

From: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Sent: Thu, 14 Apr 2022 00:35:41 +0000
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); PURNAT, Tina
Subject: Re: 2022 NCHCMM Call for Panels - Now accepting submissions

I think that sounds like an amazing panel! I love the tweaks. I am all for it. A meeting early next week sounds good. I haven't got the MOU back yet so my guess is that the detail is going to be pushed back a week so I can help draft it as well. Since we will need abstracts for each panel member, my guess is that it will be a little bit more of a lift than usual.

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist

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Work Phone: (404) 498-0176

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National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Sent: Wednesday, April 13, 2022 5:37 PM
To: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; PURNAT, Tina <purnatt@who.int>
Subject: FW: 2022 NCHCMM Call for Panels - Now accepting submissions

Hi Chris!

So I spoke to Tina and she said she'd be willing to host the overall panel submission and shepherd through the process.

Furthermore, we thought about who might be best for the panel.

Earlier rough ideas we cooked up:

WHO,
CDC Global
CDC Domestic
State (California)
#thisisourshot (CSO perspective)

Suggested tweaked lineup:

WHO
CDC Global
CDC Domestic
Canada (Immunize Canada)
PAHO (their immunization/confidence/comms/infodemic focal point)

#thisourshot (since they are also in Spanish and have presence in Canada and have strong partnerships with UN agencies, CDC, Hispanic health associations and are [firmly networked into California](#))

...and we could tell the story of the Americas versus just WHO and CDC/US perspective....what do you think? Obviously nothing nailed down yet, but do you think this might fly?

Meanwhile, I'll talk to Neetu about our abstract tomorrow.

If we like this lineup, suggest a short meeting early next week with all potential panelists and discuss a draft overall abstract and decide on individual abstract perspectives offered.

What do you think?

(I am happy to draft with Tina, since you're technically deployed if helpful!)

Sincerely,

Elisabeth Wilhelm

she/her/hers

Health Communication Specialist

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Demand for Immunization Team
Global Immunization Division
US Centers for Disease Control and Prevention

From: Communicators Network (CDC) <CommNet@cdc.gov>

Sent: Wednesday, April 13, 2022 12:30 PM

Subject: 2022 NCHCMM Call for Panels - Now accepting submissions



[2022 Call for Panels](#)

Dear Colleagues,

The 2022 National Conference on Health Communication, Marketing and Media (NCHCMM) is seeking a limited number of thematic panel proposals for this year's conference. Unlike past years, there will not

be an open call for abstracts but instead we are inviting panel proposals on issues of high interest to our attendees and sessions that reflect the multi-disciplinary nature of this conference.

Panels on important public health topics including vaccine hesitancy, communication efforts to promote health equity, misinformation; and campaigns on important public health challenges such as opioids, tobacco cessation and COVID-19 are welcomed. Comprehensive proposals that address research and evaluation findings, recent practice-based programmatic advances, and theory/model development efforts on a chosen topic will be considered favorably.

We strongly encourage you to submit a proposal and help further the goals of this uniquely important annual event.

Panel submission website now open!

Submission deadline is Friday, April 29, 2022.

[CLICK Here to begin Submission](#)

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

From: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP)
Sent: Thu, 20 Jan 2022 13:04:59 +0000
To: PURNAT, Tina; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Cc: Catherine BERTRAND-FERRANDIS
Subject: Re: a generic presentaiton on how to do integrated analysis (apporach)
Attachments: VDS Insights Training Activity_SOVC_1.18.22 (1).docx, insights-SOVC - VDS Training_1-18-21.pptx

Gooooood morning Tina!

I have attached an updated version of the slide deck we used for your training and I am attaching the guide to the activity we did just in case you find it helpful. If this doesn't meet your needs, let me know. I am always willing to help the great Tina Purnat!

Chris

-
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Insights Team | Lead
Vaccine Implementation and Evaluation | Vaccine Confidence and Demand Team
COVID-19 Emergency Response | Vaccine Taskforce
Centers for Disease Control and Prevention

From: PURNAT, Tina <purnatt@who.int>
Sent: Thursday, January 20, 2022 4:46 AM
To: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>
Cc: Catherine BERTRAND-FERRANDIS <c.bertrand-ferrandis@olylo.fr>
Subject: a generic presentaiton on how to do integrated analysis (apporach)

Dear Chris,

We've been asked to do a quick and dirty lecture and exercise on how to do integrated analysis of infodemic insights.

Do you have any PPTs and exercises that you may be able to share as material we could adapt?

It's for an IM workshop in Iran – if it was any other country we'd invite your team to present 😊 Any material you may be able to share, we'd really appreciate.

Best regards,

Tina

Tina D Purnat
Team Lead for Infodemic Management
High Impact Events Preparedness Unit
Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Emergency Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

puernatt@who.int | WhatsApp/Signal: (b) (6) | www.linkedin.com/in/tinadpuernat | @tdpuernat |

Sign up for the WHO infodemic management News Flash: <https://bit.ly/flashsubscribe>

VDS Insights / SoVC Training: Kolis and Voegeli Triangulation Activity

Activity Objectives:

By the end of the activity, participants will be able to:

- Understand how qualitative thematic analysis can be applied for data triangulation of listening activities
- Identify the strengths, weaknesses, and limitations of different data sources
- Identify sources of data and methodologies they could apply to their work as an infodemic manager

Participant Prework Instructions:

Before the next session, collect **three recent examples of misinformation** related to COVID-19 vaccines you have seen circulating within the past two weeks. Try to find examples from different sources including:

- Social media platforms (i.e. Facebook, Twitter, TikTok, etc.)
- News media (i.e. CNN, local news, etc.)
- Online Forums (i.e. Reddit, 4chan, etc.)
- Websites (i.e. blogs, wellness sites, etc.)

For each misinformation example, collect the following:

- Link to the post, article, or webpage
- Text of the headline, post copy, etc.
- A screenshot of the example (misinformation is often flagged and removed, so it could be gone when you circle back for training)
- How you came across it (i.e. native search, within your own social media/news media feeds, shared by friend/family, etc.)
- Available information on spread, such as:
 - Number and types of engagement (i.e., likes, shares, comments, upvotes).
 - NOTE: If your example is one shared by a friend or family member, if possible pull the original post that your friend or family member shared.
 - Potential reach (i.e. viewership, number of followers, etc.)
 - If you have seen this piece of misinformation in multiple places, include a description of how often you have seen it and from what kinds of sources

Note to facilitators/training administrators:

Prior to session on the 18th, create participants into 10 groups and assign people as facilitators (previous Insights Unit staff who are participants can be tapped for this if needed).

Timeline for Presentation/Activity on Triangulation/SoVC

1. [25 mins] Presentation on SoVC
2. [5 mins] Activity overview/breakout into groups
3. [20 mins] Activity in breakout groups
 - a. [5 mins] Drop in 3 examples identified by participants
 - b. [10 mins] Grouping of themes/group consensus determination of most dominate theme
 - c. [5 mins] Discussion of most dominate theme to understand the narrative, limitations, opportunities to learn more
4. [5 minutes] Plenary Report Out + Cohort Discussion about experience

Facilitators Breakout Activity Guide

1. [5 mins] Drop in 3 examples identified by participants
 - a. Sample script:

Before we get started, would someone be willing to share our finding with the cohort after our breakout session? *{select representative for group}* To get started, as you can see in our miroboard, we are going to ask you to create one sticky note for each of the three pieces of misinformation you identified. This is a sample for you to look at. Each sticky should have the following:

 - A summary of the topic (<5 words)
 - the text from the headline or post
 - source (i.e. twitter, local news, etc.)

We have 5 minutes to do this and then we will convene together to look for themes.
[pause for group to drop findings into miroboard]
2. [10 mins] Grouping of themes/group consensus determination of most dominate theme
 - a. Sample script:

Alright, if you are still putting in your content, keep going while we begin to discuss. Can I have a volunteer to share their three pieces of misinformation? As they share out their findings, I will make a sticky that has a summary of the theme and if you had sticky in the same topic, you can move it over to that same grouping.
[select volunteer to begin sharing, as they discuss each theme create sticky note that is a summary of the finding and then participants will move other relevant stickies to this section as the first volunteer finishes. Repeat for each volunteer]

Great, thank you – ok let's have someone share who had different findings.
[repeat process above until all pieces of misinformation have been grouped]
3. [5 mins] Discussion of most dominate theme to understand the narrative, limitations, opportunities to learn more
 - a. Sample script:

Wow, we have a lot of themes here, what do you all think is the most dominant theme or are there any theme groups that seem to be related?
[pause for group discussion, move theme groups together if group indicates]

OK, it sounds like our most dominant theme is [X] – do we all agree? *[pause to ensure consensus]*

Now that that is decided, lets dig a little deeper in the individual pieces of information we are seeing.

Potential probe questions for this portion of discussion

- Does this theme seem to be emerging from one type of data source or multiple?
- Does the narrative seem straight forward or are there nuances that affect the main theme?
- What limitations do you have with the available data? What are the limitations for using these types of sources?
- What steps could we take to better understand the theme and how people are think and feel about it?

Thank you all for this rich discussion, we are going to go back to the main group, just making sure that [X] is all set to share out? Great!

Facilitator guide for Plenary discussion

[5 minutes] Plenary Report Out + Cohort Discussion about experience

Sample script:

Welcome back everyone! We hope this was a good exercise and you enjoyed the discussion. Let's here about the main themes you identified and what limitations you noticed. Let's start with group A.

[Pause and have each group share their findings, mention any connections between groups that may appear]

Wow this was all really interesting!

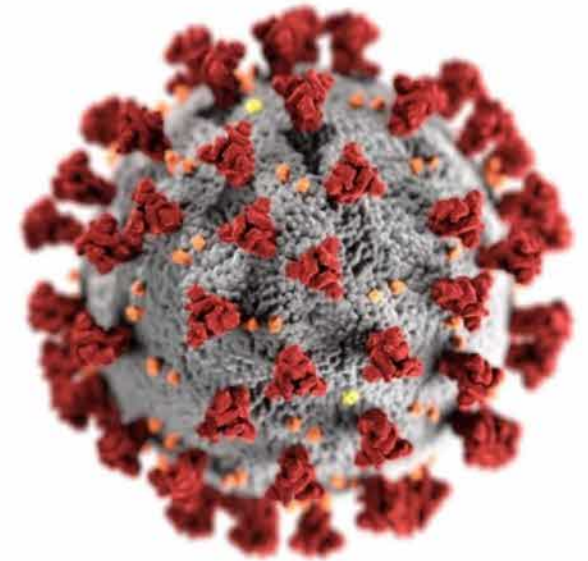
Let's discuss more about your experience with the process.

[Example probes to facilitate wider discussion]

- What did you feel like was the most interesting part of this process? What was most challenging?
- How did your group determine which themes to elevate? Did you have consensus or was the group more divided?
- What types of limitations do you think present the most challenges for this work? How might be reduce their impact?

COVID-19 State of Vaccine Confidence Insights Report: Brief How-To Guide

Chris Voegeli, PhD, MPH
Insights Unit
Lead Vaccine Confidence and Demand
Team Vaccine Task Force, CDC



Vaccinate with **Confidence**

cdc.gov/coronavirus

Agenda

- Review of the COVID-19 State of Vaccine Confidence Insights Report & Methodology Review of Integrated AnalysisYour turn!Discussion

In an infodemic, credible, authoritative voices must **compete** against misinformation that is packaged to provoke strong emotion.

