to a Licensor Trademark, in any country or territory during or after the term of this Agreement. Licensee will not take any action in derogation of any of the rights of PHS in any Licensor Trademarks.
7. Copyright: Contributions by US government employees in products bearing the Trademarks are not subject to copyright in the United States.
8. Indemnification: PHS offers no warranties other than that it owns the Trademarks. No indemnification of any loss, claim, damage or liability is intended or provided by any party under this Agreement. Each party shall be responsible for any loss, claim, damage or liability it incurs.
9. Assignment: The License granted herein is personal to Licensee and Licensee shall not assign, sub-license, transfer, or otherwise convey Licensee's rights or obligations under this Agreement without PHS's prior written consent, such consent of PHS not to be withheld unreasonably.
10. Survival. The parties' rights and obligations, which by their nature would continue beyond the termination of this Agreement, including, but not limited to, indemnification and actions affecting the enforceability of the mark, shall survive such termination.
11. Partial Invalidity: The provisions of this Agreement are severable, and in the event that any provision of this Agreement shall be determined to be invalid or unenforceable under any controlling body of law, such determination shall not in any way affect the validity or enforceability of the remaining provisions of this Agreement.
12. Entire Agreement: This Agreement supersedes all previous agreements, understandings, and arrangements between the parties, whether oral or written, and constitutes the entire agreement between the parties regarding the subject matter herein.
13. Notice: All notices required or permitted by this Agreement shall be given by confirmed receipt email or prepaid, first class, registered or certified mail properly addressed to the following:

1. For CDC:

Rick Hull
Health Communications Specialist
Centers for Disease Control and Prevention
4770 Buford Highway K80
Atlanta, GA 30341
770-488-5055

flh1@cdc.gov

2. For Licensee:

Julian Nagler
jnagler@fb.com
With a copy to:
Email: Legal-Notices@fb.com
Attention: FB Legal Notices

14. Trademark Notice; Non-Endorsement Statement: Licensee agrees to place the following trademark notice on any product, communication, item, or Internet page that includes a Licensed Trademark: "The mark 'CDC' is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise." The notice must be placed in proximity to Licensed Trademarks.
15. Waiver of Rights: Neither Party may waive or release any of its rights or interests in this Agreement except in writing. The failure of PHS to assert a right hereunder or to insist upon compliance with any term or condition of this Agreement shall not constitute a waiver of that right by PHS or excuse a similar subsequent failure to perform any such term or condition by Licensee.
16. Non-endorsement: By entering into this Agreement, PHS does not directly or indirectly endorse Licensee or any product or service provided, or to be provided, by Licensee whether directly or indirectly related to this Agreement. Licensee shall not state or imply that this Agreement is an endorsement by the U.S. Government, PHS, any other U.S. Government organizational unit, or any U.S. Government employee. Additionally, other than the use specified in Attachment B, Licensee shall not use the names of CDC, PHS, or DHHS or the U.S. Government or their employees in any commercial advertising, promotional, or sales literature.
17. Dispute Settlement: The Parties agree to attempt to settle amicably any controversy or claim arising under this Agreement or a breach of this Agreement. Licensee agrees first to appeal any such unsettled claims or controversies to the designated PHS official, or designee, whose decision shall be considered the final agency decision. Thereafter, Licensee may exercise any administrative or judicial remedies that may be available.
18. Modifications: If either Party desires a modification to this Agreement, the Parties shall, upon reasonable notice of the proposed modification by the Party desiring the change, confer in good faith to determine the desirability of such modification. No modification will be effective until a written amendment is signed by the signatories to this Agreement or their designees.

IN WITNESS WHEREOF, the parties have caused this License to be executed by their duly authorized representatives.

For **PHS**:

_____ _____

Signature of Authorized PHS Official Date

Juliana Cyril, Ph.D.

Director, Office of Technology and Innovation

Centers for Disease Control and Prevention

For **Licensee**:

_____ _____

Signature of Authorized Licensee Official Date

Michael Abrash

VP, Facebook Research

Authorized Representative, Facebook Technologies, LLC

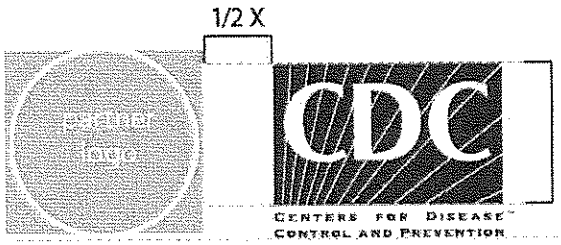
Attachment A – Trademarks

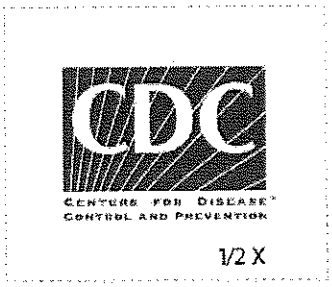
Color

The official CDC logo color is Pantone 286 blue (CMYK: 100, 66, 0, 2 RGB: 0, 93, 170) or black. Substitution of CDC blue or black is prohibited. The blue is acceptable for use on color material and the black is only acceptable for black and white or spot color use or when the partner logo is also presented in black and white.

Alignment and spacing

Separate the CDC logo from the partner logo by a minimum of 1/2 the vertical measurement of the CDC logo (excluding the CDC logo tag line).





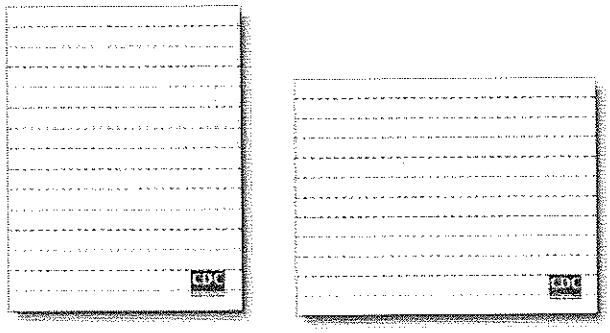
A buffer area of "1/2 X" around the CDC logo should be maintained free of text or graphics.

Partner use of the CDC logo on a Web site or Web page:

- The logo should be placed near the bottom of the partner's Web page.
- The following trademark notice should be placed proximate to the logo: "The mark 'CDC' is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise."
- The logo should be used at a minimum of 35 pixels in height and a maximum of 45 pixels in height, with proportional scaling of its horizontal dimension.

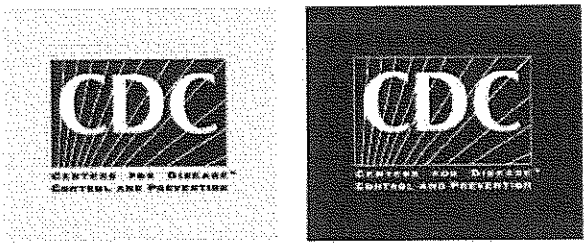
Appropriate relative sizing

On a vertically-oriented document the logo may occupy approximately 1/15 of the vertical grid. On a horizontally-oriented document the logo may occupy approximately 1/12 of the vertical grid.

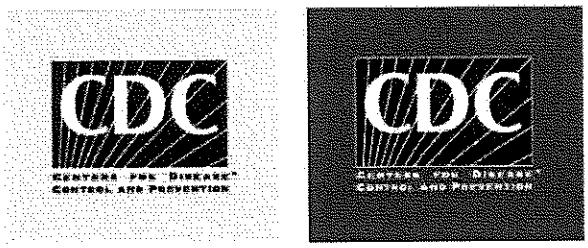


Legibility over a background color or image

The logo tag line only is reversed to white when used over a dark background. The logo block remains blue with white detail.

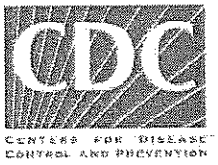


The same is true for the black version. Do not use a drop shadow, halo effect, or add a color frame to achieve legibility over a dark background or photo.

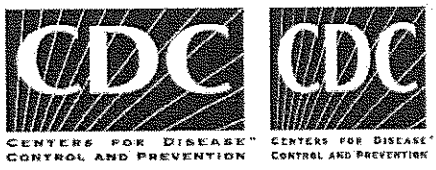


Examples of inappropriate logo use

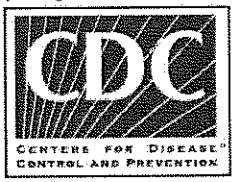
altering the color



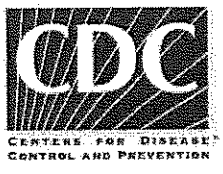
altering the horizontal or vertical proportions



placing it inside a lined box



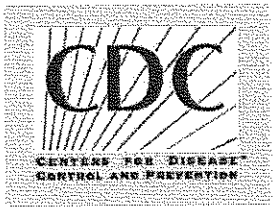
adding a dropshadow



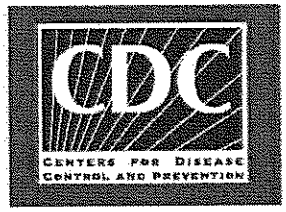
rotating off standard allignment

changing the transparency

reversing the color

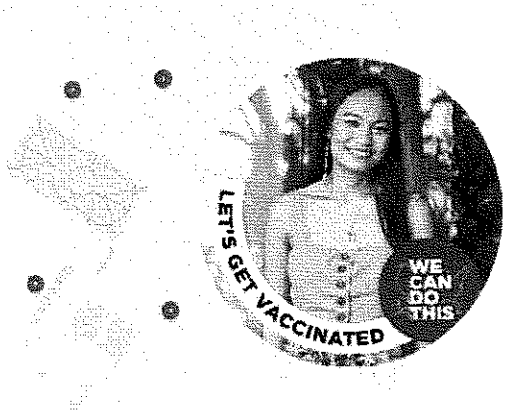


placing inside a filled box



Attachment B – Covered Use

(sample covered use, showing where partner and PHS trademarks will go, per trademark usage guidance in Attachment A, and with "Trademark Notice; Non-Endorsement Statement" provided in paragraph 14. of the agreement.)



OUR GOAL

Helping 50 million people find the vaccine information they need.

VaccineFinder gives people a way to use Facebook and Instagram to find when and where they can make a vaccine appointment.

Find COVID-19 vaccine sites near you

Last updated: 04/28/2021

visit the CDC COVID dashboard

How many people in the US have been vaccinated:

142,692,987

(at least one dose)

(b)(5)

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Tuesday, May 4, 2021 9:19 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Cc: Payton Iheme <payton@fb.com>
Subject: CDC approval requested: FAQ Content

Hi Carol – Hope the week is off to a great start. Our content specialist, recently made copyedits to two CDC questions for our new FAQ modules appearing in the COVID-19 Information Center.

These are fairly minor edits to what you've already provided, but if you have additional edits, could you please let us know by COB if possible?

A quick note that our new launch date is 5/17. We are not planning any proactive comms at the moment, but if we do, we will let you know and coordinate accordingly.

Thanks and let me know if you have questions!

Best,
Genelle

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Iheme
Subject: RE: Health Equity Strategy mentioned on the call
Date: Thursday, April 15, 2021 3:48:00 PM

CDC COVID-19 Response Health Equity Strategy | CDC

From: Payton Iheme <payton@fb.com>
Sent: Thursday, April 15, 2021 3:15 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Subject: Health Equity Strategy mentioned on the call

Can you send (resend) just in case I don't have this?

Best,

Payton

FACEBOOK

Payton Iheme
U.S. Public Policy
Facebook

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Stanley Onyimba
Cc: Jan Antonaros
Subject: RE: J&J content
Date: Wednesday, April 14, 2021 12:30:00 PM

We ended up posting some new info, have some FAQs going up (likely before ACIP or during) and then updates from there.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/JJUpdate.html.

From: Stanley Onyimba <sonyimba@google.com>
Sent: Wednesday, April 14, 2021 10:32 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Jan Antonaros <jantonaros@google.com>
Subject: Re: J&J content

Thanks for letting us know, Carol.

On Wed, Apr 14, 2021, 7:03 AM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

> FYI...the content that we thought would post last night, has not. Will be posted after the ACIP this afternoon.

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Iheme
Cc: Chelsey Lepage; Genelle Adrien; Dempsey, Jay H. (CDC/OD/OADC)
Subject: RE: J&J info now posted
Date: Wednesday, April 14, 2021 12:33:00 PM

Sorry -- the Advisory Committee on Immunization Practices that will meet to make recommendations on next steps related to this pause.

From: Payton Iheme <payton@fb.com>
Sent: Wednesday, April 14, 2021 12:31 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Chelsey Lepage <chelseylepage@fb.com>; Genelle Adrien <genelleadrien@fb.com>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: Re: J&J info now posted

Thank you.

What is ACIP?

From: Carol Crawford <cjy1@cdc.gov>
Date: Wednesday, April 14, 2021 at 12:29 PM
To: Payton Iheme <payton@fb.com>
Cc: Chelsey Lepage <chelseylepage@fb.com>, Genelle Adrien <genelleadrien@fb.com>, "Dempsey, Jay H. (CDC/OD/OADC)" <ifb5@cdc.gov>
Subject: J&J info now posted

First page is up, some FAQs are in process of being added. I expect more updates after ACIP.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/JJUpdate.html.

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Priya Gangolly
Cc: Payton Iheme; Rosalyn Mahashin
Subject: RE: Meeting today
Date: Friday, December 18, 2020 1:45:00 PM
Attachments: COVID 19 vaccine focus groups_Topline Final.pdf

Not exactly the same thing but I was able to get my hands on this. I hope it helps!

From: Priya Gangolly <pgangolly@fb.com>
Sent: Wednesday, December 9, 2020 3:20 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Iheme <payton@fb.com>; Rosalyn Mahashin <rmahashin@fb.com>
Subject: Re: Meeting today

I've attached the study here! I think it was among the flu resources the immunization team had shared with us this summer.

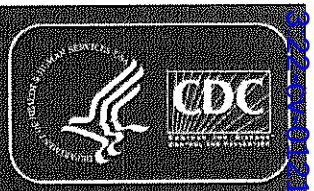
From: "Crawford, Carol Y. (CDC/OD/OADC)" <cjy1@cdc.gov>
Date: Wednesday, December 9, 2020 at 11:55 AM
To: Priya Gangolly <pgangolly@fb.com>
Subject: RE: Meeting today

Can you remind me which study you are referencing? Its not hitting me.

From: Priya Gangolly <pgangolly@fb.com>
Sent: Wednesday, December 9, 2020 2:46 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Iheme <payton@fb.com>
Subject: Re: Meeting today

One question I forgot to add from the team – has the CDC done a quant study for the COVID -19 vaccine (similarly to the one you shared with us for flu)?

From: Priya Gangolly <pgangolly@fb.com>
Date: Wednesday, December 9, 2020 at 11:40 AM
To: "Crawford, Carol Y. (CDC/OD/OADC)" <cjy1@cdc.gov>
Cc: Payton Iheme <payton@fb.com>
Subject: Meeting today



Topline Findings from Qualitative Research on a Future COVID-19 Vaccine

August 25, 2020

Cynthia Jorgensen, DrPH
Vaccine Planning Unit – Communication Lead
Associate Director for Communication
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

Research Purpose

- Explore attitudes and knowledge about the COVID-19 vaccines
  - Development process, testing, timeframe, availability
  - Administration
  - Cost
- Understand intentions to get a COVID-19 vaccine when available
- Understand perceptions around groups who should get vaccinated first
- Learn trusted sources of information

Methods

- Focus Groups Methodology
  - *Total of 49 groups, n= 239*
  - *Conducted from June 17 to August 26*
- Two primary audiences – 6 segments
  - *Mixed Race/Ethnicity and African American*
  - *Older adults (lower & median SES), parents, young adults, essential workers, and nurses*
- Quota sampling of participants via professional recruitment company
- Conducted online via Zoom - 60 minutes
  - 8 participants recruited for each group - goal to seat 6
- Led by trained moderators following established guide
- *Findings today from notes-based analysis*

Discussion Topics

- Awareness of potential COVID-19 vaccines
  - Availability
  - Timeframe
  - Knowledge of vaccine development and testing
- Intentions to get a COVID-19 vaccine, when widely available
- Vaccine rollout
- Vaccine administration
  - Expectations
  - Preferred locations
- Trusted sources of information
- Topics for further research

Audience Segments

Audience segment	Number of Focus Groups		
	Mixed race/ethnicity	African American	Total
Older adults (60+), low SES	3	4	7
Older adults (60+), median SES	3	4	7
Parents of children <18	3	4	7
Adults 20–30, no children	6	8	14
Essential workers (non-medical)	3	4	7
Registered nurses (practice and hospital based)	3	4	7
Total	21	28	49

Awareness and Knowledge of COVID-19 Vaccine

- Almost all participants aware that COVID-19 vaccine(s) are in development
- Some uncertainty regarding when vaccine(s) will be first available
  - Fall 2020
  - Early 2021
  - Sometime in 2021
- Concerns expressed about the speed of development and safety
- Few comments about the number of vaccines in development, the different manufacturers, or countries leading vaccine development

Intentions to Get Vaccinated

- Participants generally open to getting a COVID-19 vaccine *eventually*
- Many participants hesitant to get a COVID-19 vaccine when *first* available
- Concerns included:
  - Safety
  - Side effects (both short and long term)
    - No specific consequences expressed, but just "side effects"
  - Effectiveness
  - Sufficient testing in their group (age, race, ethnicity, underlying health conditions)
  - Rapid development process
- Participants wanted more information and/or would "wait and see" before making a final decision
- 6 months commonly cited as a reasonable time frame

Reasons to Get Vaccinated or Not

Yes

- Desire to get back to a normal life
- Trust in vaccines and the scientific process

No

- I don't get vaccines
- I'm healthy
- Don't trust it

> ***"I don't trust putting that stuff into my body and I have kids"***
>
> *African American female*

- Strongest hesitancy expressed among African American persons

Questions and Assumptions – COVID-19 Vaccine

- Cost
  - Most assumed the vaccine would be free
  - Covered by government or insurance
- Administration
  - Most participants unsure about number of doses and schedule
- Location
  - Most comfortable with their doctor's office
  - Pharmacies – generally comfortable, but some were not
  - Wanted "clean" or "sanitary" locations with trained medical professionals
  - Some settings raised concerns about cleanliness and crowds
- Mandatory
  - Some participants wondered if would the vaccine be "mandatory" for school, work, travel, or "in general"

Vaccine Rollout

- Similar beliefs across the various audience segments
- Groups who should be among the first to receive a COVID-19 vaccine included:
  - Healthcare workers
  - First responders
  - Essential workers
  - Populations at higher risk

> ***"Oh, healthcare workers absolutely."***
>
> *Caucasian Female*

Key Considerations – Vaccine Rollout

- Occupation
  - Exposure to COVID-19 while caring for people who are infected
  - Performing essential services for continuing daily life *(police, mass transit)*
  - Frontline workers with potential exposure from interacting with the public *(grocery stores, big box stores)*
  - Workers in settings with exposure to coworkers *(factory work)*

- Populations at Higher Risk
  - People with chronic conditions
  - Older adults
  - Racial and ethnic groups – very mixed
  - Congregant settings – rarely mentioned

Vaccine Rollout – Specific Racial and Ethnic Groups

Mixed Perspectives

- Questioned if vaccine(s) would be sufficiently tested on specific groups
- Need vaccine due to high rates of COVID-19 disease and deaths
- Shouldn't be specifically targeted based upon their race or ethnicity
- Perceived continuation of the experimentation
- Already prioritized given occupation

> ***Black and brown people are frontline workers, then they are already the community who should get the vaccine first***
>
> *African American Female*

Points of confusion

- Recruitment for Clinical Trials
  - Efforts recruiting African American persons interpreted by some as being experimented on and used as "Guinea pigs"
- Purpose of Vaccine
  - Vaccine will get rid of the symptoms or cure COVID-19
  - Only need to get vaccinated if one had bad case of COVID-19 *(aka flu)*
  - Others perceived vaccine is for people who are or had been infected
  - "Get rid of COVID in the community"
- Post Release
  - What happens after approval of a new vaccine?
  - How are people monitored and how do we know about side effects?

Sources of Information

Sources of *and* trusted sources of information varied by audience segment

- Older segments
  - Relied on news establishments for information
  - Personal doctor was especially trusted
- Younger segments
  - Social media commonly cited as a source of information – not always trusted
  - Distrusted established news organizations
- **Trusted organizations included**
  - CDC
  - NIH
  - WHO
  - State or local health departments (by some participants)
- **Individuals cited varied widely and included**
  - Dr. Fauci
  - Relatives who were healthcare workers
  - Certain media figures and celebrities

> ***I do not trust the news. The media takes advantage of the situation.***
>
> *Caucasion Male*

Topics for Further Exploration

- Intentions to get vaccinated over time and with more information
- Expectations around cost
- Confusion over intent of clinical trial recruitment vs. vaccine release
- Vaccine mandates and effect on uptake
- Definitions of "frontline" or "essential" workers
- Distinguishing between what people are hearing vs. believing *(especially on* social media)

A Few Key Takeaways and Next Steps

- Recruitment in clinical trials should continue to emphasize diversity goal **not** singling out specific racial groups
- Survey questions about vaccine intentions should account for intentions right away vs. some time after release
- Important to inform people about the vaccine development and testing process, procedures for ensuring safety and efficacy
- Assure Americans about post-vaccine monitoring for side effects, consequences
- By and large CDC is a trusted source of information

Thank you

Cynthia Jorgensen: cxj4@cdc.gov
Allison Fisher: ark2@cdc.gov

Hi Carol,

It looks like Payton has an urgent Policy meeting during our time today and I don't have any updates to share either (beyond the email I sent you last night on Learning Units, which we can discuss at any time over email or at our next meeting if you need more time).

Would you like the time back today and we can cover any questions you have async?

Thanks,
Priya

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O"Boyle
Subject: RE: Request for problem accounts
Date: Friday, April 9, 2021 2:14:00 PM

Yes, we'll get that to you early next week. Thanks for checking in.

From: Todd O'Boyle <toboyle@twitter.com>
Sent: Thursday, April 8, 2021 8:28 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Subject: Request for problem accounts

Hi Carol -
I'm looking forward to setting up regular chats; my team has asked for examples of problematic content so we can examine trends. All examples of misinformation are helpful, but in particular, if you have any examples of fraud - such as fraudulent covid cures, fraudulent vaccine cards, etc, that would be very helpful.

Thanks in advance,
TO

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Lee (Hadlow) Halloran; Peter Murphy; Jono Sadeghi; Stanley Onyimba
Cc: Garth Graham; Jan Antonaros
Subject: RE: Sharing a recent COVID update from CDC
Date: Tuesday, December 1, 2020 8:15:00 AM

Great, thanks!

From: Lee (Hadlow) Halloran <lhadlow@google.com>
Sent: Monday, November 30, 2020 12:29 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Peter Murphy <petermurphy@google.com>; Jono Sadeghi <jsadeghi@google.com>; Stanley Onyimba <sonyimba@google.com>
Cc: Garth Graham <garthgraham@google.com>; Jan Antonaros <jantonaros@google.com>
Subject: Re: Sharing a recent COVID update from CDC

+ Peter and Jono from the YT COVID Promo Support Team

Carol,

Jono will take the lead in ensuring we have all the necessary assets to help promote the latest Expert Q&A video.

Please keep us posted on any new videos from the CDC and thank you!

Lee

On Fri, Nov 20, 2020 at 3:40 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

> Lee/Garth - Just letting you know we just posted this new video if there is any interest in sharing it further on YouTube's end. Trying to get the science out there!
> https://www.youtube.com/watch?v=Jr2DbSqcM7I
>
> Also, when we had the meeting with you and Garth, you all mentioned a 1 pager on expanding our work on YouTube but I never received it – is there more to share? Just checking.
>
> Lastly, thank you so much for all the assistance on the college influencers. We appreciate the special help you are providing us as we navigate this new territory.
>
> Thanks.

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Iheme; Carrie Adams
Subject: RE: Thursday"s meeting - Ask for phone and texting related to vaccines.gov
Date: Tuesday, May 18, 2021 8:11:00 AM

Carrie – I just wanted to check to see if there had been any reconsideration of including this information on the information panel, etc. I know you guys were not planning on it per our conversation on Thursday but you mentioned you'd double check given the information I provided on the call.

Thanks.

From: Payton Iheme <payton@fb.com>
Sent: Tuesday, May 11, 2021 11:45 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Carrie Adams <carrieadams@fb.com>
Subject: Re: Thursday's meeting - Ask for phone and texting related to vaccines.gov

Apologies.

Just saw the heading… :)

Thursday it is!

Best,

Payton

From: Payton Iheme <payton@fb.com>
Date: Tuesday, May 11, 2021 at 11:32 AM
To: Carol Crawford <cjy1@cdc.gov>, Carrie Adams <carrieadams@fb.com>
Subject: Re: Thursday's meeting - Ask for phone and texting related to vaccines.gov

Thanks Carol.
Helpful.
Do you want to discuss Thursday during our sync or set up a different call sooner?

Best,

Payton

From: Carol Crawford <cjy1@cdc.gov>
Date: Tuesday, May 11, 2021 at 11:30 AM
To: Payton Iheme <payton@fb.com>, Carrie Adams <carrieadams@fb.com>
Subject: Thursday's meeting - Ask for phone and texting related to vaccines.gov

Payton – I was hoping to discuss how Facebook/Instagram/Etc. could help WH/HHS/CDC to promote the other ways to access the vaccinefinder (vaccines.gov) call and text numbers? WH/HHS asked me to reach out on their behalf for all of us.

Thanks!

Text your **zip code** to (b)(6)

Call (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Meredith Lightstone; Todd O"Boyle
Cc: Megan Dorward; Dempsey, Jay H. (CDC/OD/OADC); Reggie McCrimmon
Subject: RE: Vaccine Misinformation
Date: Tuesday, March 23, 2021 12:11:00 PM

Hi Todd & Reggie – I wanted to check back in to see if this was possible?

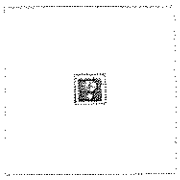
From: Meredith Lightstone <mlightstone@twitter.com>
Sent: Friday, March 19, 2021 2:22 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Todd O'Boyle <toboyle@twitter.com>
Cc: Megan Dorward <mdorward@twitter.com>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>; Reggie McCrimmon <rmccrimmon@twitter.com>
Subject: Re: Vaccine Misinformation

Hi Carol! I am adding in Todd and Reggie from our Public Policy team who will coordinate next steps.

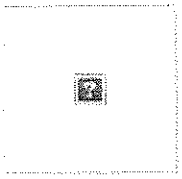
Many thanks,
Meredith

On Thu, Mar 18, 2021 at 9:12 PM Meredith Lightstone <mlightstone@twitter.com> wrote:

> Hi Carol and Jay, this sounds great! I will chat with our internal teams about next steps and will follow up.
>
> On Thu, Mar 18, 2021 at 8:34 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:
>
> > Megan/Meredith – We are working on project with Census to leverage their infrastructure to identify and monitor social media for vaccine misinformation. We would like the opportunity to work with your trust team on a regular basis to discuss what we are seeing. I understand that you did this with Census last year as well. Are you all interested in scheduling something to kick it off and discuss next steps? I'm happy to discuss further as well.
> >
> > Thank you!
> >
> > Carol Y. Crawford
> > Chief, Digital Media Branch
> > Division of Public Affairs
> > Office of the Associate Director for Communication
> > Centers for Disease Control and Prevention
> > 404-498-2480
> > ccrawford@cdc.gov
> > Cell: (b)(6)



Meredith Lightstone | Government & Causes
Twitter DC Office Ambassador
she/her | @merelights



Meredith Lightstone | Government & Causes
Twitter DC Office Ambassador
she/her | @merelights

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O"Boyle
Cc: Meredith Lightstone; Megan Dorward; Dempsey, Jay H. (CDC/OD/OADC); Reggie McCrimmon
Subject: RE: Vaccine Misinformation
Date: Tuesday, March 23, 2021 1:03:00 PM

I understand. We have a standing meeting between 12-1 EST on Wed, would a window there work for you?

Thanks.

From: Todd O'Boyle <toboyle@twitter.com>
Sent: Tuesday, March 23, 2021 12:28 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Meredith Lightstone <mlightstone@twitter.com>; Megan Dorward <mdorward@twitter.com>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>; Reggie McCrimmon <rmccrimmon@twitter.com>
Subject: Re: Vaccine Misinformation

Hi Carol -
Thanks so much for getting in touch. We'd be glad to schedule a check in. With our CEO testifying before Congress this week is tricky - how does next Tuesday or Wednesday look for you?

On Tue, Mar 23, 2021 at 12:11 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

> Hi Todd & Reggie – I wanted to check back in to see if this was possible?

> **From:** Meredith Lightstone <mlightstone@twitter.com>
> **Sent:** Friday, March 19, 2021 2:22 PM
> **To:** Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Todd O'Boyle <toboyle@twitter.com>
> **Cc:** Megan Dorward <mdorward@twitter.com>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>; Reggie McCrimmon <rmccrimmon@twitter.com>
> **Subject:** Re: Vaccine Misinformation
>
> Hi Carol! I am adding in Todd and Reggie from our Public Policy team who will coordinate next steps.
>
> Many thanks,
> Meredith
>
> On Thu, Mar 18, 2021 at 9:12 PM Meredith Lightstone <mlightstone@twitter.com> wrote:
>
> > Hi Carol and Jay, this sounds great! I will chat with our internal teams about next steps and will follow up.

On Thu, Mar 18, 2021 at 8:34 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

> Megan/Meredith – We are working on project with Census to leverage their infrastructure to identify and monitor social media for vaccine misinformation. We would like the opportunity to work with your trust team on a regular basis to discuss what we are seeing. I understand that you did this with Census last year as well. Are you all interested in scheduling something to kick it off and discuss next steps? I'm happy to discuss further as well.
>
> Thank you!
>
> Carol Y. Crawford
> Chief, Digital Media Branch
> Division of Public Affairs
> Office of the Associate Director for Communication
> Centers for Disease Control and Prevention
> 404-498-2480
> ccrawford@cdc.gov
> Cell: (b)(6)

--

Meredith Lightstone | Government & Causes
Twitter DC Office Ambassador
she/her | @merelights

Meredith Lightstone | Government & Causes
Twitter DC Office Ambassador
she/her | @merelights

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Genelle Adrien; Payton Iheme; Chelsey Lepage; Eva Guidarini
Cc: Dempsey, Jay H. (CDC/OD/OADC)
Subject: RE: WY issue
Date: Wednesday, April 28, 2021 7:02:00 PM

Wonderful, if Eva wants to connect directly that would be great. There is not a e-mail chain directly that I can loop you into though. This was received via a meeting.

Holly Scheer
Community Partnership Coordinator
holly.scheer@wyo.gov

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Wednesday, April 28, 2021 6:37 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Payton Iheme <payton@fb.com>; Chelsey Lepage <chelseylepage@fb.com>; Eva Guidarini <eguidarini@fb.com>
Cc: Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: Re: WY issue

Hi Carol—Thanks for flagging this to us. I am looping in my colleague Eva who leads our State team outreach. She can provide additional guidance here or connect with the Wyoming Dept. of Health team directly if you'd like to loop her in.

Thank you!
Genelle

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Date: Wednesday, April 28, 2021 at 6:25 PM
To: Payton Iheme <payton@fb.com>, Chelsey Lepage <chelseylepage@fb.com>, Genelle Adrien <genelleadrien@fb.com>
Cc: Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: RE: WY issue

Anything you all can do to help on this?

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Friday, April 23, 2021 1:46 PM
To: Payton Iheme <payton@fb.com>; Chelsey Lepage <chelseylepage@fb.com>
Cc: Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: WY issue

The Wyoming Dept. of Health mentioned to one of our groups that the algorithms that Facebook and other social media networks are apparently using to screen out postings by sources of vaccine misinformation are also apparently screening out valid public health messaging, including WY Health

communications. They were looking for advice about how to work with social media networks to ensure that verifiable information sources are not blocked.

Do you have someone that could perhaps talk to the state about this?

From: Payton Iheme
To: Taylor, Dia (CDC/OCOO/HRO)
Cc: Yassanye, Diana (CDC/OD/OCS); Parikh, Sapana (CDC/OD/OCS); Ford, Kenya S. (CDC/OCOO/OGC); Sadie Pulliam; Crawford, Carol Y. (CDC/OD/OADC); Stevens, Melody (CDC/DDNID/NCBDDD/OD); CDC IMS 2019 NCOV Response Policy Partnerships
Subject: Re: Acceptance of In-Kind Services
Date: Thursday, April 8, 2021 10:51:23 AM
Attachments: CDC-15 Mil Ad Credit April 2021.pdf

Good morning Dia and team.

Thank you for providing this document and your quick response.

I have provided a signed copy for your files.

Best,

Payton

FACEBOOK

Payton Iheme
U.S. Public Policy
Facebook

From: "Taylor, Dia (CDC/OCOO/HRO)" <dcm4@cdc.gov>
Date: Monday, April 5, 2021 at 10:46 AM
To: Payton Iheme <payton@fb.com>
Cc: "Yassanye, Diana (CDC/OD/OCS)" <iqe4@cdc.gov>, "Parikh, Sapana (CDC/OD/OCS)" <euh8@cdc.gov>, "Ford, Kenya S. (CDC/OCOO/OGC)" <kdf6@cdc.gov>, Carol Crawford <cjy1@cdc.gov>, "Stevens, Melody (CDC/DDNID/NCBDDD/OD)" <sme1@cdc.gov>, CDC IMS 2019 NCOV Response Policy Partnerships <eocevent337@cdc.gov>
Subject: Acceptance of In-Kind Services

On behalf of the Centers for Disease Control and Prevention (CDC) and by the authority delegated to me through Section 231 of the Public Health Service Act (42 U.S.C. Section 238), as amended, thank you for Facebook's non-monetary gift of Facebook ad credits, with an estimated value of $15,000,000. Please see the attached letter regarding this gift.

Dia Taylor, MBA
Acting Chief Operating Officer

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30329-4027

April 1, 2021

Nkechi Payton Iheme
U.S. Public Policy
Facebook
Washington, D.C.

Dear Payton,

On behalf of the Centers for Disease Control and Prevention (CDC) and by the authority delegated to me through Section 231 of the Public Health Service Act (42 U.S.C. Section 238), as amended, thank you for Facebook's non-monetary gift of Facebook ad credits, with an estimated value of $15,000,000. This gift will be used by CDC's COVID-19 response to support the agency's messages on Facebook, and extend the reach of COVID-19-related Facebook content, including messages on vaccines, social distancing, travel, and other priority communication messages.

Publicity and Endorsements: As part of this gift, Facebook will not use the name of the Department of Health and Human Services (HHS), or any component agencies including CDC, except in factual publicity. Factual publicity includes dates, times, locations, purposes, agendas and fees involved with partner activities. Such factual publicity shall not imply that the involvement of HHS or CDC serves as an endorsement of the general policies, activities, or products of Facebook; where confusion could result, publicity should be accompanied by a disclaimer to the effect that no endorsement is intended. Facebook will clear all publicity materials for this gift with HHS and CDC to ensure compliance with this paragraph. By signing and returning a copy of this letter where indicated below, Facebook acknowledges acceptance of this condition.*

Please return this signed letter to the CDC Incident Management System Policy Unit Partnerships and Risk Management Team at eocevent337@cdc.gov.

Support from organizations such as yours makes it possible for CDC to work toward understanding and preventing disease. We deeply appreciate your help.

Thank you,

Dia Taylor, MBA
Acting Chief Operating Officer

*Publicity and Endorsements acknowledgement: By: Nkechi Payton Iheme Date: April 1st 2021

CC: OD, OGC, OADC, IMS Policy

Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: RE: CV19 misinfo reporting channel

Ok, I'll send the appt and get a zoom. Then you can add on your folks.

From: Carrie Adams <carrieadams@fb.com>
Sent: Wednesday, May 12, 2021 11:06 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Payton Iheme <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: Re: CV19 misinfo reporting channel

Apologies for the bumpy transition with Genelle out – do you all have a zoomgov requirement? And if so, would you hold the calendar invite for this? Or does Census?

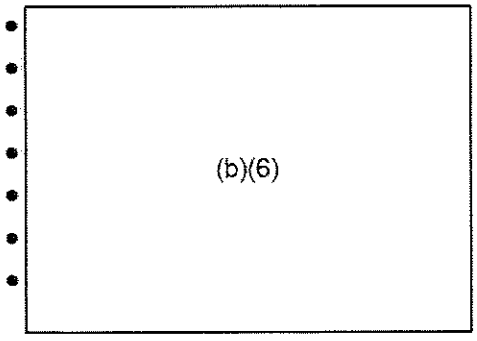
From: Carrie Adams <carrieadams@fb.com>
Date: Wednesday, May 12, 2021 at 10:51 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>, Payton Iheme <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: Re: CV19 misinfo reporting channel

Great! Thank you!

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Date: Wednesday, May 12, 2021 at 10:50 AM
To: Carrie Adams <carrieadams@fb.com>, Payton Iheme <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: RE: CV19 misinfo reporting channel

Sorry, didn't realize you were awaiting a respond to your explanation. That time still works. Thanks!

But re-looking at this list, please only include these people as we've had change over since we started the chain:



From: Carrie Adams <carrieadams@fb.com>

Sent: Wednesday, May 12, 2021 10:19 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Payton Iheme <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: Re: CV19 misinfo reporting channel

Bumping this calendar thread

From: Carrie Adams <carrieadams@fb.com>
Date: Monday, May 10, 2021 at 4:51 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>, Payton Iheme <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: Re: CV19 misinfo reporting channel

This would be for onboarding your teams to the misinfo casework / reporting channel

---

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Date: Monday, May 10, 2021 at 4:04 PM
To: Carrie Adams <carrieadams@fb.com>, Payton Iheme <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: RE: CV19 misinfo reporting channel

Time is good. I did ask Genelle this embarrassing question. I had it in my head this was for Crowd Tangle. But on Thursday she explained it is for something else. Well, I didn't write it down and I'm honestly not sure what this is for. Sorry!

From: Carrie Adams <carrieadams@fb.com>
Sent: Monday, May 10, 2021 4:01 PM
To: Payton Iheme <payton@fb.com>; Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: Re: CV19 misinfo reporting channel

Thanks, Payton.
So nice to meet you, Carol.

Look likes Wednesday the 19th 12-1pm option works best for our folks.
Does that option still work for your side?

CA

From: Payton Iheme <payton@fb.com>
Date: Monday, May 10, 2021 at 3:28 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>, Carrie Adams <carrieadams@fb.com>

Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: Re: CV19 misinfo reporting channel

Hi Carol,

Genelle just went (b)(6) We are very excited for her and (b)(6)
As such, we didn't want you to be a surprised that Carrie will pick up on the threads where Genelle was leading starting today.

That will include this one with scheduling training for the government case work project.

Best,

Payton

From: Carol Crawford <civ1@cdc.gov>
Date: Monday, May 10, 2021 at 12:25 PM
To: Genelle Adrien <genelleadrien@fb.com>
Cc: Payton Iheme <payton@fb.com>, Carrie Adams <carrieadams@fb.com>
Subject: RE: CV19 misinfo reporting channel

I'm so sorry – I'm out all day May 17 for (b)(6) can we pick another one? My fault!

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Friday, May 7, 2021 11:27 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <civ1@cdc.gov>
Cc: Payton Iheme <payton@fb.com>; Carrie Adams <carrieadams@fb.com>
Subject: Re: CV19 misinfo reporting channel

Hi Carol – Following up from our meeting yesterday. It looks like Monday, May 17th at 12:00pm will work for onboarding meeting. The overlaps with your standing Census meeting you mentioned. We will plan to invite the email addresses below (those being onboarded).

Please let me know if any flags on your end.

Best,
Genelle

Genelle Quarles Adrien
Politics & Government Outreach
e: genelleadrien@fb.com | w: facebook.com/gpa

From: Crawford, Carol Y. (CDC/OD/OADC) <civ1@cdc.gov>
Date: Tuesday, April 27, 2021 at 11:21 AM

To: Genelle Adrien <genelleadrien@fb.com>
Cc: Payton Iheme <payton@fb.com>, Carrie Adams <carrieadams@fb.com>
Subject: RE: CV19 misinfo reporting channel

Ugh, so sorry I missed this. It looks correct but I think so might have access already, but not sure.

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Tuesday, April 27, 2021 11:05 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Iheme <payton@fb.com>; Carrie Adams <carrieadams@fb.com>
Subject: Re: CV19 misinfo reporting channel

Hi Carol – Hope the week is off to a good start. I wanted to bump this and see if you had any edits/additions to the onboarding list below.

Let us know if you have any questions.

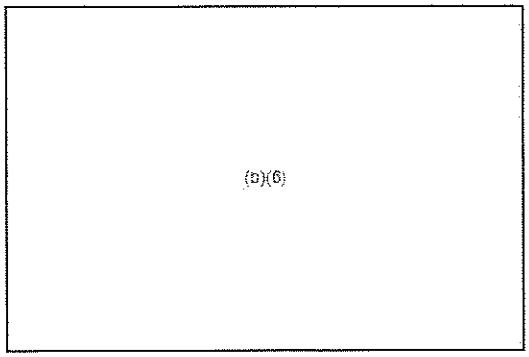
Best,
Genelle

From: Genelle Adrien <genelleadrien@fb.com>
Date: Tuesday, April 13, 2021 at 3:50 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Iheme <payton@fb.com>, Chelsey Lepage <chelseylepage@fb.com>
Subject: CV19 misinfo reporting channel

Hi Carol – Hope the week is off to a good start. We're working to get our COVID-19 misinfo channel up for CDC and Census colleagues. Could you kindly confirm if the below emails are correct for onboarding to the reporting channel and if there are others you'd like to include?

Please let me know if you have any questions.

Thank you!
Genelle



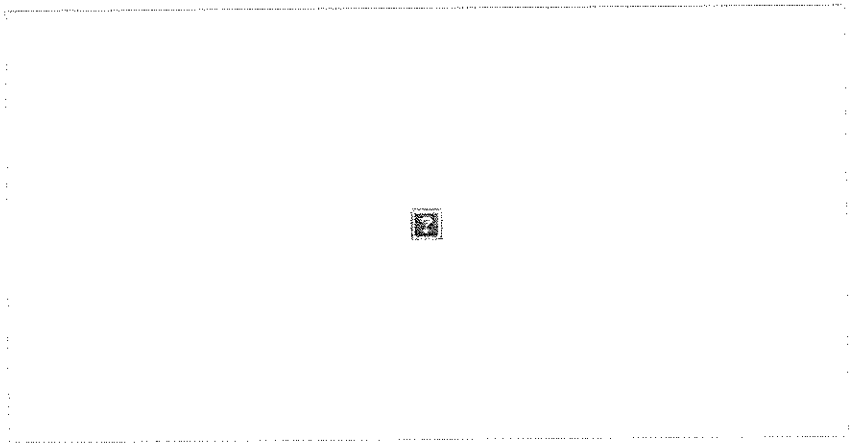
- (b)(6)

Genelle Quarles Adrien
Politics & Government Outreach
e: genelleadrien@fb.com | w: facebook.com/gpa

From: Stanley Onyimba
To: Crawford, Carol Y. (CDC/OD/OADC)
Cc: Jan Antonaros
Subject: Re: Agenda for today?
Date: Thursday, March 18, 2021 8:51:39 PM
Attachments: image001.png
image001.png

Thanks, Carol!

On Thu, Mar 18, 2021, 5:31 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

> There is an update in progress on this but think it might not be live until Monday. I'll keep you posted.
>
> **From:** Stanley Onyimba <sonyimba@google.com>
> **Sent:** Wednesday, March 17, 2021 11:55 AM
> **To:** Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
> **Cc:** Jan Antonaros <jantonaros@google.com>
> **Subject:** Re: Agenda for today?
>
> Hi Carol,
>
> Thanks again for your time yesterday. Resharing the question on covid-19 treatments here:
>
> Are there plans to update the CDC treatments page (screenshot below) in light of the new NIH recommendation on Bamlanivimab plus Etesevimab?
>
> 

consider using one of the products under an EUA.

Treatment Outside of the Hospital

If you receive a positive test result for COVID-19 and are more likely to get very sick from COVID-19, your healthcare provider may recommend that you receive treatment.

- **For people at high risk of disease progression.** The FDA has issued EUAs for two investigational monoclonal antibodies that can attach to parts of the virus. These antibodies could help the immune system recognize and respond more effectively to the virus.
  - Bamlanivimab and casirivimab plus imdevimab are available under FDA EUAs for patients at high risk of disease progression and severe illness. Preliminary data suggest that some outpatients may benefit from receiving anti-SARS-CoV-2 monoclonal antibodies early in the course of infection. The NIH COVID-19 Treatment Guidelines find that, to date, there are insufficient data from clinical trials to recommend for or against these treatments and these treatments should not be considered standard of care.

Specifically, we noticed that the NIH updated its guidelines recently to recommend MAbs for outpatients. On the Anti-SARS-CoV-2 monoclonal antibodies page, they indicate they are planning to update this section.

Thanks,

Stanley

On Tue, Mar 16, 2021 at 10:44 AM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

> Ah Ok, glad your on it the attendees.
>
> **From:** Stanley Onyimba <sonyimba@google.com>
> **Sent:** Tuesday, March 16, 2021 1:43 PM
> **To:** Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
> **Cc:** Jan Antonaros <jantonaros@google.com>
> **Subject:** Re: Agenda for today?
>
> Yes, Rosie is perfect and Nicole from the screener team confirmed that she will attend so we're all set. Thank you!
>
> On Tue, Mar 16, 2021 at 10:40 AM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:
>
> > I doubt I can get someone from the screener team to join at this late time…but Rosie, who will attend, probably knows status of the pages in general – is that what you need?
> >
> > **From:** Stanley Onyimba <sonyimba@google.com>
> > **Sent:** Tuesday, March 16, 2021 1:38 PM
> > **To:** Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>

Cc: Jan Antonaros <jantonaros@google.com>
Subject: Re: Agenda for today?

Hi Carol,

It would be great it we could have a vaccine expert on the call as we'd like to discuss the vaccine screener and some webpages that the CDC screener team will be following as they develop the tool:

CDC COVID-19 vaccine webpages

When You've Been Fully Vaccinated | CDC

Different COVID-19 Vaccines | CDC

Understanding How COVID-19 Vaccines Work | CDC

Information about the Pfizer-BioNTech COVID-19 Vaccine | CDC

Information about the Moderna COVID-19 Vaccine | CDC

Information About Johnson & Johnson's Janssen COVID-19 Vaccine | CDC

Understanding mRNA COVID-19 Vaccines | CDC

Understanding Viral Vector COVID-19 Vaccines | CDC

I've also included Nicole Maddox from the CDC self checker team to join.

Thanks,

Stanley

On Tue, Mar 16, 2021 at 10:17 AM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

> Who do we need on the call? I know your talking to Fred earlier today about the API. Not sure what else we may need to talk about. I can have a vaccine expert on if needed.

--

Stanley Onyimba | Global Product Partnerships | sonyimba@google.com

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Stanley Onyimba | Global Product Partnerships | sonyimba@google.com

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Stanley Onyimba | Global Product Partnerships | sonyimba@google.com

From: Stanley Onyimba
To: Crawford, Carol Y. (CDC/OD/OADC)
Cc: Jan Antonaros; Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: Re: CDC COVID-19 State of Vaccine Confidence Insights Report
Date: Wednesday, March 31, 2021 5:13:53 PM

Thanks, Carol!

On Tue, Mar 30, 2021 at 2:26 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

> Jessica Kolis who was on our call today pointed out that this confidence report may also be of interest to Google/YouTube, so passing it on. I have copied Jessica if you have any questions.
>
> Thanks for the meeting today!

--

Stanley Onyimba | Global Product Partnerships | sonyimba@google.com

From: Payton Iheme
To: Crawford, Carol Y. (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Genelle Adrien; Chelsey LePage; Julia Eisman; Airton Tatoug Kamdem; Kate Thornton; Rachel Lieber
Subject: Re: CDC Facebook Ad Credit Offer letter
Date: Sunday, February 21, 2021 8:58:51 PM

Sounds good Carol.

We will stand by.

Best,

Payton

Get Outlook for iOS

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Sent: Sunday, February 21, 2021 8:57:00 PM
To: Payton Iheme <payton@fb.com>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>; Layton, Kathleen (CDC/OD/OADC) <KYU6@cdc.gov>; Genelle Adrien <genelleadrien@fb.com>; Chelsey LePage <chelseylepage@fb.com>; Julia Eisman <juliaeisman@fb.com>; Airton Tatoug Kamdem <airtonkamdem@fb.com>; Kate Thornton <kthornton@fb.com>; Rachel Lieber <carlsonlieber@fb.com>
Subject: RE: CDC Facebook Ad Credit Offer letter

Thank you for this amazing offer. We'll work with our policy staff on next steps.

From: Payton Iheme <payton@fb.com>
Sent: Sunday, February 21, 2021 5:43 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>; Layton, Kathleen (CDC/OD/OADC) <KYU6@cdc.gov>; Genelle Adrien <genelleadrien@fb.com>; Chelsey LePage <chelseylepage@fb.com>; Julia Eisman <juliaeisman@fb.com>; Airton Tatoug Kamdem <airtonkamdem@fb.com>; Kate Thornton <kthornton@fb.com>; Rachel Lieber <carlsonlieber@fb.com>
Subject: CDC Facebook Ad Credit Offer letter

Dear Carol and the CDC team,

Facebook is pleased to offer additional ad coupons and strategic marketing support services to the Centers for Disease Control ("CDC"), in order to aid in your campaign to fight the spread of COVID19 (collectively, the "Support"). This letter outlines in detail the scope and value of this Support, but if you have any questions please contact **Payton Iheme at payton@fb.com or Julia Eisman at juliaeisman@fb.com.**

By utilizing this Support, you (**CDC**) confirm that you are in compliance with all rules and regulations applicable to your entity or organization governing the acceptance of things of value and that you have the authority to receive this Support from Facebook. You also acknowledge that this Support may only be used to communicate content related to the current COVID-19 crisis in your jurisdiction of remit. This Support can only be used for public health campaign content specific to the current COVID-19 crisis, COVID-19 vaccine information, and/or vaccine confidence (e.g., content about how vaccines work). Please provide written confirmation that you have authority to accept the Support.