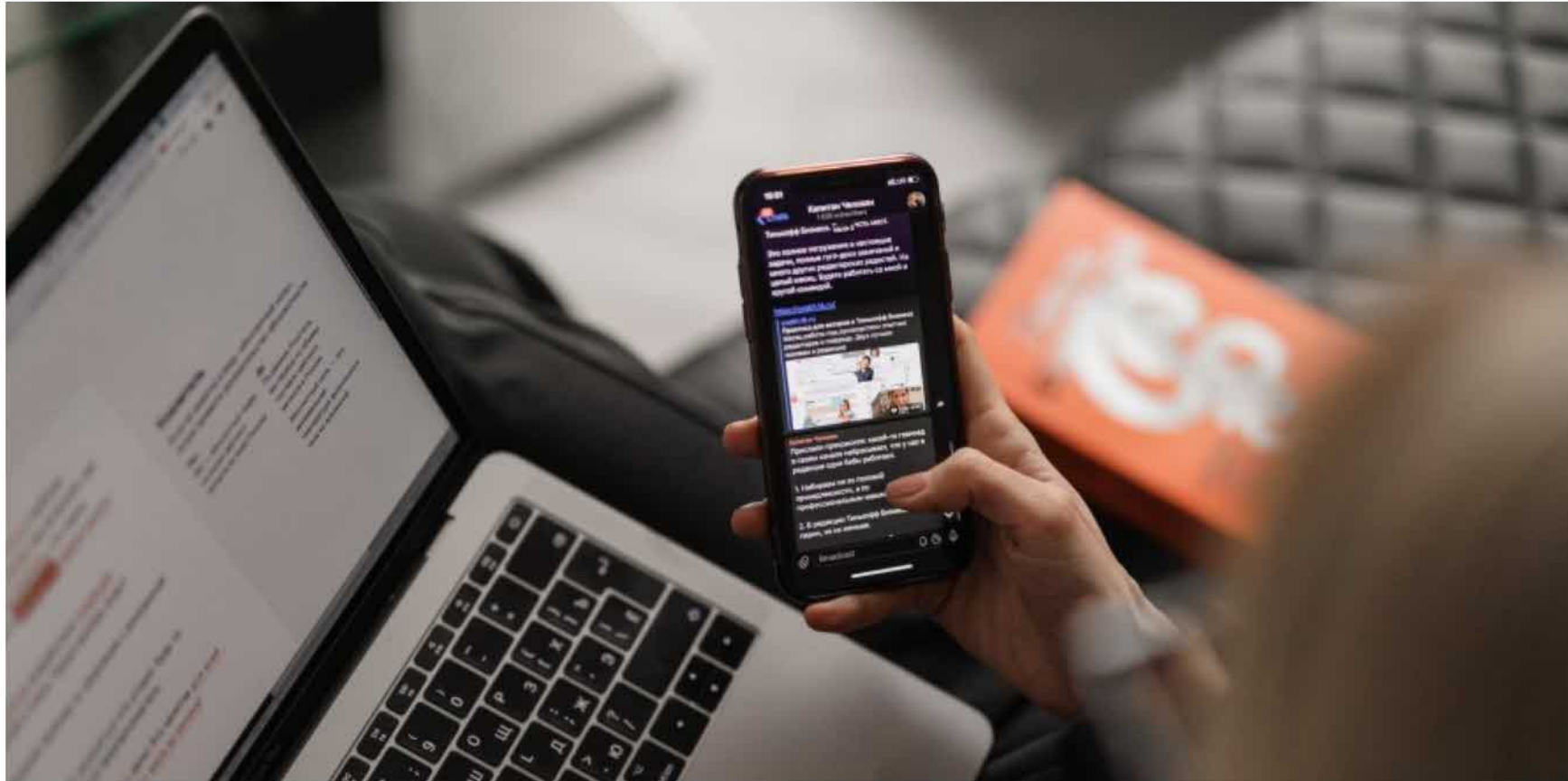


Photo by [Maxim Ilyahov](#) on [Unsplash](#)

COVID-19 State of Vaccine Confidence Insight Reports: What's Different

- Real-time rapid assessment of public sentiment around COVID-19 vaccination by: Analyzing public perception and opinions
Identifying information gaps and voids and message penetration issues
Detecting mis- and disinformation as it emerges
Utilizes a mixed deductive and inductive approach
Themes include ways to act for federal agencies, states and jurisdictions, partners, and more.



Women are experiencing unique and increased side effects after vaccination.

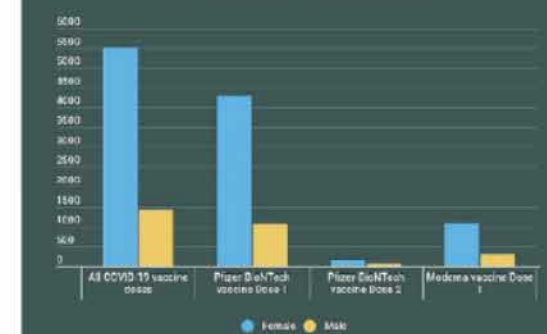
There are a growing number of media reports of women being more likely to experience side effects and experiencing different side effects than men.⁴² More reports of headaches, fatigue, dizziness, and rashes at the site of infection were made for women than men, according to data in the Vaccine Adverse Event Reporting System (VAERS).⁴³ This sex difference could be the result of a disproportionate number of women reporting to VAERS (differential reporting), biological differences, or even gender bias in clinical trials.^{44,45} Following vaccination, a subset of women report experiencing atypical menstruation, including changes in timing and nature of menstruation.⁴⁶ Such reports have been co-opted and incorporated into misinformation narratives that warn of a link between COVID-19 vaccination and infertility.^{47,48}

Of the reported cases of CVST following vaccination with J&J/Janssen COVID-19 Vaccine, nearly all occurred in women of reproductive age.⁴⁹ Therefore, some experts have suggested reserving the J&J/Janssen COVID-19 Vaccine for men only and that the adverse events may be linked to hormonal differences.^{50,51} Others argue that doing so would be premature while researchers continue to examine the issue.⁵²

Ways to take action:

- Conduct further research on women's health needs and COVID-19 vaccines, including irregular menstrual cycles following vaccination. Empower healthcare professionals to relay information about vaccine safety to patients; strengthen their capacity to have empathetic vaccine conversations. Offer healthcare providers and trusted advocates content prioritized for female patients concerned about vaccine safety and effectiveness.
- Partner with healthcare professionals to address misinformation clearly and transparently about COVID-19 vaccines, fertility, and reproductive health — especially those healthcare professionals who provide care to women.

Women are up to four times more likely to experience adverse reactions to vaccine than men

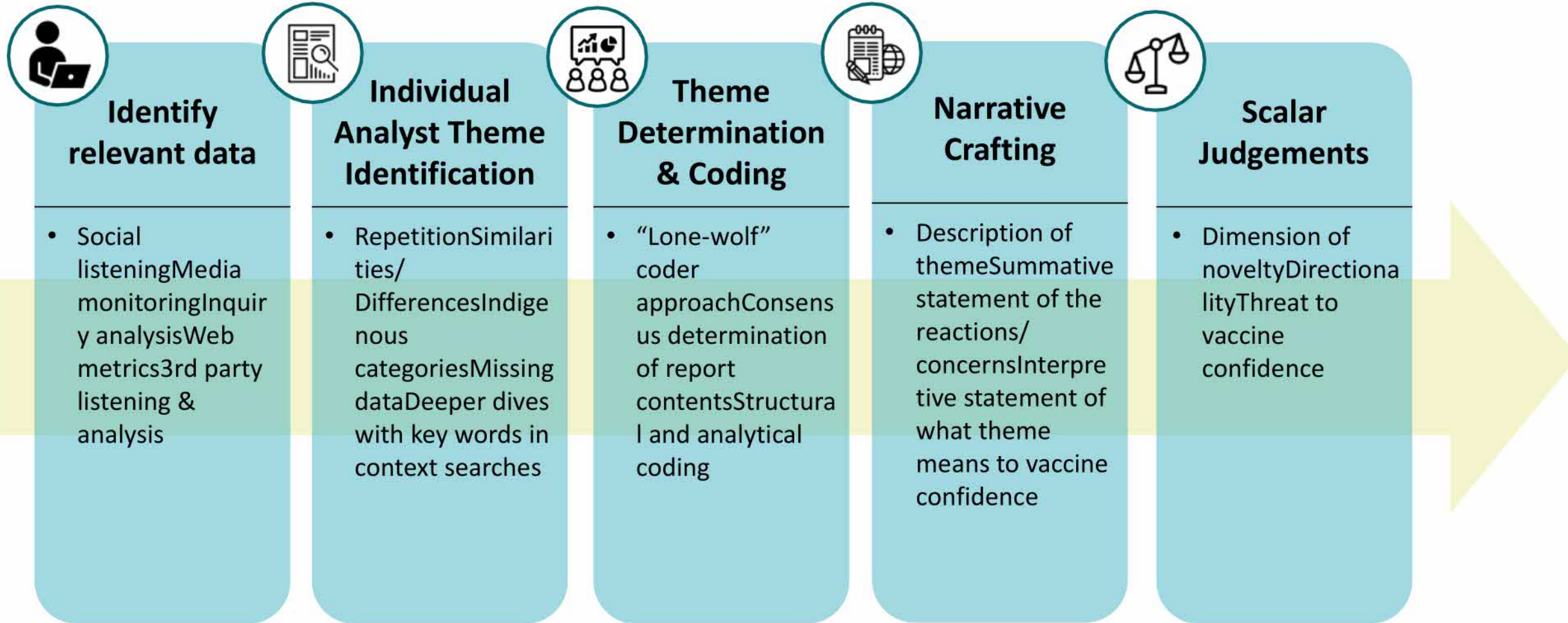


Source: [COVID vaccine: Women report more side effects than men. Here's why. \(usatoday.com\)](https://www.usatoday.com/story/health/2021/05/11/covid-vaccine-women-report-more-side-effects-than-men/7141110002/)