This Support shall only be used by you in support of your efforts and in accordance with applicable laws and shall not be used in any way, directly or indirectly, to facilitate any act that would constitute bribery or an illegal kickback, an illegal campaign contribution, or would otherwise violate any applicable anti-corruption or political activities law. This Support may not be used to support lobbying activities without Facebook's prior written approval. Further, this Support may not be used to make any contribution or expenditure, or for any other political purpose, regulated by campaign finance, government ethics, or analogous laws that apply to political activities.

For the sake of clarity, Facebook does not request anything in return in connection to this Support. Acceptance of this Support confirms that the Support, your relationship with Facebook, and how you were selected for this Support has been disclosed to you. You should not accept this Support if it would interfere with your official duties and you must not perform any official action to improperly benefit Facebook.

This Support should only be accepted if it complies with applicable regulations, policies, and rules of the CDC; and applicable laws, regulations, rules, judgments, and orders of any court or governmental authority; and does not conflict with any other obligation you may have to any other party. Please promptly inform Facebook of any circumstances that would make acceptance, retention, or use of the Support inappropriate.

This Support is further subject to the following conditions:

- This Support cannot be used for the promotion of political messaging or advancement of any political purpose
- This Support cannot be used to advocate for any changes to legislation or government policy
- This Support cannot be used for the promotion of third party products and services
- This Support can only be used to target users within your jurisdiction
- Any ads that feature or mention a government official should be flagged to Julia Eisman and will require additional review and written approval by FB before they can be used with this Support.

You may not use Facebook's logos or trademarks without Facebook's prior written approval. All requests for use of the Facebook name or trademark must be submitted via the online form available at www.facebookbrand.com/requests. All Support provided by Facebook hereunder are provided "as is" and on an "as available" basis without warranties of any kind, either express or implied. Facebook disclaims all warranties, statutory, express or implied, including, but not limited to, implied warranties of merchantability, fitness for a particular purpose, and non-infringement of proprietary rights.

Your Ad Credit Coupon Details

Ad Credit Value: $15,000,000 USD

Expiration Dates: FB will issue these ad credits in ad coupons with values of $5,000,000 USD (or less, if so requested). The expiration date of each coupon will be communicated with each coupon transmission.

Please note that your ad credit coupon can be redeemed in the United States and cannot be used to send cross-border messages outside that jurisdiction. The ad credit coupon shall only be used and redeemed by the CDC in support of public health campaigns related to COVID-19. Any other use or transfer is strictly prohibited. Once we provide your coupon code, please safeguard it like cash.

Please note that this donation letter must be read in conjunction with the Facebook Ads Credit Coupon Terms & Conditions, available at https://www.facebook.com/legal/couponterms. Ads will be subject to additional pre-review that is required for ads about social issues, politics, or elections (and may require a paid-for-by disclaimer that discloses Facebook's ad credit support); this pre-review is required for any ads that are paid for with the ad coupon.

What Are Ad Credit Coupons?

Ad credit coupons are a form of payment for Facebook ads. They can be redeemed for advertising on Facebook and/or Instagram depending on the type of ad credit coupon that has been issued to you. Ad charges will be deducted from the ad credit coupon first, then you will be charged through your preferred means of payment once the ad credit coupon has been redeemed or has expired. Ad credit coupons cannot be used against account balances that have already been invoiced.

Terms & Conditions

Use of ad credit coupons is subject to the terms in this email and to the Facebook Ads Credit Coupon Terms & Conditions, which are available here: https://www.facebook.com/legal/couponterms. Please check the Facebook Ads Credit Coupon Terms & Conditions for further details.

By redeeming this ad credit coupon, you are agreeing to the terms in this letter and the Facebook Ads Credit Coupon Terms & Conditions. If you do not agree to these terms, you must not use this ad credit coupon.

Facebook Marketing Partner Strategic Services

To support your COVID-19 advertising campaigns, Facebook is providing strategic marketing assistance via an expert 3rd party (each a "Facebook Marketing Partner" or "FMP"). Facebook works closely with an ecosystem of FMPs who maintain a deep understanding of our tools and platforms and can provide direct expertise and support to organizations, small and large businesses, and Governments around the world. As part of our efforts to support Government and NGO partners during COVID-19 with technical solutions and integrations, as well as

advertising campaigns, Facebook is offering direct access to certain FMP support in each region as further detailed below. This support will help ensure you can scale your marketing efforts and deliver critical COVID-19 related information to people in your country.

Facebook Marketing Partner COVID-19 Support Program

Facebook Marketing Partner: [TBD]

Value of support: $15,000 USD

Scope of support: The Facebook Marketing Partner will provide your organization with between 35-45 hours of COVID-19 advertising and creative campaign management.

On behalf of the team,

Payton

FACEBOOK

Payton Iheme
U.S. Public Policy
Facebook

From:	Payton Iheme
To:	Crawford, Carol Y. (CDC/OD/OADC); Jorgensen, Cynthia (CDC/DDID/NCIRD/OD); Singleton, James (CDC/DDID/NCIRD/ISD)
Cc:	Katherine Morris; Genelle Adrien; Kate Thornton; Julia Eisman
Subject:	Re: CMU/Facebook Survey Findings: Jan 10 - Feb 27
Date:	Monday, March 15, 2021 1:28:23 PM
Attachments:	CMU_Topline_Vaccine_Report_20210312.pdf

Also, Katherine M./team and our regular team would like to set up a meeting to discuss the findings and receive your feedback. Would you let us know a few day/times this would work for you this week?

Best,

Payton

From: Payton Iheme <payton@fb.com>
Date: Monday, March 15, 2021 at 1:16 PM
To: Carol Crawford <cjy1@cdc.gov>, "Jorgensen, Cynthia (CDC/DDID/NCIRD/OD)" <cxj4@cdc.gov>, "Singleton, James (CDC/DDID/NCIRD/ISD)" <xzs8@cdc.gov>
Cc: Katherine Morris <katherinemorris@fb.com>, Genelle Adrien <genelleadrien@fb.com>, Kate Thornton <kthornton@fb.com>, Julia Eisman <juliaeisman@fb.com>
Subject: CMU/Facebook Survey Findings: Jan 10 - Feb 27

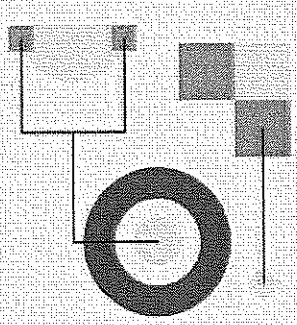
Hello CDC team,

As we discussed, following up on our commitment to share our survey data on vaccine uptake. We are sharing these findings regularly moving forward to help inform your teams and strategies. Attached are our findings from January 10 -- February 27, 2021. Today, the report will be available online.

Note that highlights of the findings are up top, a robust executive summary follows, and then a deep dive into the methodology, greater detail on state trends, occupations, barriers to acceptance. etc. Hopefully, this format works for the various teams and audiences within CDC that may find this data valuable. We're also open to feedback on the formatting.

Please let us know if you have specific questions about the findings or the survey itself, we're happy to track down answers or book time.

Best,



COVID-19 Symptom Survey

Topline Report on COVID-19 Vaccination in the United States

SURVEY WAVES 6-8
JANUARY 10–FEBRUARY 27, 2021

The Delphi Group at Carnegie Mellon University
in partnership with Facebook

RELEASED ON MARCH 12, 2021

Highlights

This report presents responses collected between January 10 and February 27, 2021 from more than 1.9 million Americans. Since December 2020, the COVID-19 Symptom Survey conducted by the Delphi Group at Carnegie Mellon University and Facebook has included COVID-19 vaccination behaviors and attitudes.

1. **The proportion of adults who are either vaccinated or are willing to get vaccinated increased by 5 percentage points during this time period, from 72% to 77%, but we still need to combat vaccine hesitancy.** The proportion of vaccine-hesitant adults has remained relatively unchanged at approximately 23%, and the increase in the population who have been vaccinated or are willing to get vaccinated is driven in large part due to an increase in the willingness to report on vaccination behaviors and attitudes.

2. **Vaccine hesitancy may be improved by addressing concerns about side effects from a COVID-19 vaccine.** Among vaccine-hesitant adults, the percentage of individuals who are concerned about experiencing a side effect is high and has remained stable over time.

3. **Disparities in vaccination rates across population groups may be addressed by mitigating concerns about side effects.** Concern about side effects is consistently higher among females, Black adults, and those with an eligible health condition.

4. **Vaccine-related messaging through local healthcare professionals is a promising channel for combatting vaccine hesitancy.** The percentage of vaccine-hesitant adults who say they are more likely to get vaccinated if the recommendation comes from local healthcare workers is higher than from other information sources. Additionally, trust in local healthcare workers among vaccine-hesitant adults has increased significantly over the last four weeks while trust in other information sources has remained unchanged or even decreased.

5. **State-specific approaches to messaging against vaccine hesitancy may be valuable.** There are substantial differences in vaccination rates and vaccine hesitancy across states. For example, both Florida and Wisconsin have higher vaccine hesitancy compared to the national average. However, the potential to counter vaccine hesitancy using messaging about side effects is larger in Florida, because concern about a side effect among vaccine-hesitant adults is much higher.

Executive Summary

I INTRODUCTION

The COVID-19 Symptom Survey is the largest ongoing COVID-19 data collection effort in the United States, with over 50,000 responses collected daily and over 18 million total responses collected since its launch in April 2020. Currently, the survey tracks daily trends on vaccination, symptoms, testing, mask-wearing, social distancing, mental health, and more at national, state, and county levels. Facebook users in the United States are invited daily to take a survey collected by the Delphi Group at Carnegie Mellon University but the surveys are collected off the Facebook platform and the Facebook company does not collect or receive survey responses. See Appendix A. Overview and Methods for detailed survey methodology.

This report presents data collected from January 10 to February 27, 2021 from more than 1.9 million Americans. We highlight below national- and state-level trends on self-reported vaccinations (hereafter "uptake") and vaccine-related attitudes by key population groups to inform potential ways to combat vaccine hesitancy in the United States.

The survey recently incorporated questions on barriers to vaccination acceptance, and future waves of the survey will include questions on vaccine availability. The next version of the report will therefore further highlight potential opportunities for improving vaccination rates and vaccine hesitancy by examining comprehensive reasons for not wanting to or not being able to receive a vaccination. Future reports will also provide breakouts for additional occupational groups.

II GENERAL POPULATION

As expected, the proportion of adults who are either vaccinated or are willing to get vaccinated has increased during this time period. In particular, self-reported vaccination rates among Centers for Disease Control (CDC) Phase 1 priority population groups have increased faster compared to other population subgroups. However, while vaccination uptake has increased, the share of unvaccinated adults who are vaccine-hesitant has remained relatively stable at 23% in the most recent week of data, and it varies considerably by state and by race/ethnicity (20% and 29% among White and Black adults, respectively).

The COVID-19 Symptom Survey provides two key insights related to targeting messages about vaccine hesitancy in the United States. First, one way to address hesitancy may be with information about side effects, which have consistently been a concern for a large

Executive Summary

fraction of the population. In the most recent week of data, the percentage of vaccine-hesitant adults who are concerned about a side effect is 70%. Second, specifically channeling vaccine-related messaging through local healthcare workers may be a promising avenue to combat vaccine hesitancy. The percentage of vaccine-hesitant adults who would be more likely to get vaccinated based on a recommendation from a local healthcare worker has increased from 10% to 16% in the most recent week of data, and this estimate is currently higher than the percentages for recommendations from other information sources. Higher confidence in recommendations from local medical and other healthcare professionals may be unsurprising given high concern over side effects, but this also presents a challenge for vaccine-hesitant adults who do not have a regular source of healthcare.

A third insight is that there may be greater potential to take a state-specific approach about messaging against vaccine hesitancy. There are substantial differences in vaccination uptake, intent, and concerns about a side effect across states. Consider five states: Florida; Georgia; Michigan; Texas; and Wisconsin. All five states have a higher proportion of vaccine hesitant adults compared to the national average, but the percentage of vaccine-hesitant adults who are concerned about a side effect varies across these five states. In particular, there are potentially larger opportunities for battling vaccine hesitancy using messaging about side effects in Florida and Georgia compared to Wisconsin. Compared to the national average, the percentage of vaccine-hesitant adults who are concerned about a side effect is the same in Georgia and slightly higher in Florida, but much lower in Wisconsin. See the table below.

	Florida	Georgia	Michigan	Texas	Wisconsin
Received a vaccination	25.4%	24.7%	30.5%	28.1%	29.6%
Did not receive a vaccination and hesitant	26.5%	29.9%	23.9%	23.7%	23.7%
Vaccine-hesitant and concerned about a side effect	71.3%	70.1%	68.8%	68.5%	62.3%

Executive Summary

III CENTERS FOR DISEASE CONTROL TIERING CRITERIA

III.i Healthcare Workers

While the rate of vaccination uptake among healthcare workers has progressed as expected, 15% of healthcare workers remain vaccine-hesitant. Among those healthcare workers who remain vaccine-hesitant, they are more likely to be concerned about a side effect (72% among healthcare workers compared to 67% among non-healthcare workers).

III.ii Age

Vaccine hesitancy is largest in the younger age groups of 18-24 years (31%) and 25-44 years (27%) in the most recent week of data. However, concern about a side effect and confidence in recommendations from local healthcare workers are similar across age groups.

III.iii Eligible Health Conditions

In the most recent week of data, an estimated 37% of adults with an eligible condition have reported having received a vaccination, and 52% of these individuals have reported receiving two doses. **Adults with an eligible condition are less likely to be vaccine-hesitant than the general population (4.1 percentage point difference) but among those who are vaccine-hesitant, they are more likely to be concerned about a side effect than those in the general population (9.1 percentage point difference).** Vaccine-hesitant adults with an eligible condition are most likely to get vaccinated if it were recommended by local healthcare workers compared to other information sources.

Key insights for vaccine messaging

1. We may be able to improve vaccine hesitancy by addressing concerns about side effects.
2. Channeling recommendations through local healthcare workers may be a promising way to combat vaccine hesitancy.
3. There may be greater potential to take a state-specific approach about messaging against vaccine hesitancy.

Executive Summary

IV KEY DEMOGRAPHICS

IV.i Race/Ethnicity

In alignment with official reporting and other survey sources, vaccination uptake is the highest and has increased at the fastest rate among American Indian or Alaska Native adults, followed by White, Asian, Native Hawaiian or Pacific Islander, Black, Hispanic, and Multiracial or 'Other' adults. In the most recent week of data, the self-reported rate of vaccinations among American Indian and Alaska Native adults (37%) relative to all race/ethnicities (29%) is especially promising given vaccine hesitancy among these adults (29%) relative to all race/ethnicities (23%). **This suggests that outreach and vaccine availability efforts have been comparatively successful among American Indian and Alaska Native adults.**

The survey suggests that the results for Black adults are mixed. On the positive side, Black adults have had the fastest decrease in vaccine hesitancy, from 40% to 29% during this time period. On the other hand, Black adults have the lowest percentage who report having received both doses and still have one of the highest rates of vaccine hesitancy (29% for Black adults compared to 23% for all race/ethnicities) and the highest rate of concern about a side effect (81% for Black adults compared to 70% for all race/ethnicities) in the last week of data.

Black adults have had the fastest decrease in vaccine hesitancy but have the highest concern about side effects.

IV.ii Gender

Vaccination uptake is higher among females (33%) compared to males (28%), but **vaccine-hesitant females (77%) who have not yet been vaccinated are more likely to report concern about a side effect compared to males (62%).** This is especially notable because the size of the gender disparity (15 percentage points) in concern about a side effect is larger than any other disparity between population subgroups, including the disparity between Black adults and all race/ethnicities (11 percentage points) in concern about a side effect.

Table of Contents

1 Definitions

1.1 COVID-19 Vaccination Uptake and Intent

To provide a broad overview of vaccination uptake and vaccination intent in the United States, we categorized our survey respondents into the following four mutually exclusive groups. Using the definitions below, we estimated the weighted percentage of respondents in each group.

1. Adults who received a COVID-19 vaccination: Respondents who reported "Yes" to the following survey question, which was asked of all respondents: "V1. Have you received a COVID-19 vaccination? (Yes/No/I don't know)"
2. Adults who did not receive a COVID-19 vaccination and are vaccine-accepting: Respondents who reported "Yes, definitely" or "Yes, probably" to the following survey question, which was asked only among those who reported "No" or "I don't know" to V1: "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? (Yes, definitely/Yes, probably/No, probably not/No, definitely not)"
3. Adults who did not receive a COVID-19 vaccination and are vaccine-hesitant: Respondents who reported "No, definitely not" or "No, probably not" to V3, which was asked only among those who reported "No" or "I don't know" to V1.
4. Adults who did not receive a COVID-19 vaccination and have unknown intent because they skipped our survey question on intent: Respondents who reported "No" or "I don't know" to V1 and skipped V3.

1.2 Receiving Two COVID-19 Vaccinations

We defined receiving two COVID-19 vaccinations as the weighted percentage of respondents who reported receiving "2 vaccinations or doses" using the following survey question, which was asked only among respondents who reported "Yes" to receiving a COVID-19 vaccination in V1: "V2. How many COVID-19 vaccinations have you received? (1 vaccination or dose/2 vaccinations or doses/I don't know)"

1.3 Vaccine-Hesitant Adults Who are Concerned about a Side Effect

We defined concerned about experiencing a side effect as the weighted percentage of respondents who reported "Very concerned" or "Moderately concerned" in response to the following survey question, out of all respondents who were vaccine-hesitant: "V9. How concerned are you that you would experience a side effect from a COVID-19 vaccination? (Very concerned/Moderately concerned/Slightly concerned/Not at all concerned)"

1.4 Influence of Information Sources on Vaccine-Hesitant Adults

We examined the potential influence of information sources on vaccination among vaccine-hesitant adults using the survey question: "V4a. Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: (Local healthcare workers/World Health Organization (WHO)/Government

health officials/Friends and family/Politicians)" For each information source, respondents had the option of answering: "More likely"; "About the same"; "Less likely". We estimated the percentage of individuals who would be more likely to receive a COVID-19 vaccination given a specific information source using the weighted proportion of respondents who reported "More likely" out of all respondents who were vaccine-hesitant.

2 Detailed Results on COVID-19 Vaccination Uptake and Intent

Note that these survey-based estimates of vaccination uptake are typically higher than official values reported by the CDC and state health departments, possibly reflecting survey biases. However, we expect these biases to not change dramatically over time, so that increasing or decreasing trends reflect true trends in the underlying data.

2.1 COVID-19 Vaccination Uptake and Intent: Overall

Trends for the overall group are summarized in Figure 1 (below) and in Appendix B.

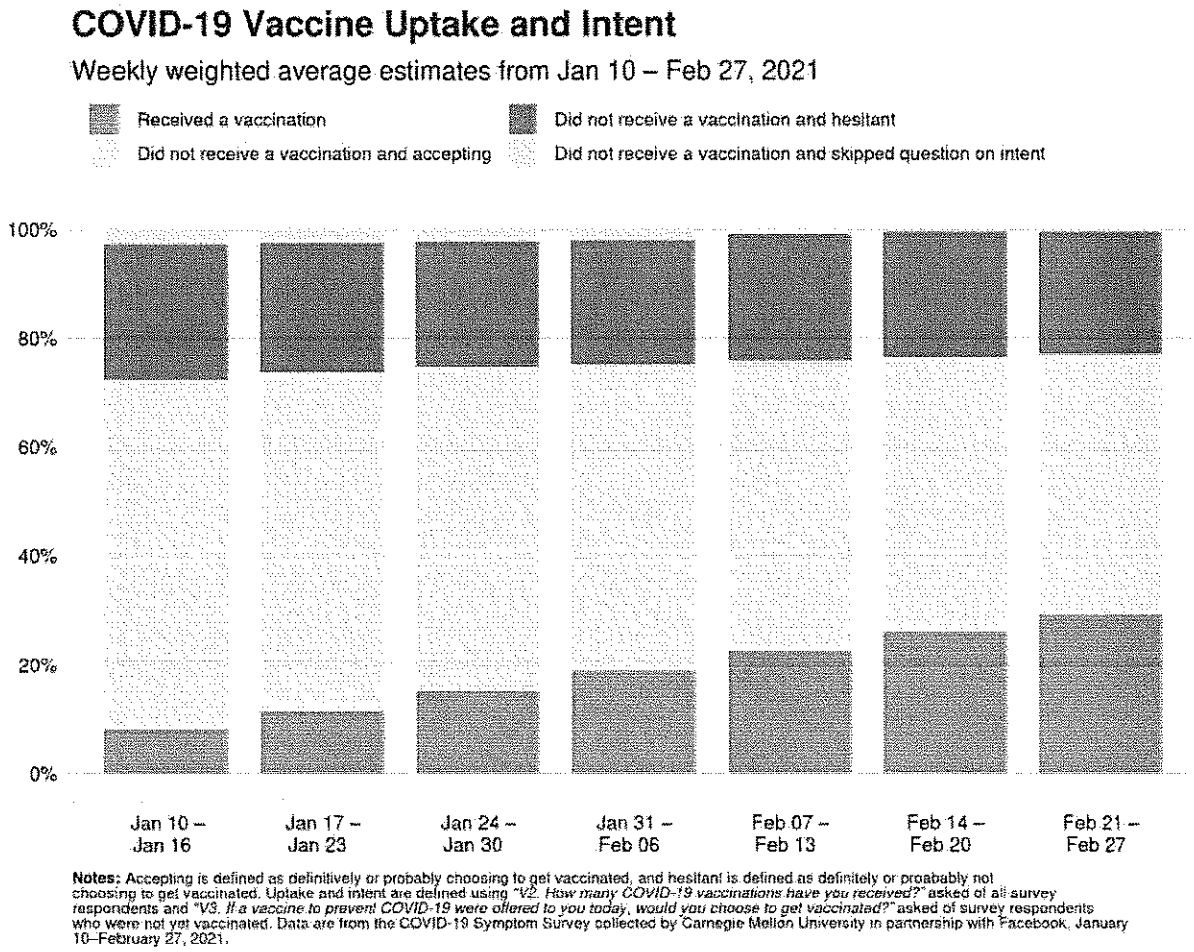


Figure 1: COVID-19 vaccination uptake and intent for the overall group as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.2 COVID-19 Vaccination Uptake and Intent: By Healthcare Worker Status

Trends by healthcare worker status are summarized in Figure 2 (below) and in Appendix B.

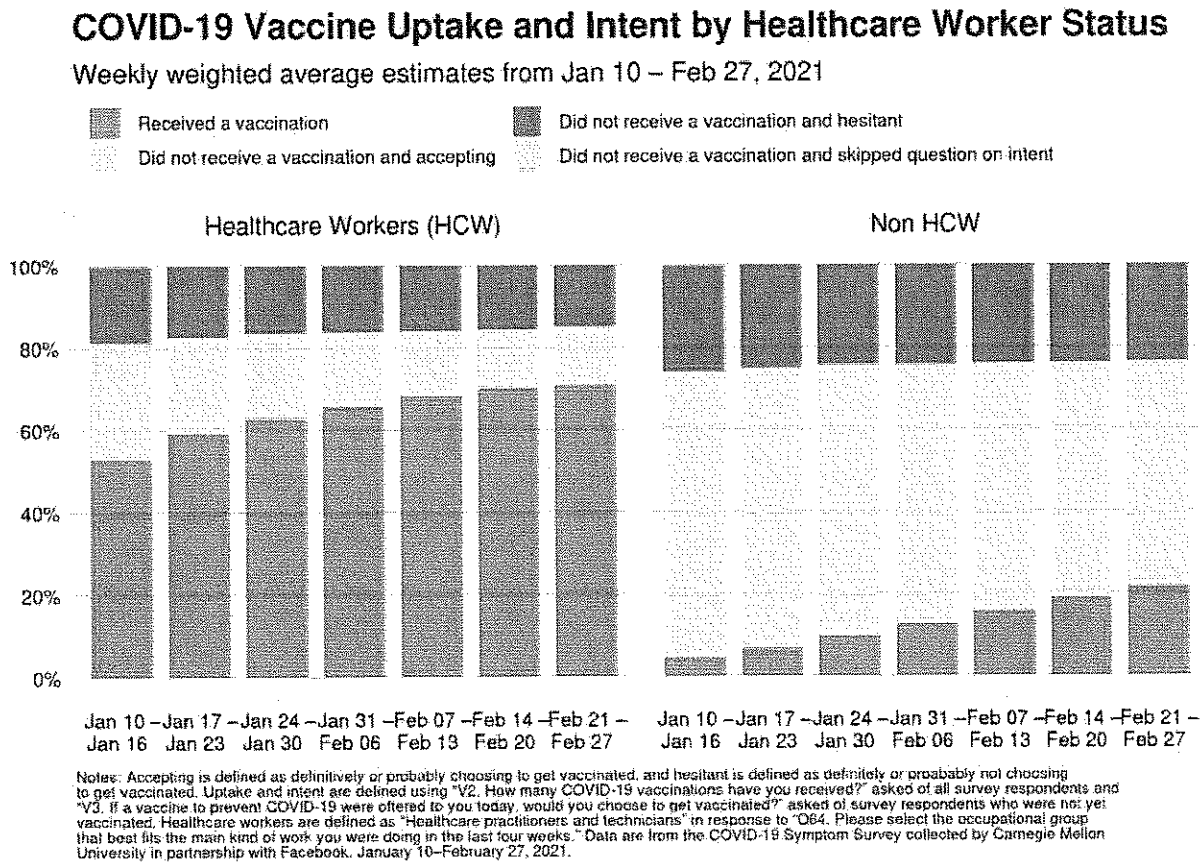


Figure 2: COVID-19 vaccination uptake and intent by healthcare worker status as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.3 COVID-19 Vaccination Uptake and Intent: By Age

Trends by age are summarized in Figure 3 (below) and in Appendix B.

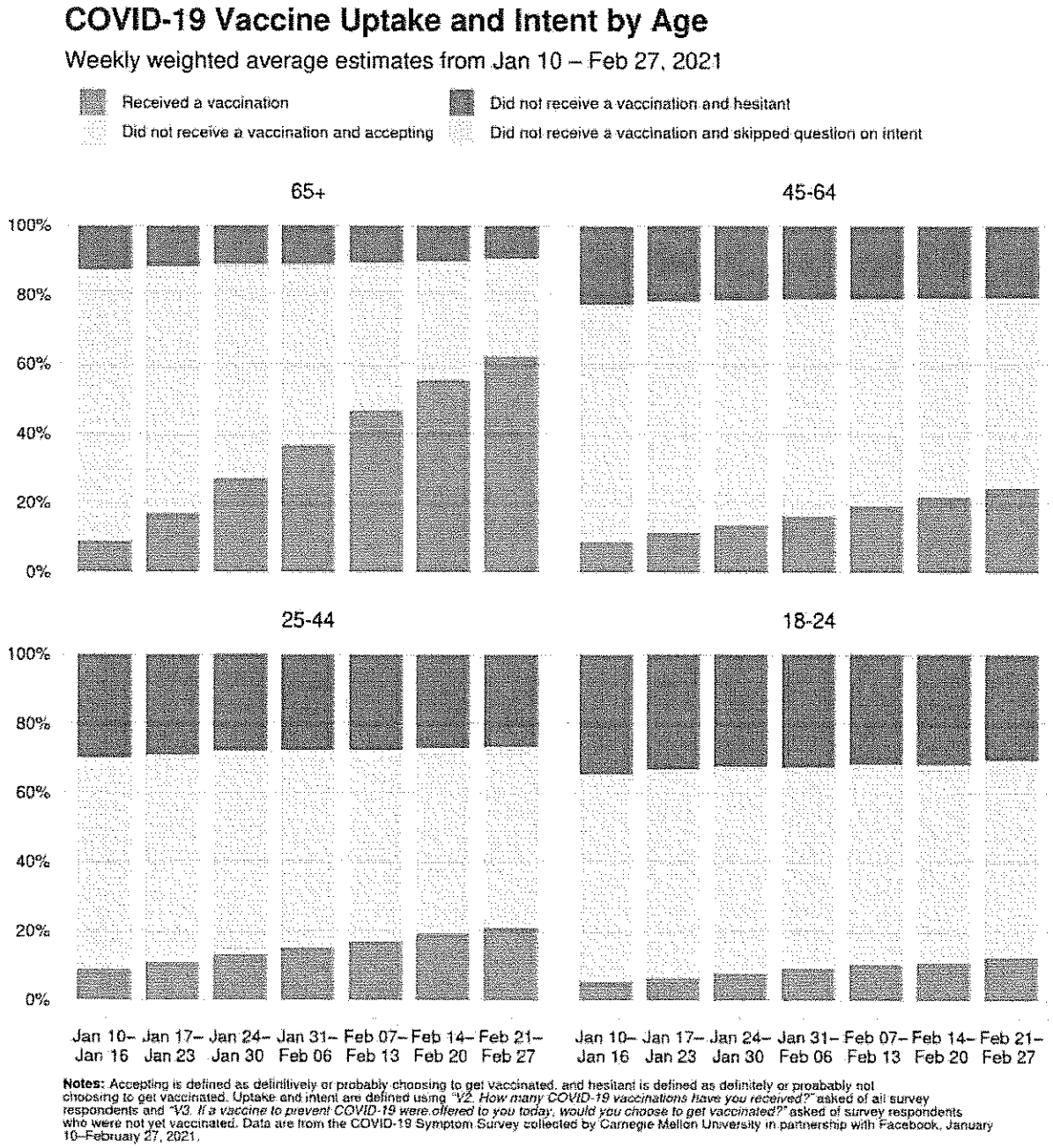


Figure 3: COVID-19 vaccination uptake and intent by age as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.4 COVID-19 Vaccination Uptake and Intent: By Eligible Health Conditions

Trends by eligible health conditions are summarized in Figure 4 (below) and in Appendix B.

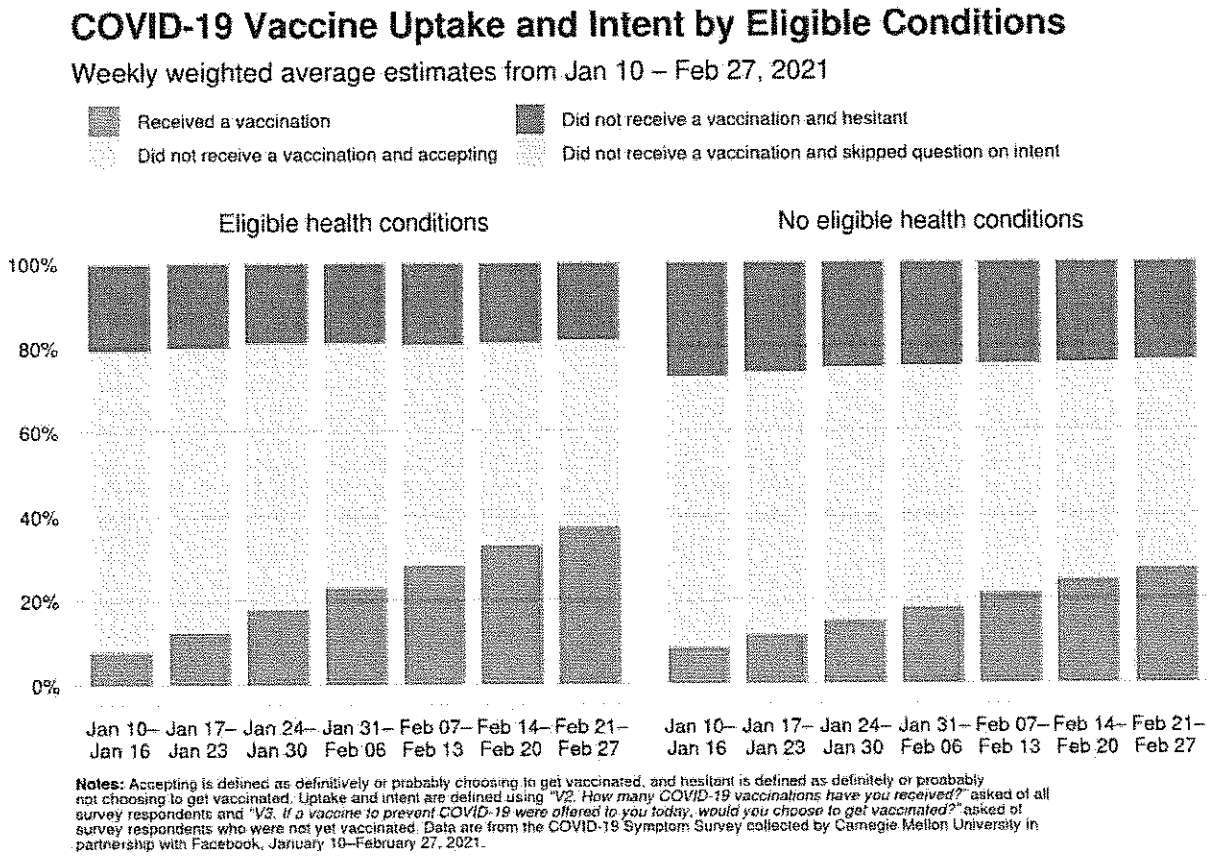


Figure 4: COVID-19 vaccination uptake and intent by eligible health conditions as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.5 COVID-19 Vaccination Uptake and Intent: By Race/Ethnicity

Trends by race/ethnicity are summarized in Figure 5 (below) and in Appendix B.

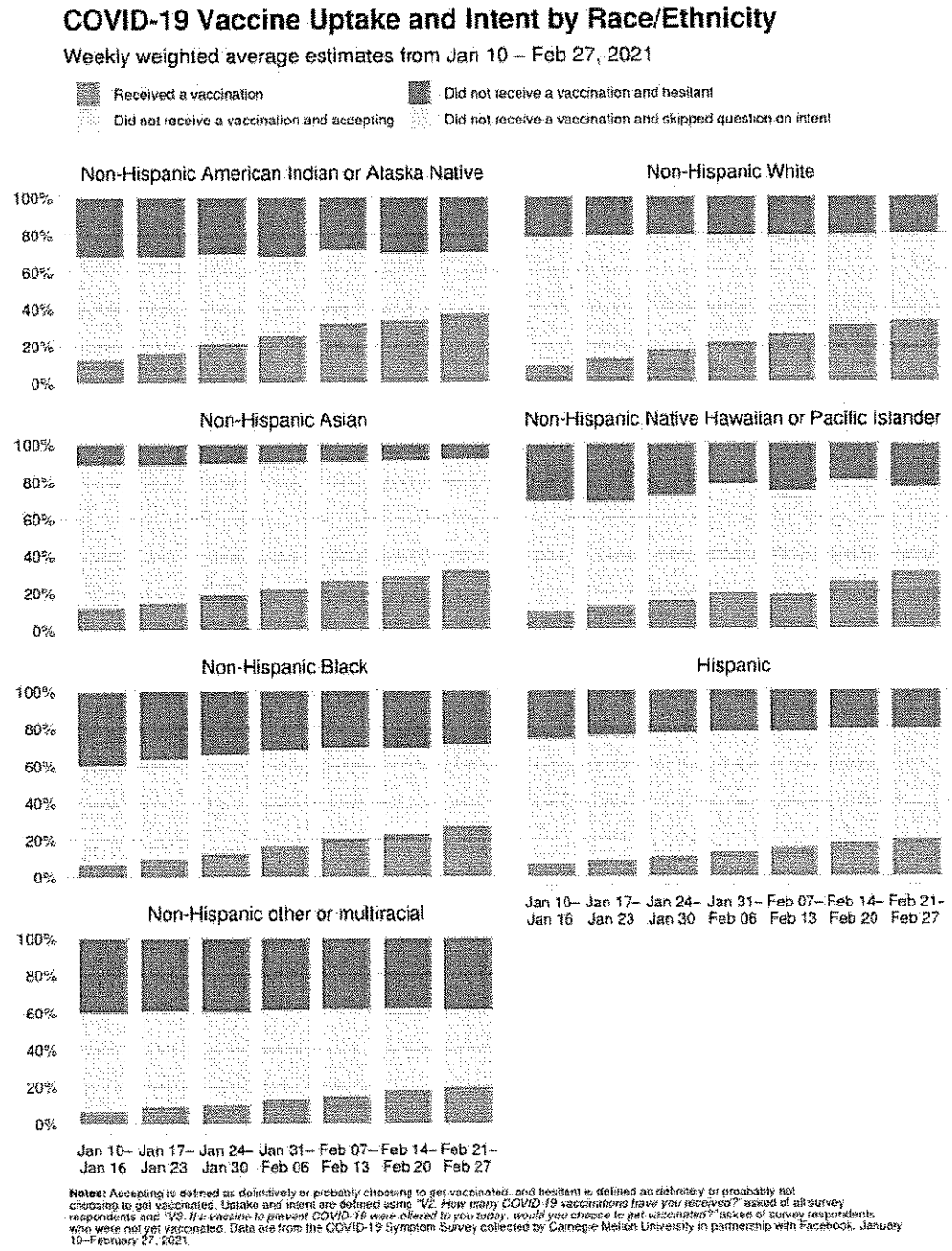


Figure 5: COVID-19 vaccination uptake and intent by race/ethnicity as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.6 COVID-19 Vaccination Uptake and Intent: By Gender

Trends by gender are summarized in Figure 6 (below) and in Appendix B.

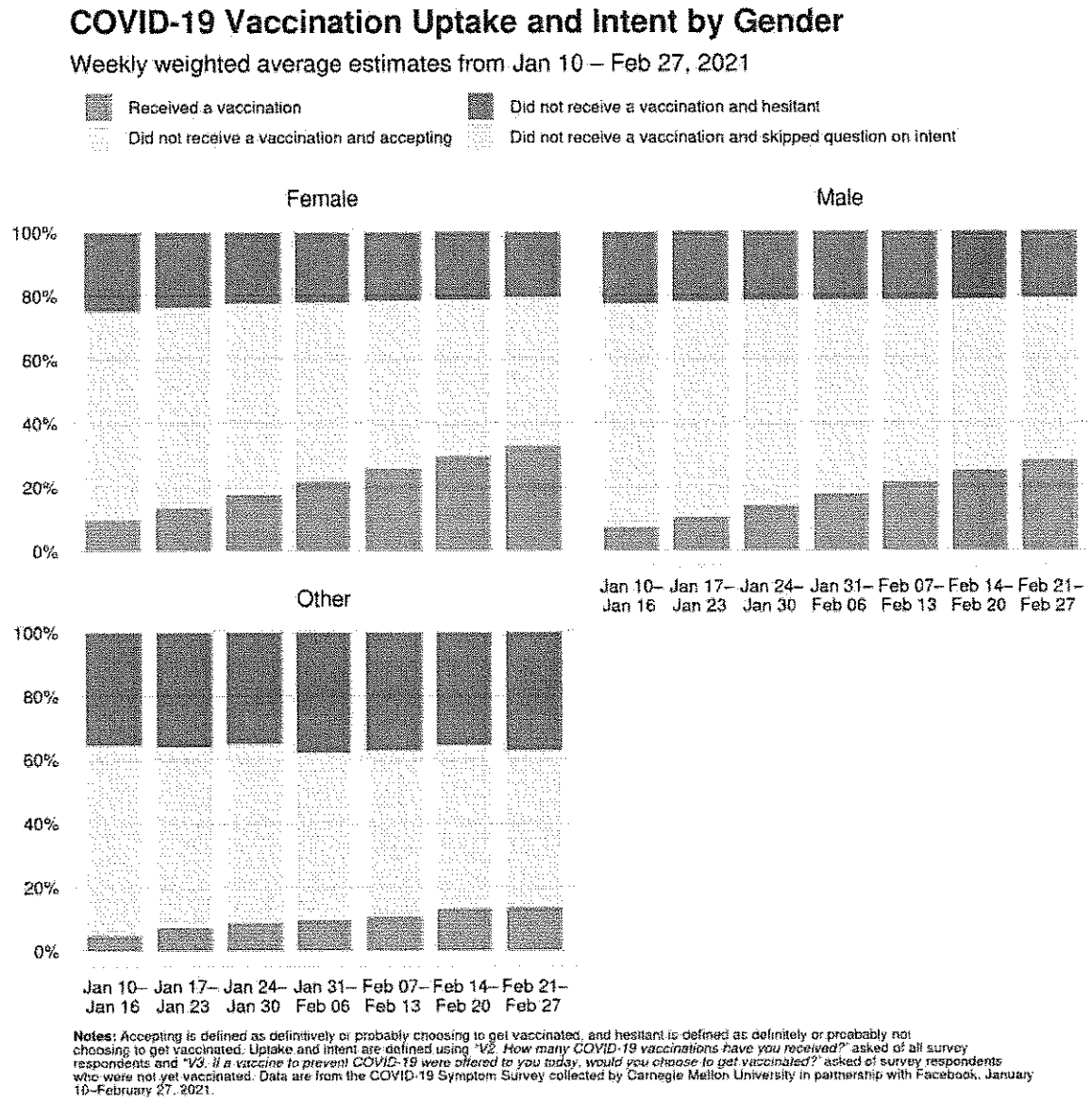


Figure 6: COVID-19 vaccination uptake and intent by gender as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.7 COVID-19 Vaccination Uptake and Intent: By State

Trends by state are summarized in Figures 7-9 (below) and in Appendix B.

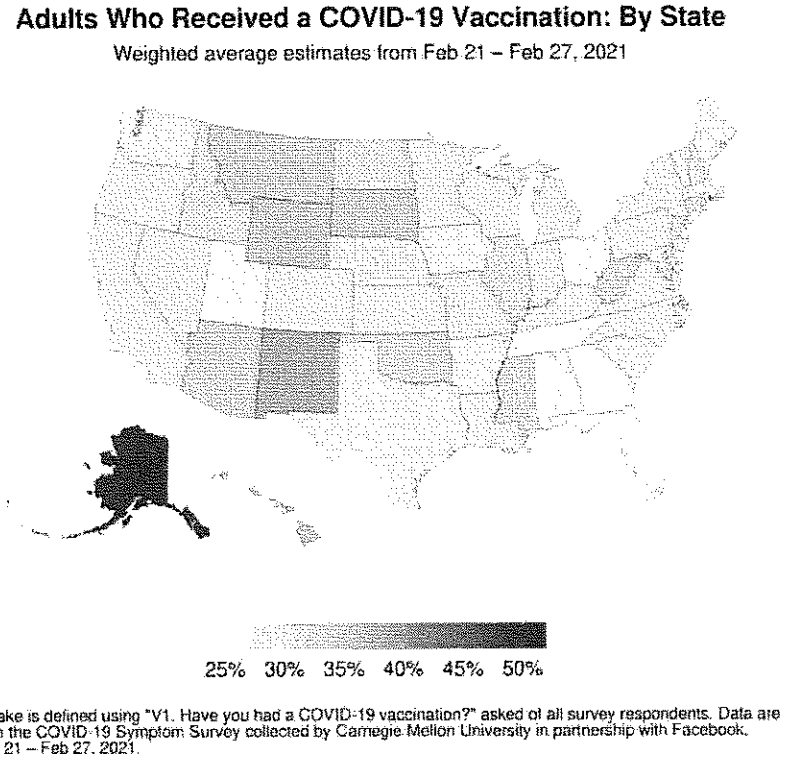


Figure 7: Adults who received a COVID-19 vaccination by state as estimated from the COVID-19 Symptom Survey, Feb 21 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

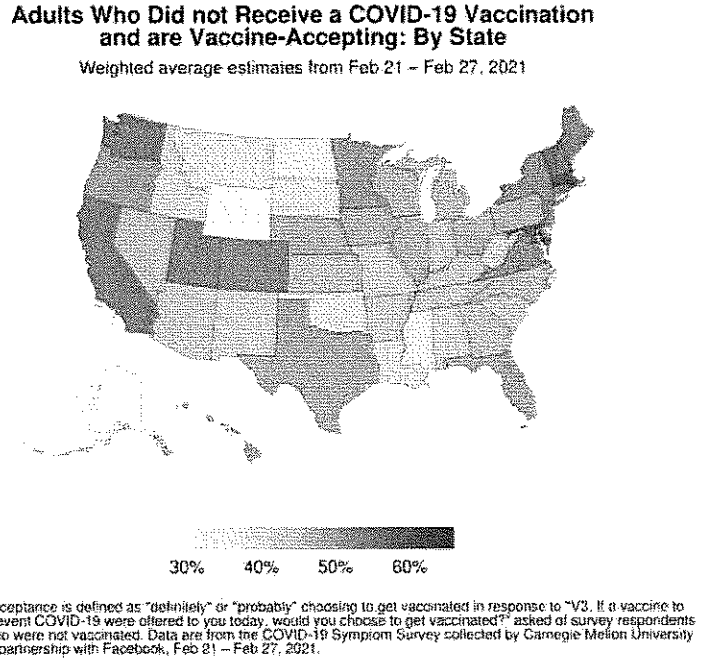


Figure 8: Adults who did not receive a COVID-19 vaccination and are vaccine-accepting by state as estimated by the COVID-19 Symptom Survey, Feb 21 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

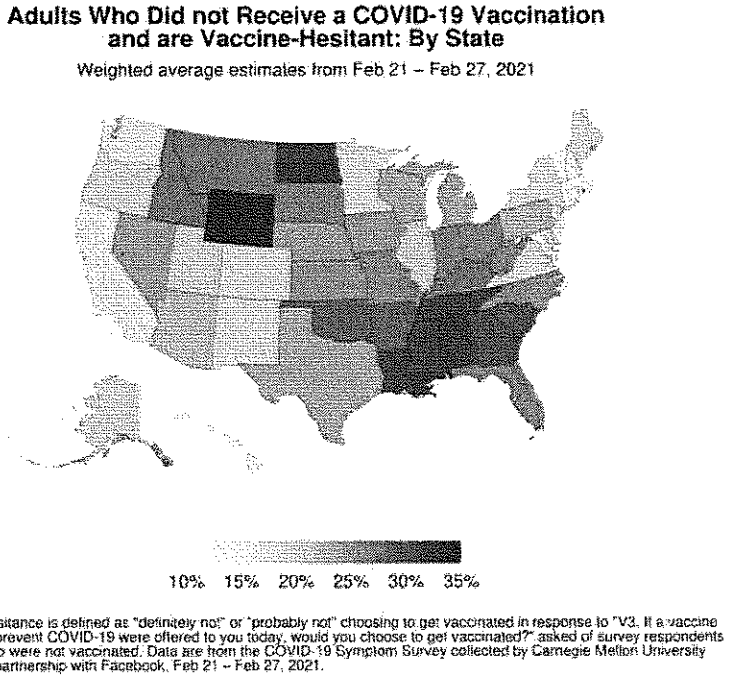


Figure 9: Adults who did not receive a COVID-19 vaccination and are vaccine-hesitant by state as estimated by the COVID-19 Symptom Survey, Feb 21 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

3 Detailed Results on Receiving Two COVID-19 Vaccinations

3.1 Receiving Two COVID-19 Vaccinations: Overall

Trends for the overall group are summarized in Figure 10 (below) and in Appendix C.

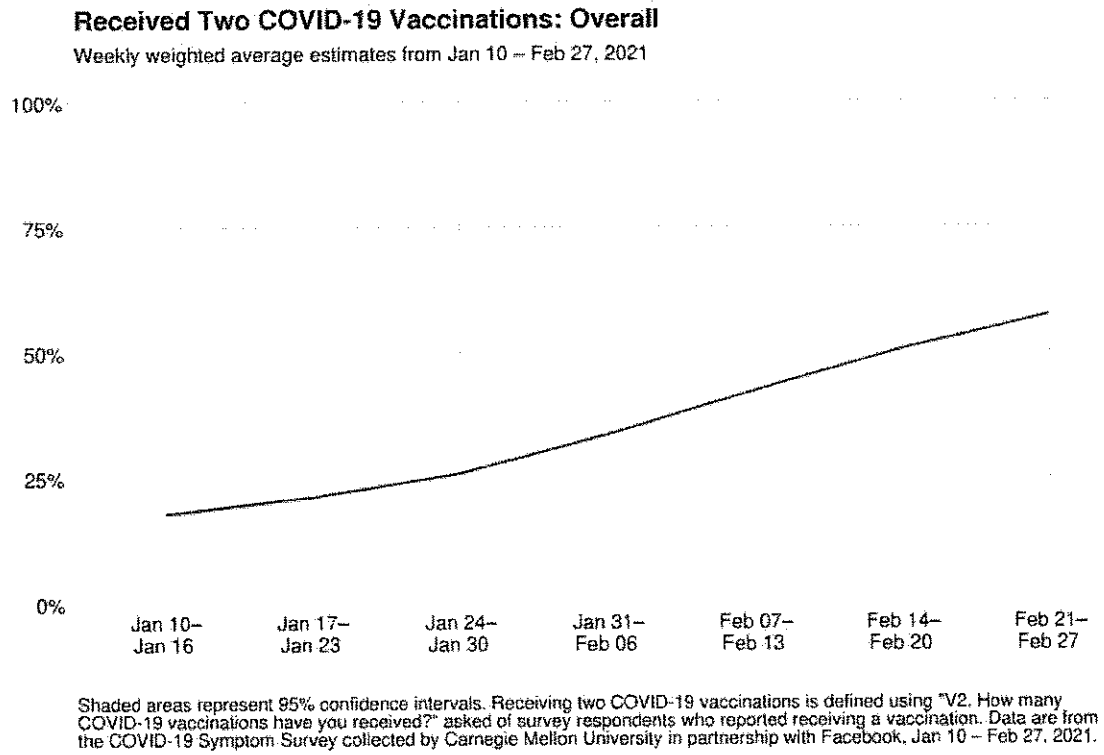


Figure 10: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.2 Receiving Two COVID-19 Vaccinations: By Healthcare Worker Status

Trends by healthcare worker status are summarized in Figure 11 (below) and in Appendix C.

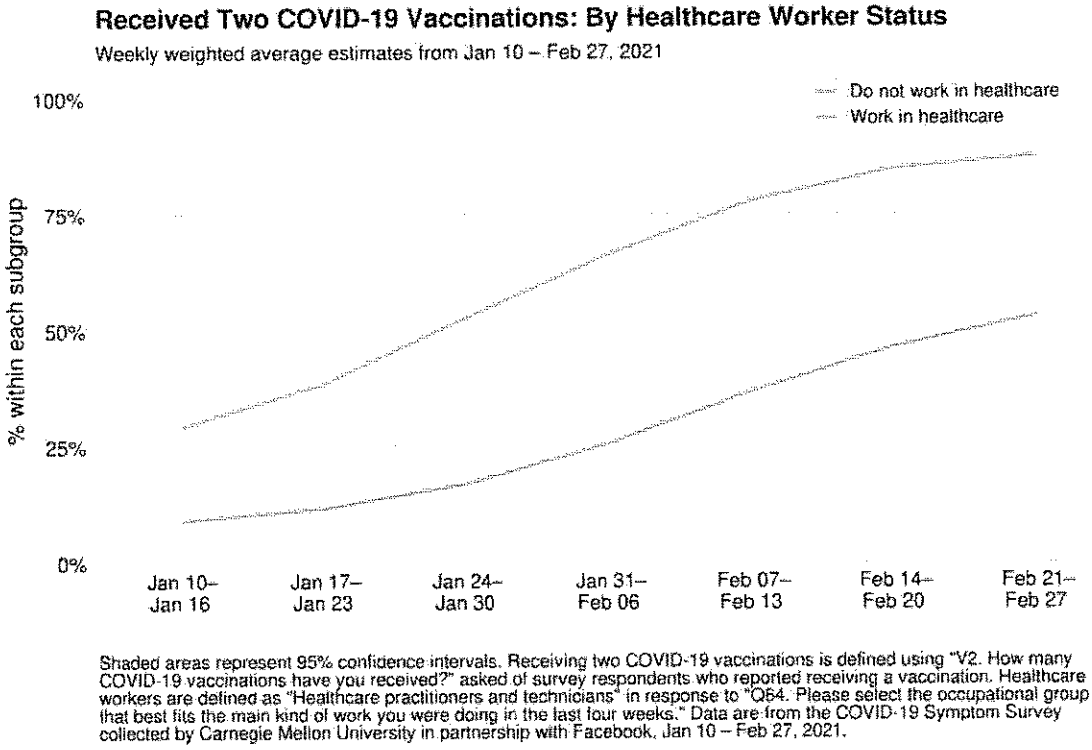


Figure 11: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by healthcare worker status, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.3 Receiving Two COVID-19 Vaccinations: By Age

Trends by age are summarized in Figure 12 (below) and in Appendix C.

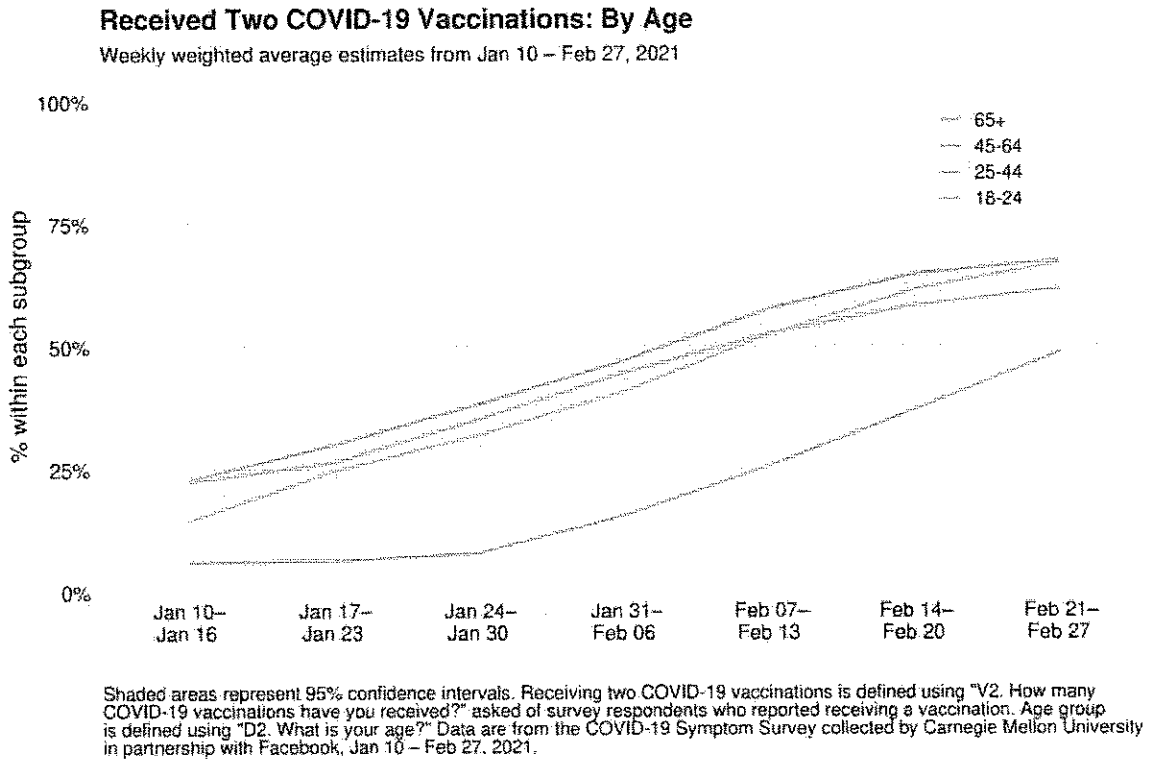


Figure 12: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by age, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.4 Receiving Two COVID-19 Vaccinations: By Eligible Health Conditions

Trends by eligible health conditions are summarized in Figure 13 (below) and in Appendix C.

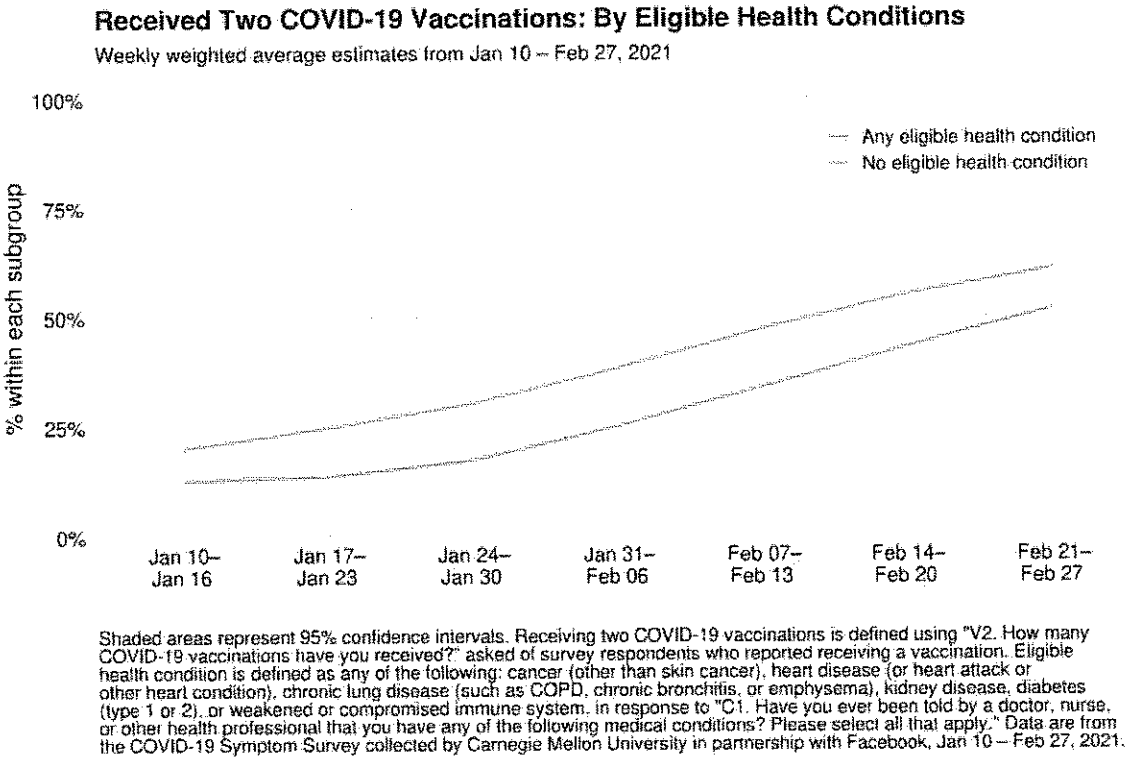


Figure 13: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by eligible health conditions, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.5 Receiving Two COVID-19 Vaccinations: By Race/Ethnicity

Trends by race/ethnicity are summarized in Figure 14 (below) and in Appendix C.

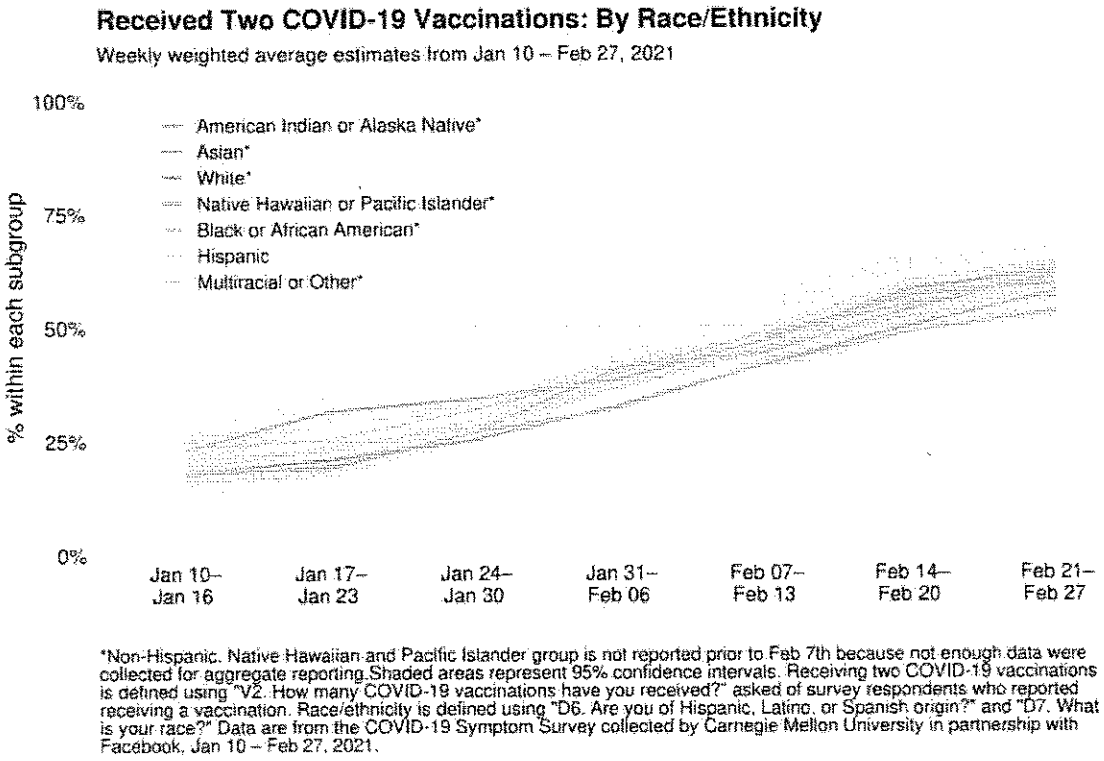


Figure 14: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by race/ethnicity, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.6 Receiving Two COVID-19 Vaccinations: By Gender

Trends by gender are summarized in Figure 15 (below) and in Appendix C.

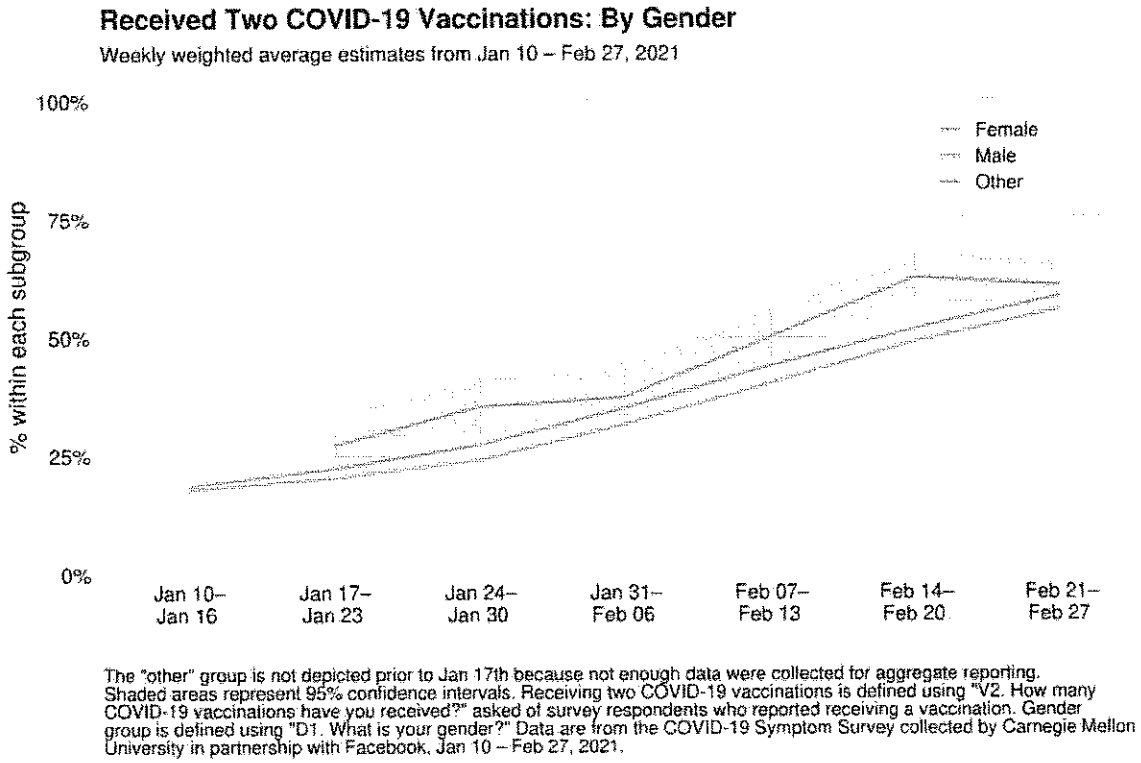


Figure 15: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by gender, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.7 Receiving Two COVID-19 Vaccinations: By State

Trends by state are summarized in Figure 16 (below) and in Appendix C.

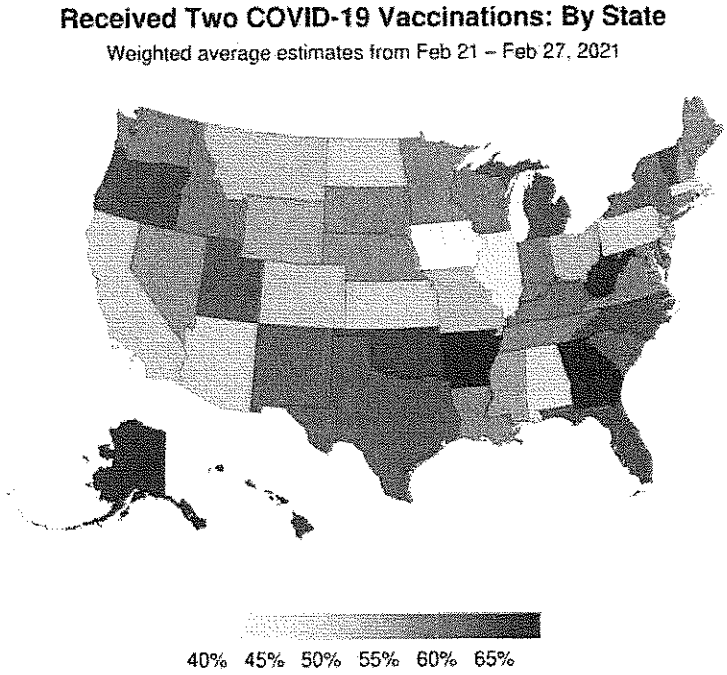


Figure 16: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by state, as estimated by the COVID-19 Symptom Survey, Feb 21 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

4 Detailed Results on Vaccine-Hesitant Adults Who are Concerned about a Side Effect

4.1 Concerned about a Side Effect: Overall

Trends for the overall group are summarized in Figure 17 (below) and in Appendix D.

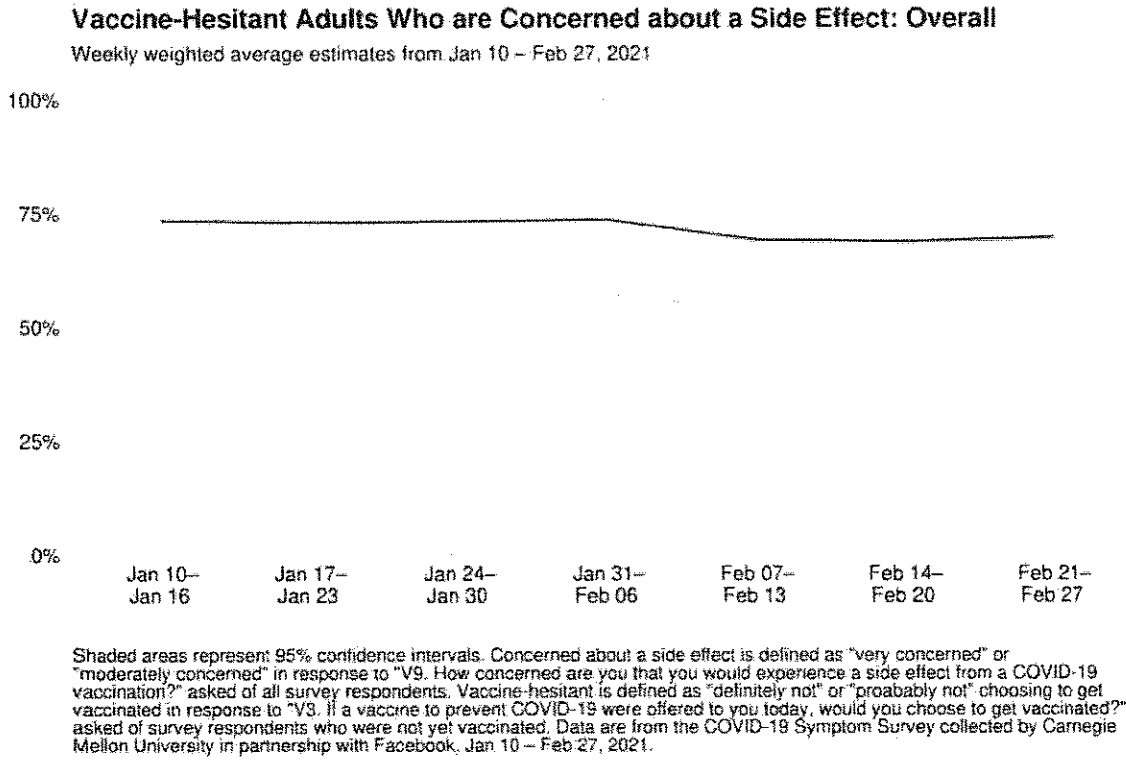


Figure 17: Vaccine-hesitant adults who are concerned about a side effect as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.2 Concerned about a Side Effect: By Healthcare Worker Status

Trends by healthcare worker status are summarized in Figure 18 (below) and in Appendix D.

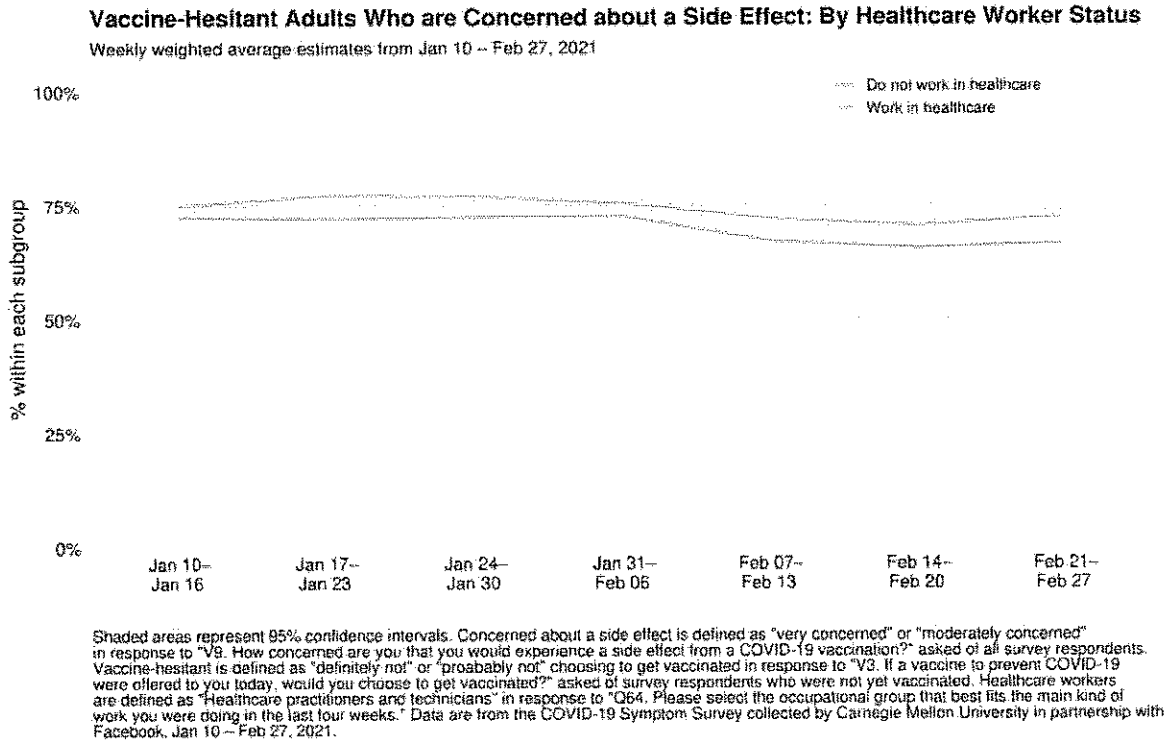


Figure 18: Vaccine-hesitant adults who are concerned about a side effect, by healthcare worker status, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.3 Concerned about a Side Effect: By Age

Trends by age are summarized in Figure 19 (below) and in Appendix D.

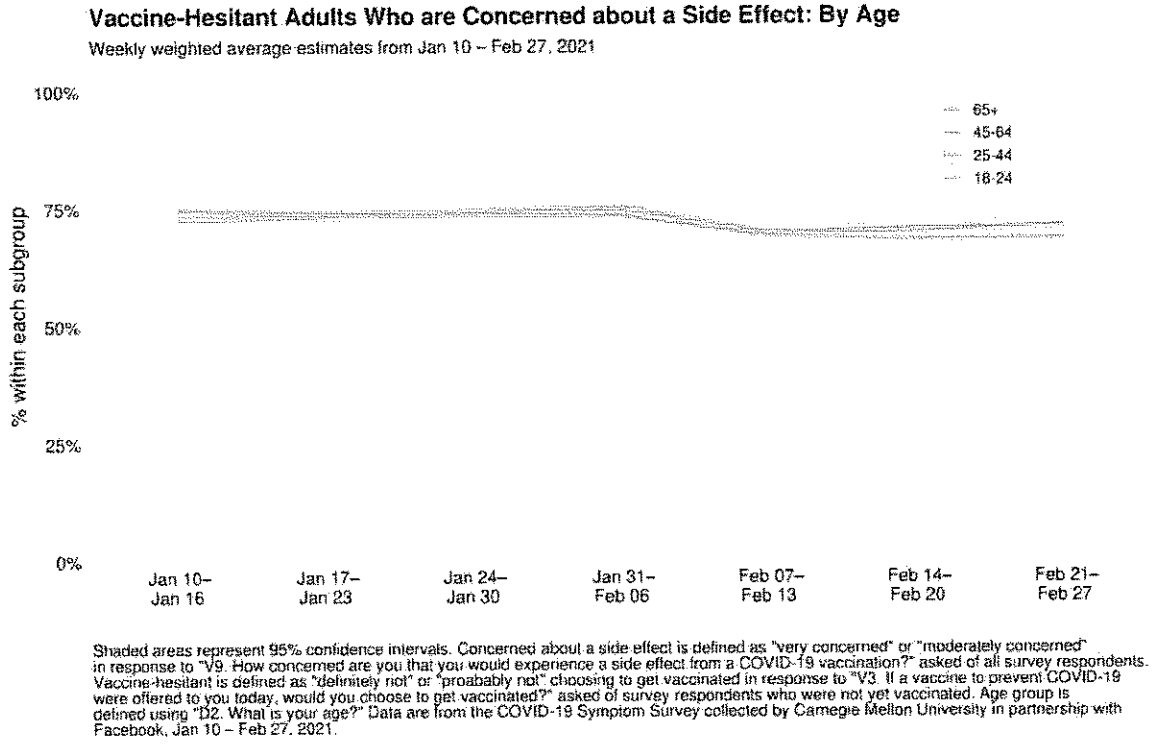


Figure 19: Vaccine-hesitant adults who are concerned about a side effect, by age, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.4 Concerned about a Side Effect: By Eligible Health Conditions

Trends by eligible health conditions are summarized in Figure 20 (below) and in Appendix D.

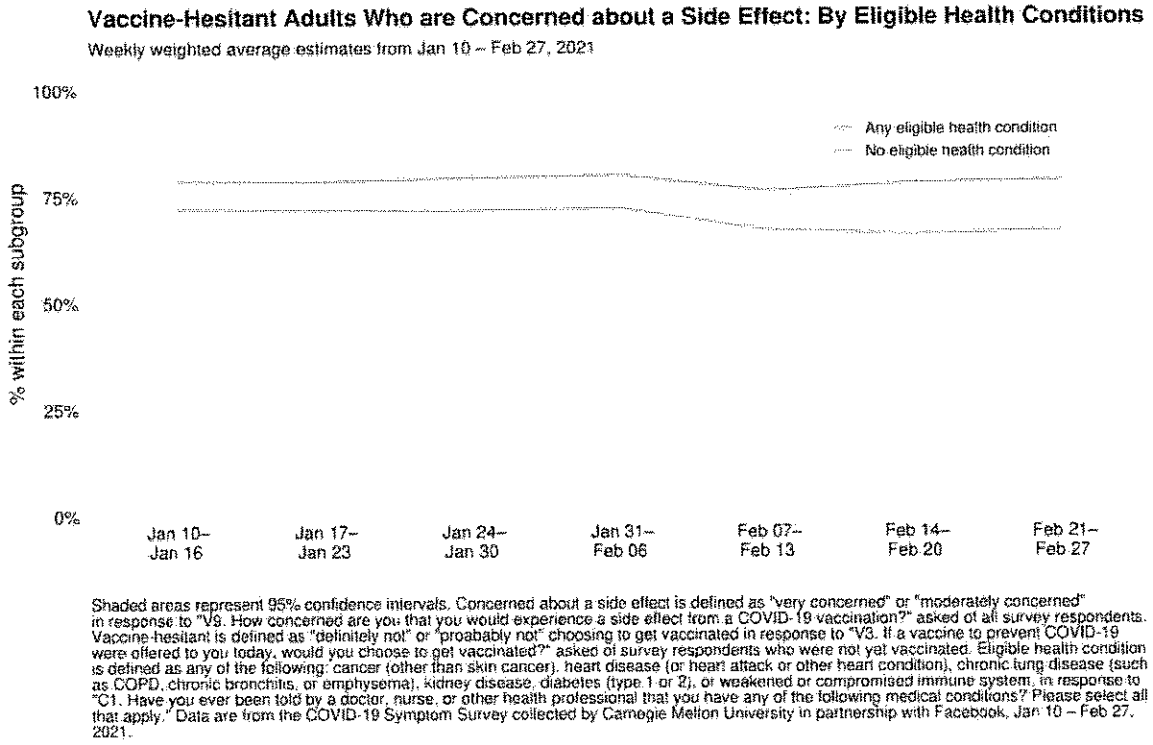
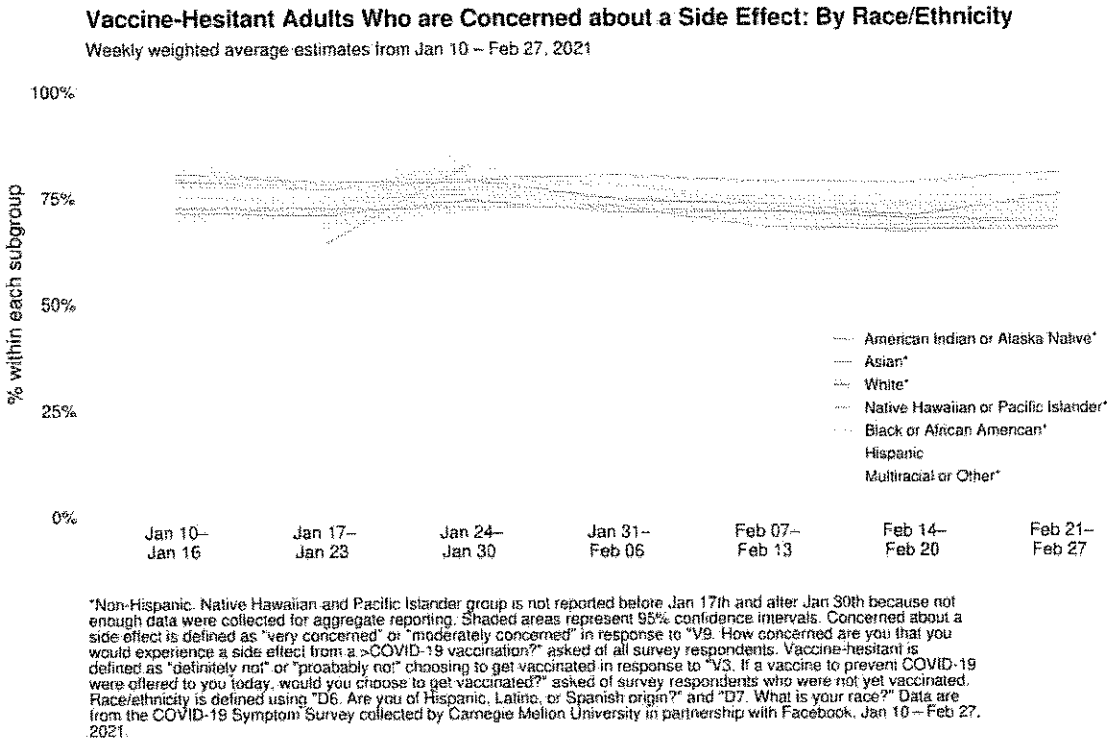


Figure 20: Vaccine-hesitant adults who are concerned about a side effect, by eligible health conditions, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.5 Concerned about a Side Effect: By Race/Ethnicity

Trends by race/ethnicity are summarized in Figure 21 (below) and in Appendix D.



*Non-Hispanic. Native Hawaiian and Pacific Islander group is not reported before Jan 17th and after Jan 30th because not enough data were collected for aggregate reporting. Shaded areas represent 95% confidence intervals. Concerned about a side effect is defined as "very concerned" or "moderately concerned" in response to "V9. How concerned are you that you would experience a side effect from a >COVID-19 vaccination?" asked of all survey respondents. Vaccine-hesitant is defined as "definitely not" or "probably not" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not yet vaccinated. Race/ethnicity is defined using "D6. Are you of Hispanic, Latino, or Spanish origin?" and "D7. What is your race?" Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Jan 10 – Feb 27, 2021.

Figure 21: Vaccine-hesitant adults who are concerned about a side effect, by race/ethnicity as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.6 Concerned about a Side Effect: By Gender

Trends by gender are summarized in Figure 22 (below) and in Appendix D.

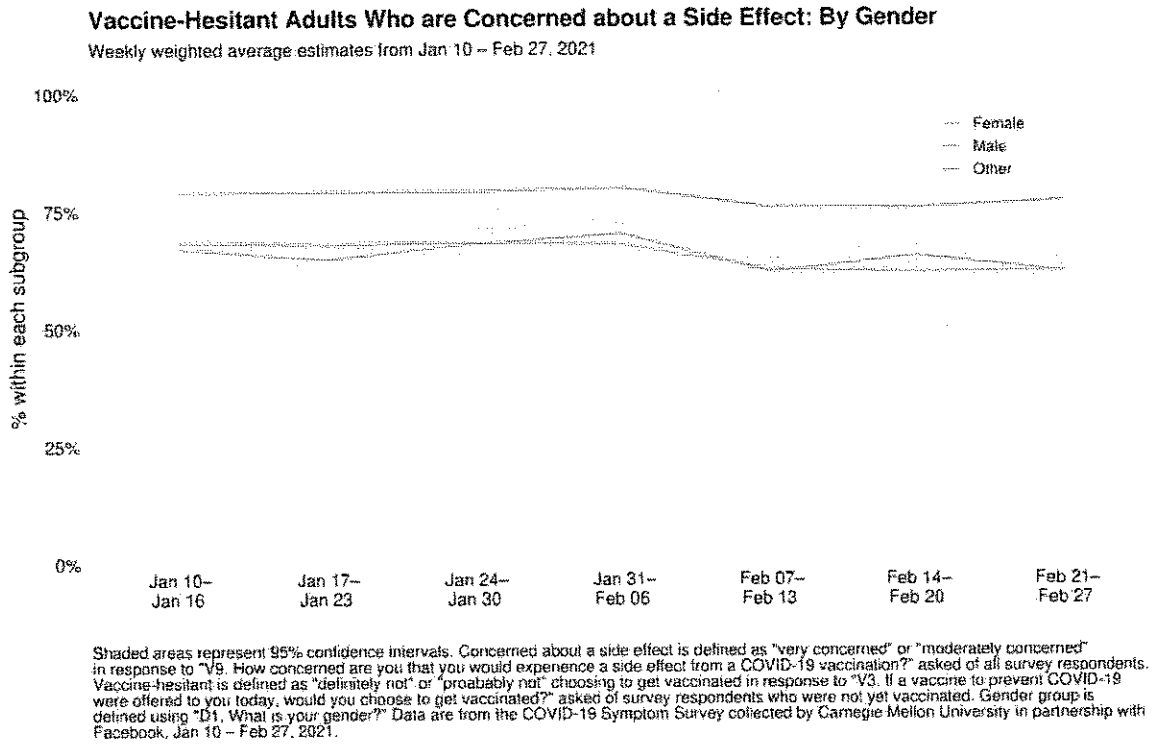


Figure 22: Vaccine-hesitant adults who are concerned about a side effect, by gender, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.7 Concerned about a Side Effect: By State

Trends by state are summarized in Figure 23 (below) and in Appendix D.

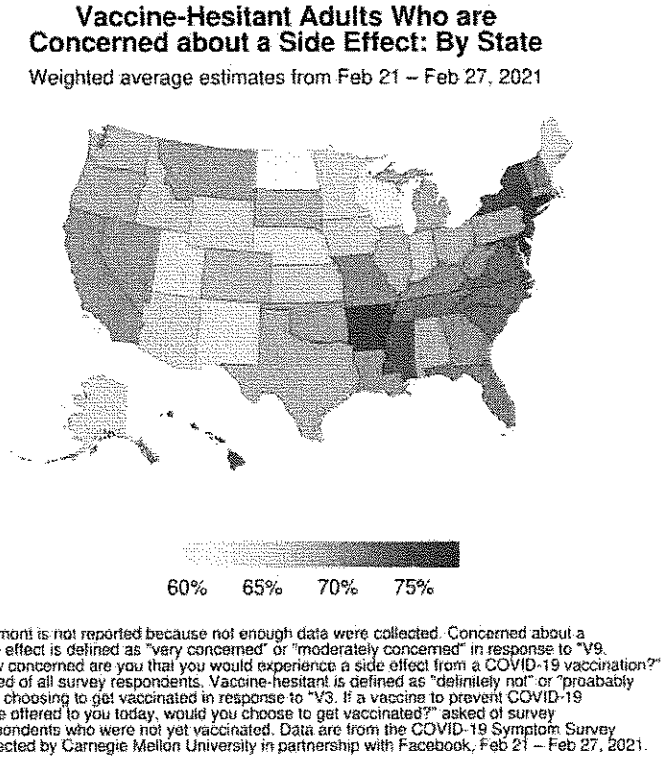


Figure 23: Vaccine-hesitant adults who are concerned about a side effect, by state, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

5 Detailed Results on the Influence of Information Sources on Vaccine-Hesitant Adults

5.1 Influence of Information Sources: Overall

Trends for the overall group are summarized in Figure 24 (below) and in Appendix E.

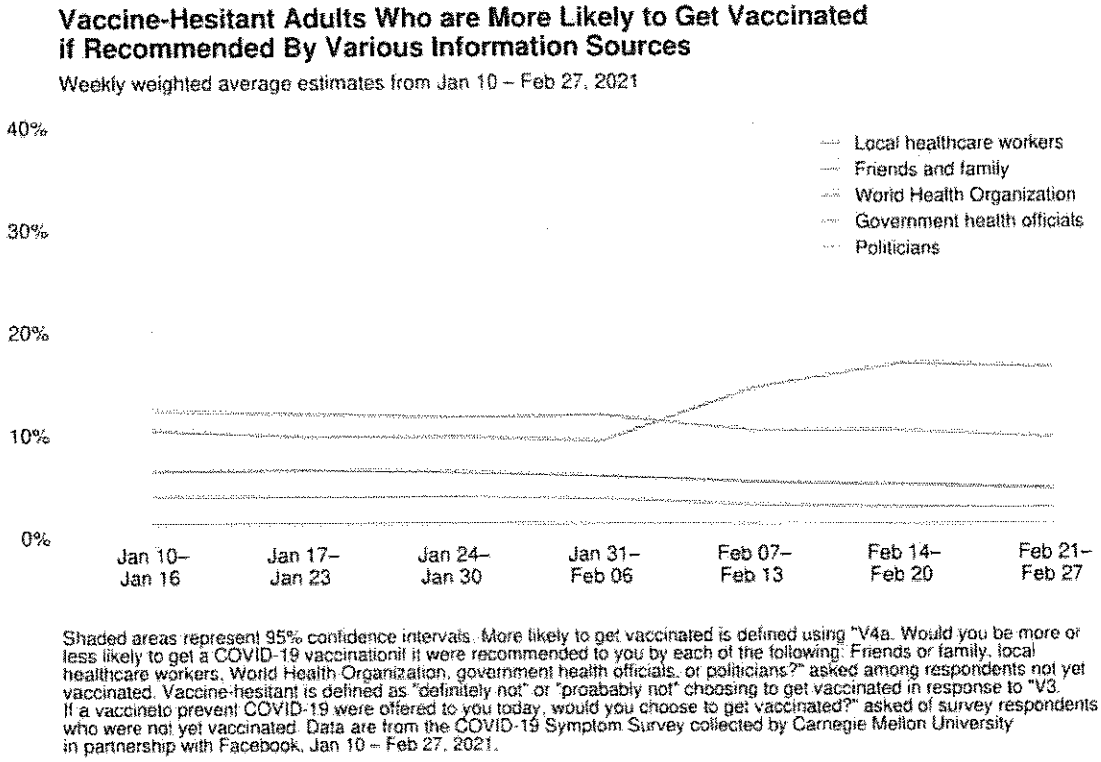


Figure 24: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.2 Influence of Information Sources: By Healthcare Worker Status

Trends by healthcare worker status are summarized in Figure 25 (below) and in Appendix E.

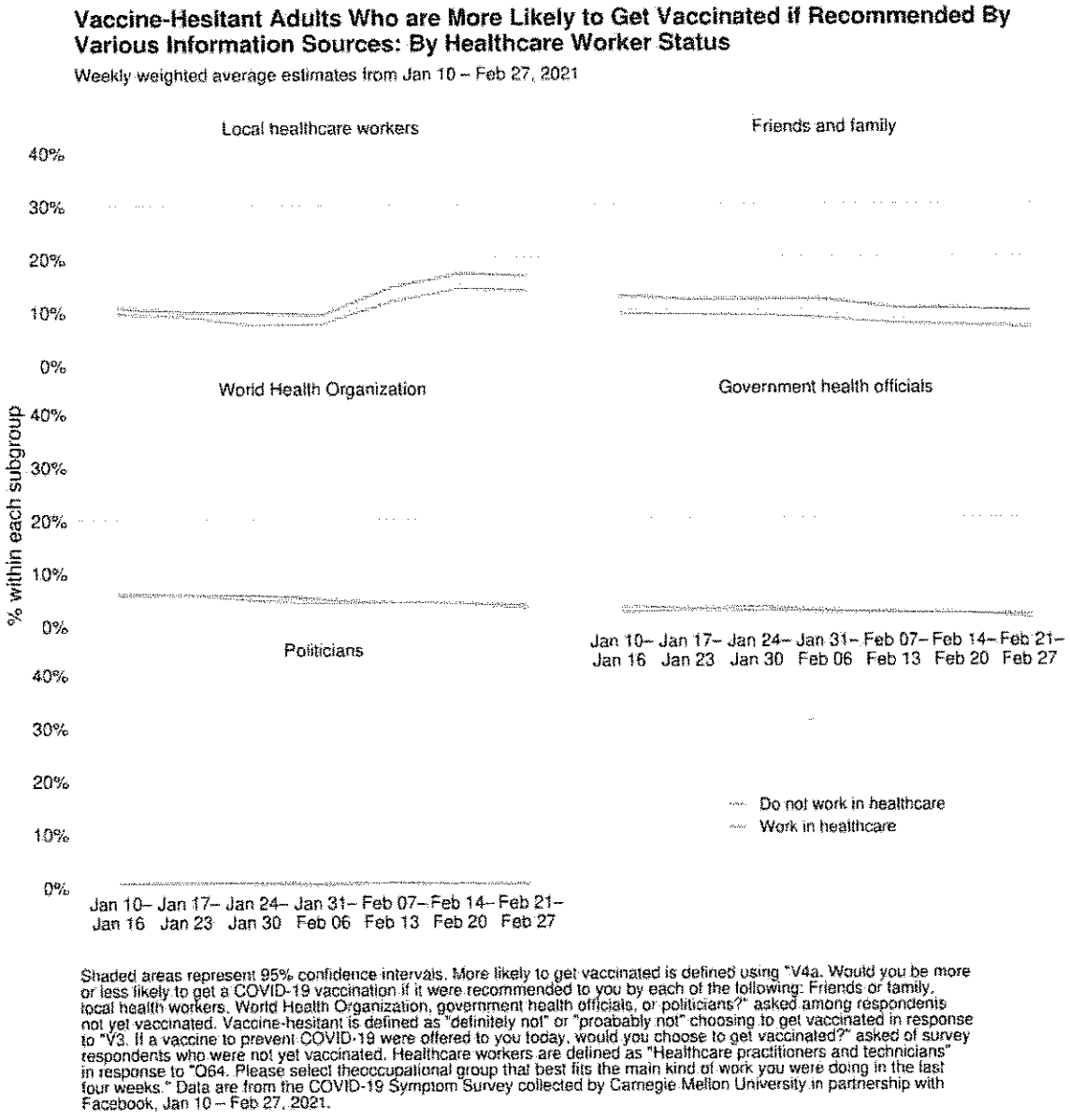


Figure 25: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by healthcare worker status, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.3 Influence of Information Sources: By Age

Trends by age are summarized in Figure 26 (below) and in Appendix E.

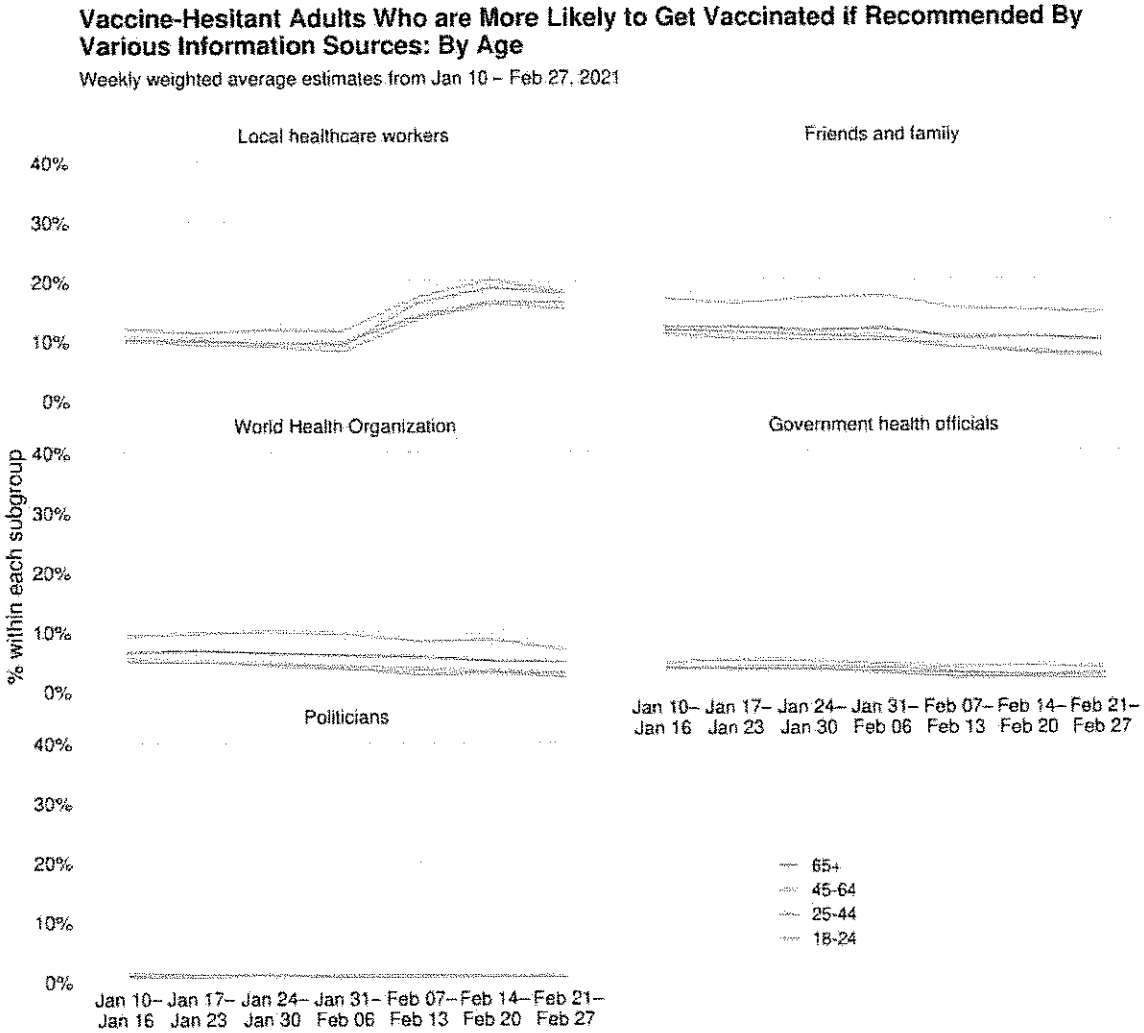


Figure 26: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by age, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.4 Influence of Information Sources: By Eligible Health Conditions

Trends by eligible health conditions are summarized in Figure 27 (below) and in Appendix E.