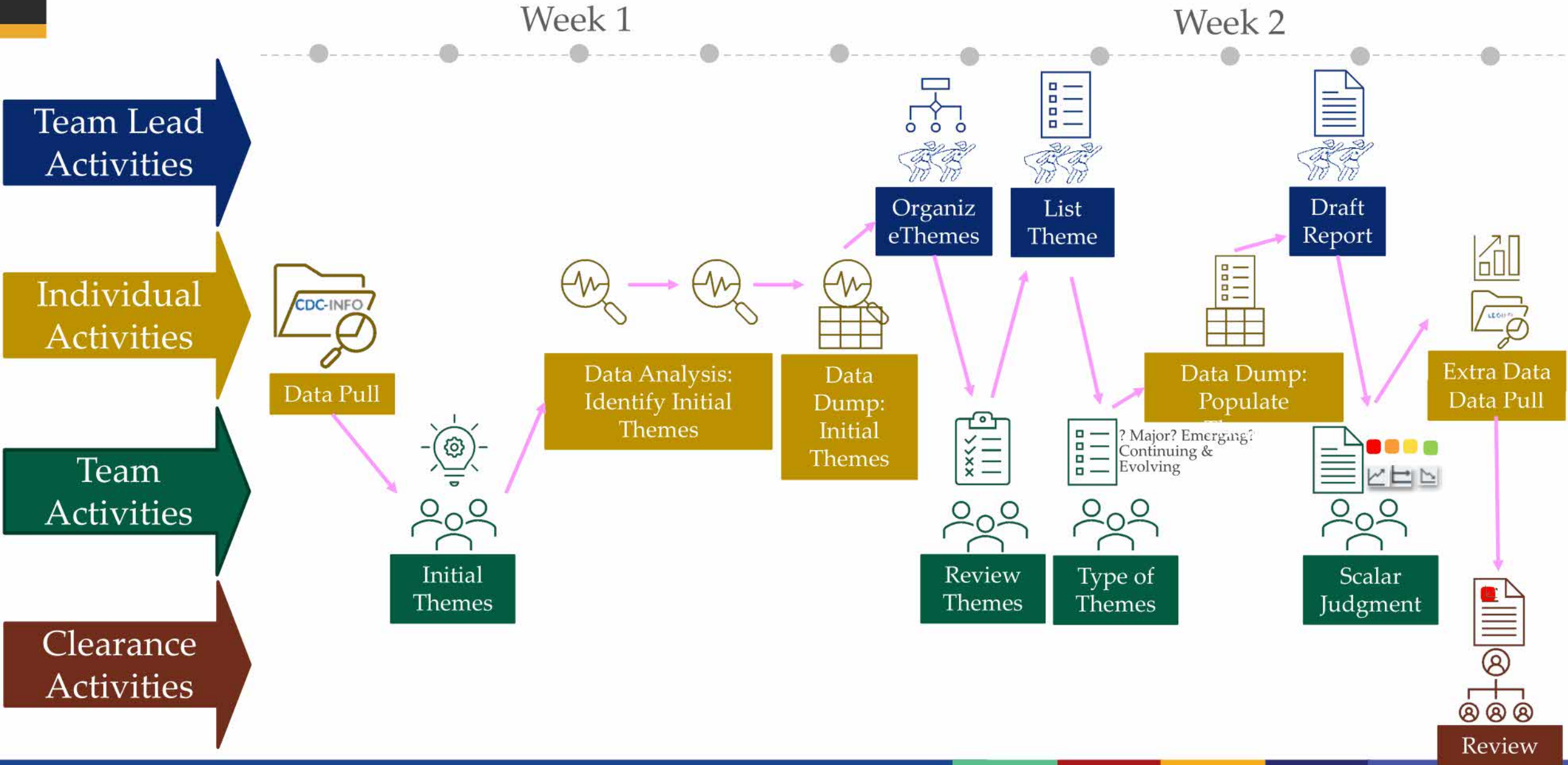
How We Generate Insights



State of Vaccine Confidence Insights Report Process



State of Vaccine Confidence Report Process



COVID-19 State of Vaccine Confidence Insights Report

- Quantitative/qualitative analysis of numerous data sources and media sources (ex: digital media, social media, CDC-Info) Themes created across data sources Coded relative threat to vaccine uptake information spread Recommendations for action identified for each theme.

Type	Input	Cadence	Sources	Tactics for Utilization
Social Media Listening & Media Monitoring	Communication Surveillance Report	Daily on weekdays	- Google news - Meltwater - CrowdTangle - Native platform searches	- Share of voice topic analysis to identify themes - Emerging topics
	Meltwater	Daily	- Facebook, Twitter, Instagram - Blogs - News media - Online forums	- Share of voice topic analysis - Emerging theme topics - Identify high reach/velocity topics
	OADC Channel Comment Analysis	Daily on weekdays	Native platform searches	- Sentiment analysis - Identify message gaps/voids
Direct Reports	CDC-INFO Metrics	Weekly	- CDC-INFO inquiry line list - Prepared response (PR) usage report	- Cross-compare PR usage with inquiry theme analysis - Sentiment analysis - Identify information gaps/voids
	VTF Media Requests	Weekly	Media request line list	- Leading indicator for news coverage - Identify information gaps/voids
	Web Metrics	Weekly	- Top pages - Google search queries - Top FAQs - Referring domains	- Identify information gaps/voids - Identify keywords/search terms, changes in web traffic
Research	Poll Review	Weekly	- Harris Poll, PEW research, Gallup Poll, KFF - New data related to vaccine hesitancy	Identify socio-behavioral indicators related to motivation and intention to vaccinate
	Literature Review	Weekly	- PubMed, LitCovid, ProQuest Central - New data related to vaccine hesitancy	- Identify current vaccination intention - Identify barriers to vaccination
Third Party Reports	Tanaq Social Listening +Media Monitoring Report	Weekly	- Meltwater - Sprout Social - First Draft - Native platform searches	- Trending topics - Demographic and geographic conversation monitoring
	CrowdTangle content insights report	Biweekly	Facebook	- Top pages (voices), groups - General trends/sentiment analysis - News analysis through posts
	First Draft News Vaccine Misinformation Insights Report	Monthly	Proprietary methods	- Media trends analysis - Emerging threats and data deficits - Online vaccine narratives
	Project VCTR	Weekly	Proprietary methods	- National and regional trends in negative attitudes toward vaccination - Conversations around Legislation

Process: Scalar Judgements

Vaccine Confidence Threat Classification Matrix

Theme Classification

How do you classify this theme/information?			
High risk	Moderate risk	Low risk	Positive sentiment
 ▪ May lead to vaccine refusals and decreased uptake ▪ Wide reach, pervasive	 ▪ Potential to trigger hesitancy to vaccination ▪ Moderate reach, modest dissemination	 ▪ Concerning, but low risk to vaccine confidence ▪ Limited reach, limited dissemination	 ▪ Could increase vaccine confidence, intent, or motivation ▪ Variable reach and dissemination

How has this theme/idea changed over time (since last report or over the course of multiple reports)?

 Increasing Information spreading rapidly	 Stable Information remaining constant at prior level	 Decreasing Information is not gaining further traction and there has been no indication of additional activity
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Not your average social listening report.



Parents expressed concern, confusion, and frustration as children return to school.

With K-12 schools and institutions of higher education either already in session or about to open, the safety and well-being of students, faculty, and staff—as well as of their families and communities—once again is the subject of debate. This debate threatens to harden the views of consumers who are unvaccinated and erode vaccine confidence generally.^{74,75,76} While some parents continue to favor reopening K-12 schools in person and at capacity, parental views regarding appropriate mitigation strategies and mask or vaccine mandates track with political affiliation and vaccination status.^{75,76,77} Anxious parents of young children are impatient that COVID-19 vaccines are not yet authorized for children younger than 12 years old. They are also slightly more likely to favor school mask requirements than those whose children are eligible to be vaccinated.^{78,79}

Vocal vaccine deniers continued to amplify misinformation on social media about supposed dangers that masking and vaccination pose for children. This is fueling conflict between COVID-19 skeptics and parents and school administrators who support masks, vaccination, and other mitigation strategies.^{80,81,82,83,84,85} Clashes over masks in schools suggest that vaccination mandates, especially for younger children, will be difficult to implement, especially given that some politicians, faith leaders, and school administrators are already coaching skeptical parents on how to circumvent mask and vaccine requirements.^{86,87}

Ways to act:

- Develop and disseminate messages about the risk of COVID-19 for children. Highlight the increasing case numbers among children and the increasing number of children hospitalized with severe COVID-19. Remind consumers about the role that children play in spreading the virus.
- Continue to amplify messages that vaccination for children 12 years and older is the best way to protect them from illness, clarifying that the risk for severe COVID-19 or complication caused by illness is higher than the risk of an adverse event from vaccination.
- Partner with school administrators and support them to promote messages about the benefits of vaccination or connect them to other trusted messengers. Also, help them promote mitigation measures for children, parents, school staff, and the broader community. Remind them to connect unvaccinated staff and families to vaccination information and events.



Consumers expressed frustration and confusion about updated guidance for fully vaccinated individuals.

CDC's update to the Interim Public Health Recommendations for Fully Vaccinated People generated confusion and exasperation among many consumers.^{88,89,90} Initial confusion about the updated guidance—particularly around when and where indoor

masking for vaccinated individuals would be required—drove social media users to express frustration both with the updated guidance and with unvaccinated consumers. Many people saw consumers who are unvaccinated as responsible for the Delta surge and associated return of restrictions.^{91,92,93}

The reimposition of mitigation strategies that equally affected people who are vaccinated and unvaccinated was amplified on both news media and social media.^{94,95,96,97} This, in turn, spawned opinion pieces chiding the frustrated for their pettiness and warning that openly shaming people who are unvaccinated could depress vaccine acceptance by driving some in the “moveable middle” into outright vaccine refusal.^{98,99,100}

Renewed political and social clashes over mitigation measures could have further undermined vaccine confidence. Mask skeptics and vocal vaccine deniers seized upon the uncertainties that inform CDC's updated guidance to disparage vaccines, sow doubt about the efficacy of vaccination, and create suspicion about the motives of public and private entities advocating vaccination.^{101,102,103}

Ways to act:

- Disseminate messages that provide clarity around guidance for people who are fully vaccinated. Remind people that both being vaccinated and wearing masks in public places can help protect people who are too young to be vaccinated, unable to be vaccinated, or at high risk for serious illness.
- Continue to amplify messages that asymptomatic or mild breakthrough cases of COVID-19 are expected and are a normal occurrence with many vaccines, such as influenza vaccination. Reassure consumers that even high numbers of breakthrough infections align with projected vaccine effectiveness and that breakthrough cases are likely much less severe than they would have been had the person not been vaccinated.

re: A new mask mandate signals failure of The Biden Administration

New “mask mandate” is about:

1. Punishing red states living their lives and economically and culturally destroying blue states
2. Extending eviction moratorium and unemployment benefits to further delay an economic collapse until midterms
3. Just because it makes us mad

MASKS: DON'T DO ANYTHING

How our readers are using the State of Vaccine Confidence Reports:



Inform communication strategies (e.g., including vaccine messaging, tailoring vaccine information) Improve personal understanding of vaccine confidence issues Inform partnerships with other



groups/organizations Improve understanding of vaccine hesitancy and access issues across special populations Inform prioritization of vaccine confidence issues based on themes in the State of Vaccine



Confidence Report



10 Steps for Designing a Similar Process

Identify the **infodemic issue** you want to track.

Read **everything** you can about what we currently know about that issue.

Develop or adopt a **framework** for tracking public sentiment on the issue.

Identify **sources of data**, assessing the volume of data each will yield.

Determine the **purpose and audience** of your report.

Determine the frequency of the report you want to produce.

Determine **the content and format** of your report based on the audience.

Determine the human resources available to you..

Design your **team rhythm** for data pulls, thematic analysis, and writeup.

Periodically **review and improve** your processes.

Theme Identification: What The Insight Unit Does

- Adapted established methods from qualitative data analysis, including different techniques to identify themes (Ryan and Bernard, 2003)
Repetition: Themes that come up again and again across our data inputs
Similarities and Differences: Data points that differ or are similar to what came before
Indigenous Categories: Technical or slang-sounding terms that are used in new or unique ways by the community under study
Missing Data: What should or could be talked about but is not, such as:
When media reports on a development but social media is quiet on it or
When a discussion about a development is missing critical information that exists (helping us identify information gaps)

Theme Identification: Your Turn

Data from Media

Monitoring:CSBSDFW News: North Texas vaccination sites move from appointments to walk-ins.WCBS: American Museum of Natural History will give free museum tickets for visitors who get vaccinated on site.The New York Times: Miami school bars vaccinated teachers, citing fears of viral shedding affecting children.KRCR: Trinity County will pay residents to get COVID-19 vaccine.The Washington

Data from CDC-INFO:Will I have to get booster vaccine doses for the rest of my life?I want to get pregnant, but I am worried about getting COVID-19 from vaccinated people. Should I avoid the vaccinated?I heard that some vaccinated people still get COVID-19. Does that mean that my vaccine didn't work?Is it safe for my children to be around vaccinated adults who might shed the virus?If most adults are vaccinated, what's the benefit of

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Data from CDC-INFO:Will I have to get booster vaccine doses for the rest of my life?I want to get pregnant, but I am worried about getting COVID-19 from vaccinated people. Should I avoid the vaccinated?I heard that some vaccinated people still get COVID-19. Does that mean that my vaccine didn't work?Is it safe for my children to be around vaccinated adults who might shed the virus?If most adults are vaccinated, what's the benefit of my child getting the

Theme Identification: Your Turn

Data from Media

Monitoring:CSBSDFW News: North Texas vaccination sites move from appointments to walk-ins.WCBS: American Museum of Natural History will give free museum tickets for visitors who get vaccinated on site.The New York Times: Miami school bars vaccinated teachers, citing fears of viral shedding affecting children.KRCR: Trinity County will pay residents to get COVID-19 vaccine.The Washington

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Breakout Activity: Your Turn!