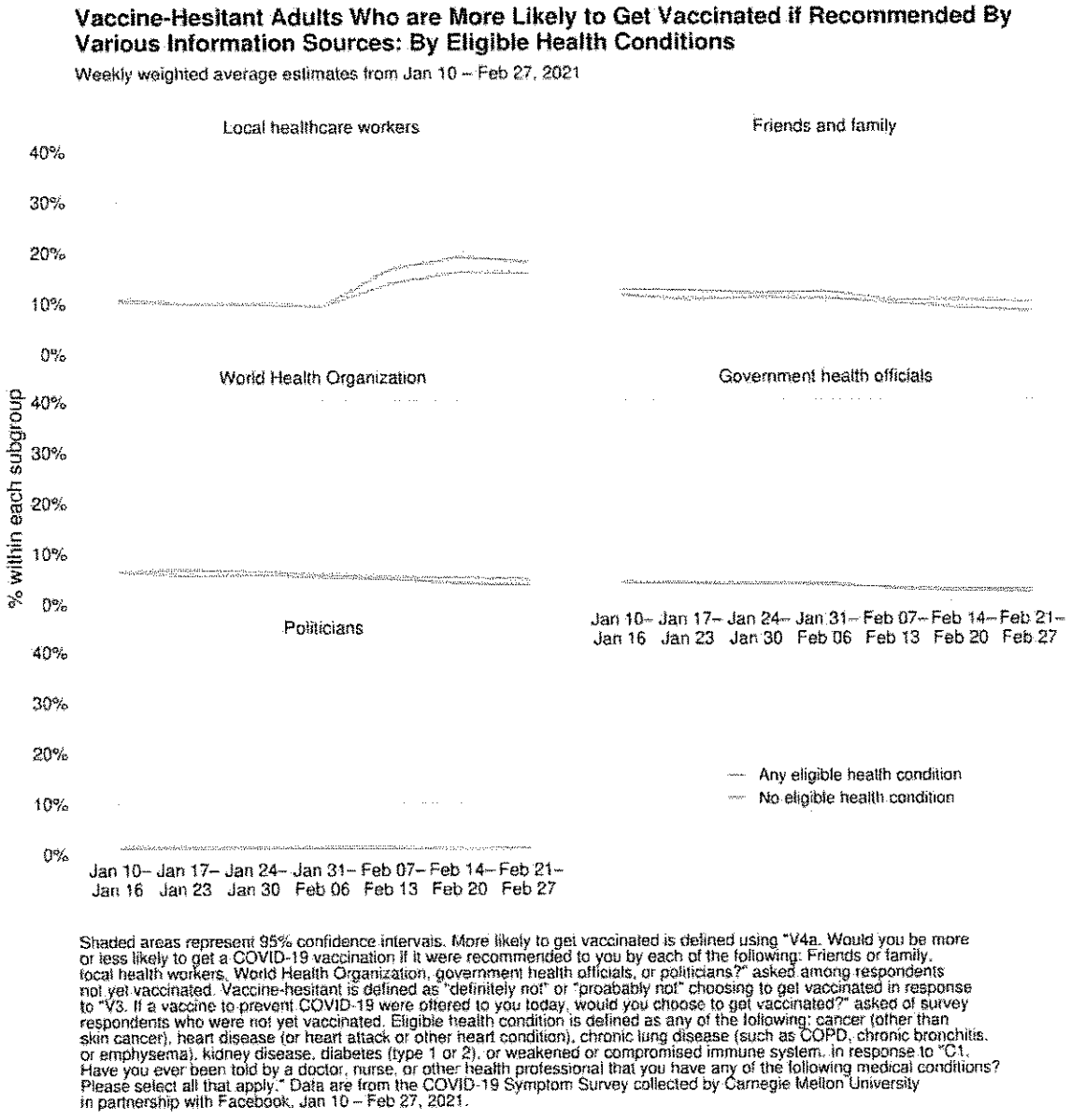
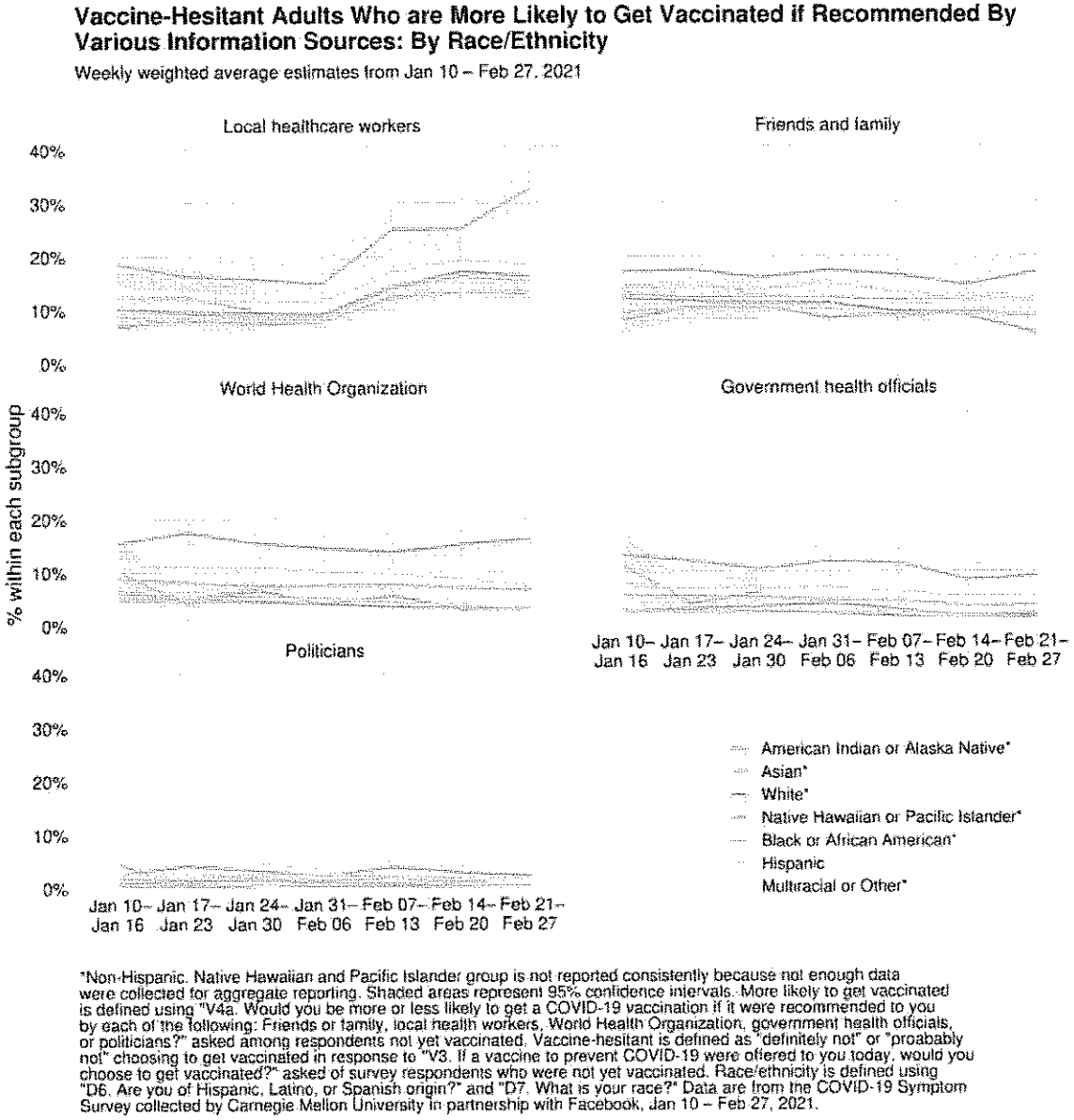


Figure 27: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by eligible health conditions, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.5 Influence of Information Sources: By Race/Ethnicity

Trends by race/ethnicity are summarized in Figure 28 (below) and in Appendix E.



*Non-Hispanic. Native Hawaiian and Pacific Islander group is not reported consistently because not enough data were collected for aggregate reporting. Shaded areas represent 95% confidence intervals. More likely to get vaccinated is defined using "V4a. Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: Friends or family, local health workers, World Health Organization, government health officials, or politicians?" asked among respondents not yet vaccinated. Vaccine-hesitant is defined as "definitely not" or "probably not" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not yet vaccinated. Race/ethnicity is defined using "D6. Are you of Hispanic, Latino, or Spanish origin?" and "D7. What is your race?" Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Jan 10 – Feb 27, 2021.

Figure 28: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by race/ethnicity, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.6 Influence of Information Sources: By Gender

Trends by gender are summarized in Figure 29 (below) and in Appendix E.

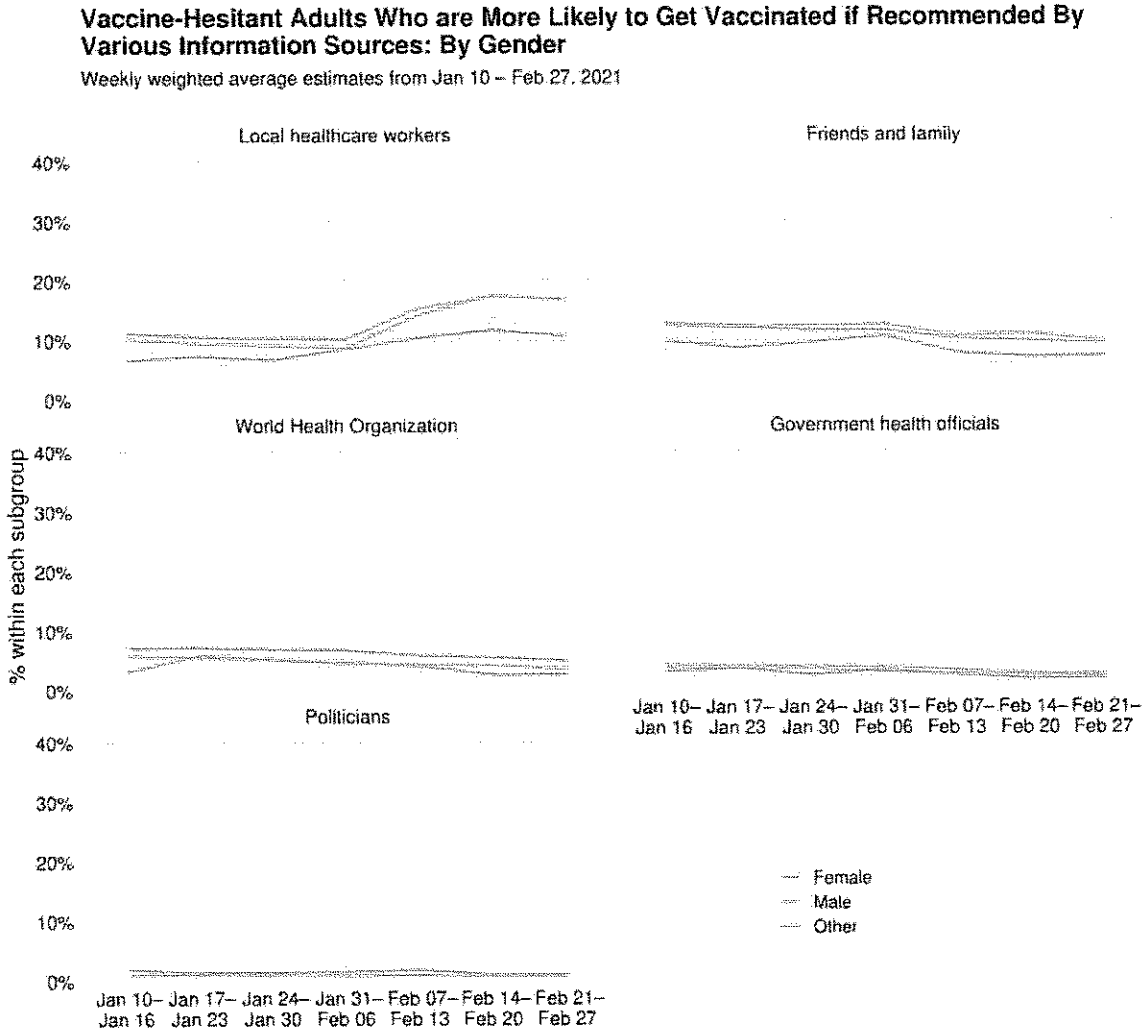


Figure 29: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by gender, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.7 Influence of Information Sources: By State

Trends by state are summarized in Figure 30 (below) and in Appendix E.

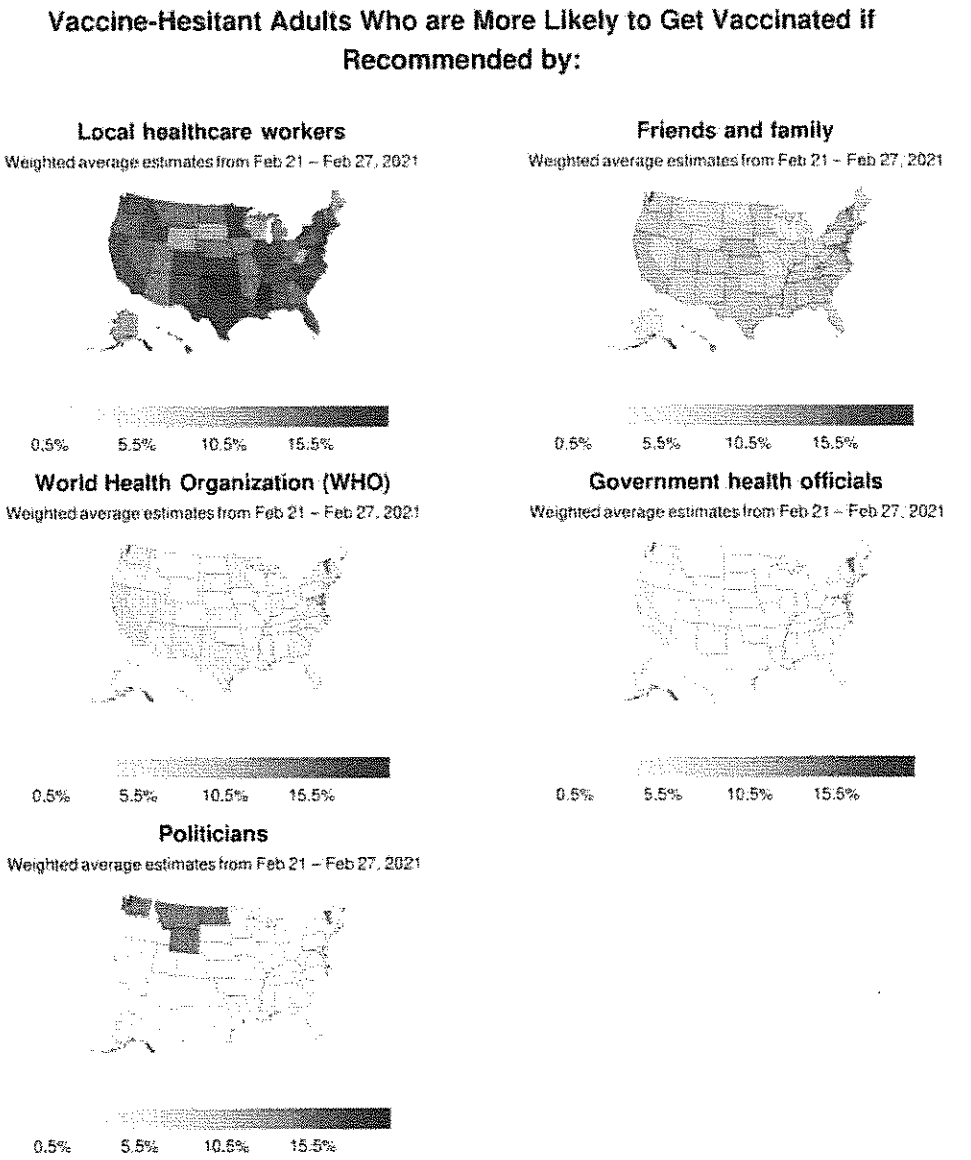


Figure 30: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

Appendices

A. Overview and Methods

A.1 About the COVID-19 Symptom Surveys Conducted by Carnegie Mellon University and University of Maryland in Partnership with Facebook

Currently, Facebook users in the United States are invited daily to take a survey overseen by the Delphi Group. This is the largest ongoing COVID-19 survey in the United States (and likely the largest real-time survey ever conducted), with over 50,000 responses collected daily and over 18 million total responses collected since its launch in April 2020. The survey is also conducted globally by faculty at the University of Maryland (UMD) Joint Program in Survey Methodology (JPSM) in partnership with Facebook, and we are currently inviting Facebook users in more than 200 countries and territories globally to take the survey. Sampled users see the invitation at the top of their News Feed, but the surveys are collected off the Facebook platform and the Facebook company does not collect or receive survey responses.

A.2 About the Researchers

The Delphi Group at CMU was founded in 2012 with the goal of developing the theory and practice of epidemiological forecasting. This project is part of its vision of making epidemiological forecasting as universally accepted and useful as weather forecasting is today. More information is available at https://delphi.cmu.edu/.

A.3 Survey Information

- Real-time aggregate survey results for the United States are available at https://delphi.cmu.edu/covidcast/survey-results/.
- Documentation about the United States survey and procedures is online at https://cmu-delphi.github.io/delphi-epidata/symptom-survey/.
- The aggregate data underlying this report is available for download at https://cmu-delphi.github.io/delphi-epidata/symptom-survey/contingency-tables.html
- Academic and nonprofit researchers may request access to non-public, non-aggregated data for their research.
- More details about data access can be found here: https://dataforgood.fb.com/docs/covid-19-symptom-survey-request-for-data-access/.

A.4 Questionnaire

The survey instrument is maintained by CMU, which partners with the broader public health community. The survey asks users about any current symptoms as well as other factors related to their experiences during the pandemic. The instrument is translated

into English, simplified Chinese, French, Brazilian Portuguese, Spanish, and Vietnamese.

A.5 Survey Weights

The Facebook company provides sample weights that adjust for non-response and coverage biases. By non-response bias, we mean that some sampled users are more likely to respond to the survey than others. To adjust for this, Facebook calculates the inverse probability that sampled users complete the survey using their self-reported age and gender as well as other characteristics we know correlate with non-response. We then use these inverse probabilities to create weights for responses, after which the survey sample reflects the active adult user population on the Facebook app. By coverage bias, we mean that not everyone in every country has a Facebook app account or uses their account regularly. To adjust for this, Facebook adjusts the weights created in the first step even further so that the distribution of age, gender, and state of residence in the survey sample reflects that of the general population. Making adjustments using the weights ensures that the sample more accurately reflects the characteristics of the target population represented. More details can be found in our weighting documentation here: https://research.fb.com/publications/weights-and-methodology-brief-for-the-covid-19-symptom-survey-by-university-of-maryland-and-carnegie-mellon-university-in-partnership-with-facebook/.

A.6 Limitations

The Symptom Survey weighted population estimates for characteristics such as age, gender, and certain chronic conditions are generally comparable to estimates from other data sources at both the national and state level. However, our survey population may still over- or under-represent certain subpopulations or characteristics related to education, race, and occupation because we do not account for these characteristics in the weighting of our survey responses. In particular, the weighted sample is slightly under-representative of low-education adults as well as Black or African American and Hispanic adults.

While the trends in vaccination uptake from the Symptom Survey may be comparable to trends from other data sources on vaccine dose administration, the exact percentages of vaccination uptake from the Symptom Survey may differ from other data sources and should not be treated as authoritative. When comparing with official estimates, differences may stem from a reporting lag. When comparing with other survey estimates, differences may stem from differences in the instrument, sampling or weighting methodologies. For example, while many of the Symptom Survey questions on COVID-19 vaccines were developed in collaboration with the CDC to match their instruments, there may be differences in estimates from the Symptom Survey and estimates from other surveys fielding the same items such as the Census Bureau Household Pulse Survey due to small differences in question wording, as well as differences in the weighting variables used.

B. Table of COVID-19 Vaccination Uptake and Intent

Table B.1. Weekly weighted percentages (standard error) of COVID-19 vaccination uptake and intent, Jan 10 – Feb 27, 2021

	Jan 10–Jan 16	Jan 17–Jan 23	Jan 24–Jan 30	Jan 31–Feb 06	Feb 07–Feb 13	Feb 14–Feb 20	Feb 21–Feb 27
Overall (Total N=1,940,271)							
Received a vaccination	8.1 (<0.1)	11.5 (0.1)	15.1 (0.1)	18.8 (0.1)	22.5 (0.1)	26.0 (0.1)	29.1 (0.1)
Did not receive a vaccination and accepting	64.3 (0.1)	62.2 (0.1)	59.6 (0.1)	56.3 (0.1)	53.3 (0.1)	50.5 (0.1)	47.9 (0.1)
Did not receive a vaccination and hesitant	24.8 (0.1)	23.9 (0.1)	23.0 (0.1)	22.9 (0.1)	23.2 (0.1)	23.0 (0.1)	22.5 (0.1)
Did not receive a vaccination and skipped question on intent	2.7 (<0.1)	2.4 (<0.1)	2.2 (<0.1)	2.0 (<0.1)	1.0 (<0.1)	0.5 (<0.1)	0.5 (<0.1)
By Healthcare Worker Status:							
Healthcare Workers (Total N=153,805)							
Received a vaccination	53.0 (0.3)	59.2 (0.3)	63.0 (0.3)	65.9 (0.3)	68.4 (0.3)	70.1 (0.3)	70.9 (0.3)
Did not receive a vaccination and accepting	28.2 (0.3)	23.5 (0.3)	20.6 (0.3)	17.9 (0.3)	15.6 (0.3)	14.2 (0.2)	14.1 (0.3)
Did not receive a vaccination and hesitant	18.7 (0.2)	17.3 (0.2)	16.4 (0.2)	16.1 (0.3)	15.9 (0.3)	15.7 (0.3)	14.9 (0.3)
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	<0.1 (<0.1)	0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	0.1 (<0.1)	<0.1 (<0.1)
Non-Healthcare Workers (Total N=744,994)							
Received a vaccination	4.5 (0.1)	6.9 (0.1)	9.8 (0.1)	12.6 (0.1)	15.9 (0.1)	19.0 (0.1)	21.8 (0.1)
Did not receive a vaccination and accepting	69.5 (0.1)	67.9 (0.1)	65.7 (0.1)	63.0 (0.2)	60.0 (0.2)	56.9 (0.2)	54.5 (0.2)
Did not receive a vaccination and hesitant	25.9 (0.1)	25.1 (0.1)	24.3 (0.1)	24.3 (0.1)	24.1 (0.1)	24.0 (0.1)	23.7 (0.1)
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
By Age:							
65+ years (Total N=466,737)							
Received a vaccination	8.8 (0.1)	16.9 (0.1)	26.9 (0.2)	36.6 (0.2)	46.8 (0.2)	55.5 (0.2)	62.4 (0.2)

Did not receive a vaccination and accepting	78.4 (0.2)	71.2 (0.2)	62.0 (0.2)	52.3 (0.2)	42.7 (0.2)	34.2 (0.2)	28.1 (0.2)
Did not receive a vaccination and hesitant	12.6 (0.1)	11.7 (0.1)	10.9 (0.1)	11.0 (0.1)	10.4 (0.1)	10.2 (0.1)	9.4 (0.1)
Did not receive a vaccination and skipped question on intent	0.2 (<0.1)	0.2 (<0.1)	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
45-64 years (Total N=652,296)							
Received a vaccination	8.8 (0.1)	11.5 (0.1)	13.7 (0.1)	16.3 (0.1)	19.2 (0.1)	21.7 (0.1)	24.3 (0.1)
Did not receive a vaccination and accepting	68.4 (0.1)	66.6 (0.1)	64.9 (0.2)	62.5 (0.2)	59.8 (0.2)	57.5 (0.2)	55.0 (0.2)
Did not receive a vaccination and hesitant	22.6 (0.1)	21.7 (0.1)	21.3 (0.1)	21.0 (0.1)	20.9 (0.1)	20.7 (0.1)	20.6 (0.1)
Did not receive a vaccination and skipped question on intent	0.2 (<0.1)	0.2 (<0.1)	0.2 (<0.1)	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
25-44 years (Total N=522,148)							
Received a vaccination	9.0 (0.1)	11.0 (0.1)	13.2 (0.1)	15.2 (0.1)	17.0 (0.1)	19.4 (0.2)	21.0 (0.2)
Did not receive a vaccination and accepting	61.0 (0.2)	59.9 (0.2)	59.0 (0.2)	57.1 (0.2)	55.4 (0.2)	53.4 (0.2)	52.2 (0.2)
Did not receive a vaccination and hesitant	29.9 (0.2)	29.1 (0.2)	27.8 (0.2)	27.5 (0.2)	27.5 (0.2)	27.1 (0.2)	26.7 (0.2)
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
18-24 years (Total N=77,652)							
Received a vaccination	5.5 (0.2)	6.6 (0.2)	7.9 (0.2)	9.4 (0.3)	10.4 (0.3)	11.0 (0.3)	12.5 (0.3)
Did not receive a vaccination and accepting	59.9 (0.4)	60.2 (0.4)	59.9 (0.5)	58.0 (0.5)	57.9 (0.5)	57.2 (0.5)	56.9 (0.5)
Did not receive a vaccination and hesitant	34.6 (0.4)	33.3 (0.4)	32.2 (0.4)	32.6 (0.5)	31.6 (0.5)	31.8 (0.5)	30.6 (0.5)
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)
By Eligible Health Conditions:							
Any Eligible Health Condition (Total N=583,012)							
Received a vaccination	7.9 (0.1)	12.4 (0.1)	17.7 (0.1)	23.0 (0.2)	28.3 (0.2)	33.0 (0.2)	37.3 (0.2)
Did not receive a vaccination and accepting	71.4 (0.2)	67.5 (0.2)	63.2 (0.2)	57.9 (0.2)	52.3 (0.2)	48.0 (0.2)	44.2 (0.2)
Did not receive a vaccination and hesitant	20.5 (0.1)	19.9 (0.1)	18.9 (0.1)	18.9 (0.1)	19.3 (0.1)	18.9 (0.1)	18.4 (0.1)
Did not receive a vaccination and skipped question on intent	0.3 (<0.1)	0.2 (<0.1)	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
No Eligible Health Condition (Total N=1,278,754)							

Received a vaccination	8.6 (0.1)	11.5 (0.1)	14.7 (0.1)	17.9 (0.1)	21.3 (0.1)	24.5 (0.1)	27.1 (0.1)
Did not receive a vaccination and accepting	64.2 (0.1)	62.4 (0.1)	60.2 (0.1)	57.2 (0.1)	54.4 (0.1)	51.6 (0.1)	49.5 (0.1)
Did not receive a vaccination and hesitant	27.0 (0.1)	26.0 (0.1)	25.0 (0.1)	24.8 (0.1)	24.2 (0.1)	23.8 (0.1)	23.3 (0.1)
Did not receive a vaccination and skipped question on intent	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
By Race/Ethnicity:							
Hispanic (Total N=208,134)							
Received a vaccination	6.4 (0.1)	8.3 (0.2)	10.5 (0.2)	12.9 (0.2)	15.2 (0.2)	17.3 (0.2)	19.8 (0.2)
Did not receive a vaccination and accepting	67.8 (0.3)	67.4 (0.3)	66.4 (0.3)	64.7 (0.3)	62.3 (0.3)	61.4 (0.3)	59.1 (0.3)
Did not receive a vaccination and hesitant	25.5 (0.2)	24.1 (0.2)	22.9 (0.2)	22.3 (0.2)	22.3 (0.2)	21.2 (0.2)	20.9 (0.3)
Did not receive a vaccination and skipped question on intent	0.3 (<0.1)	0.2 (<0.1)	0.2 (<0.1)	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
American Indian or Alaska Native* (Total N=17,758)							
Received a vaccination	12.8 (0.6)	16.0 (0.7)	21.8 (0.8)	25.3 (0.9)	32.2 (0.9)	34.0 (1.0)	37.2 (1.0)
Did not receive a vaccination and accepting	54.9 (0.9)	52.0 (1.0)	47.8 (0.9)	43.0 (1.0)	39.5 (1.0)	36.0 (1.0)	33.2 (1.0)
Did not receive a vaccination and hesitant	32.1 (0.9)	31.8 (0.9)	30.2 (0.9)	31.7 (0.9)	28.2 (0.9)	29.8 (0.9)	29.5 (1.0)
Did not receive a vaccination and skipped question on intent	0.2 (0.1)	0.2 (0.1)	0.2 (0.1)	<0.1 (<0.1)	0.1 (0.1)	0.2 (0.1)	<0.1 (<0.1)
Asian* (Total N=36,362)							
Received a vaccination	11.9 (0.4)	14.9 (0.5)	18.9 (0.5)	22.4 (0.6)	26.3 (0.6)	28.8 (0.6)	32.0 (0.7)
Did not receive a vaccination and accepting	77.0 (0.6)	73.6 (0.6)	70.7 (0.6)	67.5 (0.7)	64.1 (0.7)	62.0 (0.7)	59.9 (0.7)
Did not receive a vaccination and hesitant	10.9 (0.4)	11.5 (0.4)	10.4 (0.4)	10.0 (0.4)	9.6 (0.4)	9.0 (0.4)	8.0 (0.4)
Did not receive a vaccination and skipped question on intent	0.2 (0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.2 (0.1)	0.1 (<0.1)
Black or African American* (Total N=112,239)							
Received a vaccination	6.3 (0.2)	9.7 (0.2)	12.6 (0.3)	16.7 (0.3)	20.3 (0.3)	23.1 (0.3)	27.1 (0.4)
Did not receive a vaccination and accepting	53.8 (0.4)	53.7 (0.4)	53.2 (0.4)	51.1 (0.4)	49.3 (0.4)	46.3 (0.4)	44.0 (0.4)
Did not receive a vaccination and hesitant	39.6 (0.4)	36.4 (0.4)	34.0 (0.4)	31.9 (0.4)	30.2 (0.4)	30.4 (0.4)	28.7 (0.4)

Did not receive a vaccination and skipped question on intent	0.3 (<0.1)	0.2 (<0.1)	0.2 (<0.1)	0.3 (<0.1)	0.3 (<0.1)	0.2 (<0.1)	0.2 (<0.1)
Native Hawaiian or Pacific Islander* (Total N=3,580)							
Received a vaccination	9.6 (1.2)	12.5 (1.4)	15.6 (1.6)	19.2 (1.8)	18.8 (1.7)	25.5 (2.0)	30.9 (2.1)
Did not receive a vaccination and accepting	59.9 (2.0)	56.3 (2.1)	56.5 (2.2)	58.5 (2.3)	55.5 (2.2)	54.9 (2.2)	45.3 (2.3)
Did not receive a vaccination and hesitant	30.1 (1.9)	31.1 (2.0)	27.9 (2.0)	22.3 (1.9)	25.4 (1.9)	19.5 (1.8)	23.5 (1.9)
Did not receive a vaccination and skipped question on intent	0.5 (0.3)	0.2 (0.2)	<0.1 (0.1)	0.1 (0.1)	0.2 (0.2)	0.1 (0.1)	0.3 (0.3)
Multiracial or Other* (Total N=59,081)							
Received a vaccination	6.2 (0.3)	8.9 (0.3)	10.3 (0.3)	13.2 (0.4)	14.9 (0.4)	17.5 (0.4)	19.4 (0.4)
Did not receive a vaccination and accepting	53.7 (0.5)	52.2 (0.5)	49.9 (0.5)	48.0 (0.6)	46.9 (0.6)	44.5 (0.6)	41.9 (0.6)
Did not receive a vaccination and hesitant	39.8 (0.5)	38.8 (0.5)	39.7 (0.5)	38.7 (0.6)	38.0 (0.5)	37.7 (0.5)	38.5 (0.5)
Did not receive a vaccination and skipped question on intent	0.3 (0.1)	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.2 (<0.1)	0.2 (0.1)	0.1 (<0.1)
White* (Total N=1,266,112)							
Received a vaccination	9.2 (0.1)	13.0 (0.1)	17.4 (0.1)	21.6 (0.1)	26.0 (0.1)	30.3 (0.1)	33.6 (0.1)
Did not receive a vaccination and accepting	69.0 (0.1)	65.8 (0.1)	62.2 (0.1)	57.8 (0.1)	53.5 (0.1)	49.4 (0.1)	46.6 (0.1)
Did not receive a vaccination and hesitant	21.8 (0.1)	21.1 (0.1)	20.3 (0.1)	20.6 (0.1)	20.4 (0.1)	20.3 (0.1)	19.7 (0.1)
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
By Gender:							
Female (Total N=1,141,341)							
Received a vaccination	9.7 (0.1)	13.5 (0.1)	17.5 (0.1)	21.7 (0.1)	25.9 (0.1)	29.8 (0.1)	33.1 (0.1)
Did not receive a vaccination and accepting	65.3 (0.1)	62.8 (0.1)	60.0 (0.1)	56.1 (0.1)	52.5 (0.1)	49.0 (0.1)	46.4 (0.1)
Did not receive a vaccination and hesitant	24.8 (0.1)	23.6 (0.1)	22.4 (0.1)	22.0 (0.1)	21.5 (0.1)	21.1 (0.1)	20.3 (0.1)
Did not receive a vaccination and skipped question on intent	0.2 (<0.1)	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
Male (Total N=547,981)							
Received a vaccination	7.3 (0.1)	10.4 (0.1)	14.1 (0.1)	17.6 (0.1)	21.4 (0.1)	24.9 (0.2)	28.1 (0.2)

Did not receive a vaccination and accepting	70.1 (0.2)	67.6 (0.2)	64.6 (0.2)	61.0 (0.2)	57.1 (0.2)	53.7 (0.2)	51.0 (0.2)
Did not receive a vaccination and hesitant	22.5 (0.1)	21.9 (0.1)	21.3 (0.1)	21.3 (0.2)	21.4 (0.1)	21.2 (0.1)	20.9 (0.1)
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
Other (Total N=17,167)							
Received a vaccination	4.9 (0.4)	7.3 (0.5)	8.7 (0.6)	9.8 (0.6)	10.6 (0.6)	13.3 (0.7)	13.6 (0.7)
Did not receive a vaccination and accepting	59.5 (1.0)	56.6 (1.0)	56.2 (1.0)	52.4 (1.0)	52.1 (1.0)	51.1 (1.0)	49.1 (1.0)
Did not receive a vaccination and hesitant	35.3 (0.9)	35.9 (1.0)	35.0 (0.9)	37.7 (1.0)	37.0 (1.0)	35.4 (1.0)	37.2 (1.0)
Did not receive a vaccination and skipped question on intent	0.2 (0.1)	0.2 (0.1)	0.1 (0.1)	0.1 (0.1)	0.3 (0.1)	0.1 (0.1)	0.1 (0.1)
By State:							
Alabama (Total N=28,806)							
Received a vaccination	5.8 (0.3)	8.4 (0.4)	10.9 (0.5)	15.7 (0.6)	19.1 (0.6)	24.8 (0.7)	26.1 (0.7)
Did not receive a vaccination and accepting	56.2 (0.7)	56.4 (0.7)	52.4 (0.8)	49.9 (0.8)	46.6 (0.8)	43.2 (0.8)	41.6 (0.8)
Did not receive a vaccination and hesitant	34.6 (0.7)	32.7 (0.7)	33.6 (0.7)	32.4 (0.8)	33.1 (0.7)	31.6 (0.7)	31.7 (0.8)
Did not receive a vaccination and skipped question on intent	3.5 (0.3)	2.5 (0.2)	3.0 (0.3)	2.0 (0.2)	1.2 (0.2)	0.5 (0.1)	0.5 (0.1)
Alaska (Total N=5,973)							
Received a vaccination	20.4 (1.3)	26.6 (1.5)	35.0 (1.6)	32.9 (1.7)	40.8 (1.7)	48.1 (1.7)	51.3 (1.7)
Did not receive a vaccination and accepting	50.5 (1.7)	48.4 (1.7)	39.2 (1.6)	43.3 (1.8)	34.4 (1.6)	33.0 (1.6)	27.5 (1.6)
Did not receive a vaccination and hesitant	27.0 (1.5)	23.9 (1.4)	24.6 (1.4)	22.8 (1.5)	24.4 (1.5)	18.6 (1.4)	20.6 (1.4)
Did not receive a vaccination and skipped question on intent	2.2 (0.5)	1.1 (0.3)	1.1 (0.4)	1.0 (0.3)	0.4 (0.2)	0.3 (0.2)	0.6 (0.3)
Arizona (Total N=39,842)							
Received a vaccination	6.4 (0.3)	10.5 (0.4)	16.3 (0.5)	19.0 (0.5)	26.2 (0.6)	30.1 (0.6)	33.7 (0.7)
Did not receive a vaccination and accepting	65.9 (0.6)	63.8 (0.6)	58.7 (0.6)	54.8 (0.7)	50.6 (0.7)	48.2 (0.7)	43.3 (0.7)
Did not receive a vaccination and hesitant	25.3 (0.5)	23.7 (0.5)	23.2 (0.5)	24.4 (0.6)	22.4 (0.6)	21.4 (0.6)	22.5 (0.6)
Did not receive a vaccination and skipped question on intent	2.4 (0.2)	2.0 (0.2)	1.8 (0.2)	1.8 (0.2)	0.8 (0.1)	0.3 (0.1)	0.4 (0.1)
Arkansas (Total N=19,912)							

Received a vaccination	9.4 (0.5)	13.4 (0.6)	18.4 (0.7)	20.1 (0.8)	24.8 (0.8)	25.9 (0.8)	28.1 (0.9)
Did not receive a vaccination and accepting	56.0 (0.9)	55.3 (0.9)	52.2 (0.9)	48.5 (1.0)	45.7 (1.0)	44.4 (1.0)	42.8 (1.0)
Did not receive a vaccination and hesitant	31.3 (0.8)	28.7 (0.8)	27.5 (0.8)	29.9 (0.9)	28.5 (0.9)	29.6 (0.9)	28.5 (0.9)
Did not receive a vaccination and skipped question on intent	3.2 (0.3)	2.6 (0.3)	2.0 (0.3)	1.5 (0.2)	1.0 (0.2)	0.2 (0.1)	0.5 (0.1)
California (Total N=173,342)							
Received a vaccination	5.8 (0.1)	9.6 (0.2)	13.4 (0.2)	17.2 (0.3)	21.2 (0.3)	25.5 (0.3)	29.4 (0.3)
Did not receive a vaccination and accepting	71.8 (0.3)	69.2 (0.3)	66.5 (0.3)	63.5 (0.3)	60.2 (0.3)	57.2 (0.3)	53.3 (0.3)
Did not receive a vaccination and hesitant	19.5 (0.2)	18.5 (0.2)	17.4 (0.2)	17.2 (0.3)	17.7 (0.3)	16.8 (0.2)	16.9 (0.3)
Did not receive a vaccination and skipped question on intent	3.0 (0.1)	2.7 (0.1)	2.7 (0.1)	2.1 (0.1)	1.0 (0.1)	0.5 (<0.1)	0.4 (<0.1)
Colorado (Total N=35,073)							
Received a vaccination	9.2 (0.4)	11.6 (0.4)	14.8 (0.5)	17.0 (0.5)	21.6 (0.6)	26.3 (0.6)	29.2 (0.7)
Did not receive a vaccination and accepting	68.0 (0.6)	66.4 (0.7)	64.3 (0.7)	62.2 (0.7)	57.5 (0.7)	53.1 (0.7)	51.4 (0.7)
Did not receive a vaccination and hesitant	20.5 (0.5)	20.5 (0.6)	19.2 (0.5)	19.5 (0.6)	20.2 (0.6)	20.1 (0.6)	19.2 (0.6)
Did not receive a vaccination and skipped question on intent	2.3 (0.2)	1.5 (0.2)	1.7 (0.2)	1.2 (0.2)	0.8 (0.1)	0.4 (0.1)	0.2 (0.1)
Connecticut (Total N=27,937)							
Received a vaccination	10.1 (0.5)	13.0 (0.5)	16.9 (0.6)	20.9 (0.7)	23.3 (0.7)	28.1 (0.7)	31.9 (0.8)
Did not receive a vaccination and accepting	71.7 (0.7)	67.3 (0.7)	64.4 (0.7)	61.1 (0.8)	60.2 (0.8)	57.5 (0.8)	53.2 (0.8)
Did not receive a vaccination and hesitant	15.7 (0.5)	17.6 (0.6)	16.5 (0.6)	15.9 (0.6)	16.1 (0.6)	14.0 (0.6)	14.4 (0.6)
Did not receive a vaccination and skipped question on intent	2.5 (0.2)	2.0 (0.2)	2.2 (0.2)	2.1 (0.2)	0.5 (0.1)	0.3 (0.1)	0.5 (0.1)
Delaware (Total N=8,661)							
Received a vaccination	6.0 (0.6)	14.6 (1.0)	18.5 (1.1)	20.4 (1.2)	23.2 (1.3)	26.9 (1.3)	31.5 (1.4)
Did not receive a vaccination and accepting	67.1 (1.3)	61.9 (1.3)	59.3 (1.4)	54.3 (1.4)	55.4 (1.5)	49.3 (1.4)	46.9 (1.5)
Did not receive a vaccination and hesitant	24.5 (1.2)	20.6 (1.1)	20.0 (1.1)	24.2 (1.2)	20.6 (1.2)	23.2 (1.2)	21.2 (1.2)
Did not receive a vaccination and skipped question on intent	2.5 (0.4)	3.0 (0.5)	2.2 (0.4)	1.1 (0.3)	0.9 (0.3)	0.6 (0.2)	0.5 (0.2)
District Of Columbia (Total N=3,166)							
Received a vaccination	6.7 (1.2)	10.1 (1.4)	14.7 (1.7)	17.9 (1.8)	20.4 (1.9)	24.9 (2.1)	25.5 (2.1)

Did not receive a vaccination and accepting	80.1 (1.9)	77.7 (1.9)	70.9 (2.1)	72.5 (2.1)	70.2 (2.2)	65.1 (2.3)	65.5 (2.3)
Did not receive a vaccination and hesitant	11.6 (1.5)	9.6 (1.4)	13.2 (1.6)	9.0 (1.3)	8.6 (1.3)	9.4 (1.4)	8.9 (1.4)
Did not receive a vaccination and skipped question on intent	1.6 (0.6)	2.6 (0.8)	1.2 (0.5)	0.6 (0.4)	0.8 (0.4)	0.7 (0.4)	0.1 (0.1)
Florida (Total N=126,605)							
Received a vaccination	9.1 (0.2)	12.3 (0.2)	15.0 (0.3)	17.7 (0.3)	20.1 (0.3)	23.5 (0.3)	25.4 (0.3)
Did not receive a vaccination and accepting	60.5 (0.4)	58.1 (0.4)	56.4 (0.4)	54.6 (0.4)	51.5 (0.4)	49.0 (0.4)	47.7 (0.4)
Did not receive a vaccination and hesitant	27.6 (0.3)	26.9 (0.3)	26.3 (0.3)	25.5 (0.3)	27.5 (0.3)	27.0 (0.3)	26.5 (0.3)
Did not receive a vaccination and skipped question on intent	2.9 (0.1)	2.7 (0.1)	2.3 (0.1)	2.2 (0.1)	0.9 (0.1)	0.6 (0.1)	0.4 (<0.1)
Georgia (Total N=49,763)							
Received a vaccination	7.2 (0.3)	12.1 (0.4)	14.2 (0.4)	18.6 (0.5)	20.6 (0.5)	23.0 (0.5)	24.7 (0.5)
Did not receive a vaccination and accepting	55.8 (0.6)	53.7 (0.6)	52.2 (0.6)	49.2 (0.6)	47.8 (0.6)	46.1 (0.6)	44.7 (0.6)
Did not receive a vaccination and hesitant	32.9 (0.5)	31.1 (0.5)	30.4 (0.5)	30.1 (0.6)	30.5 (0.6)	30.2 (0.6)	29.9 (0.6)
Did not receive a vaccination and skipped question on intent	4.0 (0.2)	3.1 (0.2)	3.2 (0.2)	2.2 (0.2)	1.1 (0.1)	0.7 (0.1)	0.8 (0.1)
Hawaii (Total N=7,515)							
Received a vaccination	14.2 (1.0)	15.9 (1.1)	20.0 (1.2)	27.2 (1.4)	29.3 (1.4)	31.8 (1.5)	36.2 (1.5)
Did not receive a vaccination and accepting	65.5 (1.4)	61.8 (1.4)	58.6 (1.5)	53.7 (1.6)	53.3 (1.5)	50.4 (1.6)	48.3 (1.5)
Did not receive a vaccination and hesitant	17.2 (1.1)	19.7 (1.2)	19.4 (1.2)	16.8 (1.2)	15.4 (1.1)	17.1 (1.2)	15.2 (1.1)
Did not receive a vaccination and skipped question on intent	3.2 (0.5)	2.7 (0.5)	1.9 (0.4)	2.3 (0.5)	2.0 (0.4)	0.7 (0.3)	0.3 (0.2)
Idaho (Total N=13,381)							
Received a vaccination	8.4 (0.6)	11.0 (0.7)	16.0 (0.8)	19.9 (1.0)	23.6 (1.0)	28.8 (1.0)	31.5 (1.1)
Did not receive a vaccination and accepting	58.7 (1.1)	58.2 (1.1)	52.9 (1.1)	50.9 (1.2)	45.2 (1.2)	42.4 (1.1)	40.6 (1.1)
Did not receive a vaccination and hesitant	31.2 (1.0)	29.7 (1.0)	29.7 (1.0)	27.1 (1.1)	30.6 (1.1)	28.3 (1.0)	27.7 (1.0)
Did not receive a vaccination and skipped question on intent	1.8 (0.3)	1.1 (0.2)	1.5 (0.3)	2.1 (0.3)	0.6 (0.2)	0.5 (0.2)	0.2 (0.1)
Illinois (Total N=77,003)							
Received a vaccination	7.1 (0.2)	9.4 (0.3)	12.7 (0.3)	18.7 (0.4)	23.0 (0.4)	27.5 (0.4)	31.8 (0.5)
Did not receive a vaccination and accepting	66.7 (0.4)	65.4 (0.4)	63.4 (0.5)	58.4 (0.5)	55.4 (0.5)	49.9 (0.5)	46.6 (0.5)

Did not receive a vaccination and hesitant	23.1 (0.4)	22.9 (0.4)	21.4 (0.4)	20.9 (0.4)	20.6 (0.4)	22.0 (0.4)	21.2 (0.4)
Did not receive a vaccination and skipped question on intent	3.1 (0.2)	2.3 (0.1)	2.5 (0.1)	2.0 (0.1)	1.0 (0.1)	0.6 (0.1)	0.4 (0.1)
Indiana (Total N=42,804)							
Received a vaccination	8.9 (0.3)	13.5 (0.4)	16.4 (0.5)	19.4 (0.5)	24.3 (0.6)	27.6 (0.6)	29.9 (0.6)
Did not receive a vaccination and accepting	59.8 (0.6)	55.6 (0.6)	53.5 (0.6)	51.1 (0.7)	46.4 (0.7)	44.5 (0.7)	43.2 (0.7)
Did not receive a vaccination and hesitant	29.0 (0.6)	28.7 (0.6)	28.1 (0.6)	27.7 (0.6)	28.2 (0.6)	27.4 (0.6)	26.5 (0.6)
Did not receive a vaccination and skipped question on intent	2.3 (0.2)	2.2 (0.2)	2.0 (0.2)	1.8 (0.2)	1.1 (0.1)	0.6 (0.1)	0.4 (0.1)
Iowa (Total N=25,681)							
Received a vaccination	8.2 (0.4)	10.8 (0.5)	12.3 (0.5)	15.9 (0.6)	20.9 (0.7)	26.4 (0.7)	28.0 (0.8)
Did not receive a vaccination and accepting	65.4 (0.8)	62.5 (0.8)	60.7 (0.8)	57.6 (0.8)	53.9 (0.8)	47.8 (0.8)	46.8 (0.8)
Did not receive a vaccination and hesitant	24.8 (0.7)	24.8 (0.7)	25.1 (0.7)	25.3 (0.7)	24.4 (0.7)	25.3 (0.7)	24.7 (0.7)
Did not receive a vaccination and skipped question on intent	1.6 (0.2)	1.9 (0.2)	1.9 (0.2)	1.1 (0.2)	0.8 (0.1)	0.5 (0.1)	0.4 (0.1)
Kansas (Total N=20,811)							
Received a vaccination	9.7 (0.5)	11.2 (0.6)	13.9 (0.6)	19.7 (0.8)	23.8 (0.8)	27.3 (0.8)	29.8 (0.9)
Did not receive a vaccination and accepting	62.6 (0.8)	62.9 (0.9)	60.3 (0.9)	53.4 (0.9)	49.6 (0.9)	46.4 (0.9)	44.6 (1.0)
Did not receive a vaccination and hesitant	24.8 (0.7)	24.3 (0.8)	23.9 (0.8)	25.1 (0.8)	25.5 (0.8)	26.0 (0.8)	25.2 (0.8)
Did not receive a vaccination and skipped question on intent	2.9 (0.3)	1.7 (0.2)	1.9 (0.2)	1.7 (0.2)	1.1 (0.2)	0.4 (0.1)	0.4 (0.1)
Kentucky (Total N=29,497)							
Received a vaccination	9.2 (0.4)	13.2 (0.5)	15.9 (0.5)	20.7 (0.6)	22.3 (0.7)	25.0 (0.7)	28.9 (0.7)
Did not receive a vaccination and accepting	59.4 (0.7)	55.6 (0.7)	53.3 (0.7)	51.2 (0.8)	48.6 (0.8)	47.4 (0.8)	43.8 (0.8)
Did not receive a vaccination and hesitant	29.0 (0.7)	28.8 (0.7)	28.5 (0.7)	26.0 (0.7)	28.3 (0.7)	27.0 (0.7)	27.0 (0.7)
Did not receive a vaccination and skipped question on intent	2.3 (0.2)	2.4 (0.2)	2.3 (0.2)	2.1 (0.2)	0.8 (0.1)	0.6 (0.1)	0.3 (0.1)
Louisiana (Total N=28,278)							
Received a vaccination	10.9 (0.5)	13.0 (0.5)	17.3 (0.6)	19.7 (0.6)	23.7 (0.7)	26.8 (0.7)	29.8 (0.8)
Did not receive a vaccination and accepting	50.6 (0.7)	49.7 (0.8)	48.0 (0.8)	45.2 (0.8)	42.3 (0.8)	41.7 (0.8)	38.0 (0.8)
Did not receive a vaccination and hesitant	34.7 (0.7)	34.0 (0.7)	32.3 (0.7)	32.2 (0.8)	32.9 (0.8)	31.1 (0.8)	31.6 (0.8)

Did not receive a vaccination and skipped question on intent	3.7 (0.3)	3.3 (0.3)	2.4 (0.2)	2.8 (0.3)	1.1 (0.2)	0.5 (0.1)	0.6 (0.1)
Maine (Total N=13,998)							
Received a vaccination	9.3 (0.6)	11.1 (0.7)	13.5 (0.7)	18.4 (0.9)	20.4 (0.9)	23.5 (1.0)	27.7 (1.1)
Did not receive a vaccination and accepting	68.9 (1.0)	63.6 (1.0)	64.3 (1.0)	59.4 (1.1)	58.8 (1.1)	55.7 (1.1)	52.0 (1.2)
Did not receive a vaccination and hesitant	19.7 (0.8)	23.2 (0.9)	21.2 (0.9)	20.8 (0.9)	20.2 (0.9)	20.7 (0.9)	19.8 (1.0)
Did not receive a vaccination and skipped question on intent	2.2 (0.3)	2.2 (0.3)	0.9 (0.2)	1.4 (0.3)	0.6 (0.2)	0.2 (0.1)	0.5 (0.2)
Maryland (Total N=31,093)							
Received a vaccination	7.1 (0.4)	10.7 (0.4)	14.1 (0.5)	18.2 (0.6)	20.3 (0.6)	24.0 (0.7)	27.9 (0.7)
Did not receive a vaccination and accepting	70.1 (0.7)	68.5 (0.7)	65.5 (0.7)	63.8 (0.7)	61.9 (0.7)	58.4 (0.8)	56.3 (0.8)
Did not receive a vaccination and hesitant	20.1 (0.6)	18.1 (0.6)	17.8 (0.6)	15.9 (0.6)	16.4 (0.6)	17.3 (0.6)	15.4 (0.6)
Did not receive a vaccination and skipped question on intent	2.7 (0.2)	2.7 (0.2)	2.6 (0.2)	2.1 (0.2)	1.3 (0.2)	0.3 (0.1)	0.4 (0.1)
Massachusetts (Total N=36,119)							
Received a vaccination	6.4 (0.3)	9.1 (0.4)	11.5 (0.4)	15.2 (0.5)	19.2 (0.6)	23.3 (0.6)	28.2 (0.7)
Did not receive a vaccination and accepting	74.1 (0.6)	73.7 (0.6)	70.8 (0.6)	67.6 (0.7)	65.6 (0.7)	60.8 (0.7)	59.3 (0.7)
Did not receive a vaccination and hesitant	17.3 (0.5)	15.1 (0.5)	15.7 (0.5)	15.2 (0.5)	14.2 (0.5)	15.2 (0.5)	12.2 (0.5)
Did not receive a vaccination and skipped question on intent	2.2 (0.2)	2.1 (0.2)	1.9 (0.2)	2.0 (0.2)	1.0 (0.1)	0.6 (0.1)	0.3 (0.1)
Michigan (Total N=79,764)							
Received a vaccination	8.6 (0.3)	13.2 (0.3)	17.8 (0.3)	21.0 (0.4)	23.9 (0.4)	27.6 (0.4)	30.5 (0.4)
Did not receive a vaccination and accepting	62.7 (0.4)	59.8 (0.5)	55.9 (0.5)	52.6 (0.5)	50.6 (0.5)	47.7 (0.5)	45.2 (0.5)
Did not receive a vaccination and hesitant	26.2 (0.4)	25.0 (0.4)	24.4 (0.4)	24.8 (0.4)	24.8 (0.4)	24.1 (0.4)	23.9 (0.4)
Did not receive a vaccination and skipped question on intent	2.6 (0.1)	2.0 (0.1)	2.0 (0.1)	1.6 (0.1)	0.8 (0.1)	0.5 (0.1)	0.5 (0.1)
Minnesota (Total N=31,101)							
Received a vaccination	8.0 (0.4)	9.8 (0.4)	14.6 (0.5)	18.9 (0.6)	23.2 (0.6)	26.4 (0.7)	30.5 (0.7)
Did not receive a vaccination and accepting	71.4 (0.7)	69.6 (0.7)	64.6 (0.7)	61.5 (0.8)	57.6 (0.7)	53.7 (0.8)	49.7 (0.8)
Did not receive a vaccination and hesitant	19.2 (0.6)	19.0 (0.6)	19.3 (0.6)	18.5 (0.6)	18.7 (0.6)	19.5 (0.6)	19.4 (0.6)

Did not receive a vaccination and skipped question on intent	1.4 (0.2)	1.6 (0.2)	1.5 (0.2)	1.1 (0.2)	0.5 (0.1)	0.3 (0.1)	0.3 (0.1)
Mississippi (Total N=18,504)							
Received a vaccination	7.8 (0.5)	12.1 (0.6)	18.3 (0.7)	21.9 (0.8)	26.0 (0.9)	27.0 (0.9)	32.3 (1.0)
Did not receive a vaccination and accepting	51.8 (0.9)	50.6 (0.9)	47.2 (1.0)	42.6 (1.0)	40.0 (1.0)	38.9 (1.0)	35.7 (1.0)
Did not receive a vaccination and hesitant	36.4 (0.9)	34.0 (0.9)	31.6 (0.9)	32.1 (0.9)	32.5 (0.9)	33.0 (0.9)	31.2 (1.0)
Did not receive a vaccination and skipped question on intent	4.0 (0.4)	3.3 (0.3)	3.0 (0.3)	3.4 (0.4)	1.4 (0.2)	1.1 (0.2)	0.8 (0.2)
Missouri (Total N=35,332)							
Received a vaccination	6.9 (0.3)	9.4 (0.4)	13.5 (0.5)	18.7 (0.6)	23.9 (0.6)	26.4 (0.6)	30.9 (0.7)
Did not receive a vaccination and accepting	61.0 (0.7)	60.7 (0.7)	57.5 (0.7)	52.0 (0.7)	48.7 (0.7)	46.2 (0.7)	42.5 (0.7)
Did not receive a vaccination and hesitant	29.8 (0.6)	27.9 (0.6)	27.2 (0.6)	27.7 (0.7)	26.5 (0.6)	26.9 (0.6)	26.2 (0.6)
Did not receive a vaccination and skipped question on intent	2.3 (0.2)	2.0 (0.2)	1.8 (0.2)	1.6 (0.2)	0.9 (0.1)	0.5 (0.1)	0.4 (0.1)
Montana (Total N=9,692)							
Received a vaccination	10.6 (0.8)	13.2 (0.9)	16.6 (1.0)	21.2 (1.1)	25.3 (1.2)	31.1 (1.3)	34.2 (1.3)
Did not receive a vaccination and accepting	61.5 (1.3)	58.6 (1.3)	55.4 (1.3)	51.7 (1.4)	47.7 (1.3)	40.7 (1.3)	38.3 (1.3)
Did not receive a vaccination and hesitant	26.2 (1.2)	27.0 (1.2)	27.2 (1.2)	25.7 (1.2)	26.5 (1.2)	27.9 (1.2)	27.2 (1.2)
Did not receive a vaccination and skipped question on intent	1.7 (0.3)	1.2 (0.3)	0.8 (0.2)	1.3 (0.3)	0.5 (0.2)	0.3 (0.1)	0.2 (0.1)
Nebraska (Total N=13,128)							
Received a vaccination	9.3 (0.6)	12.1 (0.7)	14.4 (0.8)	18.1 (0.9)	22.0 (1.0)	27.8 (1.1)	28.5 (1.1)
Did not receive a vaccination and accepting	65.7 (1.0)	63.1 (1.1)	62.0 (1.1)	56.8 (1.2)	54.4 (1.2)	50.5 (1.2)	46.7 (1.2)
Did not receive a vaccination and hesitant	22.7 (0.9)	23.4 (1.0)	22.1 (0.9)	23.8 (1.0)	22.7 (1.0)	21.2 (1.0)	24.5 (1.0)
Did not receive a vaccination and skipped question on intent	2.3 (0.3)	1.3 (0.3)	1.6 (0.3)	1.2 (0.3)	0.9 (0.2)	0.5 (0.2)	0.4 (0.1)
Nevada (Total N=15,010)							
Received a vaccination	7.9 (0.6)	9.9 (0.6)	16.1 (0.8)	19.6 (0.9)	22.9 (0.9)	28.1 (1.0)	30.1 (1.0)
Did not receive a vaccination and accepting	61.7 (1.0)	61.4 (1.0)	58.3 (1.0)	54.1 (1.1)	52.3 (1.1)	46.7 (1.1)	44.7 (1.1)
Did not receive a vaccination and hesitant	27.7 (0.9)	26.0 (0.9)	23.7 (0.9)	24.4 (0.9)	23.8 (0.9)	24.6 (0.9)	24.7 (1.0)

Did not receive a vaccination and skipped question on intent	2.6 (0.3)	2.7 (0.3)	1.9 (0.3)	1.9 (0.3)	1.0 (0.2)	0.5 (0.2)	0.5 (0.2)
New Hampshire (Total N=12,901)							
Received a vaccination	9.0 (0.6)	11.3 (0.7)	14.5 (0.8)	17.9 (0.9)	22.5 (1.0)	24.7 (1.0)	31.2 (1.1)
Did not receive a vaccination and accepting	70.0 (1.0)	67.6 (1.0)	67.4 (1.0)	66.1 (1.1)	55.6 (1.2)	58.0 (1.2)	52.7 (1.2)
Did not receive a vaccination and hesitant	18.8 (0.9)	19.1 (0.9)	16.8 (0.8)	14.5 (0.8)	21.2 (1.0)	17.0 (0.9)	15.6 (0.9)
Did not receive a vaccination and skipped question on intent	2.2 (0.3)	2.1 (0.3)	1.2 (0.2)	1.4 (0.3)	0.7 (0.2)	0.3 (0.1)	0.5 (0.2)
New Jersey (Total N=43,059)							
Received a vaccination	7.7 (0.3)	10.2 (0.4)	15.8 (0.5)	19.2 (0.5)	23.1 (0.6)	26.8 (0.6)	31.2 (0.6)
Did not receive a vaccination and accepting	68.9 (0.6)	67.3 (0.6)	63.0 (0.6)	60.6 (0.6)	56.6 (0.6)	54.8 (0.6)	51.3 (0.6)
Did not receive a vaccination and hesitant	20.4 (0.5)	19.4 (0.5)	18.5 (0.5)	18.0 (0.5)	19.3 (0.5)	17.8 (0.5)	17.0 (0.5)
Did not receive a vaccination and skipped question on intent	2.9 (0.2)	3.1 (0.2)	2.8 (0.2)	2.2 (0.2)	1.0 (0.1)	0.6 (0.1)	0.5 (0.1)
New Mexico (Total N=20,083)							
Received a vaccination	11.1 (0.6)	17.4 (0.8)	22.6 (0.7)	23.5 (0.8)	29.9 (0.9)	34.0 (0.9)	37.9 (0.9)
Did not receive a vaccination and accepting	64.6 (0.9)	63.3 (1.1)	57.5 (0.8)	55.4 (0.9)	49.8 (0.9)	46.1 (0.9)	42.4 (0.9)
Did not receive a vaccination and hesitant	21.1 (0.8)	17.6 (0.8)	17.8 (0.6)	18.9 (0.7)	19.9 (0.7)	19.3 (0.7)	19.4 (0.7)
Did not receive a vaccination and skipped question on intent	3.2 (0.3)	1.7 (0.3)	2.1 (0.2)	2.2 (0.3)	0.4 (0.1)	0.6 (0.1)	0.3 (0.1)
New York (Total N=98,671)							
Received a vaccination	8.9 (0.2)	12.8 (0.3)	16.3 (0.3)	19.8 (0.3)	22.1 (0.4)	26.9 (0.4)	29.3 (0.4)
Did not receive a vaccination and accepting	65.2 (0.4)	63.0 (0.4)	61.1 (0.4)	57.2 (0.4)	55.8 (0.4)	52.5 (0.4)	50.7 (0.4)
Did not receive a vaccination and hesitant	23.1 (0.3)	21.2 (0.3)	20.2 (0.3)	20.9 (0.4)	20.8 (0.4)	20.0 (0.3)	19.4 (0.3)
Did not receive a vaccination and skipped question on intent	2.9 (0.1)	3.0 (0.1)	2.4 (0.1)	2.2 (0.1)	1.3 (0.1)	0.6 (0.1)	0.6 (0.1)
North Carolina (Total N=67,124)							
Received a vaccination	7.4 (0.2)	11.5 (0.3)	16.0 (0.4)	19.5 (0.4)	23.1 (0.4)	25.2 (0.5)	29.0 (0.5)
Did not receive a vaccination and accepting	61.8 (0.5)	59.9 (0.5)	56.1 (0.5)	52.5 (0.5)	50.0 (0.5)	48.2 (0.5)	45.1 (0.5)
Did not receive a vaccination and hesitant	28.0 (0.4)	26.3 (0.4)	25.7 (0.4)	25.7 (0.5)	25.9 (0.5)	26.0 (0.5)	25.5 (0.5)

Did not receive a vaccination and skipped question on intent	2.8 (0.2)	2.4 (0.1)	2.2 (0.1)	2.4 (0.2)	1.1 (0.1)	0.6 (0.1)	0.4 (0.1)
North Dakota (Total N=4,877)							
Received a vaccination	12.3 (1.2)	17.3 (1.4)	19.5 (1.5)	24.4 (1.7)	28.4 (1.7)	32.3 (1.8)	31.7 (1.8)
Did not receive a vaccination and accepting	57.1 (1.8)	52.7 (1.8)	52.9 (1.9)	45.4 (2.0)	44.3 (1.9)	36.9 (1.8)	35.8 (1.8)
Did not receive a vaccination and hesitant	28.6 (1.7)	29.0 (1.7)	26.4 (1.7)	29.3 (1.8)	26.5 (1.7)	30.7 (1.7)	32.2 (1.8)
Did not receive a vaccination and skipped question on intent	2.1 (0.5)	1.0 (0.4)	1.2 (0.4)	0.9 (0.4)	0.8 (0.3)	<0.1 (0.1)	0.3 (0.2)
Ohio (Total N=76,639)							
Received a vaccination	7.1 (0.2)	9.5 (0.3)	12.3 (0.3)	16.2 (0.4)	20.4 (0.4)	23.7 (0.4)	26.7 (0.4)
Did not receive a vaccination and accepting	61.2 (0.4)	59.6 (0.5)	58.0 (0.5)	55.0 (0.5)	51.5 (0.5)	48.9 (0.5)	46.2 (0.5)
Did not receive a vaccination and hesitant	29.0 (0.4)	28.4 (0.4)	27.6 (0.4)	27.1 (0.4)	27.2 (0.4)	26.8 (0.4)	26.4 (0.4)
Did not receive a vaccination and skipped question on intent	2.7 (0.1)	2.4 (0.1)	2.2 (0.1)	1.7 (0.1)	0.9 (0.1)	0.5 (0.1)	0.7 (0.1)
Oklahoma (Total N=28,454)							
Received a vaccination	12.9 (0.5)	17.3 (0.6)	19.3 (0.6)	23.2 (0.7)	25.6 (0.7)	28.4 (0.7)	32.9 (0.8)
Did not receive a vaccination and accepting	56.0 (0.7)	52.0 (0.8)	50.5 (0.8)	46.4 (0.8)	44.5 (0.8)	43.2 (0.8)	37.9 (0.8)
Did not receive a vaccination and hesitant	28.9 (0.7)	28.8 (0.7)	28.3 (0.7)	28.7 (0.7)	29.0 (0.7)	27.7 (0.7)	28.6 (0.8)
Did not receive a vaccination and skipped question on intent	2.1 (0.2)	1.9 (0.2)	1.9 (0.2)	1.7 (0.2)	0.8 (0.1)	0.6 (0.1)	0.6 (0.1)
Oregon (Total N=29,719)							
Received a vaccination	8.4 (0.4)	11.8 (0.5)	16.3 (0.5)	18.9 (0.6)	23.4 (0.7)	26.0 (0.7)	29.6 (0.7)
Did not receive a vaccination and accepting	68.6 (0.7)	64.0 (0.7)	62.6 (0.7)	58.9 (0.8)	56.3 (0.8)	53.2 (0.8)	49.5 (0.8)
Did not receive a vaccination and hesitant	21.1 (0.6)	22.6 (0.6)	19.5 (0.6)	20.9 (0.6)	19.5 (0.6)	20.4 (0.6)	20.5 (0.6)
Did not receive a vaccination and skipped question on intent	1.9 (0.2)	1.6 (0.2)	1.6 (0.2)	1.3 (0.2)	0.8 (0.1)	0.4 (0.1)	0.5 (0.1)
Pennsylvania (Total N=83,984)							
Received a vaccination	7.9 (0.2)	10.8 (0.3)	14.6 (0.3)	18.2 (0.4)	22.9 (0.4)	26.5 (0.4)	29.7 (0.4)
Did not receive a vaccination and accepting	64.3 (0.4)	63.7 (0.4)	61.7 (0.4)	56.4 (0.5)	53.8 (0.5)	49.9 (0.5)	46.8 (0.5)
Did not receive a vaccination and hesitant	25.3 (0.4)	23.4 (0.4)	21.8 (0.4)	23.2 (0.4)	22.5 (0.4)	23.1 (0.4)	23.1 (0.4)

Did not receive a vaccination and skipped question on intent	2.6 (0.1)	2.1 (0.1)	2.0 (0.1)	2.2 (0.1)	0.9 (0.1)	0.5 (0.1)	0.4 (0.1)
Rhode Island (Total N=7,776)							
Received a vaccination	8.7 (0.8)	11.6 (0.9)	12.6 (1.0)	15.6 (1.1)	17.3 (1.2)	20.5 (1.2)	26.6 (1.3)
Did not receive a vaccination and accepting	72.3 (1.3)	69.4 (1.3)	69.5 (1.4)	66.9 (1.5)	62.3 (1.5)	63.3 (1.5)	57.6 (1.5)
Did not receive a vaccination and hesitant	17.1 (1.1)	16.8 (1.1)	15.6 (1.1)	14.8 (1.1)	19.3 (1.3)	16.0 (1.1)	15.2 (1.1)
Did not receive a vaccination and skipped question on intent	1.9 (0.4)	2.1 (0.4)	2.4 (0.5)	2.7 (0.5)	1.1 (0.3)	0.2 (0.2)	0.6 (0.2)
South Carolina (Total N=40,479)							
Received a vaccination	5.7 (0.3)	9.1 (0.4)	14.8 (0.5)	18.1 (0.5)	21.8 (0.6)	23.5 (0.6)	28.0 (0.6)
Did not receive a vaccination and accepting	58.9 (0.6)	57.2 (0.6)	53.3 (0.6)	51.6 (0.7)	49.4 (0.7)	44.7 (0.7)	42.7 (0.7)
Did not receive a vaccination and hesitant	31.7 (0.6)	30.6 (0.6)	29.9 (0.6)	28.1 (0.6)	27.3 (0.6)	31.3 (0.6)	28.8 (0.6)
Did not receive a vaccination and skipped question on intent	3.7 (0.2)	3.2 (0.2)	2.0 (0.2)	2.2 (0.2)	1.5 (0.2)	0.5 (0.1)	0.5 (0.1)
South Dakota (Total N=6,559)							
Received a vaccination	13.4 (1.1)	14.4 (1.1)	19.7 (1.3)	22.1 (1.4)	26.0 (1.5)	34.3 (1.6)	34.9 (1.6)
Did not receive a vaccination and accepting	61.2 (1.5)	57.9 (1.6)	55.2 (1.6)	50.3 (1.7)	46.3 (1.7)	42.4 (1.6)	38.1 (1.6)
Did not receive a vaccination and hesitant	23.5 (1.3)	26.4 (1.4)	24.0 (1.4)	26.3 (1.5)	26.7 (1.5)	23.3 (1.4)	26.6 (1.5)
Did not receive a vaccination and skipped question on intent	1.9 (0.4)	1.4 (0.4)	1.1 (0.3)	1.2 (0.4)	1.1 (0.3)	<0.1 (0.1)	0.4 (0.2)
Tennessee (Total N=41,245)							
Received a vaccination	9.7 (0.4)	11.1 (0.4)	13.5 (0.4)	15.5 (0.5)	18.7 (0.5)	21.7 (0.6)	24.0 (0.6)
Did not receive a vaccination and accepting	57.9 (0.6)	55.4 (0.6)	54.2 (0.6)	52.5 (0.7)	50.1 (0.7)	47.6 (0.7)	44.4 (0.7)
Did not receive a vaccination and hesitant	29.6 (0.6)	31.0 (0.6)	30.0 (0.6)	29.5 (0.6)	30.2 (0.6)	30.0 (0.6)	31.0 (0.6)
Did not receive a vaccination and skipped question on intent	2.8 (0.2)	2.5 (0.2)	2.3 (0.2)	2.4 (0.2)	1.0 (0.1)	0.6 (0.1)	0.5 (0.1)
Texas (Total N=135,030)							
Received a vaccination	10.6 (0.2)	13.4 (0.2)	16.7 (0.3)	20.2 (0.3)	24.0 (0.3)	26.1 (0.3)	28.1 (0.3)
Did not receive a vaccination and accepting	60.2 (0.3)	58.4 (0.3)	56.2 (0.3)	53.1 (0.4)	50.1 (0.4)	48.2 (0.4)	47.8 (0.4)
Did not receive a vaccination and hesitant	26.3 (0.3)	25.4 (0.3)	24.5 (0.3)	24.4 (0.3)	24.9 (0.3)	25.2 (0.3)	23.7 (0.3)

Did not receive a vaccination and skipped question on intent	3.0 (0.1)	2.8 (0.1)	2.6 (0.1)	2.3 (0.1)	1.1 (0.1)	0.5 (0.1)	0.4 (<0.1)
Utah (Total N=18,770)							
Received a vaccination	8.3 (0.5)	11.8 (0.6)	16.1 (0.7)	17.9 (0.8)	22.7 (0.8)	23.5 (0.8)	26.5 (0.9)
Did not receive a vaccination and accepting	68.4 (0.9)	63.9 (0.9)	62.5 (0.9)	58.7 (1.0)	56.3 (1.0)	54.2 (1.0)	52.3 (1.0)
Did not receive a vaccination and hesitant	21.3 (0.8)	22.6 (0.8)	20.0 (0.8)	22.2 (0.8)	20.4 (0.8)	22.0 (0.8)	20.8 (0.8)
Did not receive a vaccination and skipped question on intent	2.0 (0.3)	1.7 (0.2)	1.4 (0.2)	1.2 (0.2)	0.7 (0.2)	0.2 (0.1)	0.5 (0.1)
Vermont (Total N=6,270)							
Received a vaccination	9.5 (0.9)	13.6 (1.1)	14.2 (1.1)	17.5 (1.3)	20.9 (1.4)	25.9 (1.5)	29.8 (1.6)
Did not receive a vaccination and accepting	70.8 (1.4)	71.9 (1.5)	70.5 (1.5)	68.3 (1.6)	62.3 (1.7)	58.5 (1.7)	55.8 (1.8)
Did not receive a vaccination and hesitant	18.0 (1.2)	13.4 (1.1)	14.3 (1.1)	13.5 (1.2)	16.6 (1.3)	15.1 (1.2)	14.1 (1.2)
Did not receive a vaccination and skipped question on intent	1.7 (0.4)	1.1 (0.3)	1.1 (0.3)	0.7 (0.3)	0.2 (0.1)	0.5 (0.2)	0.3 (0.2)
Virginia (Total N=59,914)							
Received a vaccination	7.8 (0.3)	11.3 (0.3)	16.0 (0.4)	20.4 (0.4)	23.1 (0.5)	26.4 (0.5)	29.3 (0.5)
Did not receive a vaccination and accepting	66.3 (0.5)	64.1 (0.5)	60.8 (0.5)	56.7 (0.5)	54.3 (0.5)	52.2 (0.5)	50.4 (0.6)
Did not receive a vaccination and hesitant	23.2 (0.4)	22.0 (0.4)	21.0 (0.4)	21.2 (0.4)	21.5 (0.4)	20.8 (0.4)	19.6 (0.4)
Did not receive a vaccination and skipped question on intent	2.6 (0.2)	2.5 (0.2)	2.2 (0.2)	1.6 (0.1)	1.2 (0.1)	0.6 (0.1)	0.6 (0.1)
Washington (Total N=50,088)							
Received a vaccination	7.0 (0.3)	10.9 (0.4)	15.5 (0.4)	20.7 (0.5)	23.6 (0.5)	26.2 (0.5)	27.8 (0.5)
Did not receive a vaccination and accepting	71.1 (0.5)	69.0 (0.5)	65.0 (0.5)	60.4 (0.6)	57.6 (0.6)	55.6 (0.6)	53.8 (0.6)
Did not receive a vaccination and hesitant	20.0 (0.5)	18.4 (0.4)	17.5 (0.4)	17.6 (0.5)	17.9 (0.5)	17.9 (0.5)	18.0 (0.5)
Did not receive a vaccination and skipped question on intent	1.9 (0.2)	1.7 (0.1)	2.0 (0.2)	1.4 (0.1)	0.8 (0.1)	0.3 (0.1)	0.4 (0.1)
West Virginia (Total N=16,605)							
Received a vaccination	13.3 (0.7)	15.9 (0.7)	20.8 (0.8)	23.1 (0.9)	26.2 (0.9)	31.1 (1.0)	32.6 (1.0)
Did not receive a vaccination and accepting	54.3 (1.0)	54.5 (1.0)	51.3 (1.0)	47.6 (1.1)	44.3 (1.0)	42.0 (1.1)	40.8 (1.1)
Did not receive a vaccination and hesitant	29.4 (0.9)	27.7 (0.9)	26.3 (0.9)	27.0 (0.9)	28.1 (0.9)	26.8 (0.9)	26.0 (1.0)

Did not receive a vaccination and skipped question on intent	3.0 (0.3)	1.9 (0.3)	1.6 (0.3)	2.3 (0.3)	1.4 (0.3)	0.2 (0.1)	0.6 (0.2)
Wisconsin (Total N=38,471)							
Received a vaccination	7.3 (0.3)	10.4 (0.4)	14.0 (0.5)	19.1 (0.5)	23.4 (0.6)	26.3 (0.6)	29.6 (0.6)
Did not receive a vaccination and accepting	67.2 (0.6)	63.4 (0.6)	61.1 (0.6)	57.3 (0.7)	52.1 (0.7)	50.5 (0.7)	46.2 (0.7)
Did not receive a vaccination and hesitant	23.6 (0.6)	24.5 (0.6)	23.3 (0.6)	22.3 (0.6)	23.4 (0.6)	22.9 (0.6)	23.9 (0.6)
Did not receive a vaccination and skipped question on intent	1.8 (0.2)	1.7 (0.2)	1.6 (0.2)	1.3 (0.2)	1.0 (0.1)	0.3 (0.1)	0.4 (0.1)
Wyoming (Total N=4,615)							
Received a vaccination	10.8 (1.2)	14.5 (1.3)	19.6 (1.6)	20.4 (1.6)	30.6 (1.8)	35.8 (1.9)	35.4 (1.9)
Did not receive a vaccination and accepting	54.5 (1.9)	51.3 (1.9)	48.9 (2.0)	42.9 (2.0)	38.8 (1.9)	33.1 (1.8)	29.2 (1.8)
Did not receive a vaccination and hesitant	32.3 (1.8)	32.4 (1.8)	30.4 (1.8)	34.9 (1.9)	30.0 (1.8)	30.8 (1.8)	34.3 (1.9)
Did not receive a vaccination and skipped question on intent	2.3 (0.6)	1.8 (0.5)	1.1 (0.4)	1.8 (0.5)	0.6 (0.3)	0.4 (0.2)	1.1 (0.4)

* Non-Hispanic race/ethnicity groups.

** Not reported because not enough data were collected for aggregate reporting.

C. Table of Adults Who Received Two COVID-19 Vaccinations

Table C.1. Weekly weighted percentages (standard error) of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, Jan 10 – Feb 27, 2021

	Jan 10–Jan 16	Jan 17–Jan 23	Jan 24–Jan 30	Jan 31–Feb 06	Feb 07–Feb 13	Feb 14–Feb 20	Feb 21–Feb 27
Overall (Total N=388,791)							
Received two COVID-19 vaccinations	18.0 (0.3)	21.3 (0.2)	26.0 (0.2)	33.6 (0.2)	42.3 (0.2)	50.5 (0.2)	57.4 (0.2)
By Healthcare Worker Status:							
Healthcare Workers (Total N=94,551)							
Received two COVID-19 vaccinations	29.2 (0.5)	38.6 (0.4)	52.8 (0.4)	66.4 (0.4)	77.9 (0.3)	84.8 (0.3)	87.4 (0.3)
Non-Healthcare Workers (Total N=104,529)							
Received two COVID-19 vaccinations	9.0 (0.5)	11.8 (0.3)	17.0 (0.3)	25.7 (0.4)	36.8 (0.4)	46.4 (0.3)	53.1 (0.3)
By Age:							
65+ years (Total N=167,722)							
Received two COVID-19 vaccinations	6.1 (0.4)	6.4 (0.2)	8.0 (0.2)	15.7 (0.2)	25.8 (0.2)	37.1 (0.2)	48.8 (0.2)
45-64 years (Total N=106,874)							
Received two COVID-19 vaccinations	22.5 (0.6)	26.6 (0.4)	35.3 (0.4)	44.8 (0.4)	52.8 (0.4)	58.3 (0.3)	61.7 (0.3)
25-44 years (Total N=81,506)							
Received two COVID-19 vaccinations	22.9 (0.6)	30.1 (0.5)	38.4 (0.5)	47.3 (0.5)	57.8 (0.4)	64.8 (0.4)	67.5 (0.4)
18-24 years (Total N=7,302)							
Received two COVID-19 vaccinations	14.5 (1.6)	24.7 (1.4)	32.1 (1.5)	41.0 (1.5)	52.6 (1.4)	61.6 (1.4)	67.0 (1.3)
By Eligible Health Conditions:							
Any Eligible Health Condition (Total N=138,897)							
Received two COVID-19 vaccinations	12.7 (0.5)	13.7 (0.3)	17.3 (0.3)	25.1 (0.3)	34.0 (0.3)	43.1 (0.3)	51.8 (0.3)
No Eligible Health Condition (Total N=251,545)							

Received two COVID-19 vaccinations	20.1 (0.4)	24.8 (0.3)	30.3 (0.3)	38.3 (0.3)	47.3 (0.2)	55.1 (0.2)	60.9 (0.2)
By Race/Ethnicity:							
Hispanic (Total N=29,553)							
Received two COVID-19 vaccinations	18.3 (1.0)	23.7 (0.8)	28.1 (0.7)	36.7 (0.7)	45.5 (0.7)	52.0 (0.7)	56.5 (0.6)
American Indian or Alaska Native* (Total N=4,860)							
Received two COVID-19 vaccinations	17.6 (2.5)	19.4 (1.8)	26.9 (1.7)	41.2 (1.9)	44.3 (1.7)	53.9 (1.6)	61.5 (1.6)
Asian* (Total N=8,588)							
Received two COVID-19 vaccinations	23.0 (1.9)	31.6 (1.5)	34.2 (1.4)	38.6 (1.4)	47.0 (1.3)	58.2 (1.2)	62.5 (1.1)
Black or African American* (Total N=19,420)							
Received two COVID-19 vaccinations	18.2 (1.5)	18.9 (0.9)	26.9 (0.9)	32.2 (0.9)	41.8 (0.8)	48.7 (0.8)	53.3 (0.7)
Native Hawaiian or Pacific Islander* (Total N=394)							
Received two COVID-19 vaccinations	NR**	NR**	NR**	NR**	47.7 (4.9)	56.9 (4.3)	59.4 (3.9)
Multiracial or Other* (Total N=8,190)							
Received two COVID-19 vaccinations	23.6 (2.2)	25.3 (1.5)	31.9 (1.5)	39.9 (1.5)	48.6 (1.3)	54.9 (1.2)	60.8 (1.1)
White* (Total N=289,131)							
Received two COVID-19 vaccinations	17.8 (0.3)	20.9 (0.2)	25.2 (0.2)	32.8 (0.2)	41.7 (0.2)	50.2 (0.2)	57.6 (0.2)
By Gender:							
Female (Total N=251,307)							
Received two COVID-19 vaccinations	18.5 (0.4)	22.3 (0.3)	27.2 (0.2)	35.0 (0.3)	43.9 (0.2)	51.6 (0.2)	58.6 (0.2)
Male (Total N=109,653)							
Received two COVID-19 vaccinations	17.9 (0.6)	20.2 (0.4)	24.1 (0.4)	31.5 (0.4)	40.2 (0.4)	48.9 (0.3)	55.7 (0.3)
Other (Total N=1,741)							
Received two COVID-19 vaccinations	NR**	27.1 (3.3)	35.3 (3.0)	37.3 (3.0)	50.0 (2.9)	62.5 (2.6)	60.8 (2.4)
By State:							
Alabama (Total N=4,911)							
Received two COVID-19 vaccinations	21.2 (3.1)	18.5 (1.9)	24.7 (1.9)	31.9 (2.0)	34.1 (1.6)	43.5 (1.4)	50.0 (1.5)

Alaska (Total N=2,319)							
Received two COVID-19 vaccinations	22.0 (3.6)	30.9 (2.9)	24.2 (2.3)	33.1 (3.0)	50.4 (2.5)	63.7 (2.3)	68.4 (2.2)
Arizona (Total N=8,387)							
Received two COVID-19 vaccinations	18.8 (2.4)	18.4 (1.4)	22.7 (1.3)	29.2 (1.5)	34.1 (1.2)	43.3 (1.1)	51.0 (1.1)
Arkansas (Total N=4,138)							
Received two COVID-19 vaccinations	26.9 (3.2)	25.8 (2.0)	25.8 (1.8)	38.1 (2.1)	51.0 (1.8)	56.3 (1.8)	68.7 (1.6)
California (Total N=32,390)							
Received two COVID-19 vaccinations	22.9 (1.3)	23.7 (0.8)	22.5 (0.7)	24.5 (0.7)	33.5 (0.6)	43.9 (0.6)	51.9 (0.6)
Colorado (Total N=7,152)							
Received two COVID-19 vaccinations	22.1 (2.4)	29.8 (1.8)	34.0 (1.6)	40.3 (1.7)	51.7 (1.4)	54.0 (1.3)	53.1 (1.2)
Connecticut (Total N=5,852)							
Received two COVID-19 vaccinations	14.7 (2.1)	21.4 (1.7)	26.2 (1.6)	35.2 (1.8)	51.1 (1.6)	58.5 (1.4)	58.8 (1.3)
Delaware (Total N=1,876)							
Received two COVID-19 vaccinations	NR**	20.4 (2.9)	15.4 (2.1)	22.7 (2.6)	26.7 (2.4)	43.9 (2.5)	62.3 (2.4)
District Of Columbia (Total N=570)							
Received two COVID-19 vaccinations	NR**	NR**	NR**	80.4 (2.1)	NR**	55.3 (4.8)	59.9 (4.7)
Florida (Total N=25,595)							
Received two COVID-19 vaccinations	9.2 (0.8)	12.9 (0.7)	19.8 (0.7)	37.1 (0.9)	50.9 (0.7)	56.8 (0.7)	62.7 (0.7)
Georgia (Total N=9,614)							
Received two COVID-19 vaccinations	15.8 (1.8)	17.0 (1.2)	21.0 (1.1)	26.5 (1.2)	41.6 (1.2)	57.4 (1.1)	68.0 (1.0)
Hawaii (Total N=1,752)							
Received two COVID-19 vaccinations	NR**	25.3 (3.1)	28.4 (2.9)	38.1 (3.1)	54.0 (2.8)	60.0 (2.6)	66.2 (2.4)
Idaho (Total N=2,813)							
Received two COVID-19 vaccinations	25.2 (4.2)	22.3 (2.7)	28.5 (2.4)	27.4 (2.5)	37.4 (2.2)	48.9 (2.0)	59.3 (1.9)
Illinois (Total N=15,016)							
Received two COVID-19 vaccinations	26.9 (1.9)	29.2 (1.3)	28.0 (1.1)	32.3 (1.1)	31.7 (0.9)	36.9 (0.8)	45.9 (0.8)
Indiana (Total N=9,347)							
Received two COVID-19 vaccinations	29.0 (2.3)	28.1 (1.4)	34.5 (1.4)	35.6 (1.4)	46.2 (1.2)	54.1 (1.1)	59.5 (1.1)
Iowa (Total N=4,960)							

Received two COVID-19 vaccinations	11.0 (2.2)	22.3 (2.1)	32.9 (2.0)	45.8 (2.2)	42.7 (1.6)	41.8 (1.5)	40.7 (1.4)
Kansas (Total N=4,147)							
Received two COVID-19 vaccinations	18.8 (2.7)	26.5 (2.3)	32.6 (2.2)	39.9 (2.2)	46.2 (1.8)	49.7 (1.7)	51.5 (1.6)
Kentucky (Total N=5,825)							
Received two COVID-19 vaccinations	11.1 (1.8)	15.0 (1.4)	25.7 (1.6)	35.8 (1.7)	48.3 (1.6)	54.0 (1.5)	60.5 (1.4)
Louisiana (Total N=6,317)							
Received two COVID-19 vaccinations	23.8 (2.2)	21.2 (1.6)	24.1 (1.5)	45.3 (1.8)	54.5 (1.5)	55.8 (1.4)	58.6 (1.3)
Maine (Total N=2,538)							
Received two COVID-19 vaccinations	20.7 (3.5)	32.5 (2.9)	33.6 (2.7)	44.3 (2.8)	46.8 (2.4)	49.7 (2.2)	58.1 (2.1)
Maryland (Total N=5,538)							
Received two COVID-19 vaccinations	15.7 (2.4)	15.9 (1.6)	23.9 (1.6)	35.1 (1.8)	41.1 (1.6)	50.1 (1.5)	57.8 (1.4)
Massachusetts (Total N=5,727)							
Received two COVID-19 vaccinations	25.2 (2.8)	29.4 (2.0)	32.2 (1.8)	35.6 (1.8)	43.5 (1.6)	48.6 (1.4)	49.2 (1.3)
Michigan (Total N=17,811)							
Received two COVID-19 vaccinations	18.4 (1.4)	21.0 (1.0)	27.3 (0.9)	35.6 (1.0)	47.0 (0.9)	56.8 (0.8)	62.8 (0.8)
Minnesota (Total N=6,072)							
Received two COVID-19 vaccinations	20.6 (2.6)	32.3 (2.2)	31.9 (1.7)	35.8 (1.7)	38.2 (1.4)	46.8 (1.4)	58.0 (1.3)
Mississippi (Total N=4,192)							
Received two COVID-19 vaccinations	12.2 (2.6)	15.1 (1.8)	14.8 (1.5)	22.0 (1.8)	36.9 (1.7)	45.2 (1.7)	56.6 (1.6)
Missouri (Total N=6,750)							
Received two COVID-19 vaccinations	20.2 (2.6)	30.0 (2.0)	32.1 (1.7)	32.0 (1.6)	36.6 (1.3)	47.1 (1.3)	53.7 (1.2)
Montana (Total N=2,105)							
Received two COVID-19 vaccinations	NR**	25.1 (3.0)	31.4 (2.9)	41.5 (3.1)	37.3 (2.5)	45.8 (2.3)	53.3 (2.2)
Nebraska (Total N=2,598)							
Received two COVID-19 vaccinations	15.6 (3.1)	22.5 (2.6)	35.3 (2.8)	39.4 (2.9)	42.0 (2.3)	46.5 (2.1)	58.0 (2.0)
Nevada (Total N=2,998)							
Received two COVID-19 vaccinations	21.3 (3.9)	18.1 (2.4)	16.1 (1.9)	27.0 (2.2)	35.9 (2.1)	51.8 (1.9)	57.4 (1.9)
New Hampshire (Total N=2,414)							
Received two COVID-19 vaccinations	21.1 (4.0)	23.4 (2.8)	33.1 (2.7)	38.9 (2.8)	41.3 (2.5)	47.6 (2.3)	56.6 (2.0)

New Jersey (Total N=8,548)							
Received two COVID-19 vaccinations	14.4 (1.9)	16.7 (1.4)	22.0 (1.3)	28.7 (1.4)	37.0 (1.3)	46.3 (1.2)	55.6 (1.1)
New Mexico (Total N=5,315)							
Received two COVID-19 vaccinations	24.8 (3.4)	20.2 (2.0)	30.2 (1.6)	34.8 (1.8)	44.1 (1.6)	57.0 (1.5)	62.2 (1.4)
New York (Total N=19,613)							
Received two COVID-19 vaccinations	11.3 (1.0)	16.4 (0.8)	25.1 (0.9)	36.0 (1.0)	46.6 (0.9)	57.4 (0.8)	60.3 (0.7)
North Carolina (Total N=14,190)							
Received two COVID-19 vaccinations	14.7 (1.5)	19.7 (1.1)	21.1 (0.9)	31.8 (1.1)	45.0 (1.0)	55.4 (0.9)	62.2 (0.9)
North Dakota (Total N=1,161)							
Received two COVID-19 vaccinations	NR**	17.4 (3.3)	32.3 (3.9)	50.0 (4.1)	52.4 (3.4)	57.2 (3.1)	51.6 (3.1)
Ohio (Total N=13,428)							
Received two COVID-19 vaccinations	8.3 (1.2)	14.6 (1.0)	25.6 (1.1)	33.1 (1.2)	42.8 (1.0)	47.9 (0.9)	53.7 (0.9)
Oklahoma (Total N=6,964)							
Received two COVID-19 vaccinations	21.5 (2.0)	19.9 (1.4)	25.8 (1.4)	44.2 (1.7)	54.2 (1.4)	58.5 (1.4)	64.4 (1.3)
Oregon (Total N=5,689)							
Received two COVID-19 vaccinations	17.9 (2.5)	18.1 (1.6)	22.8 (1.5)	31.3 (1.8)	45.4 (1.5)	52.1 (1.5)	64.2 (1.3)
Pennsylvania (Total N=15,912)							
Received two COVID-19 vaccinations	21.6 (1.6)	26.9 (1.1)	26.5 (1.0)	31.9 (1.1)	37.4 (0.9)	44.1 (0.8)	51.1 (0.8)
Rhode Island (Total N=1,227)							
Received two COVID-19 vaccinations	NR**	28.0 (3.7)	31.5 (3.8)	36.0 (3.9)	44.3 (3.6)	47.9 (3.2)	54.5 (2.7)
South Carolina (Total N=7,701)							
Received two COVID-19 vaccinations	26.8 (2.7)	25.0 (1.7)	24.1 (1.3)	32.7 (1.5)	43.2 (1.3)	54.1 (1.2)	60.6 (1.2)
South Dakota (Total N=1,511)							
Received two COVID-19 vaccinations	NR**	23.5 (3.4)	39.5 (3.3)	48.3 (3.7)	46.7 (3.1)	55.7 (2.7)	58.7 (2.6)
Tennessee (Total N=6,887)							
Received two COVID-19 vaccinations	21.8 (2.0)	29.8 (1.6)	49.8 (1.6)	55.2 (1.8)	53.4 (1.5)	53.8 (1.3)	58.5 (1.3)
Texas (Total N=28,382)							
Received two COVID-19 vaccinations	16.4 (1.0)	19.7 (0.7)	28.2 (0.7)	36.9 (0.8)	45.8 (0.7)	54.5 (0.7)	62.5 (0.6)
Utah (Total N=3,569)							

Received two COVID-19 vaccinations	11.0 (2.5)	14.1 (1.7)	26.9 (2.0)	35.3 (2.3)	49.2 (1.9)	59.4 (1.8)	62.3 (1.8)
Vermont (Total N=1,114)							
Received two COVID-19 vaccinations	NR**	31.1 (4.0)	37.9 (3.9)	47.0 (4.3)	50.8 (3.6)	59.9 (3.2)	63.2 (3.0)
Virginia (Total N=12,162)							
Received two COVID-19 vaccinations	19.8 (1.8)	23.3 (1.3)	23.6 (1.1)	27.9 (1.1)	39.2 (1.0)	47.5 (1.0)	57.7 (1.0)
Washington (Total N=10,197)							
Received two COVID-19 vaccinations	17.7 (2.0)	23.1 (1.4)	23.6 (1.2)	29.5 (1.3)	36.3 (1.1)	46.2 (1.1)	59.7 (1.0)
West Virginia (Total N=3,952)							
Received two COVID-19 vaccinations	21.5 (2.7)	29.1 (2.2)	37.4 (2.0)	46.7 (2.2)	53.0 (1.9)	61.9 (1.8)	66.4 (1.7)
Wisconsin (Total N=7,677)							
Received two COVID-19 vaccinations	17.5 (2.3)	27.5 (1.8)	26.4 (1.5)	32.1 (1.5)	38.1 (1.3)	50.2 (1.3)	59.4 (1.2)
Wyoming (Total N=1,131)							
Received two COVID-19 vaccinations	NR**	18.0 (3.6)	15.2 (3.1)	32.7 (4.2)	43.7 (3.3)	49.2 (3.2)	55.9 (3.0)

* Non-Hispanic race/ethnicity groups.

** Not reported because not enough data were collected for aggregate reporting.

D. Table of Vaccine-Hesitant Adults Who are Concerned about a Side Effect

Table D.1. Weekly weighted percentages (standard error) of vaccine-hesitant adults who are concerned about a side effect, Jan 10 – Feb 27, 2021

	Jan 10–Jan 16	Jan 17–Jan 23	Jan 24–Jan 30	Jan 31–Feb 06	Feb 07–Feb 13	Feb 14–Feb 20	Feb 21–Feb 27
Overall (Total N=361,042)							
Concerned about a side effect	73.4 (0.2)	73.0 (0.2)	73.2 (0.2)	73.6 (0.2)	69.1 (0.2)	68.7 (0.2)	69.6 (0.2)
By Healthcare Worker Status:							
Healthcare Workers (Total N=21,755)							
Concerned about a side effect	74.9 (0.9)	77.1 (0.7)	76.9 (0.7)	75.4 (0.8)	72.1 (0.8)	70.4 (0.9)	72.4 (0.9)
Non-Healthcare Workers (Total N=149,429)							
Concerned about a side effect	72.5 (0.4)	72.2 (0.3)	72.5 (0.3)	72.6 (0.3)	67.0 (0.3)	65.6 (0.3)	66.6 (0.3)
By Age:							
65+ years (Total N=45,537)							
Concerned about a side effect	72.3 (0.7)	73.1 (0.5)	74.3 (0.5)	74.7 (0.5)	70.0 (0.6)	70.6 (0.6)	71.2 (0.6)
45-64 years (Total N=120,563)							
Concerned about a side effect	73.4 (0.4)	73.5 (0.3)	74.3 (0.3)	75.5 (0.3)	69.7 (0.3)	69.9 (0.4)	71.4 (0.3)
25-44 years (Total N=125,206)							
Concerned about a side effect	74.6 (0.4)	74.2 (0.3)	74.0 (0.3)	73.6 (0.3)	69.2 (0.3)	68.2 (0.4)	68.6 (0.4)
18-24 years (Total N=23,058)							
Concerned about a side effect	74.9 (0.9)	73.4 (0.7)	73.3 (0.7)	73.2 (0.8)	69.0 (0.8)	68.3 (0.8)	68.5 (0.9)
By Eligible Health Conditions:							

Any Eligible Health Condition (Total N=95,484)							
Concerned about a side effect	78.5 (0.4)	78.5 (0.3)	79.3 (0.3)	79.8 (0.3)	76.2 (0.4)	78.1 (0.3)	78.7 (0.4)
No Eligible Health Condition (Total N=257,420)							
Concerned about a side effect	72.0 (0.3)	71.7 (0.2)	71.7 (0.2)	72.0 (0.2)	67.0 (0.2)	65.9 (0.3)	66.7 (0.3)
By Race/Ethnicity:							
Hispanic (Total N=40,231)							
Concerned about a side effect	77.4 (0.6)	77.6 (0.5)	76.7 (0.5)	78.1 (0.5)	72.9 (0.6)	73.0 (0.6)	73.4 (0.6)
American Indian or Alaska Native* (Total N=4,448)							
Concerned about a side effect	71.3 (2.2)	70.7 (1.7)	74.2 (1.6)	71.3 (1.7)	71.6 (1.8)	69.7 (1.9)	68.8 (1.9)
Asian* (Total N=3,148)							
Concerned about a side effect	78.9 (2.3)	76.7 (1.7)	79.0 (1.7)	74.4 (2.0)	73.1 (2.1)	70.4 (2.2)	75.3 (2.2)
Black or African American* (Total N=31,051)							
Concerned about a side effect	80.7 (0.7)	78.1 (0.5)	79.0 (0.6)	80.0 (0.6)	78.2 (0.6)	78.1 (0.7)	80.5 (0.7)
Native Hawaiian or Pacific Islander* (Total N=505)							
Concerned about a side effect	NR**	63.7 (4.0)	82.7 (3.3)	NR**	71.0 (4.2)	NR**	74.7 (4.1)
Multiracial or Other* (Total N=19,627)							
Concerned about a side effect	70.2 (1.1)	72.8 (0.8)	72.6 (0.8)	73.0 (0.8)	67.4 (0.9)	68.0 (0.9)	69.1 (0.9)
White* (Total N=211,142)							
Concerned about a side effect	72.5 (0.3)	72.2 (0.2)	72.6 (0.2)	72.7 (0.3)	67.5 (0.3)	66.9 (0.3)	67.4 (0.3)
By Gender:							
Female (Total N=208,281)							
Concerned about a side effect	78.8 (0.3)	79.0 (0.2)	79.1 (0.2)	79.8 (0.2)	75.7 (0.3)	75.5 (0.3)	77.0 (0.3)

Male (Total N=94,771)							
Concerned about a side effect	68.4 (0.5)	67.8 (0.4)	68.3 (0.4)	67.8 (0.4)	62.5 (0.4)	61.8 (0.4)	62.1 (0.4)
Other (Total N=5,377)							
Concerned about a side effect	67.0 (2.1)	64.6 (1.7)	68.0 (1.6)	70.1 (1.6)	61.9 (1.7)	65.2 (1.7)	61.9 (1.7)
By State:							
Alabama (Total N=7,487)							
Concerned about a side effect	75.1 (1.6)	73.2 (1.2)	71.3 (1.3)	73.7 (1.3)	72.1 (1.4)	70.6 (1.4)	68.3 (1.5)
Alaska (Total N=1,127)							
Concerned about a side effect	75.9 (4.2)	69.0 (3.4)	75.6 (3.1)	72.9 (3.5)	72.9 (3.4)	60.0 (4.1)	65.5 (3.8)
Arizona (Total N=7,393)							
Concerned about a side effect	75.3 (1.6)	74.5 (1.2)	72.5 (1.3)	69.3 (1.4)	70.8 (1.4)	65.9 (1.5)	65.8 (1.5)
Arkansas (Total N=4,704)							
Concerned about a side effect	75.9 (1.9)	71.9 (1.6)	74.0 (1.7)	76.4 (1.6)	72.1 (1.7)	71.5 (1.7)	75.8 (1.7)
California (Total N=24,175)							
Concerned about a side effect	73.5 (0.9)	75.7 (0.6)	76.3 (0.7)	74.7 (0.7)	70.3 (0.8)	70.1 (0.8)	70.0 (0.8)
Colorado (Total N=5,393)							
Concerned about a side effect	70.9 (2.1)	70.5 (1.5)	68.8 (1.6)	70.1 (1.6)	64.1 (1.7)	64.9 (1.7)	67.9 (1.7)
Connecticut (Total N=3,441)							
Concerned about a side effect	76.6 (2.3)	77.3 (1.7)	75.6 (1.8)	80.4 (1.7)	73.5 (2.0)	74.7 (2.0)	77.7 (2.0)
Delaware (Total N=1,390)							
Concerned about a side effect	79.2 (3.5)	80.8 (2.6)	78.4 (2.8)	78.1 (2.8)	69.8 (3.4)	74.2 (3.1)	76.5 (2.9)
District Of Columbia (Total N=NR**)							
Concerned about a side effect	NR**	NR**	NR**	NR**	NR**	NR**	NR**
Florida (Total N=26,270)							
Concerned about a side effect	73.3 (0.9)	71.1 (0.7)	72.9 (0.7)	73.7 (0.7)	70.1 (0.7)	69.3 (0.7)	71.3 (0.8)
Georgia (Total N=12,266)							
Concerned about a side effect	77.0 (1.2)	72.6 (1.0)	73.6 (1.0)	76.6 (1.0)	70.9 (1.1)	71.0 (1.1)	70.1 (1.2)