- You will be automatically moved into a breakout group with an assigned facilitator. The facilitator will give you the link to the miro board and you will drop in the misinformation items you found. As a group, identify the top theme you found across all your inputs and discuss the limitations and what you would do to validate your findings. One person from each group should be prepared to share your findings.

BREAKOUT GROUP REPORTS & DISCUSSION

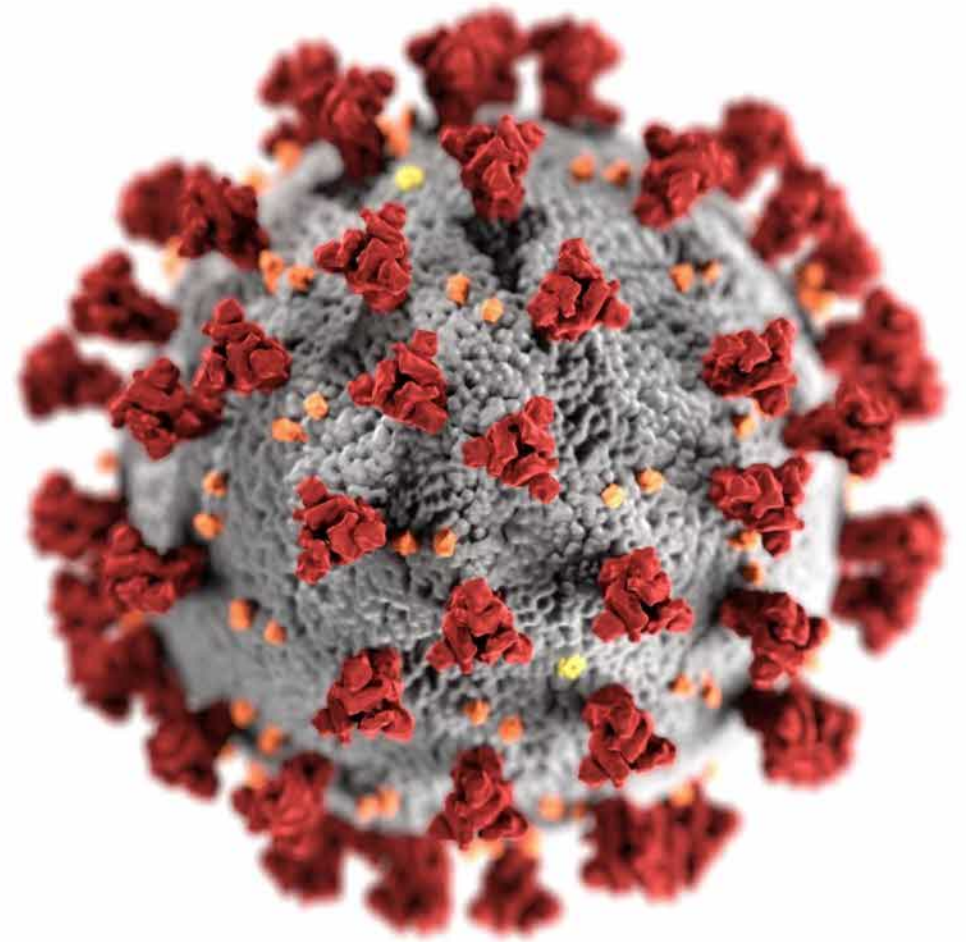
- What did you feel like was the most interesting part of this process? What was most challenging? How did your group determine which themes to elevate? Did you have consensus or was the group more divided? What types of limitations do you think present the most challenges for this work? How might we reduce their impact?

State of Vaccine Confidence Insights Report People



**Thank you! Christopher
Voegeli, PhD, MPH Insights
Unit Lead Vaccine Task
Force Centers for Disease
Control and
Prevention oqo2@cdc.gov**

For more information, contact us at
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



From: Ammerman, Adrienne
Sent: Wed, 22 Feb 2023 15:02:20 -0500
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Subject: Re: Ammerman & Voegeli

Absolutely! I'll be here when you're ready.

On Wed, Feb 22, 2023 at 2:58 PM Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

Adrienne,

Im stuck on the phone with the travel people booking flights. Can we start at 3:05?

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: OOO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Tuesday, February 14, 2023 12:16 PM
To: adrienne_ammerman@brown.edu <adrienne_ammerman@brown.edu>
Subject: Ammerman & Voegeli
When: Wednesday, February 22, 2023 3:00 PM-3:55 PM.
Where:

(b) (6)



Hi there,

Christopher Voegeli is inviting you to a scheduled Zoom meeting.

[Join Zoom Meeting](#)

One tap US: (b) (6)

mobile: (b) (6)

Meeting URL: (b) (6)
Meeting ID: (b) (6)
Passcode: (b) (6)

Join by Telephone

For higher quality, dial a number based on your current location.

Dial: (b) (6) (San Jose)
(b) (6) (New York)
(b) (6) (US Spanish Line)
(b) (6) (US Spanish Line)
(b) (6) (San Jose)

Meeting ID: (b) (6)

Passcode: (b) (6)

International numbers

Join from an H.323/SIP room system

H.323: (b) (6) (US West)
(b) (6) (US East)
Meeting ID: (b) (6)
Passcode: (b) (6)
SIP: (b) (6) @sip.zoomgov.com
Passcode: (b) (6)

Skype for Business (Lync)

(b) (6)

From: Sander L. van der Linden
Sent: Fri, 22 Apr 2022 19:38:26 +0000
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Prinstein, Mitch (CDC apa.org)
Cc: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Subject: RE: APA-CDC Consensus statement

Dear Elisabeth,

You're too kind but I'm so glad to hear you found our papers useful! I think Tuesday 1 to 1:30pm London time would be excellent, thanks!

Look forward to chatting then

Best Wishes,
Sander

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Sent: 22 April 2022 19:17
To: Sander L. van der Linden <sv395@cam.ac.uk>; Prinstein, Mitch (CDC apa.org) <MPrinstein@apa.org>
Cc: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>
Subject: RE: APA-CDC Consensus statement

Dear Sander,

I have to resist the temptation to fangirl internally as I write this email. Your papers were an early inspiration for me on the path to infodemic management work at the beginning of the pandemic. Chris and I would be thrilled to have a brief chat together with you, and here are our time windows where we are available, listed at London time:

Monday, April 25

- 4-4:30 PM

Tuesday, April 26

- 1-1:30 PM
- 1:30-2:00 PM

Wednesday, April 27

- 2-2:30 PM
- 3:30-4 PM

Friday, April 29

- 1-1:30 PM

Do any of these work for you?

Sincerely,

Elisabeth Wilhelm

she/her/hers

Health Communication Specialist

p: +1 404.444.9310

e: nla5@cdc.gov

Demand for Immunization Team
Global Immunization Division
US Centers for Disease Control and Prevention

From: Sander L. van der Linden <sv395@cam.ac.uk>

Sent: Friday, April 22, 2022 1:33 PM

To: Prinstein, Mitch (CDC apa.org) <MPrinstein@apa.org>

Cc: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>

Subject: RE: APA-CDC Consensus statement

Dear Elisabeth and Chris,

It's a pleasure to meet you. I was thinking, should we have a brief chat together maybe next week ahead of the first group meeting? That way I can get a better sense of the structure and direction of the report and brief the team accordingly during our first group call followed by a discussion that can then be more detailed to work out any remaining questions.

Let me know if that sounds good

Thanks

Best Wishes,
Sander

Sander van der Linden, Ph.D.
Professor of Social Psychology in Society
Director, Cambridge Social Decision-Making Lab
Department of Psychology, University of Cambridge
E-mail: sander.vanderlinden@psychol.cam.ac.uk

From: Prinstein, Mitch <MPrinstein@apa.org>

Sent: 19 April 2022 16:21

To: Sander L. van der Linden <sv395@cam.ac.uk>

Cc: Voegeli, Christopher, (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; Wilhelm, Elisabeth

(CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>

Subject: APA-CDC Consensus statement

Hi Sander, I want to (re-)introduce you to Elizabeth and Chris from the CDC who are both experts and outstanding guides for the work that CDC would find most relevant! Can you please include them in one of your first meetings for the consensus statement group?

We are working on getting you a contact from ASTHO too.

Thanks!!!

-Mitch

From: PEREIRA IBRAHIM, Alhassan
Sent: Mon, 10 Jul 2023 16:55:51 +0000
To: PURNAT, Tina; HO, Elodie Ngoc-thy; Voegeli, Chris (CDC/OD/OADC); Stefan Mandic-Rajcevic; Silvia Sommariva
Cc: Surangani Abeyesekera; MACHIRI, Sandra; Elisabeth Wilhelm
Subject: Re: brief about your participation in joint WHO and UNICEF webinar on 20 July (Webinar B)

The agenda looks great Tina, thank you for this! I look forward to it

Best

Alhassan

From: PURNAT, Tina <purnatt@who.int>

Sent: 10 July 2023 17:31

To: HO, Elodie Ngoc-thy <hoelodie@who.int>; Christopher Voegeli <oqo2@cdc.gov>; PEREIRA IBRAHIM, Alhassan <pereiraal@who.int>; Stefan Mandic-Rajcevic <(b) (6)@gmail.com>; Silvia Sommariva <ssommariva@unicef.org>

Cc: Surangani Abeyesekera <sabeyesekera@unicef.org>; MACHIRI, Sandra <machiris@who.int>; Elisabeth Wilhelm <(b) (6)@sent.com>

Subject: brief about your participation in joint WHO and UNICEF webinar on 20 July (Webinar B)

Dear Chris, Silvia, Alhassan, Stefan, and Elodie,

Thank you very much for supporting our global launch of the joint WHO and UNICEF infodemic insights manual! We have a powerhouse lineup for your panel!

Your panel is coming a week after the global high-level launch on 13 July (see [here](#)). You will help us discuss a bit more deeply the advanced topics that one needs to consider when working in social listening and infodemic management.

Your webinar is scheduled for 90 minutes on 20 of July - Webinar B: 2 pm Geneva/ 8 am New York /5:30 pm New Delhi / 8 pm Manila / 10 pm Sydney.

You will each be covering the following topics in this webinar:

- Essential skills for infodemic managers – Alhassan P Ibrahim, WHO
- advanced analytics – Silvia Sommariva, UNICEF
- Equity – Chris Voegeli, US CDC
- Building and leveraging partnerships – Stefan Mandic-Rajcevic, Univ of Belgrade

Each of you have 10 minutes for a presentation (with examples!), and then 10 minutes for questions from the audience and any comments from other panelists. You are welcome to speak for 10 minutes or you can present slides but we recommend no more than 5 slides as we need to stick to time.

You should have received a personalized invitation with a personalized panelist Zoom link recently – but I attach a list of personal links for all of us for this webinar. Please use in emergency if you cannot locate your zoom link.

Happy to organize a briefing this Friday for your panel, if you deem it needed.

You can reach the organizing team on WhatsApp through this group: (b) (6) Join us there!

Best regards,

Tina

Tina D Purnat (she/her)
Team Lead for Infodemic Management
High Impact Events Preparedness Unit
Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Health Emergencies Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

puernatt@who.int | WhatsApp/Signal: (b) (6)
[Follow me on LinkedIn](#) | [Google Scholar profile](#) | @tdpuernat |

Sign up for the WHO infodemic management News Flash: <https://bit.ly/flashsubscribe>

From: PURNAT, Tina
Sent: Mon, 10 Jul 2023 16:55:36 +0000
To: HO, Elodie Ngoc-thy; Voegeli, Chris (CDC/OD/OADC); PEREIRA IBRAHIM, Alhassan; Stefan Mandic-Rajcevic; Silvia Sommariva
Cc: Surangani Abeyesekera; MACHIRI, Sandra; Elisabeth Wilhelm
Subject: RE: brief about your participation in joint WHO and UNICEF webinar on 20 July (Webinar B)

PS: the brief contains some questions that can help you think about your talk.

Best regards,

Tina

Tina D Purnat (she/her)
Team Lead for Infodemic Management
High Impact Events Preparedness Unit
Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Health Emergencies Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

puernatt@who.int | WhatsApp/Signal: (b) (6)
[Follow me on LinkedIn](#) | [Google Scholar profile](#) | @tdpurnat |

Sign up for the WHO infodemic management News Flash: <https://bit.ly/flashsubscribe>

From: PURNAT, Tina
Sent: Monday, July 10, 2023 6:32 PM
To: HO, Elodie Ngoc-thy <hoelodie@who.int>; Christopher Voegeli <oqo2@cdc.gov>; PEREIRA IBRAHIM, Alhassan <pereiraal@who.int>; Stefan Mandic-Rajcevic (b) (6) @gmail.com>; Silvia Sommariva <ssommariva@unicef.org>
Cc: Surangani Abeyesekera <sabeyesekera@unicef.org>; MACHIRI, Sandra <machiris@who.int>; Elisabeth Wilhelm (b) (6) @sent.com>
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Tina

Tina D Purnat (she/her)
Team Lead for Infodemic Management
High Impact Events Preparedness Unit
Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Health Emergencies Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

puernatt@who.int | WhatsApp/Signal: (b) (6)
[Follow me on LinkedIn](#) | [Google Scholar profile](#) | @tdpurnat |

Sign up for the WHO infodemic management News Flash: <https://bit.ly/flashsubscribe>

From: Wardle, Claire
Sent: Thu, 7 Jul 2022 15:26:06 -0400
To: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Subject: Re: Building Trust and Designing for Health Behavior Uptake: Working Session on Written Products

Thanks so much Chris. Have shared with the team.

Claire Wardle, PhD

Professor of the Practice
Department of Health Services, Policy and Practice | Brown University
School of Public Health



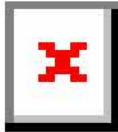
(609) 906-3377



claire_wardle@brown.edu



121 South Main St, Providence,
RI 02903



On Thu, Jul 7, 2022 at 1:39 PM Voegeli, Christopher (CDC/DDID/NCIRD/OD)

[<oqo2@cdc.gov>](mailto:oqo2@cdc.gov) wrote:

Afternoon all,

I sent this to Carolyn, Kyla, and Claire, but I should have just sent it to everyone. Copying them in so they dont send it out again to you all.

APA asked that I share information about the upcoming virtual "national conversation" event/panel I am participating in so if you or anyone you know might be interested feel free to forward as you see fit. The event is on July 13 from 3-4:30 (EST) and it is called: *Rebuilding Trust in Science: Community-Centered Solutions. A national conversation on the impact of misinformation on public health.* The details and registration link are below.

Rebuilding Trust in Science: Community-Centered Solutions
A national conversation on the impact of misinformation on public health

Wednesday, July 13, 2022
3–4:30 p.m. EST

Register now to join us on July 13 for a deep dive into addressing mis- and disinformation at the community level.

The American Psychological Association is collaborating with American Public Health Association, National League of Cities and Research!America to host a virtual national conversation about the psychology and impact of misinformation on public health.

Panelists:

Georges C. Benjamin, MD, MACP, Executive Director, American Public Health Association
Marvia D. Jones, PhD, MPH, Health Department Director, Kansas City
Jennifer Luray, Vice President, Strategy and Communications, Research!America
Sander van der Linden, PhD, Professor of Social Psychology in Society
Christopher Voegeli, PhD, MPH, Behavioral Scientist, Centers for Disease Control and Prevention

Moderator:

Rod Hicks, Director of Ethics and Diversity, Society of Professional Journalists

Registration Link: <https://input.apa.org/f/rebuilding-trust>

From: Greene, Carolyn M. (CDC/DDID/NCIRD/ID)

Sent: Monday, April 25, 2022 8:41 AM

To: Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; (b) (6) <[REDACTED]@gmail.com>

(b) (6) <[REDACTED]@gmail.com>; Kim, Ann (OS/OASH) <Ann.Kim@hhs.gov>; David Scales

(b) (6) <[REDACTED]@gmail.com>; (b) (6) <[REDACTED]@gmail.com>; (b) (6) <[REDACTED]@gmail.com>; Haas, Emily J.

(CDC/NIOSH/NPPTL/RB) <wccq3@cdc.gov>; Elwy, Rani <Rani.Elwy@va.gov>; Voegeli, Christopher

(CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; Fullenwider, Kyla (OS/OASH) <Kyla.Fullenwider@hhs.gov>

Cc: Al-Samarrai, Teeb (CDC/DDPHSIS/CGH/DGHT) <ifz8@cdc.gov>; Hatch, Teri (HHS/OASH)

<Teri.Hatch@hhs.gov>; Woodworth, Parker (OS/OASH) <Parker.Woodworth@hhs.gov>; Hepburn, Matt

J. EOP/OSTP (b) (6) <[REDACTED]@ostp.eop.gov>; Cox, Carly S <ccox@ida.org>; Bretl, Kathrine N.

EOP/OSTP (b) (6) <[REDACTED]@ostp.eop.gov>; rani_elwy@brown.edu <rani_elwy@brown.edu>; Chou,

Wen-Ying (Sylvia) (NIH/NCI) [E] <chouws@mail.nih.gov>

Subject: Building Trust and Designing for Health Behavior Uptake: Working Session on Written Products

When: Thursday, June 30, 2022 4:00 PM-5:30 PM.

Where: ZOOM LINK

Topic: Carolyn's Zoom Meeting

Time: This is a recurring meeting

Join ZoomGov Meeting

(b) (6)

Meeting ID: (b) (6)

Passcode: (b) (6)

One tap mobile

(b) (6) (San Jose)

(b) (6) (New York)

Dial by your location

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(b) (6) (New York)

(b) (6)

(b) (6) (San Jose)

(b) (6) Toll-free

Meeting ID: (b) (6)

Find your local number: (b) (6)

Join by SIP

(b) (6) [@sip.zoomgov.com](mailto:(b) (6)@sip.zoomgov.com)

Join by H.323

(b) (6) (US West)

(b) (6) (US East)

Meeting ID: (b) (6)

Passcode: (b) (6)

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Mon, 12 Jun 2023 13:21:08 +0000
To: Wardle, Claire; Fullenwider, Kyla (OS/OASH); David Scales
Subject: Re: BY EOD Monday
Attachments: 8-10 BioDisclosure_CM4711_CDV.docx

Here you go!
Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)
Behavioral Scientist | Acting Vaccine Confidence and Demand Lead
Email: QQO2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Wardle, Claire <claire_wardle@brown.edu>
Sent: Saturday, June 10, 2023 6:58 PM
To: Fullenwider, Kyla (OS/OASH) <Kyla.Fullenwider@hhs.gov>; Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>; David Scales (b) (6) @gmail.com>
Subject: BY EOD Monday

Hi Team

Could you all fill in this form by end of day Monday and send it back to me? It's for the Atlanta conference in July.

And Kyla - could you ask Shun to do the same.

Thanks so much.

Claire

Claire Wardle, PhD

Professor of the Practice

Co-Director, Information Futures Lab

Department of Health Services, Policy and Practice | Brown University

School of Public Health



(609) 906-3377



claire_wardle@brown.edu



121 South Main St, Providence,
RI 02903



Bio/Disclosure Form

As a prospective planner or presenter/content expert/moderator, we need your help in protecting our learning environment from industry influence. Please complete the form below. All information will be kept confidential. Failure to comply with this request, will remove your ability to participate as planner/presenter/content expert/moderator for this activity. Attach additional pages, if needed.

*Only moderators participating in education (i.e., serving on panels, Q&A, or impacting content in any manner) require a biodisclosure. Moderators serving solely as announcers and time managers do *not* require a biodisclosure.

Date Submitted (mm/dd/yyyy)

Role in Educational Activity (Check all that apply.)

☐ Planner ☒ Presenter/Content Expert ☐ Moderator*

Section 1: Demographic Data

Name and credentials	Chris Voegeli, PhD MPH		
Position/title	Behavioral Scientist / Inaccurate Health Information Mitigation Team Lead		
Current employer and address	1600 Clifton Rd, Atlanta, GA 30333		
Phone	(404) 498-0176	Email	oqo2@cdc.gov

Section 2: Education and Expertise

Describe education specific to the educational activity listed above.

Degree	Year	Institution
PhD	2015	Wichita State University
MPH	2015	University of Kansas
MA	2011	Wichita State University

Describe expertise specific to the educational activity listed above.

Chris Voegeli is the acting lead of the Inaccurate Health Information Mitigation Team in the Office of Communication in the Office of the Director at the US Centers for Disease Control and Prevention. In this role, he coordinates CDC's portfolio of work to address and build resilience to inaccurate health information. Before taking this role, Chris was the Acting Vaccine Confidence and Demand lead, where he led CDC's domestic efforts to build the public's confidence and demand for all vaccines. Additionally, he led the Insights Unit, which works to monitor and mitigate the spread of misinformation and produces the CDC's State of Vaccine Confidence Report.

Section 3: Conflict of Interest

For Federal employees only: For the past 24 months, I have been a federal employee and have been covered by all of the federal ethics rules, including the bribery and illegal gratuities statute (18 U.S.C. § 201), the criminal conflict of interests statutes (18 U.S.C. §§ 202-209), and the Standards of Ethical Conduct for Employees of the Executive Branch (5 C.F.R. Part 2635).

☒ Yes ☐ No

OR

For Non-federal employees only: Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies. An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients (e.g., device manufacturers, pharmaceutical companies, or bio-medical startups that have begun a governmental regulatory

approval process.) For any questions related to ineligible companies or any possible financial relationships, please contact your assigned CE Consultant.

NOTE: There is no minimum financial threshold; we ask that you disclose all financial relationships regardless of the amount with ineligible companies. Disclose the relationship regardless of the potential relevance of each relationship to the education. *Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, or ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.*

For the past 24 months, have you had **any** financial relationship with **any** ineligible company?

☐ Yes ☒ No

If yes, complete the table below.

Name of Ineligible Company	Nature of Financial Relationship	Has the Relationship Ended? (Y/N)

FOR DEVELOPERS ONLY: Indicate the mitigation strategy used for the individual(s) who identified financial relationships with ineligible companies.	
Mitigation steps for planner (choose at least one) ☐ Divest the financial relationship ☐ Recusal from controlling aspects of planning and content with which there is a financial relationship ☐ Peer review of planning decisions by persons without relevant financial relationships ☐ Use other methods (please describe):	Mitigation steps for presenter and others (choose at least one) ☐ Divest the financial relationship ☐ Peer review of content by persons without relevant financial relationships ☐ Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature or adhering to evidence-based practice guidelines) ☐ Use other methods (please describe):

****If Planner only, Skip sections 4 and 5.**

Section 4: Unlabeled Use

Will your presentation(s) or content you contributed include any discussion of unlabeled use of commercial products or products for investigational use?