Hawaii (Total N=1,055)							
Concerned about a side effect	71.2 (4.3)	75.7 (3.1)	81.6 (2.9)	74.8 (3.7)	69.6 (3.8)	72.4 (3.7)	74.6 (3.6)
Idaho (Total N=3,135)							
Concerned about a side effect	70.7 (2.6)	66.9 (2.0)	71.5 (2.0)	75.2 (2.1)	65.6 (2.2)	60.1 (2.3)	66.9 (2.2)
Illinois (Total N=13,054)							
Concerned about a side effect	72.7 (1.2)	72.7 (0.9)	72.0 (1.0)	72.4 (1.0)	70.2 (1.1)	66.2 (1.1)	68.2 (1.1)
Indiana (Total N=9,286)							
Concerned about a side effect	72.4 (1.5)	72.1 (1.1)	71.3 (1.2)	71.1 (1.2)	65.5 (1.3)	68.1 (1.3)	67.0 (1.4)
Iowa (Total N=4,794)							
Concerned about a side effect	66.0 (2.3)	67.4 (1.7)	69.5 (1.6)	65.5 (1.8)	62.1 (1.8)	61.9 (1.8)	66.0 (1.8)
Kansas (Total N=4,159)							
Concerned about a side effect	72.3 (2.2)	71.3 (1.7)	72.5 (1.7)	72.3 (1.8)	64.7 (1.9)	64.3 (1.9)	66.3 (2.0)
Kentucky (Total N=6,651)							
Concerned about a side effect	77.7 (1.6)	72.1 (1.3)	74.2 (1.3)	71.5 (1.4)	70.9 (1.5)	70.8 (1.5)	70.2 (1.6)
Louisiana (Total N=7,118)							
Concerned about a side effect	73.5 (1.6)	73.0 (1.2)	70.0 (1.3)	77.1 (1.3)	68.7 (1.5)	69.5 (1.5)	69.7 (1.5)
Maine (Total N=2,319)							
Concerned about a side effect	73.8 (2.9)	71.0 (2.2)	68.8 (2.3)	70.9 (2.5)	64.1 (2.7)	67.2 (2.6)	65.4 (2.9)
Maryland (Total N=4,200)							
Concerned about a side effect	76.8 (1.9)	75.3 (1.6)	78.5 (1.6)	75.6 (1.8)	74.2 (1.8)	72.5 (1.8)	73.7 (2.0)
Massachusetts (Total N=4,315)							
Concerned about a side effect	76.1 (2.0)	76.2 (1.5)	72.4 (1.6)	75.5 (1.7)	67.4 (1.9)	71.2 (1.9)	70.0 (2.1)
Michigan (Total N=14,945)							
Concerned about a side effect	69.3 (1.2)	71.1 (0.9)	71.8 (0.9)	72.6 (0.9)	67.5 (1.0)	67.5 (1.0)	68.8 (1.0)
Minnesota (Total N=4,569)							
Concerned about a side effect	64.1 (2.3)	69.3 (1.7)	67.6 (1.7)	66.6 (1.9)	64.9 (1.8)	61.2 (1.9)	65.6 (1.8)
Mississippi (Total N=4,747)							
Concerned about a side effect	78.3 (1.8)	77.2 (1.4)	74.2 (1.6)	74.8 (1.6)	74.5 (1.7)	69.9 (1.8)	73.6 (1.8)

Missouri (Total N=7,840)							
Concerned about a side effect	69.8 (1.6)	74.1 (1.2)	70.5 (1.3)	73.7 (1.3)	66.5 (1.4)	63.8 (1.4)	70.5 (1.4)
Montana (Total N=2,046)							
Concerned about a side effect	64.3 (3.6)	64.9 (2.6)	63.4 (2.6)	68.7 (2.7)	65.9 (2.8)	62.4 (2.8)	69.3 (2.6)
Nebraska (Total N=2,284)							
Concerned about a side effect	66.0 (3.2)	65.5 (2.5)	67.1 (2.5)	72.4 (2.4)	66.6 (2.6)	66.2 (2.7)	63.7 (2.6)
Nevada (Total N=3,045)							
Concerned about a side effect	74.0 (2.6)	73.4 (2.0)	74.1 (2.0)	77.5 (1.9)	65.3 (2.3)	68.5 (2.3)	69.7 (2.2)
New Hampshire (Total N=1,854)							
Concerned about a side effect	70.7 (3.2)	71.4 (2.4)	71.3 (2.6)	72.3 (2.8)	69.1 (2.8)	67.8 (2.9)	70.7 (3.1)
New Jersey (Total N=6,481)							
Concerned about a side effect	74.8 (1.7)	77.8 (1.2)	76.8 (1.3)	75.3 (1.4)	73.5 (1.4)	67.9 (1.6)	74.2 (1.5)
New Mexico (Total N=3,010)							
Concerned about a side effect	75.4 (2.7)	75.9 (2.3)	72.8 (1.9)	73.3 (2.0)	71.1 (2.1)	63.4 (2.2)	63.5 (2.3)
New York (Total N=16,397)							
Concerned about a side effect	78.4 (1.0)	76.7 (0.8)	75.8 (0.8)	77.8 (0.8)	71.5 (0.9)	72.2 (1.0)	74.8 (0.9)
North Carolina (Total N=13,368)							
Concerned about a side effect	74.8 (1.1)	74.4 (0.9)	74.5 (0.9)	76.7 (1.0)	68.9 (1.1)	73.4 (1.0)	72.0 (1.1)
North Dakota (Total N=1,173)							
Concerned about a side effect	68.6 (4.2)	63.9 (3.5)	65.2 (3.6)	71.2 (3.7)	58.8 (3.9)	62.8 (3.4)	56.6 (3.7)
Ohio (Total N=16,760)							
Concerned about a side effect	71.6 (1.1)	70.9 (0.8)	73.1 (0.8)	73.1 (0.9)	67.7 (1.0)	69.2 (0.9)	68.6 (1.0)
Oklahoma (Total N=6,500)							
Concerned about a side effect	72.5 (1.7)	71.5 (1.3)	73.2 (1.3)	71.1 (1.5)	69.0 (1.5)	67.4 (1.6)	69.2 (1.6)
Oregon (Total N=4,885)							
Concerned about a side effect	71.9 (2.1)	69.7 (1.5)	73.5 (1.6)	75.8 (1.6)	68.1 (1.8)	68.3 (1.8)	68.6 (1.8)
Pennsylvania (Total N=15,283)							
Concerned about a side effect	72.1 (1.2)	73.6 (0.9)	74.1 (0.9)	72.8 (0.9)	67.2 (1.0)	66.5 (1.0)	69.2 (1.0)

Rhode Island (Total N=892)							
Concerned about a side effect	NR**	79.3 (3.0)	71.2 (3.6)	73.7 (3.7)	72.9 (3.7)	65.8 (4.2)	72.6 (3.8)
South Carolina (Total N=9,204)							
Concerned about a side effect	74.7 (1.4)	74.4 (1.1)	76.1 (1.1)	76.2 (1.2)	73.0 (1.3)	70.4 (1.3)	71.9 (1.3)
South Dakota (Total N=1,327)							
Concerned about a side effect	63.2 (4.3)	69.8 (3.2)	75.0 (3.1)	70.7 (3.2)	61.8 (3.4)	66.8 (3.4)	68.3 (3.3)
Tennessee (Total N=10,130)							
Concerned about a side effect	72.5 (1.4)	72.0 (1.1)	73.0 (1.1)	73.9 (1.1)	72.4 (1.2)	69.5 (1.2)	71.4 (1.2)
Texas (Total N=27,069)							
Concerned about a side effect	73.9 (0.8)	73.4 (0.6)	73.5 (0.7)	72.3 (0.7)	69.5 (0.7)	71.2 (0.8)	68.5 (0.8)
Utah (Total N=3,265)							
Concerned about a side effect	73.0 (2.6)	67.6 (1.9)	62.5 (2.1)	65.7 (2.2)	64.4 (2.3)	64.1 (2.2)	63.6 (2.3)
Vermont (Total N=675)							
Concerned about a side effect	73.8 (4.3)	76.2 (4.1)	70.3 (4.1)	80.0 (3.9)	73.7 (3.9)	68.3 (4.5)	NR**
Virginia (Total N=10,060)							
Concerned about a side effect	76.8 (1.3)	74.2 (1.0)	77.4 (1.1)	75.9 (1.1)	70.6 (1.2)	68.8 (1.2)	72.1 (1.2)
Washington (Total N=7,011)							
Concerned about a side effect	70.5 (1.7)	71.3 (1.3)	71.6 (1.3)	70.9 (1.4)	67.9 (1.5)	67.9 (1.5)	67.9 (1.5)
West Virginia (Total N=3,681)							
Concerned about a side effect	71.6 (2.3)	69.6 (1.8)	74.2 (1.7)	77.0 (1.8)	68.5 (2.0)	72.1 (2.1)	70.0 (2.1)
Wisconsin (Total N=6,893)							
Concerned about a side effect	70.7 (1.7)	70.9 (1.3)	69.8 (1.4)	69.9 (1.5)	63.9 (1.5)	63.7 (1.6)	62.3 (1.5)
Wyoming (Total N=1,212)							
Concerned about a side effect	69.7 (4.6)	70.0 (3.2)	69.7 (3.4)	62.7 (3.5)	61.2 (3.6)	65.2 (3.7)	65.6 (3.5)

* Non-Hispanic race/ethnicity groups.

** Not reported because not enough data were collected for aggregate reporting.

E. Table of Influence of Information Sources on Vaccine-Hesitant Adults

Table E.1. Weekly weighted percentages (standard error) of vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, Jan 10 – Feb 27, 2021

	Jan 10–Jan 16	Jan 17–Jan 23	Jan 24–Jan 30	Jan 31–Feb 06	Feb 07–Feb 13	Feb 14–Feb 20	Feb 21–Feb 27
Overall (Total N=1,804,414)							
Local health workers	10.4 (0.2)	9.7 (0.1)	9.7 (0.1)	9.2 (0.1)	14.3 (0.2)	16.7 (0.2)	16.2 (0.2)
Friends and family	12.3 (0.2)	11.9 (0.1)	11.6 (0.1)	11.7 (0.1)	10.2 (0.1)	10.1 (0.1)	9.4 (0.1)
World Health Organization	6.4 (0.1)	6.4 (0.1)	6.3 (0.1)	5.7 (0.1)	5.1 (0.1)	4.8 (0.1)	4.4 (0.1)
Government health officials	3.9 (0.1)	3.8 (0.1)	3.8 (0.1)	3.6 (0.1)	2.9 (0.1)	2.6 (0.1)	2.6 (0.1)
Politicians	1.2 (0.1)	1.2 (<0.1)	1.2 (<0.1)	1.1 (<0.1)	1.1 (<0.1)	0.9 (<0.1)	1.0 (<0.1)
By Healthcare Worker Status:							
Healthcare Workers (Total N=93,214)							
Local health workers	9.6 (0.6)	9.1 (0.5)	7.5 (0.4)	7.6 (0.5)	11.8 (0.6)	14.3 (0.6)	13.9 (0.7)
Friends and family	9.4 (0.6)	9.2 (0.5)	9.1 (0.5)	8.5 (0.5)	7.5 (0.5)	7.2 (0.5)	6.7 (0.5)
World Health Organization	5.8 (0.5)	5.9 (0.4)	4.8 (0.4)	4.4 (0.4)	4.3 (0.4)	4.1 (0.4)	3.2 (0.3)
Government health officials	2.3 (0.3)	2.7 (0.3)	2.5 (0.3)	2.2 (0.3)	2.0 (0.3)	2.0 (0.3)	1.3 (0.2)
Politicians	0.6 (0.2)	0.7 (0.1)	0.6 (0.1)	0.3 (0.1)	0.7 (0.2)	0.5 (0.1)	0.4 (0.1)
Non-Healthcare Workers (Total N=732,455)							
Local health workers	10.7 (0.2)	9.9 (0.2)	9.7 (0.2)	9.3 (0.2)	14.4 (0.2)	17.1 (0.3)	16.7 (0.3)
Friends and family	12.8 (0.3)	12.1 (0.2)	12.1 (0.2)	12.1 (0.2)	10.5 (0.2)	10.2 (0.2)	9.7 (0.2)
World Health Organization	6.1 (0.2)	5.8 (0.1)	5.8 (0.1)	5.1 (0.1)	4.3 (0.1)	4.2 (0.1)	3.7 (0.1)
Government health officials	3.4 (0.1)	3.2 (0.1)	3.2 (0.1)	2.6 (0.1)	2.2 (0.1)	2.0 (0.1)	1.9 (0.1)
Politicians	0.7 (0.1)	0.7 (0.1)	0.8 (0.1)	0.6 (0.1)	0.6 (0.1)	0.5 (<0.1)	0.5 (<0.1)
By Age:							

65+ years (Total N=213,446)							
Local health workers	10.1 (0.5)	10.3 (0.4)	9.6 (0.3)	9.2 (0.4)	16.3 (0.5)	18.8 (0.5)	17.9 (0.5)
Friends and family	11.6 (0.5)	11.3 (0.4)	10.7 (0.4)	10.5 (0.4)	8.7 (0.4)	7.6 (0.3)	7.2 (0.3)
World Health Organization	4.9 (0.3)	4.9 (0.3)	4.2 (0.2)	3.7 (0.2)	2.7 (0.2)	3.0 (0.2)	2.4 (0.2)
Government health officials	3.6 (0.3)	3.5 (0.2)	3.3 (0.2)	2.8 (0.2)	2.0 (0.2)	2.0 (0.2)	2.0 (0.2)
Politicians	1.0 (0.2)	1.0 (0.1)	1.2 (0.1)	0.9 (0.1)	0.8 (0.1)	0.7 (0.1)	0.8 (0.1)
45-64 years (Total N=570,588)							
Local health workers	10.2 (0.3)	9.3 (0.2)	9.0 (0.2)	8.2 (0.2)	13.6 (0.3)	16.1 (0.3)	15.4 (0.3)
Friends and family	11.1 (0.3)	10.2 (0.2)	10.0 (0.2)	9.9 (0.2)	8.6 (0.2)	8.0 (0.2)	7.3 (0.2)
World Health Organization	5.4 (0.2)	4.9 (0.1)	4.8 (0.2)	4.1 (0.2)	3.6 (0.1)	3.3 (0.1)	2.9 (0.1)
Government health officials	4.1 (0.2)	3.3 (0.1)	3.3 (0.1)	2.9 (0.1)	2.6 (0.1)	2.0 (0.1)	1.7 (0.1)
Politicians	1.5 (0.1)	1.2 (0.1)	1.2 (0.1)	1.0 (0.1)	1.1 (0.1)	0.9 (0.1)	0.7 (0.1)
25-44 years (Total N=630,207)							
Local health workers	10.5 (0.3)	9.9 (0.2)	9.4 (0.2)	9.7 (0.2)	14.1 (0.3)	16.5 (0.3)	16.4 (0.3)
Friends and family	12.0 (0.3)	12.1 (0.2)	11.5 (0.2)	11.8 (0.2)	10.3 (0.2)	10.5 (0.2)	9.8 (0.2)
World Health Organization	6.6 (0.2)	6.8 (0.2)	6.4 (0.2)	6.0 (0.2)	5.7 (0.2)	5.0 (0.2)	4.8 (0.2)
Government health officials	3.6 (0.2)	3.6 (0.1)	3.7 (0.1)	3.6 (0.1)	2.8 (0.1)	2.3 (0.1)	2.6 (0.1)
Politicians	0.9 (0.1)	1.1 (0.1)	1.0 (0.1)	1.0 (0.1)	1.0 (0.1)	0.8 (0.1)	0.9 (0.1)
18-24 years (Total N=103,046)							
Local health workers	12.1 (0.7)	11.4 (0.5)	11.9 (0.5)	11.7 (0.6)	17.3 (0.7)	20.2 (0.7)	18.1 (0.7)
Friends and family	16.9 (0.8)	16.1 (0.6)	17.0 (0.6)	17.4 (0.7)	15.2 (0.6)	14.9 (0.6)	14.4 (0.7)
World Health Organization	9.2 (0.6)	9.7 (0.5)	9.9 (0.5)	9.5 (0.5)	8.3 (0.5)	8.6 (0.5)	6.9 (0.5)
Government health officials	4.5 (0.4)	5.1 (0.3)	4.8 (0.3)	4.1 (0.3)	3.7 (0.3)	4.0 (0.3)	3.6 (0.3)
Politicians	0.7 (0.2)	0.9 (0.1)	1.1 (0.2)	0.7 (0.1)	0.8 (0.2)	0.9 (0.2)	0.9 (0.2)
By Eligible Health Conditions:							
Any Eligible Health Condition (Total N=474,724)							
Local health workers	10.8 (0.3)	9.7 (0.2)	9.8 (0.2)	9.1 (0.2)	16.5 (0.3)	18.9 (0.3)	17.9 (0.3)
Friends and family	11.4 (0.3)	10.4 (0.2)	10.9 (0.3)	10.7 (0.3)	9.7 (0.2)	8.8 (0.2)	7.9 (0.2)

World Health Organization	6.2 (0.3)	5.5 (0.2)	5.7 (0.2)	5.2 (0.2)	4.7 (0.2)	3.9 (0.2)	3.6 (0.2)
Government health officials	4.1 (0.2)	3.8 (0.2)	3.7 (0.2)	3.8 (0.2)	2.7 (0.1)	2.3 (0.1)	2.1 (0.1)
Politicians	1.4 (0.1)	1.4 (0.1)	1.3 (0.1)	1.2 (0.1)	1.1 (0.1)	0.9 (0.1)	0.9 (0.1)
No Eligible Health Condition (Total N=1,284,114)							
Local health workers	10.3 (0.2)	9.6 (0.1)	9.6 (0.1)	9.2 (0.1)	13.6 (0.2)	15.9 (0.2)	15.7 (0.2)
Friends and family	12.5 (0.2)	12.2 (0.2)	11.7 (0.2)	12.0 (0.2)	10.3 (0.2)	10.4 (0.2)	9.8 (0.2)
World Health Organization	6.4 (0.1)	6.6 (0.1)	6.3 (0.1)	5.8 (0.1)	5.2 (0.1)	5.0 (0.1)	4.6 (0.1)
Government health officials	3.8 (0.1)	3.8 (0.1)	3.8 (0.1)	3.4 (0.1)	2.9 (0.1)	2.6 (0.1)	2.6 (0.1)
Politicians	1.1 (0.1)	1.1 (<0.1)	1.1 (0.1)	1.0 (0.1)	1.0 (0.1)	0.9 (0.1)	1.0 (0.1)
By Race/Ethnicity:							
Hispanic (Total N=190,476)							
Local health workers	12.3 (0.5)	12.0 (0.4)	11.5 (0.4)	11.6 (0.4)	17.0 (0.5)	19.3 (0.6)	18.5 (0.6)
Friends and family	14.2 (0.5)	14.1 (0.4)	13.6 (0.4)	15.2 (0.5)	12.8 (0.4)	12.0 (0.5)	11.8 (0.5)
World Health Organization	10.7 (0.5)	11.1 (0.4)	11.0 (0.4)	10.2 (0.4)	9.7 (0.4)	8.9 (0.4)	7.6 (0.4)
Government health officials	7.6 (0.4)	6.8 (0.3)	7.1 (0.3)	7.1 (0.3)	6.1 (0.3)	5.5 (0.3)	5.4 (0.3)
Politicians	2.6 (0.2)	2.3 (0.2)	2.4 (0.2)	2.5 (0.2)	2.3 (0.2)	1.8 (0.2)	1.9 (0.2)
American Indian or Alaska Native* (Total N=19,414)							
Local health workers	6.9 (1.2)	8.3 (1.0)	7.4 (0.9)	7.6 (1.0)	12.5 (1.3)	13.2 (1.4)	13.0 (1.4)
Friends and family	8.1 (1.3)	10.5 (1.1)	10.6 (1.1)	8.4 (1.1)	9.1 (1.1)	8.8 (1.2)	5.6 (0.9)
World Health Organization	6.4 (1.2)	5.0 (0.8)	6.8 (0.9)	4.0 (0.8)	5.7 (0.9)	3.1 (0.7)	3.5 (0.7)
Government health officials	2.7 (0.8)	3.2 (0.6)	3.5 (0.7)	4.1 (0.8)	3.0 (0.7)	1.5 (0.5)	2.2 (0.6)
Politicians	1.0 (0.5)	1.4 (0.4)	1.7 (0.5)	1.0 (0.4)	1.0 (0.4)	1.1 (0.4)	0.2 (0.2)
Asian* (Total N=13,614)							
Local health workers	18.6 (2.2)	16.4 (1.5)	15.8 (1.6)	15.0 (1.7)	25.0 (2.1)	25.2 (2.2)	32.6 (2.5)
Friends and family	17.1 (2.1)	17.4 (1.5)	16.0 (1.6)	17.3 (1.8)	16.5 (1.8)	14.5 (1.8)	16.9 (2.0)
World Health Organization	15.5 (2.0)	17.5 (1.6)	15.5 (1.6)	14.6 (1.7)	13.9 (1.7)	15.2 (1.8)	16.3 (1.9)
Government health officials	13.2 (1.9)	12.0 (1.3)	10.6 (1.3)	12.0 (1.5)	11.6 (1.6)	8.5 (1.4)	9.2 (1.5)

Politicians	2.6 (0.9)	4.2 (0.8)	3.2 (0.8)	2.3 (0.7)	3.9 (1.0)	2.9 (0.8)	2.4 (0.8)
Black or African American* (Total N=155,137)							
Local health workers	10.1 (0.5)	9.4 (0.4)	8.7 (0.4)	8.3 (0.4)	14.1 (0.5)	16.3 (0.6)	15.4 (0.6)
Friends and family	13.0 (0.6)	12.1 (0.4)	12.5 (0.4)	12.2 (0.5)	11.7 (0.5)	12.0 (0.5)	11.8 (0.5)
World Health Organization	8.8 (0.5)	8.3 (0.4)	7.3 (0.4)	7.6 (0.4)	7.6 (0.4)	7.2 (0.4)	6.5 (0.4)
Government health officials	5.6 (0.4)	5.3 (0.3)	5.2 (0.3)	4.6 (0.3)	4.6 (0.3)	3.6 (0.3)	3.7 (0.3)
Politicians	1.9 (0.2)	1.8 (0.2)	1.8 (0.2)	1.4 (0.2)	2.0 (0.2)	1.6 (0.2)	1.8 (0.2)
Native Hawaiian or Pacific Islander* (Total N=2,186)							
Local health workers	12.3 (3.3)	12.4 (2.8)	10.0 (2.6)	NR**	17.7 (3.6)	NR**	12.9 (3.2)
Friends and family	9.3 (2.9)	10.3 (2.5)	10.7 (2.7)	NR**	15.1 (3.3)	NR**	9.7 (2.9)
World Health Organization	10.2 (3.0)	4.2 (1.7)	6.4 (2.1)	NR**	6.4 (2.3)	NR**	4.1 (1.9)
Government health officials	11.2 (3.1)	4.0 (1.6)	6.2 (2.1)	NR**	3.9 (1.8)	NR**	2.3 (1.5)
Politicians	4.5 (2.1)	0.3 (0.5)	0.4 (0.5)	NR**	1.3 (1.1)	NR**	0.5 (0.7)
Multiracial or Other* (Total N=92,977)							
Local health workers	8.9 (0.7)	7.6 (0.5)	8.0 (0.5)	7.7 (0.5)	12.0 (0.6)	13.2 (0.6)	13.5 (0.6)
Friends and family	9.8 (0.7)	10.0 (0.5)	10.4 (0.5)	10.1 (0.6)	8.3 (0.5)	9.2 (0.5)	8.9 (0.5)
World Health Organization	5.6 (0.5)	5.0 (0.4)	5.5 (0.4)	5.1 (0.4)	4.4 (0.4)	3.8 (0.4)	3.2 (0.3)
Government health officials	2.8 (0.4)	2.4 (0.3)	3.0 (0.3)	2.6 (0.3)	2.5 (0.3)	1.5 (0.2)	1.1 (0.2)
Politicians	0.8 (0.2)	0.9 (0.2)	0.7 (0.1)	0.8 (0.2)	0.9 (0.2)	0.8 (0.2)	0.4 (0.1)
White* (Total N=1,030,064)							
Local health workers	10.3 (0.2)	9.7 (0.2)	9.5 (0.2)	9.2 (0.2)	14.3 (0.2)	17.2 (0.2)	16.3 (0.2)
Friends and family	12.2 (0.2)	11.6 (0.2)	11.2 (0.2)	11.2 (0.2)	9.6 (0.2)	9.4 (0.2)	8.6 (0.2)
World Health Organization	4.8 (0.1)	4.9 (0.1)	4.6 (0.1)	4.2 (0.1)	3.5 (0.1)	3.5 (0.1)	3.1 (0.1)
Government health officials	2.6 (0.1)	2.6 (0.1)	2.5 (0.1)	2.2 (0.1)	1.6 (0.1)	1.7 (0.1)	1.5 (0.1)
Politicians	0.5 (0.1)	0.6 (<0.1)	0.6 (<0.1)	0.5 (<0.1)	0.5 (<0.1)	0.4 (<0.1)	0.5 (<0.1)
By Gender:							
Female (Total N=1,042,212)							

Local health workers	11.2 (0.2)	10.6 (0.2)	10.4 (0.2)	10.2 (0.2)	15.3 (0.2)	17.5 (0.2)	16.8 (0.2)
Friends and family	12.5 (0.2)	12.1 (0.2)	11.6 (0.2)	11.5 (0.2)	10.2 (0.2)	9.7 (0.2)	9.3 (0.2)
World Health Organization	7.1 (0.2)	7.3 (0.1)	7.0 (0.1)	6.8 (0.1)	5.9 (0.1)	5.5 (0.1)	5.0 (0.1)
Government health officials	4.1 (0.1)	3.9 (0.1)	3.9 (0.1)	3.8 (0.1)	3.1 (0.1)	2.7 (0.1)	2.5 (0.1)
Politicians	1.0 (0.1)	1.1 (0.1)	1.0 (0.1)	1.0 (0.1)	0.9 (0.1)	0.8 (0.1)	0.8 (0.1)
Male (Total N=456,875)							
Local health workers	10.2 (0.3)	9.5 (0.2)	9.1 (0.2)	8.7 (0.2)	14.3 (0.3)	17.5 (0.3)	16.7 (0.3)
Friends and family	12.9 (0.4)	12.3 (0.3)	12.2 (0.3)	12.5 (0.3)	10.6 (0.3)	10.8 (0.3)	9.7 (0.3)
World Health Organization	5.7 (0.2)	5.5 (0.2)	5.2 (0.2)	4.5 (0.2)	4.3 (0.2)	4.2 (0.2)	3.6 (0.2)
Government health officials	3.8 (0.2)	3.6 (0.1)	3.5 (0.1)	2.9 (0.1)	2.5 (0.1)	2.3 (0.1)	2.3 (0.1)
Politicians	1.1 (0.1)	1.0 (0.1)	1.1 (0.1)	0.8 (0.1)	1.0 (0.1)	0.8 (0.1)	0.9 (0.1)
Other (Total N=20,182)							
Local health workers	6.6 (1.1)	7.4 (0.9)	6.7 (0.9)	8.5 (1.0)	10.4 (1.1)	11.7 (1.1)	10.6 (1.1)
Friends and family	9.8 (1.3)	8.7 (1.0)	9.5 (1.0)	10.7 (1.1)	7.7 (0.9)	7.0 (0.9)	7.2 (0.9)
World Health Organization	3.1 (0.8)	6.0 (0.8)	5.2 (0.8)	4.9 (0.8)	4.1 (0.7)	2.6 (0.6)	2.7 (0.6)
Government health officials	3.0 (0.8)	3.5 (0.6)	2.5 (0.5)	3.2 (0.6)	2.4 (0.5)	1.7 (0.5)	1.9 (0.5)
Politicians	2.0 (0.6)	1.4 (0.4)	1.5 (0.4)	1.6 (0.4)	1.9 (0.5)	1.0 (0.4)	1.1 (0.4)
By State:							
Alabama (Total N=35,453)							
Local health workers	7.8 (0.9)	9.5 (0.8)	9.6 (0.8)	7.9 (0.8)	15.1 (1.1)	14.9 (1.1)	15.9 (1.2)
Friends and family	10.3 (1.1)	11.3 (0.9)	11.8 (0.9)	10.6 (0.9)	10.6 (0.9)	10.6 (1.0)	9.1 (0.9)
World Health Organization	3.7 (0.7)	6.1 (0.7)	4.8 (0.6)	4.6 (0.6)	4.7 (0.7)	4.2 (0.6)	2.7 (0.5)
Government health officials	3.1 (0.6)	4.2 (0.6)	2.7 (0.5)	2.6 (0.5)	3.0 (0.5)	2.6 (0.5)	1.4 (0.4)
Politicians	0.6 (0.3)	1.2 (0.3)	1.2 (0.3)	0.8 (0.3)	0.8 (0.3)	0.6 (0.2)	0.6 (0.3)
Alaska (Total N=2,470)							
Local health workers	12.9 (3.3)	7.2 (1.9)	8.5 (2.0)	7.4 (2.0)	11.5 (2.4)	10.4 (2.6)	12.1 (2.6)
Friends and family	12.9 (3.3)	9.4 (2.1)	11.9 (2.3)	8.5 (2.2)	11.6 (2.4)	5.3 (1.9)	6.1 (1.9)
World Health Organization	8.1 (2.7)	4.4 (1.5)	5.4 (1.6)	2.0 (1.1)	2.5 (1.2)	2.4 (1.3)	1.0 (0.8)

Government health officials	4.3 (2.0)	2.4 (1.1)	1.8 (1.0)	0.9 (0.7)	1.4 (0.9)	0.4 (0.5)	1.6 (1.0)
Politicians	0.5 (0.7)	1.3 (0.8)	0.3 (0.4)	0.3 (0.4)	0.8 (0.7)	0.4 (0.5)	1.0 (0.8)
Arizona (Total N=33,424)							
Local health workers	8.3 (1.0)	10.0 (0.8)	9.4 (0.8)	9.0 (0.9)	13.4 (1.1)	14.5 (1.1)	13.8 (1.1)
Friends and family	11.9 (1.2)	12.0 (0.9)	9.8 (0.8)	10.1 (0.9)	8.0 (0.9)	8.3 (0.9)	8.9 (0.9)
World Health Organization	6.4 (0.9)	5.8 (0.6)	6.3 (0.7)	5.0 (0.7)	5.2 (0.7)	3.2 (0.6)	4.2 (0.6)
Government health officials	2.9 (0.6)	2.8 (0.5)	3.8 (0.5)	1.7 (0.4)	3.2 (0.6)	2.3 (0.5)	1.2 (0.4)
Politicians	1.3 (0.4)	1.1 (0.3)	1.2 (0.3)	0.4 (0.2)	0.8 (0.3)	1.0 (0.3)	0.8 (0.3)
Arkansas (Total N=20,183)							
Local health workers	10.2 (1.3)	8.1 (1.0)	7.9 (1.0)	7.7 (1.0)	13.3 (1.3)	17.6 (1.5)	14.7 (1.4)
Friends and family	11.0 (1.4)	11.8 (1.1)	11.4 (1.2)	10.8 (1.2)	11.3 (1.2)	7.3 (1.0)	7.3 (1.0)
World Health Organization	5.5 (1.0)	5.0 (0.8)	4.1 (0.7)	5.4 (0.8)	5.0 (0.8)	5.1 (0.8)	2.4 (0.6)
Government health officials	4.7 (0.9)	2.8 (0.6)	2.3 (0.6)	2.8 (0.6)	2.5 (0.6)	1.8 (0.5)	1.9 (0.5)
Politicians	0.9 (0.4)	1.2 (0.4)	0.9 (0.4)	0.7 (0.3)	1.0 (0.4)	0.8 (0.3)	0.9 (0.4)
California (Total N=110,153)							
Local health workers	12.3 (0.6)	11.4 (0.5)	10.9 (0.5)	12.1 (0.6)	15.8 (0.6)	17.6 (0.7)	16.8 (0.7)
Friends and family	14.5 (0.7)	13.8 (0.5)	13.5 (0.5)	15.2 (0.6)	11.4 (0.6)	11.6 (0.6)	11.1 (0.6)
World Health Organization	8.4 (0.5)	8.6 (0.4)	9.7 (0.5)	8.4 (0.5)	7.5 (0.5)	7.1 (0.5)	7.0 (0.5)
Government health officials	6.4 (0.5)	5.4 (0.3)	6.4 (0.4)	5.7 (0.4)	4.2 (0.3)	4.4 (0.4)	4.3 (0.4)
Politicians	1.8 (0.3)	1.6 (0.2)	1.8 (0.2)	2.3 (0.3)	2.1 (0.3)	1.0 (0.2)	1.7 (0.2)
Colorado (Total N=21,817)							
Local health workers	12.8 (1.5)	11.2 (1.0)	8.8 (1.0)	10.3 (1.1)	11.3 (1.1)	14.7 (1.2)	16.7 (1.4)
Friends and family	11.7 (1.5)	13.0 (1.1)	11.8 (1.1)	13.4 (1.2)	10.2 (1.1)	8.5 (1.0)	9.8 (1.1)
World Health Organization	6.7 (1.1)	7.0 (0.8)	5.9 (0.8)	4.2 (0.7)	4.5 (0.7)	4.1 (0.7)	3.3 (0.7)
Government health officials	4.8 (1.0)	3.6 (0.6)	3.3 (0.6)	3.5 (0.7)	2.6 (0.6)	2.6 (0.6)	2.2 (0.5)
Politicians	1.0 (0.5)	0.8 (0.3)	1.2 (0.4)	1.1 (0.4)	1.0 (0.4)	0.4 (0.2)	1.4 (0.4)
Connecticut (Total N=15,300)							
Local health workers	11.2 (1.8)	10.4 (1.2)	10.0 (1.3)	6.4 (1.1)	12.8 (1.5)	17.6 (1.8)	15.7 (1.8)
Friends and family	10.6 (1.7)	9.8 (1.2)	10.8 (1.3)	10.1 (1.3)	8.0 (1.2)	10.1 (1.4)	10.7 (1.5)

World Health Organization	6.9 (1.4)	7.5 (1.0)	9.3 (1.2)	6.2 (1.1)	4.3 (0.9)	5.3 (1.1)	3.9 (0.9)
Government health officials	4.9 (1.2)	5.8 (0.9)	6.0 (1.0)	2.2 (0.6)	3.2 (0.8)	3.7 (0.9)	2.2 (0.7)
Politicians	1.8 (0.7)	1.3 (0.4)	1.9 (0.6)	0.6 (0.4)	0.9 (0.4)	1.8 (0.6)	1.2 (0.5)
Delaware (Total N=4,803)							
Local health workers	14.4 (3.0)	8.6 (1.8)	9.6 (2.0)	6.8 (1.8)	20.3 (3.0)	13.5 (2.4)	16.5 (2.5)
Friends and family	10.2 (2.6)	11.3 (2.0)	10.5 (2.1)	11.5 (2.2)	12.9 (2.5)	8.7 (2.0)	6.4 (1.7)
World Health Organization	5.4 (1.9)	6.2 (1.6)	4.8 (1.5)	4.2 (1.4)	4.2 (1.5)	4.2 (1.4)	7.1 (1.8)
Government health officials	4.6 (1.8)	2.1 (0.9)	4.4 (1.4)	3.2 (1.2)	2.6 (1.2)	1.8 (0.9)	1.6 (0.8)
Politicians	1.1 (0.9)	1.0 (0.7)	1.2 (0.7)	0.2 (0.3)	2.5 (1.1)	1.8 (0.9)	0.8 (0.6)
District Of Columbia (Total N=NR**)							
Local health workers	NR**	NR**	NR**	NR**	NR**	NR**	NR**
Friends and family	NR**	NR**	NR**	NR**	NR**	NR**	NR**
World Health Organization	NR**	NR**	NR**	NR**	NR**	NR**	NR**
Government health officials	NR**	NR**	NR**	NR**	NR**	NR**	NR**
Politicians	NR**	NR**	NR**	NR**	NR**	NR**	NR**
Florida (Total N=130,469)							
Local health workers	9.1 (0.6)	10.0 (0.4)	10.1 (0.5)	8.9 (0.5)	16.4 (0.6)	17.9 (0.6)	16.9 (0.6)
Friends and family	10.5 (0.6)	12.1 (0.5)	11.8 (0.5)	12.1 (0.5)	8.8 (0.5)	9.7 (0.5)	9.4 (0.5)
World Health Organization	6.2 (0.5)	6.7 (0.4)	6.5 (0.4)	5.5 (0.4)	5.7 (0.4)	5.2 (0.4)	4.4 (0.3)
Government health officials	4.6 (0.4)	3.5 (0.3)	3.9 (0.3)	3.6 (0.3)	3.5 (0.3)	3.4 (0.3)	2.7 (0.3)
Politicians	1.1 (0.2)	1.2 (0.2)	1.4 (0.2)	1.0 (0.2)	1.2 (0.2)	1.3 (0.2)	1.0 (0.2)
Georgia (Total N=56,841)							
Local health workers	9.0 (0.8)	7.8 (0.6)	9.4 (0.6)	9.9 (0.7)	14.3 (0.8)	19.0 (0.9)	14.7 (0.9)
Friends and family	12.3 (0.9)	11.5 (0.7)	13.6 (0.8)	12.0 (0.8)	9.5 (0.7)	12.6 (0.8)	10.0 (0.8)
World Health Organization	5.2 (0.6)	5.5 (0.5)	5.2 (0.5)	5.7 (0.5)	4.8 (0.5)	5.0 (0.5)	4.3 (0.5)
Government health officials	3.7 (0.5)	4.3 (0.4)	2.5 (0.3)	4.0 (0.5)	2.3 (0.4)	2.9 (0.4)	2.5 (0.4)
Politicians	0.9 (0.3)	1.3 (0.2)	0.9 (0.2)	1.3 (0.3)	1.0 (0.2)	0.5 (0.2)	1.6 (0.3)
Hawaii (Total N=3,430)							
Local health workers	10.2 (2.9)	12.3 (2.3)	9.9 (2.2)	8.3 (2.4)	13.7 (2.9)	12.0 (2.7)	16.5 (3.1)

Friends and family	13.8 (3.3)	13.1 (2.4)	8.2 (2.1)	12.5 (2.9)	12.5 (2.8)	8.6 (2.3)	12.1 (2.7)
World Health Organization	9.5 (2.8)	11.1 (2.2)	8.2 (2.0)	9.4 (2.5)	4.7 (1.8)	3.8 (1.6)	2.3 (1.2)
Government health officials	4.1 (1.9)	6.7 (1.8)	0.9 (0.7)	6.2 (2.1)	4.0 (1.7)	3.1 (1.5)	3.7 (1.6)
Politicians	1.4 (1.1)	3.1 (1.2)	1.3 (0.8)	1.8 (1.2)	0.4 (0.5)	1.0 (0.8)	1.7 (1.1)
Idaho (Total N=10,944)							
Local health workers	11.1 (1.8)	12.1 (1.4)	9.5 (1.3)	10.3 (1.5)	15.3 (1.7)	18.2 (1.8)	16.4 (1.8)
Friends and family	11.0 (1.8)	13.5 (1.5)	7.8 (1.2)	15.0 (1.7)	9.4 (1.4)	9.0 (1.4)	8.5 (1.3)
World Health Organization	2.1 (0.8)	3.9 (0.8)	3.9 (0.8)	2.9 (0.8)	3.5 (0.9)	4.8 (1.0)	3.1 (0.8)
Government health officials	1.5 (0.7)	1.7 (0.6)	2.3 (0.6)	1.0 (0.5)	1.7 (0.6)	1.1 (0.5)	1.7 (0.6)
Politicians	0.8 (0.5)	0.6 (0.3)	0.5 (0.3)	0.4 (0.3)	0.4 (0.3)	0.5 (0.3)	0.3 (0.3)
Illinois (Total N=59,749)							
Local health workers	10.3 (0.8)	8.7 (0.6)	10.6 (0.7)	9.5 (0.7)	14.6 (0.8)	17.1 (0.9)	17.4 (0.9)
Friends and family	11.0 (0.8)	10.6 (0.6)	13.0 (0.7)	12.4 (0.8)	9.9 (0.7)	11.3 (0.7)	8.2 (0.7)
World Health Organization	9.3 (0.8)	6.4 (0.5)	6.3 (0.5)	7.3 (0.6)	4.3 (0.5)	5.0 (0.5)	3.9 (0.5)
Government health officials	3.7 (0.5)	3.5 (0.4)	4.1 (0.4)	3.7 (0.4)	3.2 (0.4)	2.8 (0.4)	2.1 (0.4)
Politicians	0.8 (0.2)	1.3 (0.2)	1.2 (0.2)	1.5 (0.3)	0.7 (0.2)	0.4 (0.2)	0.5 (0.2)
Indiana (Total N=43,848)							
Local health workers	7.6 (0.9)	10.0 (0.7)	9.0 (0.7)	7.8 (0.7)	13.8 (0.9)	16.0 (1.0)	16.8 (1.1)
Friends and family	10.4 (1.0)	11.8 (0.8)	11.1 (0.8)	12.6 (0.9)	10.6 (0.8)	9.0 (0.8)	8.8 (0.8)
World Health Organization	4.2 (0.7)	5.5 (0.6)	6.5 (0.6)	4.4 (0.6)	3.5 (0.5)	4.4 (0.6)	4.1 (0.6)
Government health officials	2.9 (0.5)	2.9 (0.4)	3.7 (0.5)	2.5 (0.4)	1.6 (0.3)	2.1 (0.4)	3.5 (0.5)
Politicians	0.7 (0.3)	0.6 (0.2)	1.3 (0.3)	0.6 (0.2)	0.3 (0.1)	0.5 (0.2)	0.9 (0.3)
Iowa (Total N=17,170)							
Local health workers	10.4 (1.5)	9.6 (1.1)	9.6 (1.0)	8.9 (1.1)	15.8 (1.3)	15.8 (1.4)	14.3 (1.3)
Friends and family	10.1 (1.4)	9.9 (1.1)	9.7 (1.1)	8.1 (1.0)	11.1 (1.2)	10.1 (1.1)	7.7 (1.0)
World Health Organization	4.4 (1.0)	4.8 (0.8)	4.8 (0.8)	5.9 (0.9)	5.9 (0.9)	3.2 (0.7)	3.1 (0.7)
Government health officials	4.7 (1.0)	3.3 (0.6)	3.4 (0.6)	2.7 (0.6)	2.8 (0.6)	1.9 (0.5)	1.7 (0.5)
Politicians	1.0 (0.5)	1.0 (0.4)	1.0 (0.4)	0.5 (0.3)	1.1 (0.4)	1.1 (0.4)	1.3 (0.4)
Kansas (Total N=16,106)							

Local health workers	10.9 (1.5)	7.7 (1.0)	9.0 (1.1)	8.7 (1.1)	12.3 (1.3)	16.9 (1.5)	17.8 (1.6)
Friends and family	13.5 (1.7)	13.0 (1.3)	10.8 (1.2)	11.2 (1.3)	9.3 (1.2)	7.2 (1.0)	9.9 (1.3)
World Health Organization	6.5 (1.2)	3.7 (0.7)	4.0 (0.8)	5.1 (0.9)	3.7 (0.8)	3.9 (0.8)	4.0 (0.8)
Government health officials	2.1 (0.7)	2.6 (0.6)	2.9 (0.6)	3.6 (0.7)	1.3 (0.5)	2.0 (0.6)	1.5 (0.5)
Politicians	1.3 (0.6)	0.4 (0.3)	0.8 (0.4)	0.6 (0.3)	0.9 (0.4)	0.9 (0.4)	0.5 (0.3)
Kentucky (Total N=32,855)							
Local health workers	9.4 (1.1)	7.8 (0.8)	6.6 (0.7)	9.4 (0.9)	13.2 (1.1)	14.3 (1.1)	15.6 (1.2)
Friends and family	14.8 (1.4)	8.9 (0.8)	12.3 (1.0)	12.0 (1.0)	9.7 (0.9)	9.4 (1.0)	8.9 (1.0)
World Health Organization	5.9 (0.9)	4.6 (0.6)	3.8 (0.6)	4.5 (0.7)	4.2 (0.6)	3.5 (0.6)	3.5 (0.6)
Government health officials	2.1 (0.6)	2.1 (0.4)	2.4 (0.5)	2.3 (0.5)	1.2 (0.3)	2.5 (0.5)	1.1 (0.4)
Politicians	1.2 (0.4)	0.5 (0.2)	1.1 (0.3)	1.1 (0.3)	0.4 (0.2)	0.4 (0.2)	0.5 (0.3)
Louisiana (Total N=32,692)							
Local health workers	9.4 (1.0)	9.2 (0.8)	9.6 (0.9)	9.2 (0.9)	14.0 (1.1)	17.9 (1.3)	16.7 (1.3)
Friends and family	11.3 (1.1)	11.6 (0.9)	10.3 (0.9)	10.6 (1.0)	9.3 (0.9)	11.0 (1.0)	9.2 (1.0)
World Health Organization	6.4 (0.9)	4.5 (0.6)	4.3 (0.6)	3.7 (0.6)	4.9 (0.7)	5.2 (0.7)	2.8 (0.6)
Government health officials	2.9 (0.6)	3.7 (0.5)	3.2 (0.5)	2.5 (0.5)	2.0 (0.4)	1.7 (0.4)	2.5 (0.5)
Politicians	1.4 (0.4)	1.6 (0.3)	1.2 (0.3)	0.9 (0.3)	1.1 (0.3)	1.2 (0.4)	1.5 (0.4)
Maine (Total N=8,198)							
Local health workers	9.1 (1.8)	9.6 (1.4)	8.7 (1.4)	11.2 (1.7)	14.4 (1.9)	15.5 (2.0)	12.0 (2.0)
Friends and family	9.9 (1.9)	9.3 (1.4)	7.5 (1.3)	9.8 (1.6)	8.8 (1.5)	8.9 (1.6)	9.0 (1.7)
World Health Organization	7.1 (1.6)	5.9 (1.1)	5.0 (1.1)	4.9 (1.2)	2.6 (0.9)	3.9 (1.1)	2.0 (0.8)
Government health officials	3.2 (1.1)	2.3 (0.7)	3.6 (0.9)	2.6 (0.9)	1.5 (0.7)	1.9 (0.7)	2.0 (0.8)
Politicians	0.8 (0.6)	0.3 (0.3)	0.9 (0.5)	1.1 (0.6)	0.9 (0.5)	0.5 (0.4)	0.7 (0.5)
Maryland (Total N=16,220)							
Local health workers	13.0 (1.6)	10.2 (1.1)	9.5 (1.1)	9.4 (1.2)	13.7 (1.4)	19.1 (1.6)	18.3 (1.7)
Friends and family	14.5 (1.6)	15.7 (1.3)	11.7 (1.2)	8.8 (1.2)	12.4 (1.3)	15.6 (1.5)	10.6 (1.4)
World Health Organization	8.9 (1.3)	9.4 (1.1)	7.9 (1.0)	6.8 (1.0)	4.6 (0.9)	7.0 (1.0)	6.9 (1.1)
Government health officials	4.4 (1.0)	6.3 (0.9)	5.3 (0.9)	4.4 (0.9)	2.2 (0.6)	3.7 (0.8)	4.5 (0.9)
Politicians	1.5 (0.6)	2.1 (0.5)	1.5 (0.5)	1.3 (0.5)	1.0 (0.4)	2.5 (0.6)	1.2 (0.5)

Massachusetts (Total N=17,217)							
Local health workers	13.2 (1.6)	12.8 (1.2)	9.9 (1.1)	11.5 (1.3)	14.9 (1.5)	19.3 (1.6)	16.0 (1.7)
Friends and family	13.4 (1.6)	14.9 (1.3)	10.2 (1.1)	9.6 (1.2)	10.5 (1.3)	12.8 (1.4)	8.7 (1.3)
World Health Organization	8.9 (1.3)	9.7 (1.1)	7.2 (0.9)	6.6 (1.0)	7.4 (1.1)	8.4 (1.2)	2.9 (0.8)
Government health officials	4.2 (0.9)	5.4 (0.8)	4.7 (0.8)	3.9 (0.8)	4.5 (0.9)	5.0 (0.9)	3.2 (0.8)
Politicians	2.0 (0.6)	2.1 (0.5)	1.2 (0.4)	1.4 (0.5)	1.7 (0.5)	3.0 (0.7)	1.0 (0.5)
Michigan (Total N=73,333)							
Local health workers	9.5 (0.8)	8.7 (0.6)	7.8 (0.5)	9.6 (0.6)	11.7 (0.7)	15.4 (0.8)	13.9 (0.8)
Friends and family	12.2 (0.8)	11.8 (0.6)	9.9 (0.6)	10.6 (0.7)	9.0 (0.6)	8.9 (0.6)	7.5 (0.6)
World Health Organization	5.6 (0.6)	4.7 (0.4)	4.6 (0.4)	5.5 (0.5)	3.3 (0.4)	3.6 (0.4)	3.3 (0.4)
Government health officials	3.7 (0.5)	2.8 (0.3)	2.4 (0.3)	3.9 (0.4)	1.9 (0.3)	2.1 (0.3)	1.7 (0.3)
Politicians	1.2 (0.3)	1.3 (0.2)	1.1 (0.2)	1.0 (0.2)	0.3 (0.1)	0.7 (0.2)	0.7 (0.2)
Minnesota (Total N=20,353)							
Local health workers	12.4 (1.6)	10.3 (1.1)	11.1 (1.2)	8.8 (1.1)	13.7 (1.3)	19.2 (1.5)	17.9 (1.5)
Friends and family	15.7 (1.7)	13.7 (1.2)	10.5 (1.1)	12.8 (1.3)	8.1 (1.0)	9.4 (1.1)	9.8 (1.1)
World Health Organization	4.5 (1.0)	7.3 (0.9)	5.1 (0.8)	4.8 (0.8)	4.2 (0.8)	5.6 (0.9)	5.3 (0.9)
Government health officials	3.5 (0.9)	3.1 (0.6)	3.8 (0.7)	2.7 (0.6)	2.7 (0.6)	2.1 (0.6)	2.8 (0.6)
Politicians	0.7 (0.4)	0.6 (0.3)	1.6 (0.5)	1.5 (0.5)	0.9 (0.4)	0.6 (0.3)	1.5 (0.5)
Mississippi (Total N=21,637)							
Local health workers	9.7 (1.3)	8.8 (1.0)	9.8 (1.1)	10.1 (1.1)	12.3 (1.3)	14.8 (1.4)	19.8 (1.7)
Friends and family	13.4 (1.4)	11.2 (1.1)	10.6 (1.1)	11.4 (1.2)	10.0 (1.2)	9.7 (1.1)	10.0 (1.2)
World Health Organization	6.6 (1.1)	3.8 (0.7)	5.2 (0.8)	3.5 (0.7)	4.7 (0.8)	3.5 (0.7)	3.7 (0.8)
Government health officials	3.6 (0.8)	3.9 (0.7)	3.6 (0.7)	3.2 (0.7)	2.6 (0.6)	2.1 (0.6)	2.6 (0.7)
Politicians	2.1 (0.6)	1.8 (0.4)	2.2 (0.5)	1.8 (0.5)	1.6 (0.5)	1.1 (0.4)	1.1 (0.4)
Missouri (Total N=38,419)							
Local health workers	8.7 (1.0)	8.3 (0.7)	8.3 (0.8)	7.5 (0.8)	12.0 (1.0)	14.1 (1.0)	14.4 (1.1)
Friends and family	11.3 (1.1)	10.8 (0.8)	13.7 (0.9)	10.6 (0.9)	8.6 (0.8)	8.6 (0.8)	6.5 (0.8)
World Health Organization	3.4 (0.6)	5.5 (0.6)	5.1 (0.6)	3.6 (0.5)	3.4 (0.5)	3.2 (0.5)	2.6 (0.5)
Government health officials	2.1 (0.5)	2.6 (0.4)	2.2 (0.4)	2.7 (0.5)	1.5 (0.4)	1.7 (0.4)	1.2 (0.3)

Politicians	0.7 (0.3)	0.4 (0.2)	0.8 (0.2)	0.7 (0.2)	0.5 (0.2)	0.8 (0.3)	0.4 (0.2)
Montana (Total N=7,138)							
Local health workers	8.5 (2.1)	7.0 (1.4)	7.5 (1.4)	8.8 (1.7)	12.3 (1.9)	17.8 (2.2)	14.6 (2.0)
Friends and family	7.7 (2.0)	11.3 (1.7)	10.6 (1.7)	12.6 (2.0)	8.8 (1.6)	9.9 (1.7)	7.9 (1.5)
World Health Organization	6.1 (1.8)	4.5 (1.1)	2.9 (0.9)	2.5 (0.9)	3.0 (1.0)	2.7 (0.9)	2.9 (1.0)
Government health officials	3.8 (1.4)	2.7 (0.9)	2.7 (0.9)	3.0 (1.0)	2.1 (0.8)	3.2 (1.0)	0.8 (0.5)
Politicians	0.3 (0.4)	0.1 (0.2)	0.7 (0.5)	1.7 (0.8)	1.4 (0.7)	1.0 (0.6)	0.2 (0.2)
Nebraska (Total N=7,954)							
Local health workers	10.8 (2.1)	9.3 (1.5)	12.1 (1.7)	9.8 (1.6)	12.6 (1.8)	17.4 (2.1)	14.1 (1.9)
Friends and family	11.0 (2.1)	10.2 (1.6)	9.7 (1.5)	10.4 (1.7)	7.5 (1.5)	10.0 (1.7)	11.2 (1.7)
World Health Organization	3.4 (1.2)	4.1 (1.0)	5.5 (1.2)	5.5 (1.2)	3.1 (1.0)	5.4 (1.3)	3.1 (0.9)
Government health officials	2.4 (1.0)	4.2 (1.0)	2.4 (0.8)	4.3 (1.1)	1.4 (0.7)	2.8 (0.9)	1.4 (0.6)
Politicians	0.6 (0.5)	1.9 (0.7)	1.3 (0.6)	1.1 (0.6)	0.4 (0.4)	0.8 (0.5)	0.9 (0.5)
Nevada (Total N=11,091)							
Local health workers	9.5 (1.7)	10.5 (1.3)	11.4 (1.4)	10.3 (1.4)	15.0 (1.7)	18.8 (1.9)	14.9 (1.7)
Friends and family	12.9 (1.9)	8.7 (1.2)	11.3 (1.4)	10.8 (1.5)	9.4 (1.4)	7.0 (1.2)	7.9 (1.3)
World Health Organization	6.9 (1.5)	6.3 (1.1)	8.0 (1.2)	5.8 (1.1)	5.8 (1.1)	5.3 (1.1)	4.6 (1.0)
Government health officials	2.9 (1.0)	4.3 (0.9)	3.7 (0.8)	5.4 (1.1)	3.9 (0.9)	3.1 (0.9)	2.2 (0.7)
Politicians	1.6 (0.7)	1.6 (0.6)	0.8 (0.4)	1.6 (0.6)	2.0 (0.7)	1.2 (0.5)	1.1 (0.5)
New Hampshire (Total N=6,019)							
Local health workers	8.6 (2.0)	7.6 (1.4)	11.6 (1.8)	10.4 (1.9)	16.0 (2.2)	21.5 (2.5)	15.4 (2.5)
Friends and family	10.6 (2.1)	11.0 (1.7)	11.8 (1.9)	7.7 (1.7)	14.8 (2.1)	9.2 (1.8)	7.2 (1.8)
World Health Organization	6.7 (1.7)	7.4 (1.4)	6.7 (1.4)	4.5 (1.3)	4.3 (1.2)	3.2 (1.1)	2.1 (1.0)
Government health officials	2.0 (1.0)	3.3 (0.9)	2.4 (0.9)	3.0 (1.1)	2.6 (1.0)	2.5 (1.0)	1.2 (0.8)
Politicians	1.2 (0.7)	1.2 (0.6)	0.8 (0.5)	2.2 (0.9)	1.6 (0.7)	0.5 (0.4)	0.8 (0.6)
New Jersey (Total N=31,285)							
Local health workers	11.6 (1.2)	9.8 (0.9)	9.6 (0.9)	10.1 (1.0)	18.3 (1.3)	22.3 (1.4)	19.5 (1.3)
Friends and family	12.0 (1.3)	11.8 (1.0)	13.3 (1.0)	10.2 (1.0)	9.8 (1.0)	11.6 (1.1)	12.3 (1.1)
World Health Organization	7.7 (1.0)	8.2 (0.8)	7.4 (0.8)	6.4 (0.8)	8.1 (0.9)	5.7 (0.8)	6.7 (0.9)

Government health officials	4.3 (0.8)	4.6 (0.6)	5.3 (0.7)	4.2 (0.7)	4.7 (0.7)	3.1 (0.6)	4.7 (0.7)
Politicians	1.3 (0.4)	1.9 (0.4)	1.9 (0.4)	1.2 (0.4)	2.2 (0.5)	1.5 (0.4)	1.3 (0.4)
New Mexico (Total N=12,294)							
Local health workers	8.2 (1.7)	11.1 (1.7)	10.8 (1.3)	9.1 (1.3)	16.6 (1.7)	15.3 (1.6)	16.4 (1.8)
Friends and family	12.3 (2.1)	13.3 (1.8)	10.6 (1.3)	11.1 (1.4)	11.5 (1.4)	11.7 (1.5)	8.7 (1.3)
World Health Organization	5.2 (1.4)	6.3 (1.3)	5.9 (1.0)	6.0 (1.1)	8.5 (1.3)	3.8 (0.9)	4.9 (1.0)
Government health officials	3.0 (1.1)	5.8 (1.3)	3.5 (0.8)	4.3 (0.9)	5.3 (1.0)	1.7 (0.6)	3.0 (0.8)
Politicians	1.3 (0.7)	2.5 (0.8)	1.7 (0.6)	1.5 (0.6)	1.8 (0.6)	0.5 (0.3)	0.4 (0.3)
New York (Total N=71,826)							
Local health workers	11.4 (0.8)	10.2 (0.6)	10.6 (0.6)	9.2 (0.6)	14.4 (0.7)	18.0 (0.8)	17.4 (0.8)
Friends and family	12.6 (0.8)	11.7 (0.6)	11.9 (0.6)	13.4 (0.7)	11.7 (0.7)	11.7 (0.7)	11.0 (0.7)
World Health Organization	6.9 (0.6)	7.4 (0.5)	8.4 (0.5)	8.0 (0.6)	6.1 (0.5)	6.6 (0.5)	5.6 (0.5)
Government health officials	5.5 (0.5)	4.6 (0.4)	4.8 (0.4)	4.7 (0.4)	3.7 (0.4)	3.2 (0.4)	3.3 (0.4)
Politicians	1.6 (0.3)	1.5 (0.2)	1.4 (0.2)	1.0 (0.2)	1.4 (0.2)	1.9 (0.3)	1.5 (0.3)
North Carolina (Total N=65,223)							
Local health workers	9.5 (0.8)	8.1 (0.6)	8.5 (0.6)	8.1 (0.6)	15.2 (0.8)	14.9 (0.8)	15.9 (0.9)
Friends and family	13.7 (0.9)	10.5 (0.6)	11.7 (0.7)	11.8 (0.8)	10.8 (0.7)	10.6 (0.7)	9.2 (0.7)
World Health Organization	6.0 (0.6)	5.8 (0.5)	6.1 (0.5)	6.1 (0.6)	5.5 (0.5)	3.1 (0.4)	5.3 (0.5)
Government health officials	3.4 (0.5)	3.0 (0.3)	3.8 (0.4)	3.5 (0.4)	3.0 (0.4)	1.4 (0.3)	3.2 (0.4)
Politicians	1.3 (0.3)	0.8 (0.2)	1.5 (0.3)	1.0 (0.2)	1.4 (0.3)	0.6 (0.2)	1.9 (0.3)
North Dakota (Total N=2,223)							
Local health workers	6.6 (2.2)	10.7 (2.2)	8.6 (2.1)	13.6 (2.8)	16.5 (2.9)	14.1 (2.5)	14.8 (2.6)
Friends and family	8.1 (2.5)	10.4 (2.2)	12.1 (2.4)	7.8 (2.2)	7.1 (2.0)	10.7 (2.2)	6.7 (1.9)
World Health Organization	5.8 (2.1)	4.1 (1.4)	3.0 (1.3)	3.6 (1.5)	5.8 (1.9)	4.0 (1.4)	3.0 (1.3)
Government health officials	1.2 (1.0)	3.7 (1.4)	2.5 (1.2)	1.0 (0.8)	4.1 (1.6)	1.0 (0.7)	3.0 (1.3)
Politicians	1.2 (1.0)	1.3 (0.8)	1.5 (0.9)	1.0 (0.8)	1.0 (0.8)	0.2 (0.4)	0.3 (0.4)
Ohio (Total N=82,021)							
Local health workers	9.5 (0.7)	9.1 (0.5)	9.4 (0.6)	7.2 (0.5)	13.7 (0.7)	14.5 (0.7)	14.9 (0.8)
Friends and family	10.7 (0.7)	10.2 (0.6)	9.2 (0.6)	11.0 (0.6)	8.7 (0.6)	8.1 (0.6)	8.2 (0.6)

World Health Organization	5.7 (0.6)	4.3 (0.4)	4.5 (0.4)	3.8 (0.4)	4.2 (0.4)	3.6 (0.4)	3.4 (0.4)
Government health officials	3.5 (0.4)	2.6 (0.3)	3.2 (0.3)	2.1 (0.3)	2.0 (0.3)	1.5 (0.2)	1.7 (0.3)
Politicians	1.1 (0.3)	1.0 (0.2)	0.6 (0.1)	0.6 (0.2)	0.8 (0.2)	0.6 (0.2)	0.5 (0.2)
Oklahoma (Total N=28,155)							
Local health workers	10.6 (1.2)	10.4 (0.9)	7.2 (0.8)	8.8 (0.9)	14.0 (1.1)	18.7 (1.3)	18.9 (1.4)
Friends and family	12.3 (1.3)	10.0 (0.9)	11.6 (1.0)	13.1 (1.1)	8.9 (0.9)	10.1 (1.0)	7.5 (0.9)
World Health Organization	4.8 (0.8)	6.7 (0.7)	5.4 (0.7)	5.8 (0.8)	4.9 (0.7)	4.8 (0.7)	3.2 (0.6)
Government health officials	3.4 (0.7)	3.9 (0.6)	2.1 (0.4)	3.2 (0.6)	2.4 (0.5)	3.2 (0.6)	2.8 (0.6)
Politicians	1.3 (0.4)	0.6 (0.2)	0.9 (0.3)	1.2 (0.4)	1.3 (0.4)	1.2 (0.4)	0.6 (0.3)
Oregon (Total N=20,354)							
Local health workers	13.4 (1.6)	9.8 (1.0)	9.8 (1.1)	10.0 (1.1)	11.7 (1.3)	15.9 (1.4)	15.3 (1.4)
Friends and family	12.5 (1.5)	13.7 (1.2)	11.3 (1.1)	12.3 (1.2)	10.5 (1.2)	9.9 (1.1)	10.0 (1.1)
World Health Organization	8.2 (1.3)	5.7 (0.8)	5.1 (0.8)	5.0 (0.8)	5.1 (0.9)	3.9 (0.7)	3.9 (0.7)
Government health officials	3.1 (0.8)	2.4 (0.5)	3.4 (0.7)	4.6 (0.8)	2.3 (0.6)	1.5 (0.5)	1.6 (0.5)
Politicians	0.3 (0.2)	0.8 (0.3)	0.8 (0.3)	0.6 (0.3)	1.0 (0.4)	1.1 (0.4)	1.3 (0.4)
Pennsylvania (Total N=74,222)							
Local health workers	9.9 (0.8)	9.9 (0.6)	9.2 (0.6)	8.0 (0.6)	11.1 (0.7)	15.4 (0.8)	16.0 (0.8)
Friends and family	11.2 (0.8)	12.4 (0.6)	11.3 (0.6)	10.3 (0.6)	10.4 (0.7)	10.2 (0.6)	8.9 (0.6)
World Health Organization	6.0 (0.6)	5.6 (0.5)	4.4 (0.4)	3.9 (0.4)	3.5 (0.4)	4.1 (0.4)	3.8 (0.4)
Government health officials	2.9 (0.4)	3.1 (0.3)	2.7 (0.3)	2.4 (0.3)	1.8 (0.3)	2.4 (0.3)	2.1 (0.3)
Politicians	1.1 (0.3)	1.0 (0.2)	0.6 (0.2)	0.8 (0.2)	0.7 (0.2)	0.8 (0.2)	0.9 (0.2)
Rhode Island (Total N=3,504)							
Local health workers	NR**	13.2 (2.5)	12.9 (2.7)	13.4 (2.9)	9.8 (2.5)	21.5 (3.7)	14.8 (3.0)
Friends and family	NR**	16.6 (2.8)	17.7 (3.1)	10.7 (2.6)	8.2 (2.3)	10.2 (2.7)	8.4 (2.4)
World Health Organization	NR**	11.7 (2.4)	10.7 (2.5)	9.1 (2.4)	6.6 (2.1)	6.2 (2.2)	1.8 (1.1)
Government health officials	NR**	6.7 (1.9)	3.7 (1.5)	7.6 (2.3)	1.8 (1.1)	2.1 (1.3)	0.4 (0.5)
Politicians	NR**	2.2 (1.1)	2.9 (1.4)	3.2 (1.5)	1.8 (1.2)	1.2 (1.0)	0.4 (0.5)
South Carolina (Total N=43,754)							
Local health workers	9.3 (0.9)	8.8 (0.7)	10.0 (0.8)	7.9 (0.7)	12.8 (1.0)	16.6 (1.0)	18.0 (1.1)

Friends and family	11.7 (1.0)	10.0(0.7)	10.7 (0.8)	9.6 (0.8)	10.0 (0.9)	9.4 (0.8)	10.3 (0.9)
World Health Organization	5.4 (0.7)	5.8 (0.6)	5.9 (0.6)	4.4 (0.6)	5.4 (0.7)	4.5 (0.6)	4.6 (0.6)
Government health officials	3.2 (0.5)	4.1 (0.5)	4.1 (0.5)	2.2 (0.4)	2.1 (0.4)	2.6 (0.4)	2.8 (0.5)
Politicians	1.0 (0.3)	1.0 (0.2)	1.7 (0.3)	0.8 (0.2)	1.3 (0.3)	0.8 (0.2)	1.2 (0.3)
South Dakota (Total N=4,203)							
Local health workers	11.2 (2.9)	11.4 (2.2)	12.6 (2.3)	8.1 (1.9)	14.5 (2.4)	13.9 (2.5)	11.5 (2.3)
Friends and family	8.2 (2.5)	16.4 (2.5)	13.7 (2.4)	9.9 (2.1)	8.8 (2.0)	11.6 (2.3)	8.6 (2.0)
World Health Organization	11.1 (2.8)	4.9 (1.5)	6.8 (1.8)	5.2 (1.6)	3.4 (1.3)	4.2 (1.5)	4.0 (1.4)
Government health officials	6.5 (2.2)	2.8 (1.1)	3.6 (1.3)	3.0 (1.2)	1.7 (0.9)	1.8 (1.0)	2.7 (1.2)
Politicians	1.2 (1.0)	1.0 (0.7)	2.6 (1.1)	0.7 (0.6)	0.2 (0.3)	1.4 (0.9)	2.2 (1.0)
Tennessee (Total N=45,290)							
Local health workers	10.6 (1.0)	9.4 (0.7)	10.1 (0.7)	8.8 (0.7)	13.6 (0.9)	14.8 (0.9)	16.1 (1.0)
Friends and family	11.9 (1.0)	10.9 (0.7)	12.1 (0.8)	11.5 (0.8)	10.2 (0.8)	9.9 (0.8)	9.5 (0.8)
World Health Organization	4.5 (0.7)	5.1 (0.5)	6.0 (0.6)	4.2 (0.5)	3.7 (0.5)	2.6 (0.4)	3.7 (0.5)
Government health officials	3.1 (0.5)	3.6 (0.4)	2.9 (0.4)	3.0 (0.4)	3.2 (0.5)	1.7 (0.3)	1.9 (0.4)
Politicians	1.9 (0.4)	1.0 (0.2)	0.6 (0.2)	1.0 (0.3)	1.1 (0.3)	1.1 (0.3)	0.9 (0.3)
Texas (Total N=135,136)							
Local health workers	11.7 (0.6)	9.8 (0.4)	10.3 (0.5)	9.0 (0.5)	15.5 (0.6)	17.1 (0.6)	18.2 (0.7)
Friends and family	14.5 (0.7)	12.3 (0.5)	11.5 (0.5)	11.4 (0.5)	12.0 (0.5)	9.4 (0.5)	10.0 (0.5)
World Health Organization	7.4 (0.5)	7.9 (0.4)	7.1 (0.4)	6.7 (0.4)	5.6 (0.4)	5.9 (0.4)	5.2 (0.4)
Government health officials	4.2 (0.4)	4.9 (0.3)	4.9 (0.3)	4.4 (0.3)	3.5 (0.3)	2.9 (0.3)	2.9 (0.3)
Politicians	1.6 (0.2)	1.6 (0.2)	1.3 (0.2)	1.4 (0.2)	0.9 (0.1)	1.4 (0.2)	1.0 (0.2)
Utah (Total N=12,705)							
Local health workers	10.5 (1.8)	14.0 (1.4)	10.8 (1.4)	12.7 (1.5)	13.8 (1.6)	21.7 (1.9)	13.7 (1.7)
Friends and family	14.8 (2.0)	15.9 (1.5)	11.9 (1.4)	15.2 (1.6)	9.7 (1.4)	12.6 (1.5)	9.6 (1.4)
World Health Organization	6.8 (1.4)	6.3 (1.0)	5.0 (1.0)	8.0 (1.2)	4.5 (1.0)	3.5 (0.8)	4.9 (1.0)
Government health officials	4.0 (1.1)	4.1 (0.8)	3.1 (0.8)	4.2 (0.9)	2.3 (0.7)	2.7 (0.7)	2.4 (0.8)
Politicians	0.9 (0.5)	0.6 (0.3)	1.7 (0.6)	1.8 (0.6)	0.5 (0.3)	0.6 (0.3)	2.0 (0.7)
Vermont (Total N=1,829)							

Local health workers	7.9 (2.6)	9.9 (2.8)	11.6 (2.9)	9.9 (2.9)	12.0 (2.9)	15.2 (3.4)	NR**
Friends and family	7.0 (2.5)	9.1 (2.7)	13.4 (3.1)	10.8 (3.0)	12.2 (2.9)	9.2 (2.7)	NR**
World Health Organization	2.4 (1.5)	4.8 (2.0)	5.3 (2.0)	7.9 (2.6)	6.6 (2.2)	5.0 (2.1)	NR**
Government health officials	2.3 (1.5)	3.0 (1.6)	3.6 (1.7)	3.3 (1.7)	4.2 (1.8)	2.2 (1.4)	NR**
Politicians	0.5 (0.7)	1.3 (1.0)	2.8 (1.5)	0.5 (0.7)	1.9 (1.2)	0.4 (0.6)	NR**
Virginia (Total N=47,966)							
Local health workers	9.7 (0.9)	10.0 (0.7)	10.1 (0.8)	9.9 (0.8)	14.8 (0.9)	17.1 (1.0)	17.0 (1.1)
Friends and family	12.1 (1.0)	12.8 (0.8)	12.7 (0.8)	11.0 (0.8)	10.1 (0.8)	11.9 (0.9)	10.7 (0.9)
World Health Organization	7.8 (0.8)	6.4 (0.6)	7.2 (0.7)	8.0 (0.7)	5.7 (0.6)	4.9 (0.6)	5.6 (0.6)
Government health officials	3.9 (0.6)	4.3 (0.5)	5.0 (0.5)	4.6 (0.5)	3.8 (0.5)	2.7 (0.4)	2.9 (0.5)
Politicians	0.9 (0.3)	1.6 (0.3)	1.5 (0.3)	1.7 (0.3)	1.5 (0.3)	0.8 (0.2)	0.3 (0.2)
Washington (Total N=30,329)							
Local health workers	14.7 (1.3)	12.9 (1.0)	9.3 (0.9)	8.7 (0.9)	16.4 (1.2)	14.9 (1.1)	16.1 (1.2)
Friends and family	11.6 (1.2)	13.9 (1.0)	9.9 (0.9)	11.5 (1.0)	11.8 (1.0)	9.6 (0.9)	9.6 (1.0)
World Health Organization	7.1 (1.0)	8.8 (0.8)	6.1 (0.7)	5.8 (0.7)	6.2 (0.8)	4.9 (0.7)	5.4 (0.7)
Government health officials	5.7 (0.9)	4.7 (0.6)	4.0 (0.6)	3.2 (0.6)	3.4 (0.6)	2.0 (0.4)	2.3 (0.5)
Politicians	1.3 (0.4)	0.7 (0.2)	1.1 (0.3)	0.5 (0.2)	0.9 (0.3)	0.8 (0.3)	0.3 (0.2)
West Virginia (Total N=15,529)							
Local health workers	7.2 (1.3)	6.2 (0.9)	8.2 (1.1)	9.2 (1.2)	11.4 (1.4)	11.7 (1.5)	11.2 (1.5)
Friends and family	9.4 (1.5)	11.3 (1.2)	10.0(1.2)	10.4 (1.3)	9.6 (1.3)	8.1 (1.2)	8.1 (1.3)
World Health Organization	3.7 (1.0)	4.9 (0.8)	4.3 (0.8)	5.1 (1.0)	4.2 (0.9)	4.9 (1.0)	1.9 (0.6)
Government health officials	2.1 (0.7)	1.8 (0.5)	2.5 (0.6)	3.3 (0.8)	2.1 (0.6)	1.3 (0.5)	2.2 (0.7)
Politicians	1.1 (0.5)	0.8 (0.3)	0.7 (0.3)	0.8 (0.4)	0.4 (0.3)	0.6 (0.3)	2.3 (0.7)
Wisconsin (Total N=25,854)							
Local health workers	9.7 (1.1)	8.9 (0.8)	9.9 (0.9)	8.4 (0.9)	13.9 (1.1)	13.6 (1.1)	12.1 (1.0)
Friends and family	11.2 (1.2)	11.7 (0.9)	10.4 (0.9)	11.0 (1.0)	8.3 (0.9)	6.8 (0.8)	6.2 (0.8)
World Health Organization	5.5 (0.9)	6.6 (0.7)	5.6 (0.7)	5.3 (0.7)	3.6 (0.6)	3.0 (0.6)	3.3 (0.6)
Government health officials	3.7 (0.7)	2.9 (0.5)	3.0 (0.5)	3.0 (0.5)	2.3 (0.5)	1.8 (0.4)	1.5 (0.4)
Politicians	0.8 (0.3)	0.6 (0.2)	1.6 (0.4)	0.9 (0.3)	0.6 (0.2)	0.5 (0.2)	0.6 (0.3)

Wyoming (Total N=3,346)							
Local health workers	9.0 (2.8)	7.5 (1.8)	7.1 (1.9)	7.8 (1.9)	12.0 (2.4)	11.3 (2.4)	11.4 (2.4)
Friends and family	10.0 (3.0)	9.8 (2.1)	8.7 (2.1)	9.7 (2.1)	8.2 (2.0)	4.9 (1.6)	7.2 (1.9)
World Health Organization	6.3 (2.4)	2.1 (1.0)	3.5 (1.3)	2.7 (1.2)	2.7 (1.2)	1.4 (0.9)	1.7 (1.0)
Government health officials	2.4 (1.5)	1.2 (0.8)	1.2 (0.8)	2.6 (1.1)	0.3 (0.4)	0.3 (0.4)	1.1 (0.8)
Politicians	1.4 (1.2)	1.2 (0.8)	0.3 (0.4)	0.7 (0.6)	0.9 (0.7)	0.3 (0.4)	0.3 (0.4)

* Non-Hispanic race/ethnicity groups.

** Not reported because not enough data were collected for aggregate reporting.

FACEBOOK

Payton Iheme and Genelle Adrien
U.S. Public Policy
Facebook

From: Payton Iheme
To: Katherine Morris; Crawford, Carol Y. (CDC/OD/OADC)
Cc: Genelle Adrien; Kate Thornton; Julia Eisman
Subject: Re: CMU/Facebook Survey Findings: Jan 10 - Feb 27
Date: Tuesday, March 16, 2021 2:17:13 PM

Thank you. You will all have seen that I extended the time on Thursday to allow for the discussion on the CMU survey.

Best,

Payton

From: Katherine Morris <katherinemorris@fb.com>
Date: Tuesday, March 16, 2021 at 10:43 AM
To: Payton Iheme <payton@fb.com>, Carol Crawford <cjy1@cdc.gov>
Cc: Genelle Adrien <genelleadrien@fb.com>, Kate Thornton <kthornton@fb.com>, Julia Eisman <juliaeisman@fb.com>
Subject: Re: CMU/Facebook Survey Findings: Jan 10 - Feb 27

Hi Payton and Carol,

Yes, that would work for us. Thank you! We are looking forward to the discussion.

All best,

Katherine

--

Katherine Ann Morris, PhD
Research Scientist | Demography and Survey Science
770 Broadway, New York, NY 10003
Facebook | Mobile (b)(6)

From: Payton Iheme <payton@fb.com>
Date: Tuesday, March 16, 2021 at 9:23 AM
To: "Crawford, Carol Y. (CDC/OD/OADC)" <cjy1@cdc.gov>
Cc: Katherine Morris <katherinemorris@fb.com>, Genelle Adrien <genelleadrien@fb.com>, Kate Thornton <kthornton@fb.com>, Julia Eisman <juliaeisman@fb.com>
Subject: Re: CMU/Facebook Survey Findings: Jan 10 - Feb 27

Thanks Carol.

Katherine,

Does that work for the research team as well?
Best,

Payton

Get Outlook for iOS

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Sent: Tuesday, March 16, 2021 9:21:20 AM
To: Payton Iheme <payton@fb.com>
Cc: Katherine Morris <katherinemorris@fb.com>; Genelle Adrien <genelleadrien@fb.com>; Kate Thornton <kthornton@fb.com>; Julia Eisman <juliaeisman@fb.com>
Subject: RE: CMU/Facebook Survey Findings: Jan 10 - Feb 27

I'm checking dates/times here but is it an option to add on to our 3pm on Thursday meeting and extend the time a bit? (I believe that might work for our Vaccine with Confidence team as they were attending the 3pm).

From: Payton Iheme <payton@fb.com>
Sent: Monday, March 15, 2021 1:25 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>; Singleton, James (CDC/DDID/NCIRD/ISD) <xzs8@cdc.gov>
Cc: Katherine Morris <katherinemorris@fb.com>; Genelle Adrien <genelleadrien@fb.com>; Kate Thornton <kthornton@fb.com>; Julia Eisman <juliaeisman@fb.com>
Subject: Re: CMU/Facebook Survey Findings: Jan 10 - Feb 27

Also, Katherine M./team and our regular team would like to set up a meeting to discuss the findings and receive your feedback. Would you let us know a few day/times this would work for you this week?

Best,

Payton

From: Payton Iheme <payton@fb.com>
Date: Monday, March 15, 2021 at 1:16 PM
To: Carol Crawford <cjy1@cdc.gov>, "Jorgensen, Cynthia (CDC/DDID/NCIRD/OD)" <cxj4@cdc.gov>, "Singleton, James (CDC/DDID/NCIRD/ISD)" <xzs8@cdc.gov>
Cc: Katherine Morris <katherinemorris@fb.com>, Genelle Adrien <genelleadrien@fb.com>, Kate Thornton <kthornton@fb.com>, Julia Eisman <juliaeisman@fb.com>
Subject: CMU/Facebook Survey Findings: Jan 10 - Feb 27

Hello CDC team,

As we discussed, following up on our commitment to share our survey data on vaccine uptake. We are sharing these findings regularly moving forward to help inform your teams and strategies. Attached are our findings from January 10 – February 27, 2021. Today, the report will be available online.

Note that highlights of the findings are up top, a robust executive summary follows, and then a deep dive into the methodology, greater detail on state trends, occupations, barriers to acceptance. etc. Hopefully, this format works for the various teams and audiences within CDC that may find this data valuable. We're also open to feedback on the formatting.

Please let us know if you have specific questions about the findings or the survey itself, we're happy to track down answers or book time.

Best,

FACEBOOK

Payton Iheme and Genelle Adrien
U.S. Public Policy
Facebook

From: Payton Iheme
To: Dempsey, Jay H. (CDC/OD/OADC); Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC)
Cc: Julia Eisman; Genelle Adrien; Chelsey LePage; Airton Tatoug Kamdem
Subject: Re: COVID-19 Outreach to communities worldwide
Date: Monday, February 8, 2021 5:44:24 PM

You bet.

Best,

Payton

From: "Dempsey, Jay H. (CDC/OD/OADC)" <ifb5@cdc.gov>
Date: Monday, February 8, 2021 at 5:28 PM
To: Payton Iheme <payton@fb.com>, Carol Crawford <cjy1@cdc.gov>, "Layton, Kathleen (CDC/OD/OADC)" <KYU6@cdc.gov>
Cc: Julia Eisman <juliaeisman@fb.com>, Genelle Adrien <genelleadrien@fb.com>, Chelsey LePage <chelseylepage@fb.com>, Airton Tatoug Kamdem <airtonkamdem@fb.com>
Subject: RE: COVID-19 Outreach to communities worldwide

Great – Thanks for the update Payton!

Jay H. Dempsey, M.Ed.
Social Media Team Lead, U.S. Centers for Disease Control and Prevention
My mobile no. has changed: (b)(6)
Follow us on Twitter
Join us on Facebook

From: Payton Iheme <payton@fb.com>
Sent: Monday, February 8, 2021 1:24 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>; Layton, Kathleen (CDC/OD/OADC) <KYU6@cdc.gov>
Cc: Julia Eisman <juliaeisman@fb.com>; Genelle Adrien <genelleadrien@fb.com>; Chelsey LePage <chelseylepage@fb.com>; Airton Tatoug Kamdem <airtonkamdem@fb.com>
Subject: COVID-19 Outreach to communities worldwide

Good afternoon Carol, Jay, and Kathleen,

We wanted to make sure you saw our announcements today about running the largest worldwide campaign to promote authoritative COVID-19 vaccine information and expanding our efforts to remove false claims on Facebook and Instagram about COVID-19, COVID-19 vaccines and vaccines in

general during the pandemic. More details are in our Newsroom: authoritative COVID-19 vaccine information and COVID-19 and vaccine misinformation.

Helping People Find Where and When They Can Get Vaccinated

- Starting this week, we'll feature links in the COVID-19 Information Center to local ministry of health websites to help people understand whether they're eligible to get vaccinated and how to do so.
- And in the coming weeks, as more information becomes available, we'll continue to improve this feature, making it easier for people to see where and when they can get vaccinated in just a few taps.

Sharing Credible Information About COVID-19 Vaccines

- We're working with health organizations and community leaders to run campaigns on our platform promoting accurate information about COVID-19 vaccines and encouraging people to get vaccinated.
- We're giving over $120 million in ad credits to help health ministries, NGOs and UN agencies reach billions of people around the world with COVID-19 vaccine and preventive health information.
- In the US, we're partnering with the Johns Hopkins Bloomberg School of Public Health to reach Native American communities, Black communities and Latinx communities, among others, with science and evidence-based content that addresses the questions and concerns these communities have.
- We're also working with AARP to reach Americans over 50 with educational content about COVID-19 vaccines, including Spanish-language content designed to reach Latinx and Hispanic communities.

Combating Vaccine Misinformation

- We are expanding our efforts to remove false claims on Facebook and Instagram about COVID-19, COVID-19 vaccines and vaccines in general during the pandemic. Since December, we've removed false claims about COVID-19 vaccines that have been debunked by public health experts.
- Today, following consultations with leading health organizations, including the World Health Organization (WHO), we are expanding the list of false claims we will remove to include additional debunked claims about the coronavirus and vaccines. We already prohibit these claims in ads.
- Groups, Pages and accounts on Facebook and Instagram that repeatedly share these debunked claims may be removed altogether. We are also requiring some admins for groups with admins or members who have violated our COVID-19 policies to temporarily approve all posts within their group.
- When people search for vaccine or COVID-19 related content on Facebook, we promote relevant, authoritative results and provide third-party resources to connect people to expert information about vaccines. On Instagram, in addition to surfacing authoritative results in

Search, in the coming weeks we're making it harder to find accounts in search that discourage people from getting vaccinated.

- As we noted last month in response to guidance from the Oversight Board, we are committed to providing more transparency around these policies. You can read the detailed updates in Facebook's Community Standards and in our Help Center.

Providing Data to Inform Effective Vaccine Delivery

- Last year, we began collaborating with Carnegie Mellon University Delphi Research Group and the University of Maryland on COVID-19 surveys about symptoms people are experiencing, mask wearing behaviors and access to care. With over 50 million responses to date, the survey program is one of the largest ever conducted and has helped health researchers better monitor and forecast the spread of COVID-19.
- To help guide the effective delivery of COVID-19 vaccines, the survey data will provide a better understanding of trends in vaccine intent across sociodemographics, race, geography and more. The scale of the survey will also allow for faster updates on changes in trends, such as whether vaccine intent is going up or down in California in a given week and better insights on how vaccine intent varies at a local level. We'll share these new insights including vaccine attitudes at a county level in the US as well as globally.

These new policies and programs will help us continue to take aggressive action against misinformation about COVID-19 and vaccines and help people find where and when they can get vaccinated. You can read more about how we're supporting COVID-19 relief efforts and keeping people informed at our COVID-19 action page.

-On Behalf of the Facebook team

FACEBOOK

Payton Iheme
U.S. Public Policy
Facebook

From: Payton Iheme
To: Crawford, Carol Y. (CDC/OD/OADC); Carrie Adams
Cc: Genelle Adrien
Subject: Re: CV19 misinfo reporting channel
Date: Monday, May 10, 2021 3:28:54 PM

Hi Carol,

Genelle just went on (b)(6) We are very excited for her and (b)(6)
As such, we didn't want you to be a surprised that Carrie will pick up on the threads where Genelle was leading starting today.

That will include this one with scheduling training for the government case work project.

Best,

Payton

From: Carol Crawford <cjy1@cdc.gov>
Date: Monday, May 10, 2021 at 12:25 PM
To: Genelle Adrien <genelleadrien@fb.com>
Cc: Payton Iheme <payton@fb.com>, Carrie Adams <carrieadams@fb.com>
Subject: RE: CV19 misinfo reporting channel

I'm so sorry – I'm out all day May 17 for a (b)(6) can we pick another one? My fault!

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Friday, May 7, 2021 11:27 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Iheme <payton@fb.com>; Carrie Adams <carrieadams@fb.com>
Subject: Re: CV19 misinfo reporting channel

Hi Carol – Following up from our meeting yesterday. It looks like Monday, May 17th at 12:00pm will work for onboarding meeting. The overlaps with your standing Census meeting you mentioned. We will plan to invite the email addresses below (those being onboarded).

Please let me know if any flags on your end.

Best,
Genelle

FACEBOOK
Genelle Quarles Adrien
Politics & Government Outreach
e: genelleadrien@fb.com | w: facebook.com/gpa

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Date: Tuesday, April 27, 2021 at 11:21 AM
To: Genelle Adrien <genelleadrien@fb.com>
Cc: Payton Iheme <payton@fb.com>, Carrie Adams <carrieadams@fb.com>
Subject: RE: CV19 misinfo reporting channel

Ugh, so sorry I missed this. It looks correct but I think so might have access already, but not sure.

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Tuesday, April 27, 2021 11:05 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Iheme <payton@fb.com>; Carrie Adams <carrieadams@fb.com>
Subject: Re: CV19 misinfo reporting channel

Hi Carol – Hope the week is off to a good start. I wanted to bump this and see if you had any edits/additions to the onboarding list below.

Let us know if you have any questions.

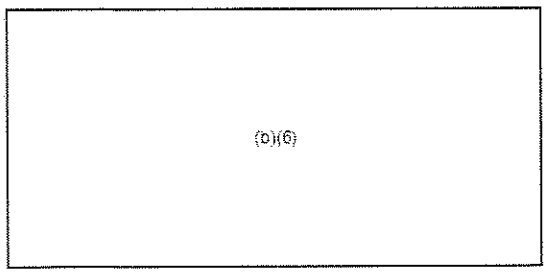
Best,
Genelle

From: Genelle Adrien <genelleadrien@fb.com>
Date: Tuesday, April 13, 2021 at 3:50 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Iheme <payton@fb.com>, Chelsey Lepage <chelseylepage@fb.com>
Subject: CV19 misinfo reporting channel

Hi Carol – Hope the week is off to a good start. We're working to get our COVID-19 misinfo channel up for CDC and Census colleagues. Could you kindly confirm if the below emails are correct for onboarding to the reporting channel and if there are others you'd like to include?

Please let me know if you have any questions.

Thank you!
Genelle



- nve8@cdc.gov
- (b)(6)

FACEBOOK
Genelle Quarles Adrien
Politics & Government Outreach
e: genelleadrien@fb.com | w: facebook.com/gpa

Attaching the latest CrowdTangle content insights report for the period of February 24-March 10 (attached). Here's the quick summary:

(b)(4)

This week, we also are including a one-off content insights report we did looking at Spanish-language content relevant to the US, which we thought might be interesting for you (as always, please do not share externally).

Let us know if you have any questions or particular keywords/topics you'd like us to explore for the next report.

Thanks,
Kelly

From: Kelly Perron <kperron@fb.com>
Date: Monday, March 1, 2021 at 6:03 PM
To: "Crawford, Carol Y. (CDC/OD/OADC)" <cjy1@cdc.gov>
Cc: Lauren Balog Wright <lbw@fb.com>, Payton Iheme <payton@fb.com>, Chelsey Lepage <chelseylepage@fb.com>
Subject: Re: Crowd Tangle COVID-19 reports

And adding in Chelsey, apologies!

From: Kelly Perron <kperron@fb.com>
Date: Monday, March 1, 2021 at 5:47 PM

From: Stanley Onyimba
To: Mullins, Scott R. (CDC/OD/OADC) (CTR)
Cc: Hadar Shkolnik; Yael Grossman Levy; Jan Antonaros; McDaniel, Rebecca (CDC/OD/OADC); Smith, Fred (CDC/OD/OADC); Crawford, Carol Y. (CDC/OD/OADC)
Subject: Re: Google Knowledgebase Update
Date: Tuesday, May 4, 2021 3:04:59 PM

Thanks, Scott! We'll make the changes in the next update cycle.

On Tue, May 4, 2021, 12:00 PM Mullins, Scott R. (CDC/OD/OADC) (CTR) <svm8@cdc.gov> wrote:

> Hi Stanley,
>
> We updated the markup for the Treatments Tab to reflect the change below. It is now live on https://www.cdc.gov/coronavirus/2019-nCoV/index.html .
>
> Thanks,
>
> Scott
>
> **From:** McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
> **Sent:** Monday, May 3, 2021 1:33 PM
> **To:** Mullins, Scott R. (CDC/OD/OADC) (CTR) <svm8@cdc.gov>
> **Subject:** RE: Google Knowledgebase Update
>
> Hey Scott,
>
> My mistake – can you please add the highlighted content back in to the Treatments Tab at the bottom?
>
> **Treatment Tab (under Medical treatments)**
>
> Treatments used for COVID-19 should be prescribed by your healthcare provider. People have been seriously harmed and even died after taking products not approved for COVID-19, even products approved or prescribed for other uses. Your healthcare provider will decide on what approach to take for your treatment.
>
> Your healthcare provider also may recommend the following to relieve symptoms and support your body's natural defenses.

- Taking medications, like acetaminophen or ibuprofen, to reduce fever.
- Drinking water or receiving intravenous fluids to stay hydrated.
- Getting plenty of rest to help the body fight the virus.

If someone is showing emergency warning signs, get medical care immediately. Emergency warning signs include:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

Becky McDaniel

Cell: (b)(6)

From: Mullins, Scott R. (CDC/OD/OADC) (CTR) <svm8@cdc.gov>
Sent: Monday, April 26, 2021 3:33 PM
To: Stanley Onyimba <sonyimba@google.com>; Hadar Shkolnik <hadarth@google.com>; Yael Grossman Levy <yaelgro@google.com>; Jan Antonaros <jantonaros@google.com>
Cc: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Smith, Fred (CDC/OD/OADC) <evp9@cdc.gov>; McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: RE: Google Knowledgebase Update

Hi Stanley,

Were there any problems with these changes? We haven't seen any feedback or seen these updates reflected in the Knowledgebase.

If there were problems let me know and I'll work to address them.

Thanks,

Scott

From: Mullins, Scott R. (CDC/OD/OADC) (CTR)
Sent: Tuesday, April 13, 2021 3:01 PM
To: Stanley Onyimba <sonyimba@google.com>; Hadar Shkolnik <hadarth@google.com>; Yael Grossman Levy <yaelgro@google.com>; Jan Antonaros <jantonaros@google.com>
Cc: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Smith, Fred (CDC/OD/OADC) <evp9@cdc.gov>; McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: RE: Google Knowledgebase Update

Hi Stanley and company,

We have made the following edits to the JSON+LD markup for the knowledgebase.

Prevention Tab

To help prevent the spread of COVID-19:

- Wear a mask to protect yourself and others and stop the spread of COVID-19.
- Stay at least 6 feet (about 2 arm lengths) from others who don't live with you.
- Avoid crowds and poorly ventilated spaces. The more people you are in contact with, the more likely you are to be exposed to COVID-19.
- Get a COVID-19 vaccine when it's available to you.
- Clean your hands often, either with soap and water for 20 seconds or a hand sanitizer that contains at least 60% alcohol.
- Avoid close contact with people who are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean frequently touched objects and surfaces daily. If someone is sick or has tested positive for COVID-19, disinfect frequently touched surfaces.

- Monitor your health daily.

Treatment Tab (under Medical treatments)

Treatments used for COVID-19 should be prescribed by your healthcare provider. People have been seriously harmed and even died after taking products not approved for COVID-19, even products approved or prescribed for other uses. Your healthcare provider will decide on what approach to take for your treatment.

Your healthcare provider also may recommend the following to relieve symptoms and support your body's natural defenses.

- Taking medications, like acetaminophen or ibuprofen, to reduce fever.
- Drinking water or receiving intravenous fluids to stay hydrated.
- Getting plenty of rest to help the body fight the virus.

These are live, https://www.cdc.gov/coronavirus/2019-nCoV/index.html .

Thanks,

Scott

From: McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Sent: Monday, April 12, 2021 3:01 PM
To: Mullins, Scott R. (CDC/OD/OADC) (CTR) <svm8@cdc.gov>
Cc: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Smith, Fred (CDC/OD/OADC) <evp9@cdc.gov>
Subject: Google Knowledgebase Update

Hi Scott,

Please see edits below for the Prevention and Treatment tabs. Please let me know if you have any questions.

(b)(5)

(b)(5)

Becky McDaniel
Health Communication Specialist
(404) 536-6002

From: Stanley Onyimba
To: Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD)
Cc: Crawford, Carol Y. (CDC/OD/OADC); LaPorte, Kathleen (CDC/DDID/NCIRD/ID); Jan Antonaros
Subject: Re: Google meeting at 4
Date: Tuesday, February 16, 2021 11:42:41 PM

Thanks for sharing these key messages, Rosie!

On Tue, Feb 16, 2021 at 1:09 PM Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov> wrote:

1. **Protect Yourself and others from COVID-19**

   Even after vaccination, we need to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions.

   - Wearing a mask over your nose and mouth
   - Staying at least 6 feet away from others
   - Avoiding crowds
   - Avoiding poorly ventilated spaces
   - Washing your hands often

2. **Use the hashtag #SleeveUp**

   Vaccination works better when we do it together. #SleeveUp for a future safe from #COVID19.

3. **Help stop the pandemic by getting vaccinated**

COVID-19 vaccination is an important tool to help us resume life.

4. **Millions of people have safely received a COVID-19 vaccine**

   Millions of people in the United States have received COVID-19 vaccines, and these vaccines are undergoing the most intensive safety monitoring in U.S. history.

5. **K–12 schools** should be the last settings to close after all other mitigation measures in the community have been employed, and the first to reopen when they can do so safely.

- All schools should use and layer mitigation strategies.
- Schools providing in-person instruction should prioritize two mitigation strategies:
  - Universal and correct use of masks should be required.
  - Physical distancing (at least 6 feet) should be maximized to the greatest extent possible.

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Sent: Tuesday, February 16, 2021 2:06 PM
To: Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>
Cc: LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>
Subject: Google meeting at 4

They said they do want to discuss vaccines: (b)(5) in addition to general timelines/key messages for upcoming campaigns."

Hoping you have his updated appt but if not here is the right teams info:

Join on your computer or mobile app

Click here to join the meeting

Or call in (audio only)

(b)(6) United States, Atlanta

United States (Toll-free)

Phone Conference ID: (b)(6) #

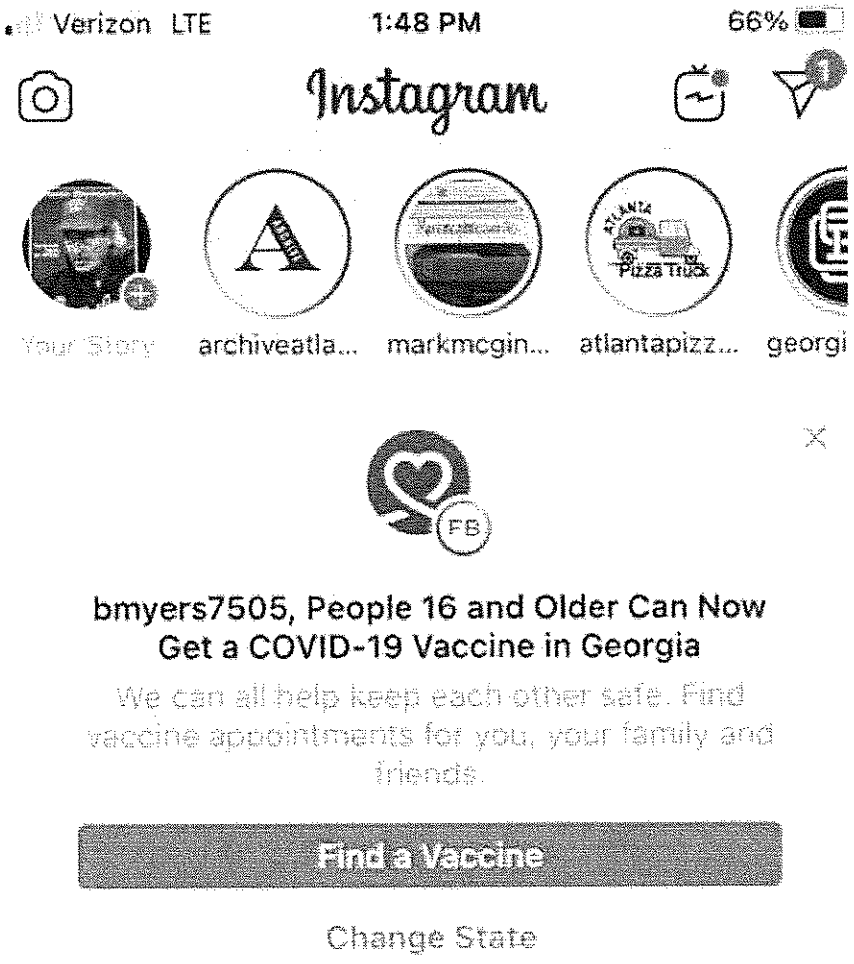
Find a local number | Reset PIN

Learn More | Meeting options

-- Stanley Onyimba | Global Product Partnerships | sonyimba@google.com

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Iheme; Genelle Adrien; Chelsey Lepage
Subject: Reported Issue on Instagram
Date: Thursday, April 29, 2021 1:57:00 PM

I've been told this link isn't working when it appears for people. As you know we are moving vaccinefiner.org over to a .gov tomorrow but not sure if this issue is related. I do not see it so I cannot see what the problem is. Find vaccine doesn't do anything when clicked.



Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs
OADC
ccrawford@cdc.gov
404-498-2840

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Iheme; Carrie Adams
Subject: Thursday"s meeting - Ask for phone and texting related to vaccines.gov
Date: Tuesday, May 11, 2021 11:30:00 AM

Payton – I was hoping to discuss how Facebook/Instagram/Etc. could help WH/HHS/CDC to promote the other ways to access the vaccinefinder (vaccines.gov) call and text numbers? WH/HHS asked me to reach out on their behalf for all of us.

Thanks!

Text your **zip code** to (b)(6)

Call (b)(6)

From: Dempsey, Jay H. (CDC/OD/OADC)
Sent: Fri, 11 Jun 2021 16:30:57 +0000
To: Julia Eisman
Cc: Crawford, Carol Y. (CDC/OD/OADC)
Subject: CDC Ads
Attachments: VTF Paid Ads Content draft 6.8 VTF_aeh prp9 JIC Clean.docx, FINAL_Appeals_testing_messages_6.4.21_clean.docx

Hi Julia- Following up on yesterday's call, I saw that some of the ads that I mentioned as coming to Facebook were review were sent practically as soon as we closed the call. But, sending these your way in case you have any insights on adjusting the ads spends or any other details to optimize their performance. I'm also sharing these with Code 3 to see if they have thoughts on how to improve the creative on future runs using similar assets. Thanks again for pointing us in their direction!