☐ Yes ☒ No

If Yes, please explain your use of unlabeled products or products under investigational use. Attach additional pages, if needed.

--

Section 5: Title of Presentation (Live) **OR** Content Provided

Engaging Communities to Build Trust

Section 6: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information given above.

Chris Voegeli PhD MPH	6/12/2023
-----------------------	-----------

Title	2023 National Conference on Health Communication, Marketing & Media	Activity #	CM4711	Start date	7/18/2023
-------	---	------------	--------	------------	-----------

Typed Signature: Name and Credentials (Required)

Date

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Tue, 13 Jun 2023 12:52:27 +0000
To: Shun Tucker-Allen; Fullenwider, Kyla (OS/OASH)
Cc: Wardle, Claire; David Scales
Subject: Re: BY EOD Monday
Attachments: 8-10 BioDisclosure_CM4711 (1).docx

Here you go!
Chris

-
Christopher Voegeli, Ph.D., MPH (he/him)
Behavioral Scientist | Acting Vaccine Confidence and Demand Lead
Email: OOQ2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Shun Tucker-Allen <shun@faircount.org>
Sent: Monday, June 12, 2023 3:26 PM
To: Fullenwider, Kyla (OS/OASH) <Kyla.Fullenwider@hhs.gov>
Cc: Wardle, Claire <claire_wardle@brown.edu>; Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>; David Scales (b) (6) @gmail.com>
Subject: Re: BY EOD Monday

Hey Kyla
I don't see an attached form!
Would you please resend it?
Thanks!
Blessings!
Shun Tucker-Allen
Sr. Faith Coordinator, Fair Count
she/her
404 277-8721

I would love to connect to share more about our faith efforts and learn more about your faith community. Click [here](#) to schedule a 30 minute meeting!
And let us not be weary in well-doing, for in due season we shall reap, if we faint not. Galatians 6:9

On Mon, Jun 12, 2023 at 3:20 PM Fullenwider, Kyla (OS/OASH) <Kyla.Fullenwider@hhs.gov> wrote:
Hi Shun,
Apologies for the late notice but we need this form filled out for the panel- can you complete and send back to us by tomorrow?
Thank you!

Kyla

From: Wardle, Claire <claire_wardle@brown.edu>

Sent: Saturday, June 10, 2023 6:58 PM

To: Fullenwider, Kyla (OS/OASH) <Kyla.Fullenwider@hhs.gov>; Voegeli, Chris (CDC/DDID/NCIRD/ISD) <ogo2@cdc.gov>; David Scales (b) (6) <[REDACTED]@gmail.com>

Subject: BY EOD Monday

Hi Team

Could you all fill in this form by end of day Monday and send it back to me? It's for the Atlanta conference in July.

And Kyla - could you ask Shun to do the same.

Thanks so much.

Claire

Claire Wardle, PhD

Professor of the Practice

Co-Director, Information Futures Lab

Department of Health Services, Policy and Practice | Brown University

School of Public Health



(609) 906-3377



claire_wardle@brown.edu



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Bio/Disclosure Form

As a prospective planner or presenter/content expert/moderator, we need your help in protecting our learning environment from industry influence. Please complete the form below. All information will be kept confidential. Failure to comply with this request, will remove your ability to participate as planner/presenter/content expert/moderator for this activity. Attach additional pages, if needed.

*Only moderators participating in education (i.e., serving on panels, Q&A, or impacting content in any manner) require a biodisclosure. Moderators serving solely as announcers and time managers do *not* require a biodisclosure.

Date Submitted (mm/dd/yyyy)

Role in Educational Activity (Check all that apply.)

☐ Planner ☐ Presenter/Content Expert ☐ Moderator*

Section 1: Demographic Data

Name and credentials

Position/title

Current employer and address

Phone

Email

Section 2: Education and Expertise

Describe education specific to the educational activity listed above.

Degree	Year	Institution

Describe expertise specific to the educational activity listed above.

Section 3: Conflict of Interest

For Federal employees only: For the past 24 months, I have been a federal employee and have been covered by all of the federal ethics rules, including the bribery and illegal gratuities statute (18 U.S.C. § 201), the criminal conflict of interests statutes (18 U.S.C. §§ 202-209), and the Standards of Ethical Conduct for Employees of the Executive Branch (5 C.F.R. Part 2635).

☐ Yes ☐ No

OR

For Non-federal employees only: Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies. An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients (e.g., device manufacturers, pharmaceutical companies, or bio-medical startups that have begun a governmental regulatory approval process.) For any questions related to ineligible companies or any possible financial relationships, please contact your assigned CE Consultant.

NOTE: There is no minimum financial threshold; we ask that you disclose all financial relationships regardless of the amount with ineligible companies. Disclose the relationship regardless of the potential relevance of each relationship to the education. *Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, or ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.*

For the past 24 months, have you had **any** financial relationship with **any** ineligible company?

☐ Yes ☐ No

If yes, complete the table below.

Name of Ineligible Company	Nature of Financial Relationship	Has the Relationship Ended? (Y/N)

FOR DEVELOPERS ONLY: Indicate the mitigation strategy used for the individual(s) who identified financial relationships with ineligible companies.

Mitigation steps for <i>planner</i> (choose at least one)	Mitigation steps for <i>presenter and others</i> (choose at least one)
☐ Divest the financial relationship ☐ Recusal from controlling aspects of planning and content with which there is a financial relationship ☐ Peer review of planning decisions by persons without relevant financial relationships ☐ Use other methods (please describe):	☐ Divest the financial relationship ☐ Peer review of content by persons without relevant financial relationships ☐ Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature or adhering to evidence-based practice guidelines) ☐ Use other methods (please describe):

****If Planner only, Skip sections 4 and 5.**

Section 4: Unlabeled Use

Will your presentation(s) or content you contributed include any discussion of unlabeled use of commercial products or products for investigational use?

☐ Yes ☐ No

If Yes, please explain your use of unlabeled products or products under investigational use. Attach additional pages, if needed.

Section 5: Title of Presentation (Live) **OR** Content Provided

Section 6: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information given above.

Typed Signature: Name and Credentials (Required)	Date
--	--

Click or tap to enter a date.

From: Voegeli, Chris (CDC/IOD/OC)
Sent: Tue, 5 Sep 2023 15:35:00 +0000
To: (b) (6)
Subject: Re: Catching up

Great! I just sent an invite for now. Feel free to join whenever is convenient
Chris

-
Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Acting Inaccurate Health Information Mitigation Team Lead
Email: OQO2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
Division for Communication Science and Services
Office of Communications, CDC

From: (b) (6)
Sent: Tuesday, September 5, 2023 11:33 AM
To: Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov>
Subject: Re: Catching up

No worries, it happens! I am still free right now, if that works for you.

(b) (6)

On Tue, Sep 5, 2023 at 11:31 AM Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov> wrote:
(b) (6) Ugh, I apparently set up the meeting invite so that it happened on 8/29...last Tuesday.
Are free from now till 1:30? If not I will happily reschedule. Ugh again...my apologies.
Chris

-
Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Acting Inaccurate Health Information Mitigation Team Lead
Email: OQO2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
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Office of Communications, CDC

From: (b) (6) >
Sent: Tuesday, September 5, 2023 11:10 AM
To: Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov>
Subject: Re: Catching up

Hi Chris,
Are we still meeting today at 11 am?

(b) (6)

On Tue, Aug 29, 2023 at 12:16 PM Voegeli, Chris (CDC/IOD/OC) <ogq2@cdc.gov> wrote:
Great! I just sent the invite and we will talk more about it on Tuesday. Yay!
Chris

-
Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Acting Inaccurate Health Information Mitigation Team Lead
Email: OGQ2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
Division for Communication Science and Services
Office of Communications, CDC

From: (b) (6)
Sent: Tuesday, August 29, 2023 12:14 PM
To: Voegeli, Chris (CDC/IOD/OC) <ogq2@cdc.gov>
Subject: Re: Catching up

I haven't heard of them before, but it would be really nice if you could connect me with them! I would be free any time between 11-1 pm next Tuesday.

-(b) (6)

On Tue, Aug 29, 2023, 10:58 AM Voegeli, Chris (CDC/IOD/OC) <ogq2@cdc.gov> wrote:
(b) (6)

That's wonderful news!! Congrats. Some of my closest partners are at (b) (6) and run the information futures lab. The founders of that lab (b) (6) are my infodemic/misinformation idols. Do you know them? I would be happy to connect you, but we can talk about that on our call ☐

Next Tuesday, I am free from 9-930, 11-1, 230-330. Next Wednesday, I am free from 9-10, 11-12, 1-2, and 230-3.

Does anytime in there work for you?

Chris

-
Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Acting Inaccurate Health Information Mitigation Team Lead
Email: OGQ2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
Division for Communication Science and Services
Office of Communications, CDC

From: (b) (6) >
Sent: Monday, August 28, 2023 3:11 PM
To: Voegeli, Chris (CDC/IOD/OC) <ogq2@cdc.gov>
Subject: Catching up

Hi Chris,

I hope you have been doing well and the rest of the Insights Team is also doing well! (b) (6)

[REDACTED] in a few days but I just wanted to email you about how much of an impact you and your team made on me.

Getting the opportunity to see how qualitative data analysis worked and how it could be applied to topics such as the misinformation of vaccines was amazing. This exposure has truly set me on a path to working towards a day where I will be able to do the work you do. I would love to hear about what you have been working on recently, so let me know if you would want to set up a time to talk!

Thanks so much,

(b) (6)

From: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Sent: Thu, 7 Jul 2022 17:53:23 +0000
To: KHALIFA, Abdelrahman
Subject: Re: CDC's Insights report

Good afternoon Abdelrahman,
I have added you to the distribution list. Please feel free to reach out if you ever need anything. All past reports can be found online here: <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence.html#reports>
Chris

-
Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Insights Lead
Email: OOQ2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: KHALIFA, Abdelrahman <khalifaab@who.int>
Sent: Thursday, July 7, 2022 10:00 AM
To: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>
Subject: CDC's Insights report

Dear Chris
Greetings from Cairo

Thank you for sharing this email address in the comprehensive training . I would love to subscribe to CDC's Insights report.