Best-

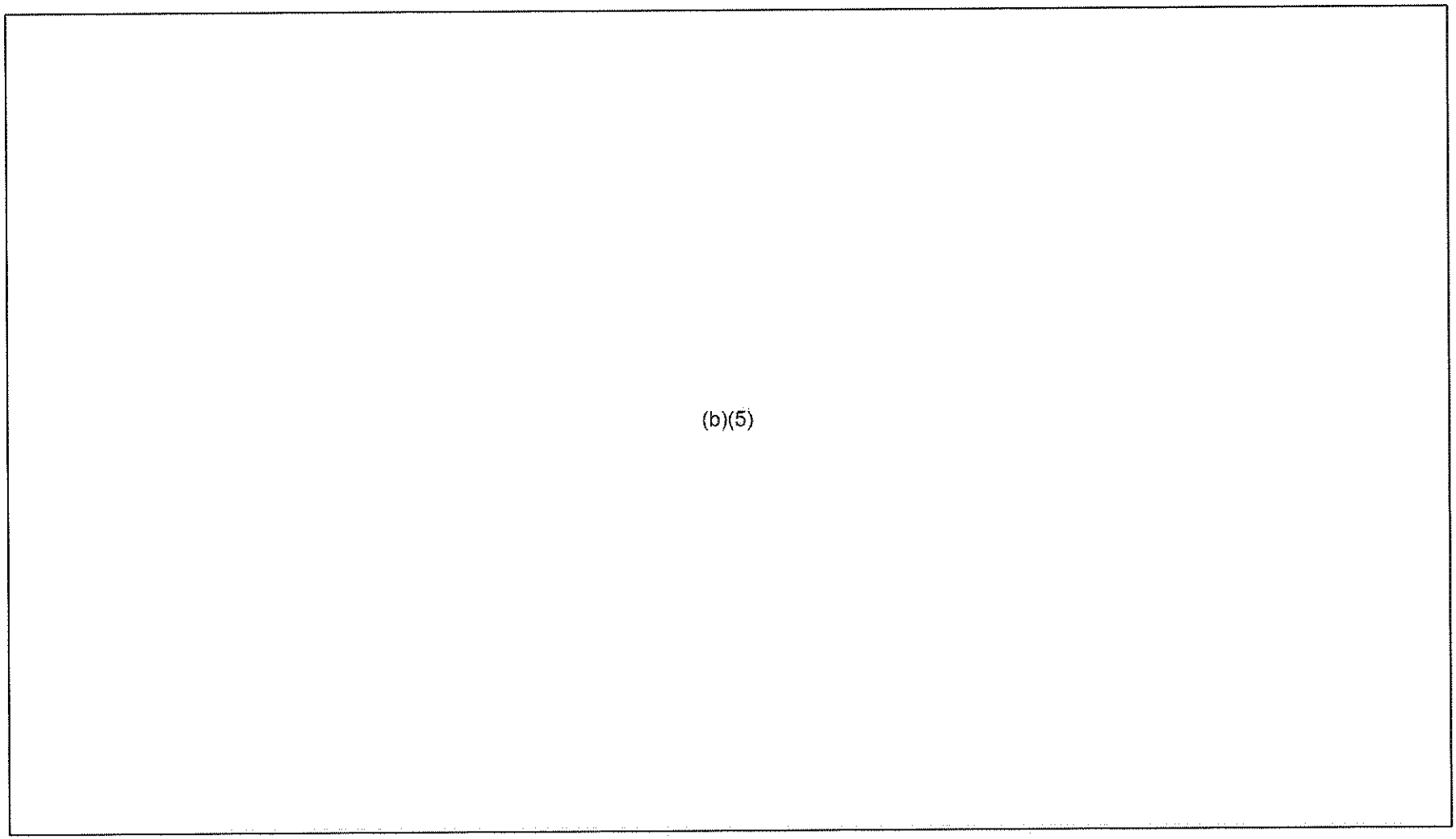
Jay

Jay H. Dempsey, M.Ed.
Social Media Team Lead, Digital Media Branch, Division of Public Affairs
Office of the Associate Director for Communication,
U.S. Centers for Disease Control and Prevention

TELEWORKING
Mobile: (b)(6)
Follow us on Twitter
Join us on Facebook

Template for OADC Social Media Paid Ads

Send completed table to XYZ for review and feedback



(b)(5)

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(b)(5)

(b)(5)

(b)(5)

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Thu, 4 Mar 2021 18:58:01 +0000
To: LaPorte, Kathleen (CDC/DDID/NCIRD/ID);Jorgensen, Cynthia (CDC/DDID/NCIRD/OD);Sokler, Lynn (CDC/OD/OADC);CDC IMS JIC Lead -2
Cc: Cory, Janine (CDC/DDID/NCIRD/DVD);Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD);CDC IMS JIC OADC LNO -2;Dempsey, Jay H. (CDC/OD/OADC);LaPorte, Kathleen (CDC/DDID/NCIRD/ID);Layton, Kathleen (CDC/OD/OADC);Vazquez, Germaine (ATSDR/OCOM)
Subject: Re: Awareness: Facebook "I got a COVID-19 Vaccine" frame

(b)(5)
(b)(5) When I get a copy, I'll share. They would like to launch it around March 15.

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Monday, March 1, 2021 11:19 AM
To: LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>; Jones, Christopher M. (CDC/DDNID/NCIPC/OD) <FJR0@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; CDC IMS JIC Lead -2 <eocjiclead2@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>
Cc: Cory, Janine (CDC/DDID/NCIRD/DVD) <jyc5@cdc.gov>; Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>; CDC IMS JIC OADC LNO -2 <eocevent202@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: RE: Awareness: Facebook "I got a COVID-19 Vaccine" frame

Update: Looks like (b)(5)
(b)(5) I'll keep you posted.

From: LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>
Sent: Monday, March 1, 2021 8:53 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>; Jones, Christopher M. (CDC/DDNID/NCIPC/OD) <FJR0@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; CDC IMS JIC Lead -2 <eocjiclead2@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>
Cc: Cory, Janine (CDC/DDID/NCIRD/DVD) <jyc5@cdc.gov>; Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>; CDC IMS JIC OADC LNO -2 <eocevent202@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: RE: Awareness: Facebook "I got a COVID-19 Vaccine" frame

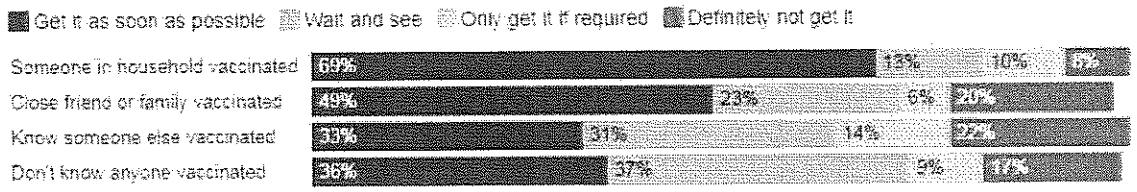
Hi All,

Also, some additional information from KFF showing the benefit of people sharing their own vaccine experience with their network.
KFF COVID-19 Vaccine Monitor: February 2021 | KFF

Figure 11

Those With Closer Connections To People Who Have Been Vaccinated Are More Likely To Say They'll Get Vaccinated As Soon As Possible

When an FDA approved vaccine for COVID-19 is available to you for free, do you think you will...?



NOTE: Among those who have not been vaccinated for COVID-19. See topline for full question wording
SOURCE: KFF COVID-19 Vaccine Monitor (Feb. 16-Feb. 23, 2021) • Download PNG

KFF COVID-19 Vaccine Monitor

We also saw positive interaction our flu campaign **#SleeveUp to #FightFlu** effort on social media.

-KLP

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Sent: Friday, February 26, 2021 4:57 PM
To: Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>; Jones, Christopher M. (CDC/DDNID/NCIPC/OD) <FJR0@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; CDC IMS JIC Lead -2 <eocjiclead2@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>
Cc: Cory, Janine (CDC/DDID/NCIRD/DVD) <jyc5@cdc.gov>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>; CDC IMS JIC OADC LNO -2 <eocevent202@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: RE: Awareness: Facebook "I got a COVID-19 Vaccine" frame

Answering what I have read so far in one e-mail….

Cynthia - (b)(5)

(b)(5)

From: Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>
Sent: Friday, February 26, 2021 4:46 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Jones, Christopher M. (CDC/DDNID/NCIPC/OD) <FJR0@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; CDC IMS JIC Lead -2 <eocjiclead2@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>
Cc: Cory, Janine (CDC/DDID/NCIRD/DVD) <jyc5@cdc.gov>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>; CDC IMS JIC OADC LNO -2 <eocevent202@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: RE: Awareness: Facebook "I got a COVID-19 Vaccine" frame

(b)(5)

Cynthia
JIC Co-Lead(March April)
CDC COVID-19 Emergency Response

Permanent Position
Associate Director for Communication
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
1600 Clifton Road, Atlanta, GA 30333

☎ Tel.: (404) 718-8534
✉ Email: cxj4@cdc.gov

,

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Sent: Friday, February 26, 2021 4:37 PM
To: Jones, Christopher M. (CDC/DDNID/NCIPC/OD) <FJR0@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; CDC IMS JIC Lead -2 <eocjiclead2@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>; Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>
Cc: Cory, Janine (CDC/DDID/NCIRD/DVD) <jyc5@cdc.gov>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>; CDC IMS JIC OADC LNO -2 <eocevent202@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: Awareness: Facebook "I got a COVID-19 Vaccine" frame

Facebook has approached CDC (and HHS) about creating a single US "frame" where people who have been vaccinated can change their profile picture to indicate they have received their COVID vaccine.

(b)(5) In a nutshell,

(b)(4)

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Wed, 12 May 2021 15:46:46 +0000
To: Layton, Kathleen (CDC/OD/OADC);Dempsey, Jay H. (CDC/OD/OADC);jennifer.shopkorn@census.gov;CLewitzke@reingold.com;shuxley@reingold.com;kstanley@reingold.com;Carrie Adams;Payton Iheme;Sokler, Lynn (CDC/OD/OADC);Galatas, Kate (CDC/OD/OADC)
Subject: Training for Facebook's Misinfo Reporting Channel

Holding 1 hour but expect it to be closer to 30 minutes.

Join ZoomGov Meeting
(b)(6)

Meeting ID: (b)(6)
Passcode: (b)(6)
One tap mobile
(b)(6) US (San Jose)
US (New York)

Dial by your location
(b)(6) US (San Jose)
US (New York)
US (San Jose)
US
Meeting ID: (b)(6)
Passcode: (b)(6)
Find your local number: (b)(6)

From: Claire Wardle (Google Docs)
Sent: Fri, 09 Jul 2021 10:55:06 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: CDC Draft Curriculum

Claire Wardle resolved comments in the following document

CDC Draft Curriculum

Resolved
3
comments

Resolved

Comments

Introduction to effective fact-checks and filling information and content gaps: how to word headlines or fact-checks without causing more harm.

E El Wil

...what about increasing collabs with factcheckers? How to work with journos more effectively?

Claire Wardle New

Marked as resolved

ReplyOpen

Messages

E El Wil

How about straight up content? Not just messages? Thinking about tailored, culturally relevant content in many languages and formats....

Claire Wardle New

Marked as resolved

ReplyOpen

Tuesday – Introduction to Social Listening

El Wil

Stealing from Terri, but maybe we consider adding "observations" meaning understanding interactions such as an AMA or community dynamics such as holistic or mommy communities and community norms and how they can hamper or accelerate misinfo/info voids...

El Wil

Another important component to this: recognizing the limitations of social listening; e.g. the iceberg problem, and listing a more fulsome set of data sources HD staff may have access to such as tip lines, surveys, especially with a focus on offline/rural/disproportionately affected pops

El Wil

Also, I think we need mention of access and equity here--communities with limited health or network access are also more likely to be vulnerable to lower vaccine uptake and outbreaks. Systems we use are meant for English speakers and are inherently biased. We should unpack this so that assumptions are not made based on limited data collection on only a small number of platforms.

Claire Wardle New

Marked as resolved

ReplyOpen

From: Nuadum Konne (Google Docs)
Sent: Tue, 16 Feb 2021 14:13:37 -0800
To: Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: Healthcare Worker survey questions_protocol_v1

Nuadum Konne resolved comments in the following document

Healthcare Worker survey questions_protocol_v1

Resolved
2
comments

Resolved

Comments

Now, I'm going to read a series of phrases regarding the COVID-19 vaccine and I'd like you to let me know if you've heard them with a yes or no. COVID-19 vaccine (mRNA) causes an irreversible damage to your genes Vaccinated kids are not as healthy as unvaccinated kids COVID-19 vaccines caused deaths in the U.S. Vaccine contains microchips Vaccines contain aborted fetal cells

A Atsuyoshi Ishizumi

I wonder if we can just explore these as probes under Q1 as opposed to reading them aloud... for example, "have you heard anything specifically about mRNA vaccine platform? If so, can you explain? Do you believe it to be true?" or something like that

N Nuadum Konne

This is a good idea and I'm ok with either set up, will defer to Halim.

E Elodie Ho

agree with the comments above, since the predominant rumors can be different in each country. So would suggest a probe instead.

J Jessica Kolis

So does this feed into the same issue as the quant survey that we are putting rumors out there we don't need to? Can we just solicit rumors and maybe give categories? For example? Have you heard rumors about COVID-19 related to....

- Vaccine effectiveness
- Vaccine safety

etc?

N Nuadum Konne

Thank you for the suggestion, I think a variation between and Atsu's suggestions works!

N Nuadum KonneNew

Marked as resolved

ReplyOpen

[Ask if they answer Q1] What is your impression of these rumors on your health seeking behavior? From your perspective, do you think COVID-19 vaccine misinformation has impacted your health seeking behavior?

N Nuadum Konne

Which question makes more sense?

A Atsuyoshi Ishizumi

I think I like Q2 better! Maybe we can ask more directly how these rumors have changed how they feel about COVID-19 vaccines?

N Nuadum Konne

awesome! and agreed, a follow up question on how the rumors have changed how they feel about COVID-19 vaccines is great. Jess and others to weigh in.

E Elodie Ho

agree with editing the question and focus on vaccine perception instead of health seeking behaviors, since we will interview CHWs. Should we be even more specific on the behavior and ask about their willingness to get vaccinated?

N Nuadum Konne

Totally agree on this front, and we have specific questions on perceptions and willingness to get vaccinated in the survey section. Ideally, we would select participants for the in-depth interview based on their stated interests from the survey so I think we would have data around their willingness to get vaccinated from their survey response, but might be worth asking here too.

J Jessica Kolis

Can we do that with declassifying (select people based on their responses)? If so then some of my comments above aren't needed. Are we worried about their behaviors or patients? I think the 2nd questions is better and like's Atsu's edit.

I don't think it would hurt to ask about their willingness to get vaccinated, it might give us more information then the 5 scale we have.

N Nuadum Konne

Love the discussion on this question. I definitely don't think it would hurt to include a question on their willingness to get vaccinated here.

a aurelie skrobik

agree with moving away from the question on health seeking behavior, also not sure what

that term means will be clear to all

N Nuadum KonneNew

Marked as resolved

ReplyOpen

From: Daiva Yee (Google Slides)
Sent: Sun, 08 Aug 2021 21:21:49 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentat... - Can't remember if we decided to keep ...

Daiva Yee added a comment to the following document

SMC RCA Presentation 8.3.21.pptx

vaccine

Daiva Yee New

Can't remember if we decided to keep this demographics slide. Probably can remove for adults if we aren't including for adolescents

Open

From: Scotti Michele Leonard (Google Slides)
Sent: Mon, 09 Aug 2021 05:15:22 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentat... - Confirm with Terri

Scotti Michele Leonard replied to a comment in the following document

SMC RCA Presentation 8.3.21.pptx

Methods and Audiences

COVID-19 Vaccine Confidence Consults

Confirm with Terri
Elisabeth Wilhelm

Add to Teen bubble: Change o :Adults in Family" and "Adults, Outside of Family"
Scotti Michele Leonard

I will update figureand add to slide...
Scotti Michele Leonard New

Updated

Open

From: COVID-19 Vaccine Confi... (Google Slides)
Sent: Fri, 06 Aug 2021 16:18:54 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentat... - I think this will be covered in MPBGC...

COVID-19 Vaccine Confidence Consults added a comment to the following document

SMC RCA Presentation 8.3.21.pptx

Teens and Social Media

COVID-19 Vaccine Confidence Consults New

I think this will be covered in MPBGC presentation.

Open

From: COVID-19 Vaccine Confi... (Google Slides)
Sent: Sun, 08 Aug 2021 14:58:40 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentat... - moved this one up earlier

COVID-19 Vaccine Confidence Consults added a comment to the following document

SMC RCA Presentation 8.3.21.pptx

COVID-19 Vaccine Confidence Consults New

moved this one up earlier

Open

From: COVID-19 Vaccine Confi... (Google Slides)
Sent: Fri, 06 Aug 2021 14:48:59 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentat... - There were some teens, family members...

COVID-19 Vaccine Confidence Consults added a comment to the following document

SMC RCA Presentation 8.3.21.pptx

Limited direct interviews

COVID-19 Vaccine Confidence Consults New

There were some teens, family members, and community members we came across who were hesitant

Open

From: COVID-19 Vaccine Confi... (Google Slides)
Sent: Sun, 08 Aug 2021 17:39:13 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentation 8.3.21.pptx

COVID-19 Vaccine Confidence Consults resolved comments in the following document

SMC RCA Presentation 8.3.21.pptx

Resolved
2
comments

Resolved

Comments

COVID-19 Vaccine Confidence Consults

I think this would be a great closing slide.

COVID-19 Vaccine Confidence Consults New

Marked as resolved

Open

Hyperlocal targeting and tailoring of outreach and clinics High-touch direct outreach to talk through concerns and answer questions

COVID-19 Vaccine Confidence Consults

I moved these up and underlined because I heard often but now am wondering if you were underlining for different emphasis?

COVID-19 Vaccine Confidence Consults New

Marked as resolved

Open

From: Aybuke Koyuncu (Google Docs)
Sent: Mon, 12 Jul 2021 14:59:36 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA_Draft Qua... - Could add additional questions here, ...

Aybuke Koyuncu replied to a comment in the following document

SMC RCA_Draft Quant Survey

Trusted information sources? Online conversations?

A Aybuke Koyuncu

Could add additional questions here, could leave this section blank and allow them to come up with questions

E El Wil

Other ideas:

Have you had conversations about COVID-19 vaccines with family and friends?

Have any of these conversations been prompted by sharing of concerns or misinformation about COVID-19 vaccines?

How would you characterize the information you get about COVID-19 on a day to day basis?

Too much information
About the right information
Not enough information
Don't know

[Getting at overload]: Have you changed the amount of time you spend on social media since January?

Increased
Decreased
About the same
Don' know

How would you describe in a word how you feel/felt about getting a COVID-19 vaccine? [open answer]

How would you describe in a word how you feel about your family getting COVID-19 vaccines? [open answer]

...just some ideas.

A Aybuke Koyuncu New

Lis most interested in last 2

A Aybuke Koyuncu New

Where are people getting information

Open

From: Charlotte Stanton
Sent: Mon, 28 Jun 2021 10:33:39 -0700
To: vsi-early-users-external@google.com
Cc: Tomer Shekel
Subject: [VSI Early Access Users External] Google VSI: your feedback and artifacts

Dear VSI early users,

Many thanks to those who have already shared your feedback on the vaccination search insights data!

If you haven't yet provided feedback on what you like/don't like about the dataset, please do so *asap* by filling in this form. Thank you!

Since starting to work with the data, have you found an interesting correlation that might benefit others? And/or have you already integrated the data into your workflow?

To help newcomers understand and use the data more easily, we would like to post examples of how you are using it alongside the published data. Even if you are in the early stages of working with the data, we would love to know your initial ideas on a potential artifact you might like us to publish to help make it easier for others to use the data.

With gratitude,
Charlotte on behalf of the VSI team

From: Richard DeFiore
Sent: Tue, 15 Jun 2021 08:45:26 -0400
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID);Lubar, Debra (CDC/DDID/NCEZID/OD);Kolis, Jessica (CDC/DDPHSIS/CGH/GID);Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP)
Subject: New Google Tools for COVID-19

Hi all,
Just another FYI if you haven't seen this already:

Sharing several new tools we've developed to help public health officials and researchers better understand the vaccination needs of their communities (see blog post for more details):

- **COVID-19 Vaccination Access Dataset:** In an effort to support local and state public health officials in their vaccination efforts, the public tool quantifies access to vaccination sites, taking into account travel time (from Google Directions API, no user data) via different modes of transportation. We hope the dataset can help public health officials, researchers, and healthcare providers identify areas where vaccination sites are inaccessible or hard to reach, and inform interventions such as pop up vaccination sites or transportation support. This dataset powers Ariadne Labs & Boston Children's Hospital's new Vaccine Equity Planner dashboard, which integrates and visualizes our data with data from other relevant COVID-19 sources.
- **COVID-19 Vaccination Search Insights tool**: We've heard from leading public health organizations and researchers that they have a difficult time knowing what information their communities are seeking about vaccines and vaccination and that they lack localized, timely sources of data that could inform their vaccine campaigns. Using aggregated and anonymized Google Search data, the insights tool (currently in early access phase, with upcoming public release) will show trends over time at the county and zipcode level representing the relative search interest in COVID-19 vaccination. The data is normalized such that users can compare the trends in different regions, and over time, without exposing any individual query or even the actual number of queries in any given area.

Both tools will initially be available in English and in the US to start, with plans to explore international expansion in the months ahead.

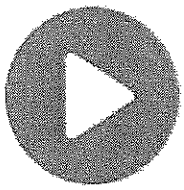
Richard DeFiore | Google Cloud Federal Team | rdefiore@google.com | 703-598-8767

From: Twitter
Sent: Sat, 04 Apr 2020 14:45:12 +0000
To: Kolis, Jessica (CDC/DDID/NCIRD/OD) (CTR)
Subject: Paul Offit Tweeted: How to Cure Coronavirus - with Dr. Paul Offit vi...

Your Highlights

Paul Offit
@DrPaulOffit

How to Cure Coronavirus - with Dr. Paul Offit via @YouTube



3 13 24

From: Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)
Sent: Tue, 16 Feb 2021 13:42:39 +0000
To: irenejay@google.com
Subject: RE: [Training Opportunity] First Draft's Vaccine Insights Bootcamp

Thanks for the signal boost! ☺

Hope you're doing well, Irene!

Sincerely,

Elisabeth Wilhelm
Vaccine Confidence Strategist

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team
| Day Job: Demand for Immunization Team, Global Immunization Division

M: + (b)(6)
E: nla5@cdc.gov

| Contractor with Technals Consulting

From: irenejay@google.com <irenejay@google.com>
Sent: Tuesday, February 16, 2021 6:36 AM
To: Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>
Subject: [Training Opportunity] First Draft's Vaccine Insights Bootcamp

Hello Elisabeth,

I hope all is well! I wanted to pass along an update from First Draft, which has launched the Vaccine Insights Hub to help reporters, public health communication specialists, policy makers and community organizations tackle health and vaccine misinformation.

They have also launched an amazing 10-part bootcamp - offered in 3 time zones, which kicks off today and features First Draft APAC's own Anne Kruger and Esther Chan!

The program is designed and run by First Draft's highly experienced team, working on the frontline in the fight against misinformation. You can join as many online workshops as you wish. They're free, easy to access, and only take 30 minutes.

With the ability to build your own syllabus, live interpretation in your language and on-demand lesson recaps, this highly customizable course is designed for busy schedules and varied levels of knowledge and experience. **Register here** to build a new set of razor sharp skills and become an expert in search, monitoring, verification and more.

The course is available in nine languages and across three time zones:

- Tuesdays: AEDT (English, Mandarin and Hindi).
- Wednesdays: GMT (English, French, Arabic, Italian and German).
- Thursdays: ET (English, Spanish, and Portuguese).

Vaccine Insights Hub

You will be pleased to hear that First Draft is now offering a new series of resources and initiatives to help reporters, public health communication specialists, policy makers and community organizations tackle health and vaccine misinformation in the first half of 2021.

These resources include a Vaccine Insights Hub and related weekly newsletter, flexible online learning materials and crisis simulations. Below are further details about what is available and you will note the **30 minute training opportunities** listed (starting 16th February 2021) - we hope that BBC Media Action will be interested in participating. Do get the details out to your colleagues and you can all sign up via the hub.

An online resource for vaccine insights

Central to the project is the Vaccine Insights Hub. It's an online resource and center of expertise for timely insights, intelligence and reporting guidance on the latest vaccine misinformation. It will feature research, case studies and training, along with key topics and trends gathered from online conversations.

Sign up to our Vaccine Insights newsletter

We hope you find this project to counter vaccine misinformation as valuable and important as we do. If you sign up here, we'll email you our weekly briefing with all the narratives we are tracking, top tips and the latest on our events and training.

Build Your Own Bootcamp

Starting from February 16 (yes - tomorrow!) for 10 weeks, we will be running a Flexible Learning Course across three continents and nine languages, that offers registrants the chance to sign up to as many free 30-minute lectures and workshops as they like, according to their own interests and needs. They can also participate in hosted group chats and recap sessions to practice skills and share knowledge. Sign up now via the hub.

Vaccine Crisis Simulations

In April, we will run three 90-minute online crisis simulations, placing participants at the heart of a high-intensity, high-impact breaking vaccine story, challenging them to make real-time reporting decisions as events unfold. Again, you can attend by registering via the hub.

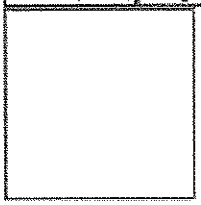
And much more...

We have plenty more in the pipeline for the months ahead, including a new research study exploring and analyzing examples of vaccine misinformation, weekly insights newsletter, monthly trends reports, 'snapshot' factsheets and checklists, our brand new CrossCheck platform for collaboration, and some really exciting new student and creative networks to help support us in our work.

In the meantime, you can discover our '*The building blocks of reporting and discussing Covid-19 vaccines*' PDF, that offers guidance on how to tackle misinformation on vaccines. Download the PDF here.

--

Irene Jay Liu | Google News Lab | irenejay@google.com | +65 9859 8335 | g.co/newslab



From: Singleton, James (CDC/DDID/NCIRD/ISD)
Sent: Thu, 18 Mar 2021 19:47:46 +0000
To: Payton Iheme;Jorgensen, Cynthia (CDC/DDID/NCIRD/OD);Abad, Neetu S. (CDC/DDPHSIS/CGH/GID);Priya Gangolly;Crawford, Carol Y. (CDC/OD/OADC);Layton, Kathleen (CDC/OD/OADC);Dempsey, Jay H. (CDC/OD/OADC);Chelsey Lepage;Genelle Adrien;Katherine Morris
Cc: Airton Tatoug Kamdem;Nisha Deolalikar;Julia Eisman;Stephanie Bousheri;Liz Lagone;Kate Thornton;Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: RE: Call or VC- Facebook weekly sync with CDC (CDC to invite other agencies as needed)

Revised intent question for Census Household Pulse survey 3.1 to start April 14 (survey will be on break during March 30-April 13):

Universe: If QV1 does not equal Yes
QV3. (GETVACC) Once a vaccine to prevent COVID-19 is available to you, would you…

a. Definitely get a vaccine
b. Probably get a vaccine - ask WHYNOT
c. Be unsure about getting a vaccine- ask WHYNOT
d. Probably NOT get a vaccine – ask WHYNOT
e. Definitely NOT get a vaccine – ask WHYNOT

Universe: If QV3 = Probably get a vaccine, Be unsure about getting a vaccine, Probably NOT get a vaccine, or Definitely NOT get a vaccine OR if QV2 = No
QV4. (WHYNOT) Which of the following, if any, are reasons that you [only probably will /probably won't/definitely won't/ are unsure about whether to] [get a COVID-19 vaccine/won't receive all required doses of a COVID-19 vaccine]? *(Select all that apply)*

Scripter: randomize

a. I am concerned about possible side effects of a COVID-19 vaccine
b. I don't know if a COVID-19 vaccine will work
c. I don't believe I need a COVID-19 vaccine – go to WHYNOT2
d. I don't like vaccines
e. My doctor has not recommended it
f. I plan to wait and see if it is safe and may get it later
g. I think other people need it more than I do right now
h. I am concerned about the cost of a COVID-19 vaccine
i. I don't trust COVID-19 vaccines
j. I don't trust the government
k. Other (please specify: _____) [ANCHOR]

Universe: If QV4 = I don't believe I need a COVID-19 vaccine
QV5. (WHYNOT2) Why do you believe that you don't need a COVID-19 vaccine? *(Select all that apply)*

Scripter: randomize

a. I already had COVID-19
b. I am not a member of a high-risk group
c. I plan to use masks or other precautions instead
d. I don't believe COVID-19 is a serious illness
e. I don't think vaccines are beneficial
f. Other (please specify: _____) [ANCHOR]

For a planned adult survey to launch in April using the National Immunization Survey sample frame, we are adding a question about when respondents think they would get vaccinated, to get at the "wait and see" group:

[SHOW IF VAX2=2, 99]
VAX7.
Once a COVID-19 vaccine is available to you, would you...

RESPONSE OPTIONS:
f. Definitely get a vaccine
g. Probably get a vaccine
h. Be unsure about getting a vaccine
i. Probably <u>not</u> get a vaccine
j. Definitely <u>not</u> get a vaccine

[SHOW IF VAX6=1, 2, 3]
VAX8.

Once a COVID-19 vaccine is available to you, when do you think you would get it?

RESPONSE OPTIONS:

1. Immediately
1. Within a month
2. Within three months
3. Within six months
4. More than six months
5. I wouldn't get it at all without more information

Thanks,
Jim

-----Original Appointment-----
From: Payton Iheme <payton@fb.com>
Sent: Tuesday, March 16, 2021 1:07 PM
To: Payton Iheme; Jorgensen, Cynthia (CDC/DDID/NCIRD/OD); Singleton, James (CDC/DDID/NCIRD/ISD); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Priya Gangolly; Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); Chelsey Lepage; Genelle Adrien; Katherine Morris
Cc: Airton Tatoug Kamdem; Nisha Deolalikar; Julia Eisman; Stephanie Bousheri; Liz Lagone; Kate Thornton; Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: Call or VC- Facebook weekly sync with CDC (CDC to invite other agencies as needed)
When: Thursday, March 18, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where:

FB will go over the CMU report during this call.

Carol Crawford
-----Original Appointment-----
From: Payton Iheme <payton@fb.com>
Sent: Wednesday, January 27, 2021 6:44 PM
To: Payton Iheme; Priya Gangolly; Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); Chelsey Lepage; Genelle Adrien; Katherine Morris
Cc: Airton Tatoug Kamdem; Nisha Deolalikar; Julia Eisman; Stephanie Bousheri; Liz Lagone; Kate Thornton; Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: Call or VC- Facebook weekly sync with CDC (CDC to invite other agencies as needed)
When: Thursday, March 18, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where:

-New attendees Intro

-CDC needs/questions

-FB Product updates/feedback request (COVID-HUB)

-COVID-19 Projects- CMU/FB Data Survey Update, Misinfo collab status, other

---

Ways to join

Computer or Mobile:

(b)(6)

Facebook Conference Room:

Use the touch panel to enter the join code (b)(6) and pin **8435**

Telephone:

Dial in on (b)(6) or find an alternative number then enter ID (b)(6) followed by participant passcode (b)(6)

Enabled by **Rooms**

From: Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP)
Sent: Fri, 19 Mar 2021 00:24:43 +0000
To: payton@fb.com;Priya Gangolly;Crawford, Carol Y. (CDC/OD/OADC);Layton, Kathleen (CDC/OD/OADC);Dempsey, Jay H. (CDC/OD/OADC);chelseylepage@fb.com;genelleadrien@fb.com;katherinemorris@fb.com
Cc: Airton Tatoug Kamdem;Nisha Deolalikar;Julia Eisman;Stephanie Bousheri;Liz Lagone;kthornton@fb.com;Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: RE: Call or VC- Facebook weekly sync with CDC

Hi Facebook team,

I apologize that my sound cut out on the call today! It was great to hear you present on your excellent work.

In terms of understanding and building vaccine confidence – what would be incredibly helpful to our team is if you had the vaccine willingness variables and perceived barriers to vaccination variables segmented by county, or even by state. We have had an incredibly hard time getting granular data at this level and this would be so useful to our mapping efforts and our Insights Reports – as well as understanding the local factors working together to impact vaccine confidence. In both our mapping efforts and Insights Reports we use multiple data sources to better understand the factors currently affecting vaccine confidence and uptake. Our funded states and jurisdictions would be so happy and eager for this data as well!

Do you think such segmentation is possible? How often does your data refresh? Are all your vaccine confidence data indicators asked the same way at each wave of data collection?

Kindest regards and look forward to hearing your thoughts,
Kate

Kate Brookmeyer, Ph.D.
Behavioral Scientist

Vaccinate with Confidence Team | Insights Unit
Vaccine Task Force | Chief Medical Office
Centers for Disease Control and Prevention
Mobile: (b)(6)

Division of STD Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention
Work: +1.404.639.8058

-----Original Appointment-----
From: payton@fb.com <payton@fb.com>
Sent: Tuesday, March 16, 2021 10:43 AM
To: payton@fb.com; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP); Priya Gangolly; Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); chelseylepage@fb.com; genelleadrien@fb.com; katherinemorris@fb.com
Cc: Airton Tatoug Kamdem; Nisha Deolalikar; Julia Eisman; Stephanie Bousheri; Liz Lagone;

kthornton@fb.com; Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: Call or VC- Facebook weekly sync with CDC (CDC to invite other agencies as needed)
When: Thursday, March 18, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where:

-----Original Appointment-----
From: payton@fb.com <payton@fb.com>
Sent: Wednesday, March 10, 2021 9:55 AM
To: Payton Iheme; Priya Gangolly; Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); chelseylepage@fb.com; genelleadrien@fb.com; katherinemorris@fb.com
Cc: Airton Tatoug Kamdem; Nisha Deolalikar; Julia Eisman; Stephanie Bousheri; Liz Lagone; kthornton@fb.com; Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: Call or VC- Facebook weekly sync with CDC (CDC to invite other agencies as needed)
When: Thursday, March 18, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where:

-New attendees Intro

-CDC needs/questions

-FB Product updates/feedback request (COVID-HUB)

-COVID-19 Projects- CMU/FB Data Survey Update, Misinfo collab status, other

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Ways to join

Computer or Mobile:

(b)(6)

Facebook Conference Room:

Use the touch panel to enter the join code (b)(6) and pin (b)(6)

Telephone:

Dial in on (b)(6) or find an alternative number

then enter ID (b)(6) followed by participant passcode (b)(6)

Enabled by **Rooms**

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Sent: Thu, 8 Oct 2020 12:11:06 +0000
To: Irene Jay Liu
Cc: Joie Goh;trin Three;Chelsea Sim
Subject: Re: Thank you Elisabeth! - TMS 2020
Attachments: wanted-infodemic-unicorns.jpg

Hi Irene,

I actually met Alexios and Claire together over a year ago when they were at TED. Alexios is a cool dude!

The link, describe and even video for the unicorn program are below. Even if people feel like they don't quite fit the mold, I urge them to apply—we need diversity of experiences and skills to successfully combat the waves of misinformation that a new COVID-19 vaccines or vaccines will bring about. The world and ending this pandemic depends on this piece in context of a robust public health response and more medical and behavioral interventions in our arsenal.

Thanks for the signal boost!

Video link: https://www.youtube.com/watch?v=X5HD96LuW9M

Short description:

Infodemic manager unicorns sought! Apply for WHO's first comprehensive global training on tracking, analyzing and addressing misinformation that affects people's health behaviors and help health systems respond more effectively to COVID-19. Searching for people with public health, digital, behavioral, data, and communications skills. Apply today! Deadline is October 18: https://www.who.int/news-room/articles-detail/call-for-applicants-for-1st-who-training-in-infodemic-management

Please don't hesitate to reach out if you have any further questions.

Lis

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From: Irene Jay Liu <irenejay@google.com>
Sent: Thursday, October 8, 2020 6:55:45 AM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nia5@cdc.gov>
Cc: Joie Goh <joiegoh@themasterplan.com.sg>; trin Three (b)(6) >; Chelsea Sim <chelseasim@themasterplan.com.sg>
Subject: Re: Thank you Elisabeth! - TMS 2020

Hi Elisabeth,

Thanks so much for giving such a dynamic keynote! I know it sparked a lot of interest among participants - I received a lot of requests to be able to replay your presentation from participants, so thank you for allowing us to share to attendees!

Would you mind resharing the link to the unicorn program? I'll send a follow up email and include it in the link.

Also, I don't know if you've had a chance to meet my colleague Alexios Mantzarlis, but he's working on programs to counter immunization misinfo so I'd love to introduce you, if you're interested!

Thanks,
Irene

On Thu, Oct 8, 2020 at 11:49 AM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:

Oh that makes me want to laugh hysterically.

You're talking to the new vaccine confidence strategist for USG. Send good thoughts toward me, I shall need them.

Have a great day, Joie and colleagues!

Sincerely,

Elisabeth Wilhelm

Health Communications Specialist

| Deployed to CDC Vaccine Task Force in Vaccine Confidence Team as Vaccine Confidence Strategist

Day Job: Demand for Immunization Team, Global Immunization Division, CDC

M: (b)(6)

E: nla5@cdc.gov

From: Joie Goh <joiegoh@themasterplan.com.sg>
Sent: Wednesday, October 7, 2020 11:48 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Cc: Irene Jay Liu <irenejay@google.com>; trin Three <(b)(6)>; Chelsea Sim <chelseasim@themasterplan.com.sg>
Subject: Re: Thank you Elisabeth! - TMS 2020

Got it!

I hope you got to catch some ZZZ's these few days!

Joie Goh
Assistant Project Manager I The MasterPlan I m: (b)(6)

45 Jalan Pemimpin, Foo Wah Industrial Building, #07-00B, S577197

On Thu, Oct 8, 2020 at 11:44 AM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:

I'm good without it, thank you for asking.

Sincerely,

Elisabeth Wilhelm

Health Communications Specialist

| Deployed to CDC Vaccine Task Force in Vaccine Confidence Team as Vaccine Confidence Strategist

Day Job: Demand for Immunization Team, Global Immunization Division, CDC

M: (b)(6)

E: nla5@cdc.gov

From: Joie Goh <joiegoh@themasterplan.com.sg>
Sent: Wednesday, October 7, 2020 11:40 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Cc: Irene Jay Liu <irenejay@google.com>; trin Three <(b)(6)>; Chelsea Sim <chelseasim@themasterplan.com.sg>
Subject: Re: Thank you Elisabeth! - TMS 2020

Hey Elisabeth,

Got it! Thanks for letting us know.

Would you want us to edit and send you your individual video?

Let me know!

Joie Goh
Assistant Project Manager I The MasterPlan I m: (b)(6)

46 Jalan Pemimpin, Foo Wah Industrial Building, #07-00B, S577197

On Thu, Oct 8, 2020 at 11:23 AM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:

Hi Joie,

Thanks for reaching out and thanks for keeping all the plates spinning in the air for this very thoughtfully constructed event.

I got permission to present due it being a closed conference so I'm afraid I won't be able to have made it public. Closed loop works fine though.

Thanks for the kind thought of token of appreciation but I'll be unable to accept it as a US government employee.

I hope that the rest of the conference went swimmingly and that you all caught up on sleep!

Please don't hesitate to reach out if you have any further questions.

Sincerely,

Elisabeth Wilhelm

Health Communications Specialist

| Deployed to CDC Vaccine Task Force in Vaccine Confidence Team as Vaccine Confidence Strategist

Day Job: Demand for Immunization Team, Global Immunization Division, CDC

M: (b)(6)

E: nla5@cdc.gov

From: Joie Goh <joiegoh@themasterplan.com.sg>
Sent: Wednesday, October 7, 2020 1:59 AM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Cc: Irene Jay Liu <irenejay@google.com>; trin Three <(b)(6) Chelsea Sim

<chelseasim@themasterplan.com.sg>
Subject: Thank you Elisabeth! - TMS 2020

Hello Elisabeth!

Thank you again for being a part of the Trusted Media Summit. Your presentation definitely added value to our event this year!

We've a few logistical questions for you:

1. We are wondering whether you'd be ok with us taking your TMS talk and making it available to participants to view as a replay? There are a few options and we'd like to hear what you are comfortable with (we can do all or none of the following):

    - We make it available only to registered participants via a closed YT channel or some other format.
    - We edit the video and then make it available on a YT channel that is open to a more public forum
    - We edit your individual video and give it to you to post on your own platforms.

2. We'd like to send you a little token of appreciation for participating in TMS 2020.

    - Could you send us your complete mailing address for this?

Hope to hear from you soon!

Thank you

Joie Goh
Assistant Project Manager | The MasterPlan | m: (b)(6)

45 Jalan Pemimpin, Foo Wah Industrial Building, #07-00B, S577197

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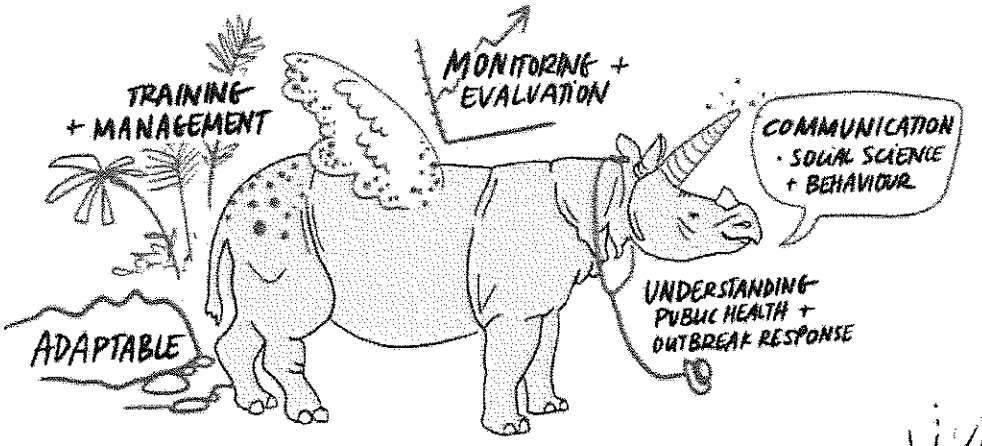
Irene Jay Liu | Google News Lab | irenejay@google.com | +65 9859 8335 | g.co/newslab

WANTED: INFODEMIC MANAGER UNICORNS



Call for applicants for 1st WHO training in infodemic management

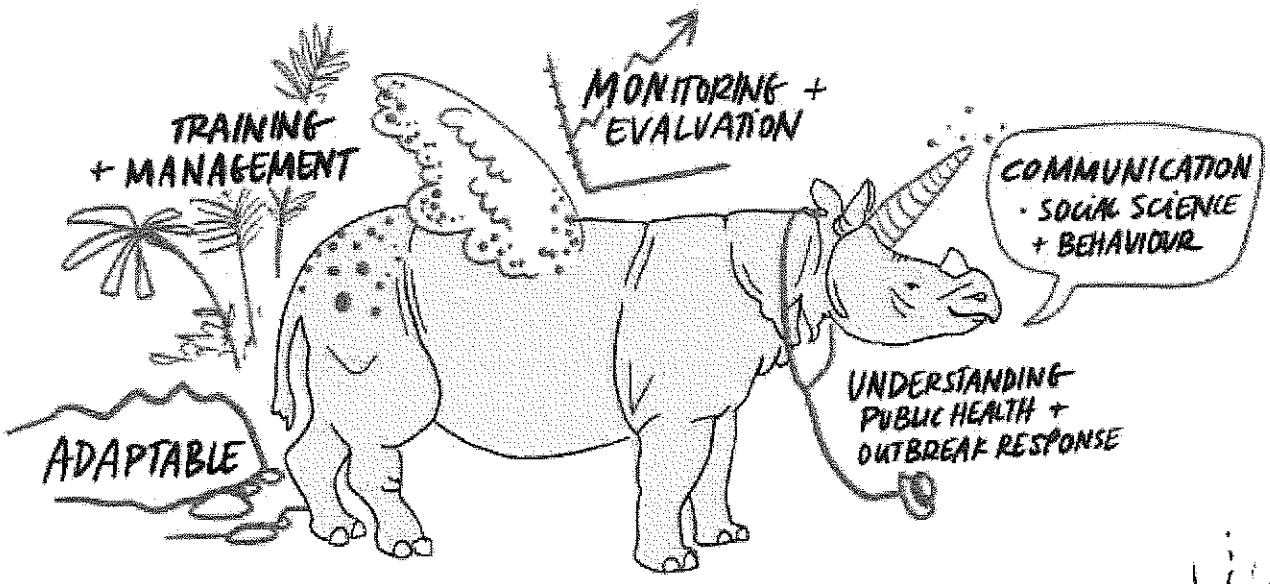
DEADLINE: OCT 18

Recruiting the first global cohort of Infodemic Managers to support health authorities in addressing the COVID-19 infodemic and strengthen community resilience against misinformation.

Hosted by World Health Organization

SCAN AND APPLY!

WANTED: INFODEMIC MANAGER UNICORNS



Call for applicants for 1st WHO training in infodemic management

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SCAN AND APPLY!

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Sent: Thu, 11 Jun 2020 20:14:09 +0000
To: Alexios Mantzarlis
Subject: RE: Touching base and help signal boost job opp?

We're hoping to get her involved, as her name has come up several times. □ Things are moving!

From: Alexios Mantzarlis <alexios@google.com>
Sent: Thursday, June 11, 2020 3:59 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Subject: Re: Touching base and help signal boost job opp?

Very exciting! sounds good. Is Wardle involved?

On Thu, Jun 11, 2020 at 3:53 PM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:
Hi Alexios,

(b)(6) for getting through this pandemic in one piece. I salute you!

So, things have been moving fast, but to spare you needing to overload your calendar, I'll cut to the chase: WHO is hosting an infodemiology conference at the end of this month. Things are moving extremely fast but I thought you'd be interested in hearing more. We are establishing the scientific discipline of infodemiology, and targeting the general public for part of the conference and the rest for the leading 50 global experts working on misinformation including AI, computing, ethics, epidemiology, ux, design, media, governance and behavioral science. We'll need to get this to push back against the misinformation that threatens people's health, now and when a COVID-19 vaccine is available.

As ***soon*** as I get official info, I'll send to you! Should drop in next day or two. The conference starts June 29, virtually.

If you have any questions or are interested in a more robust role, let's talk about it. Schedule something then?

Warm regards,

Lis

From: Alexios Mantzarlis <alexios@google.com>
Sent: Thursday, June 11, 2020 3:42 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Subject: Re: Touching base and help signal boost job opp?

Hey Lis,

terribly sorry but it's a horrifically complicated period for calls given (b)(6) obligations too. Could you do 4p next thursday Jun 18? Excited to learn more!

On Wed, Jun 10, 2020 at 1:45 PM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:
Dear Alexios,

That time has come! Are you free to speak for 15 minutes later on today? I already have (b)(6) bouncing off the walls after I spoke with him!

Happy to work about your schedule.

Lis

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Sent: Saturday, June 6, 2020 1:08 PM
To: Alexios Mantzarlis <alexios@google.com>
Subject: Re: Touching base and help signal boost job opp?

Oh I suspect I will absolutely be in touch with you again soon. :)

Wishing you a wonderful weekend!

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From: Alexios Mantzarlis <alexios@google.com>
Sent: Saturday, June 6, 2020 12:21:33 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Subject: Re: Touching base and help signal boost job opp?

Hey! I'm concentrating primarily on fact-checking (launching products, partnerships and sharing data). So shout if you end up interested in this type of thing.

I have also been somewhat across a Question Hub thing that Google is working with the CDC on, I believe.

I know Harry! We're definitely of the same milieu - his org. was a signatory of the IFCN code that I oversaw.

Please do keep me posted on anything infodemiology-related. Right now I'm spinning down the COVID specific to focus primarily on election but the two are inevitably related.

Take good care,

On Fri, Jun 5, 2020 at 8:39 PM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:
Hi Alexios,

Likewise! What's keeping you busy nowadays? I heard Google is on the telework-forever track?

Meanwhile, I'm spending about 60% of my time now on infodemic response at WHO, and that is the work I hope this new comms person will help support.

I met a guy in Indonesia, where I have recently been doing a lot of prep work for social inoculation implementation research with Unicef and his team, who reminded me a lot of you! His name is Harry Sufehmi who runs Mafindo, the country's leading hoax busting org and who is tight with Google colleagues locally. They did incredible work to get the country's official COVID-19 resource website up and running (and survive a lot of hacking attempts). Millions of visits in days after launch, but only step one of a long road to fill the info gap and push back against misinformation.

The infodemic unit at WHO is heating up will be running a conference in three weeks that will set the groundwork on the new scientific discipline of infodemiology. I thought you'd like hearing that. :)

Let me know if you'd like any additional info in case you have colleagues who may be interested in attending!

Wishing you a restful weekend ahead,

Lis

Get Outlook for iOS

From: Alexios Mantzarlis <alexios@google.com>
Sent: Friday, June 5, 2020 7:59:01 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Subject: Re: Touching base and help signal boost job opp?

great to hear from you! and I will do, pity it's only for US citizens but I guess you all have some good apples too ;)

take care

On Fri, Jun 5, 2020 at 10:38 AM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:

Dear Alexios,

I hope you're settling in nicely into this gig and that you and your family are doing well.

Could you help signal boost this job announcement to your contacts (US citizens) who may be a good fit for our team in the Global Immunization Division at US CDC? We're a crackerjack international social and behavioral science team focused on improving demand for immunizations, especially in low and middle income countries through innovative

implementation research. And our latest focus is the intersection of the infodemic and its impact on vaccine acceptance, including a future COVID-19 vaccine.

I figured you might know a few folks who'd be great.

Thank you!

See link below to the health communications specialist 1 year temp position on our Demand for Immunization team with a focus on increasing Infodemic/social inoculation efforts so a premium on digital analytic skills, etc. would be great. Closing date is June 8.

Health Communications Specialist: https://www.usajobs.gov/GetJob/ViewDetails/569098400

This position requires US citizenship.

Kind regards,

Elisabeth Wilhelm

Health Communications Specialist

nla5@cdc.gov | (b)(6)

| *Supporting WHO infodemic response*

Demand for Immunization Team

Global Immunization Division (GID)

Centers for Disease Control and Prevention, Atlanta

Alexios Mantzarlis

News & Information Credibility Lead, News Lab

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