Best regards
Abdelrahman

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Tue, 23 May 2023 16:40:12 +0000
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Bcc: (b) (6)@outlook.com; kjunius@cookcountyhhs.org;
(b) (6)@gmail.com; acollins@federalhillhouse.org; joshua.devine@hhs.gov; Scherbring, Kristine (OS/ASA/PSC/FOH); Anders, Patricia (CDC health.ny.gov); dkleiner@vt.edu; bbaquero@uw.edu; lindako@uw.edu; amturner@uw.edu; rodriguk@uw.edu; bclifford@orangecountygov.com; jlawler@orangecountygov.com; hboss@orangecountygov.com; andrea.odle@dhsosha.state.or.us; elizat@yvwfc.org; bwinkler@corhio.org; leech@google.com; (b) (6)@gmail.com; kjoshi@cookcountyhhs.org; rrubin@cookcountyhhs.org; alfreda.holloway@cookcountyhhs.org; Barnett, Gina (CDC cookcountyhhs.org); darcie.moeller@cookcountyhhs.org; jkorpics@cookcountyhhs.org; ddurica@cookcountyhhs.org; xhair@cookcountyhhs.org; tkim@icls.org; rfisk@ufl.edu; cramos@urban.org; faustr@oakgov.com; (b) (6)@gmail.com; (b) (6)@me.com; irma.murauskas@dhsosha.state.or.us; phuang@npr.org; bseltzer1@health.nyc.gov; gregg.miller@vituity.com; Vivian.Porter@ihs.gov; jreich1@health.nyc.gov; mharvey@urban.org; Rao, Shaila (CDC health.nyc.gov); kara.sewak@childrens.harvard.edu; mckay-chiassonl@oakgov.com; (b) (6)@gmail.com; (b) (6)@gmail.com; mjoyce@phmc.org; silittle@phmc.org; holly.scheer@wyo.gov; (b) (6)@comcast.net; olivia.dominguez@uth.tmc.edu; (b) (6)@gmail.com; Maddie Perlman-Gabel; Dillaha, Jennifer (CDC arkansas.gov); butler.t@wustl.edu; bhokin1@jhu.edu; robert.mccall@hhs.gov; emccuiston@schsa.org; Carson.Sartain@cdph.ca.gov; Harris, Sonya@CDPH; Carolyn.Becker@cdph.ca.gov; Maloney, Joel@CDPH; Melanie.Lerch@cdph.ca.gov; Klaff, Madeline@CDPH; Yoon, Michelle@CDPH; Parker, Krista@CDPH; Edgar.Ednacot@cdph.ca.gov; acollier@southcentralfoundation.com; cuite@sebs.rutgers.edu; erin.e.corrigan@dhsosha.state.or.us; cruickshankd@co.wahkiakum.wa.us; (b) (6)@icloud.com; evandas@stlrhc.org; Yoon, Michelle@CDPH; Carolyn.Becker@cdph.ca.gov; Devon.Keeler@cdph.ca.gov; jennifer.shuler@dhs.arkansas.gov; kyungg@stlouis-mo.gov; catherine.counard@illinois.gov; debbie.feierman@cms.hhs.gov; Lalvani, Mahak (OS/OASH); Tuomi, Ashley (IHS/POR); Herd, Melissa (HHS/IGA); Jackson, Rhonda (HRSA); reni.angelova@auab.afcent.af.mil; beth.a.mcmillan2.civ@mail.mil; childsc@who.int; karen.skinner@wustl.edu; reasley@stlrhc.org; matthew.short@dshs.texas.gov; john.j.verghese.mil@mail.mil; bruce.m.mcclenathan.civ@mail.mil; MDMReports@cisa.dhs.gov; dpant@bu.edu; (b) (6)@outlook.com; (b) (6)@gmail.com; Jennifer.Kiger@phs.hctx.net; Sefat, Cimmera (OS/ASPR/SIIM); vicki.yu@slalom.com; maria.squeri@slalom.com; kevin.nunley@slalom.com; rahul.sharma@slalom.com; ryn.manby@slalom.com; shelleyf@slalom.com; carmen.watley@slalom.com; robert.mccall@hhs.gov; Wilkins, Syreeta (CDC umn.edu); SOC Information Management Section Chief (OS/ASPR); joanna.mendoza@mail.house.gov; guzmank@oakgov.com; varun.shetty@dshs.texas.gov; lbutcher@bop.gov; Gretsche, Stephanie (CDC cityofchicago.org); (b) (6)@icloud.com; Rubenstein, Beth (CDC health.nyc.gov); tmandela@hqi.solutions; melanie.chervony@adph.state.al.us; Kaur, Ramandeep (CDC adph.state.al.us); Davidson, Sherri (CDC adph.state.al.us); denise.strickland@adph.state.al.us; harrison.wallace@adph.state.al.us; Taylor, Burnestine (CDC adph.state.al.us); (b) (6)@yahoo.com; mwhite@hqi.solutions; Dawn.Glapion@SPR.DOE.GOV; (b) (6)@me.com; (b) (6)@gmail.com; (b) (6)@gmail.com; kwring@kingcounty.gov; (b) (6)@gmail.com; rodriguk@uw.edu; ststamos@iphouse.com; Susan_Pinnock@co.washington.or.us; stephaniem@canalalliance.org; david@covacops.org; jennyjohnson@utah.gov; cambron.walker@co.kittitas.wa.us; Bowman, Mary (HHS/OASH/OSG); Alia.V.Hayes@dhhs.nh.gov; Allen, Meredith (CDC astho.org); drperson@bfhd.wa.gov; rebecca.bailey@custerhealth.com; Ann.Chakwin@dhsosha.state.or.us; ahobantemp@nul.org; karen@virginiapharmacists.org; Drbeysolow@ybconsultants.org; (b) (6)@gmail.com; sonia.singh@maricopa.gov; jennifer.myung@state.co.us; sasha.geffen@state.co.us;

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Kelsie.Tucholke@co.clay.mn.us; lisa.rietsma@co.clay.mn.us; Meghann.Levitt@co.carlton.mn.us;
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Akosile; Simon Lawson; Irene Fermont; Shahid Awan.; MOREIRA, Maria Da Gloria; innocent
makumyaviri; Madenan Nadege Moundoum Golngar; Dragseth, John T. EOP/NSC; David Majuch; russel
Youssa; LM Bucci; Gibbs, Christina(HHS/OASH); Albert Dibs Muya; Nseka, Nikki; Krishana Sankar;
KHALIFA, Abdelrahman; A S khan; Speikers, LuAnn; Allie Staton; Christy.Norton@mass.gov;
ruth.mori@mass.gov; Vitalie Memeus; Clark, Terry; marija.popstefanija@mass.gov; Roberson, Jo E.;
Cohen, Joyce (DPH); Serese Marotta; Marla Dalton; Lance Goller; BarrazaLozoya, Sujeith, DOH; Durda,
Laura (CDC cdcfoundation.org); Goad, Jeffery; Brenda Kolbaba; Jay Highland; Mitchel Rothholz; Mehring,
Clayton - CO 4th; marija.popstefanija@mass.gov; Roberson, Jo E.; Cohen, Joyce (DPH); Serese Marotta;
Lance Goller; BarrazaLozoya, Sujeith, DOH; Durda, Laura (CDC cdcfoundation.org); Goad, Jeffery; Brenda
Kolbaba; Jay Highland; Mitchel Rothholz; Mehring, Clayton - CO 4th; Eli, Rosenberg (CDC health.ny.gov);
Placitella, Jennarose EOP/NSC; (b) (6) @icloud.com; Baskin, Benjamin (HEALTH); Brady, Kelly (CDC
health.ny.gov); McCall, Marci (HEALTH); Rabiah Ahmed; Marilyn Watkins; emily.gibson@villagereach.org
Subject: Re: CDC's State of Vaccine Confidence Insights: Mpox Outbreak Special Report

Apologies for the second email. We updated the body of this email due to an error.

Hello partners and colleagues,

CDC has published the [State of Vaccine Confidence Insights: Mpox Outbreak Special Report](#), which examines the questions and concerns expressed by the public between November 15th and February 25th concerning mpox. You can find back-issues of the [CDC's State of Vaccine Confidence Insights Reports](#) here.

For the ways you can take action on these themes, go to the "Ways to Act" section in the report. Email oqo2@cdc.gov if you have any questions about this report. Thank you for reading and your continued support of this work!

Major Themes

Consumers and social media users of the LGBTQ+ community are taking proper precautions to prevent mpox, including getting vaccinated with JYNNEOS vaccine; some are concerned about side effects from ACAM2000

- Among men aged 18-49 years who are eligible for the JYNNEOS vaccine, the incidence of mpox was considerably higher among unvaccinated persons compared to those who received one or two vaccine doses. Specifically, the incidence among unvaccinated persons was 9.6 times higher than the incidence among persons who had received two vaccine doses, and 7.4 times higher than the incidence among persons who had received only the first dose.
- Individuals in the LGBTQ+ community are using social media to share that they have received the mpox vaccine and have fought against anti-vaccine rhetoric.
- Seventy-six percent of U.S. adults say that, if exposed to mpox, they would be likely to take the mpox vaccine, which can be given after exposure.
- In comparison to gay, bisexual, and other men who have sex with men (MSM) living in urban areas, MSM living in rural areas were less likely to report modifying their behaviors to decrease mpox exposure, reported lower perceived susceptibility to and severity of mpox, and reported lower intention to get vaccinated for mpox.

Identified misinformation themes that may impact vaccine confidence

- Some social media users believe mpox can only spread through sexual contact.
- Some social media users believe vaccination is not the best way to prevent mpox.
- Some social media users believe the ACAM2000 vaccine will cause a smallpox pandemic.
- Some social media users believe that the ACAM2000 vaccine sheds smallpox.
- Some organizations are fighting against the misconception that mpox is a "gay" disease.

Some social media users are confused about the name change from monkeypox to mpox and believe it is part of an agenda to push more vaccines

- When the outbreak of mpox expanded in 2022, racist and stigmatizing language online, in other settings, and in some communities was observed and reported to WHO. In several meetings, public and private, a number of individuals and countries raised concerns and asked WHO to propose a way to change the name moving forward.
- Some social media users do not understand how the term "monkeypox" was offensive.
- Some social media users are supportive of the name change and believe it was long overdue.
- Some social media users believe vaccine supply is a more pressing issue that should have been addressed before the mpox name change.

Identified misinformation themes that may impact vaccine confidence

- Some social media users believe the name change was solely for marketing purposes and to push a political agenda.
- Some social media users believe the disease is still called “monkeypox” and refuse to use the term “mpox.”
- Some social media users believe the new name is an excuse to create and sell more vaccines.
- Some social media users believe the new name reflects a government agenda to push toxic vaccines.

Consumers and social media users are concerned about poor access to vaccines in Black and Hispanic/Latino communities

- Some individuals in the LGBTQ+ community believe the Biden administration is doing whatever is in their power to help address mpox infection rates in disproportionately affected groups, while others are more reluctant to applaud the U.S. government for their efforts.
- An MMWR published in December 2022 showed that during May 22, 2022–September 3, 2022, 68.2% of vaccinated mpox patients and 49.9% of unvaccinated mpox patients were White, whereas Black individuals comprised 12.4% and 30.9% of vaccinated and unvaccinated mpox patients, respectively.
 - The authors note that “the predominance of White persons among vaccinated mpox patients compared with unvaccinated patients reflects the ongoing racial and ethnic disparities in receipt of the JYNNEOS vaccine nationwide and could indicate differential access to or acceptance of the vaccine,” also adding that “disparities in access to health care and additional treatment options could also have played a role in decreasing the severity of illness in vaccinated White persons.”
- Some social media users believe stigma around sexual health and healthcare inequities contribute to low vaccination rates in Black and Hispanic/Latino communities.

Activism and engagement from the LGBTQ+ community has contributed to an increase in mpox vaccine confidence and uptake

- Public health experts and LGBTQ+ community members have suggested that the most significant contributor to successful mpox vaccination uptake was the activism and engagement from the community itself in promoting the efficacy, safety, and availability of the vaccine.
- Community members felt that they were more prepared than others due to their past experiences with the HIV/AIDS crisis.
- Other co-morbidities, such as HIV infection, increased the risk of mortality among LGBTQ+ members. Public health experts believe that the desire among community members to protect each other has encouraged vaccination among vaccine-hesitant individuals.

- The LGBTQ+ community led effective equity outreach programs, ensuring that as many members as possible in the community had access to the mpox vaccines.

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

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Work Phone: (404) 498-0176

Cell Phone: (b) (6)

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Centers for Disease Control and Prevention

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)

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Centers for Disease Control and Prevention

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)

Sent: Tuesday, May 23, 2023 12:01 PM

To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>

Subject: CDC's State of Vaccine Confidence Insights: Mpox Outbreak Special Report

Hello partners and colleagues,

CDC has published the [State of Vaccine Confidence Insights: Mpox Outbreak Special Report](#), which examines the questions and concerns expressed by the public in and around Chicago about the recent rise in cases of mpox. You can find

back-issues of the [CDC's State of Vaccine Confidence Insights Reports](#) here.

For the ways you can take action on these themes, go to the "Ways to Act" section in the report. Email oqo2@cdc.gov if you have any questions about this report. Thank you for reading and your continued support of this work!

Major Themes

Consumers and social media users of the LGBTQ+ community are taking proper precautions to prevent mpox, including getting vaccinated with JYNNEOS vaccine; some are concerned about side effects from ACAM2000

- Among men aged 18-49 years who are eligible for the JYNNEOS vaccine, the incidence of mpox was considerably higher among unvaccinated persons compared to those who received one or two vaccine doses. Specifically, the incidence among unvaccinated

persons was 9.6 times higher than the incidence among persons who had received two vaccine doses, and 7.4 times higher than the incidence among persons who had received only the first dose.

- Individuals in the LGBTQ+ community are using social media to share that they have received the mpox vaccine and have fought against anti-vaccine rhetoric.
- Seventy-six percent of U.S. adults say that, if exposed to mpox, they would be likely to take the mpox vaccine, which can be given after exposure.
- In comparison to gay, bisexual, and other men who have sex with men (MSM) living in urban areas, MSM living in rural areas were less likely to report modifying their behaviors to decrease mpox exposure, reported lower perceived susceptibility to and severity of mpox, and reported lower intention to get vaccinated for mpox.

Identified misinformation themes that may impact vaccine confidence

- Some social media users believe mpox can only spread through sexual contact.
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- When the outbreak of mpox expanded in 2022, racist and stigmatizing language online, in other settings, and in some communities was observed and reported to WHO. In several meetings, public and private, a number of individuals and countries raised concerns and asked WHO to propose a way to change the name moving forward.
- Some social media users do not understand how the term “monkeypox” was offensive.
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- Some social media users believe the name change was solely for marketing purposes and to push a political agenda.
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- Some individuals in the LGBTQ+ community believe the Biden administration is doing whatever is in their power to help address mpox infection rates in disproportionately affected groups, while others are more reluctant to applaud the U.S. government for their efforts.
- An MMWR published in December 2022 showed that during May 22, 2022–September 3, 2022, 68.2% of vaccinated mpox patients and 49.9% of unvaccinated mpox patients were White, whereas Black individuals comprised 12.4% and 30.9% of vaccinated and unvaccinated mpox patients, respectively.
 - The authors note that “the predominance of White persons among vaccinated mpox patients compared with unvaccinated patients reflects the ongoing racial and ethnic disparities in receipt of the JYNNEOS vaccine nationwide and could indicate differential access to or acceptance of the vaccine,” also adding that “disparities in access to health care and additional treatment options could also have played a role in decreasing the severity of illness in vaccinated White persons.”
- Some social media users believe stigma around sexual health and healthcare inequities contribute to low vaccination rates in Black and Hispanic/Latino communities.

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- Public health experts and LGBTQ+ community members have suggested that the most significant contributor to successful mpox vaccination uptake was the activism and engagement from the community itself in promoting the efficacy, safety, and availability of the vaccine.
- Community members felt that they were more prepared than others due to their past experiences with the HIV/AIDS crisis.
- Other co-morbidities, such as HIV infection, increased the risk of mortality among LGBTQ+ members. Public health experts believe that the desire among community members to protect each other has encouraged vaccination among vaccine-hesitant individuals.
- The LGBTQ+ community led effective equity outreach programs, ensuring that as many members as possible in the community had access to the mpox vaccines.

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

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Centers for Disease Control and Prevention

From: Ammerman, Adrienne
Sent: Tue, 14 Feb 2023 12:18:37 -0500
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Subject: Re: Chris, Meet Adrienne

Sounds great - thank you! See you next week.

Adrienne

On Tue, Feb 14, 2023 at 12:17 PM Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

Thank you, Adrienne! Im looking forward to it. I just sent an invite, but if something comes up and we need to pivot, feel free to let me know. Thanks!

Chris

-
Christopher Voegeli, Ph.D., MPH (he/him)
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From: Ammerman, Adrienne <adrienne_ammerman@brown.edu>
Sent: Sunday, February 12, 2023 10:12 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Re: Chris, Meet Adrienne

Thanks for the introduction, Lis - and hello Chris! We've haven't had a chance to meet properly before, but I have of course heard you present on many NPHIC/CDC calls, and have appreciated the vaccine confidence reports I receive from you and your team.

(Moving you to bcc, Lis, to protect your inbox!)

I'm really looking forward to the opportunity to share more with you about the platform I'm designing, and to learn how it might align with the work you're currently doing and exploring for the future.

Here are some days/times I'm available to meet virtually:

2/15: 12-1
2/16: 12-1:30
2/17: 10-11, 4-5
2/20: 11-1, 3-5
2/21: 2-5
2/22: 10-11, 12-1, after 3
2/23: Before 10:30

If anything in there works well for you I'll be happy to send over a calendar invite - or we can look later in February, if you prefer.

Thanks again!

Adrienne

On Fri, Feb 10, 2023 at 2:11 PM Elisabeth Wilhelm (b) (6) @sent.com> wrote:
Dear Chris,

I am pleased to introduce you to [Adrienne Ammerman](#), a fellow fellow in the Information Futures Lab with me at Brown University. She is a public health communicator based out of North Carolina with longstanding health department experience and has worked with Richard Quartarone in the past. She is working on developing a system to make it easier for health communicators to develop high quality communications materials quickly—like a Canvas for health comms.

Adrienne's Information Futures Fellowship is focused on developing a prototype design, action plan, and funding strategy for a scalable health communications platform that can be adapted to meet health communicators' needs. She will work with local health communicators to test several key platform concepts on real-world health communications, including customization of existing messaging and materials, mechanisms for local tailoring and branding, support for digital ad placement, and regional tracking of performance measures to guide and refine communications strategies.

I knew I had to connect you both as she is in early stages of this very important project, and implications for improving vaccine communication may be worth a conversation. :)

Adrienne, I'm pleased to introduce you to Chris, the Vaccine Confidence Team Lead who is doing all the insights and behavioral science things have mentioned. He is cool. He also is looking to improve how vaccine confidence is built at health departments across the US.

Have fun connecting!

Lis

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Wed, 7 Dec 2022 17:35:09 +0000
To: Mark Scott
Subject: Re: Chris, Meet Mark!

I sent out an invite but accidentally did the 12th. You should have gotten an updated invite too.
Chris

-
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From: Mark Scott <mark_scott1@brown.edu>
Sent: Wednesday, December 7, 2022 4:16 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Re: Chris, Meet Mark!

Hi Chris,
Not a problem. It's a busy time of the year. Could you do the morning of either Dec 19 or Dec 21? I'm free between 9-11am and then 2-5pm ET those days. Can share a Zoom calendar invite whenever is convenient.
Looking forward to chatting,
Mark

On 6 Dec 2022, at 17:40, Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

Afternoon Mark,
Now it is time for me to apologize for the delay. Do you have any free time the week of the 19th? My week is fairly open so if wanted to throw out a few days and times that work for you then I will send out a meeting invite. Look forward to talking!
Chris

-
Christopher Voegeli, Ph.D., MPH
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From: Mark Scott <mark_scott1@brown.edu>
Sent: Monday, November 21, 2022 8:38 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Re: Chris, Meet Mark!

Hi Chris,
Apologies for the delay in responding, I have been out of the office traveling. How about 2pm ET on Nov. 23? Or 3:30pm ET? If that works, I'll send through a calendar invite with Zoom link.
Cheers,
Mark

On 10 Nov 2022, at 01:43, Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

Wow! That is right up my ally, ha. I would love to talk to you more about this, but this week and next week are fairly ridiculous. I threw some days and times below for the following week. It looks like you all are 5 hours ahead so hopefully my conversion to London time worked out.

11/21: 1pm – 8pm
11/22: 1pm – 7pm
11/23 1pm – 3pm and 3:30 - 6pm

From: Mark Scott <mark_scott1@brown.edu>
Sent: Tuesday, November 8, 2022 2:47 PM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Re: Chris, Meet Mark!

Hi Chris,

Thanks for getting back to me. I'm actually based in London (which, I'm told, is no longer part of the EU!), but I'm pretty flexible on timing. As someone who grew up in Atlanta, it's always fun to see someone's 404 number :) I'm traveling this week, but could chat Thursday-Friday next week, or any time the week after.

My project is an effort to use upcoming content moderation rules from the European Union (known as the Digital Services Act), which require social media platforms to provide API-based data access to outsiders to provide such access to those both within and outside the bloc. I'm talking to regulators and officials, on both sides of the Atlantic, as well as public health professionals about how they go about their infodemic/social media monitoring work; what data would be helpful (and what would not); how they get such data from the platforms, and what is a "wish list" of access.

I'm working with the team at the European Commission who's putting these new rules into action, and they are open to any and all suggestions of how to go about this — and I want to ensure that people like yourself can fully benefit from the expected data access for the key work that you're doing.

Happy to chat more whenever is convenient.

Mark

On 8 Nov 2022, at 19:35, Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

Hi again Mark,

I was going to throw out some days and times I am free, but your focus on EU policies made me wonder what time zone you are in so I don't throw out completely unreasonable times. Are you in Eastern Time or an EU timezone?

Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: QQO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <qqo2@cdc.gov>

Sent: Tuesday, November 8, 2022 2:34 PM

To: Elisabeth Wilhelm (b) (6) <[\(b\)\(6\)@sent.com](mailto:(b)(6)@sent.com)>; mark_scott1@brown.edu <mark_scott1@brown.edu>

Subject: Re: Chris, Meet Mark!

Thank you, Lis!

Mark, it is a pleasure to meet you. That sounds like some very interesting work. I would be happy to talk more with you. I will follow up in a separate email, so we aren't blowing up Lis' inbox.

Thanks again, Lis.

Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: QQO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

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Centers for Disease Control and Prevention

From: Elisabeth Wilhelm (b) (6) <[\(b\)\(6\)@sent.com](mailto:(b)(6)@sent.com)>

Sent: Monday, November 7, 2022 2:46 PM

To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <qqo2@cdc.gov>; mark_scott1@brown.edu <mark_scott1@brown.edu>

Subject: Chris, Meet Mark!

Hello Gentlemen,

I am thrilled to connect you two big brains together! Mark, meet Dr. Chris Voegeli, who is a Renaissance man at US CDC, a recovering HIV behavioral science researcher who fell into infodemic management and insights development work on the COVID-19 response last year on the team I was on. He led the COVID-19 Vaccine Confidence Insights Unit, which developed the State of Vaccine Confidence Insights Reports, the gold standard by which all other insights reports are measured against in public health—they inspired Sonia's work at RKI and informed the development of the Africa Infodemic Response Alliance reports and WHO's social listening taxonomies too, for example, and have been taught at all infodemic manager trainings at WHO. Nowadays, Chris is the Team Lead for the Vaccine Confidence and Demand Team in NCIRD, the US domestic immunization program. He is beloved in Sweden and people in DHS always want to hire him away from public health.

Chris, meet my fellow guinea pig/visiting fellow to the Brown University Information Futures Lab Mark Scott! During his fellowship, Mark is exploring how upcoming rules within the EU to mandate data access to social media platforms can aid social listening and infodemic management activities by health authorities. He is interested in speaking to people working in public health who have been doing social listening or infodemic management work who can speak to their experiences tracking COVID-19 misinformation, what worked and what didn't from a policy and programmatic perspective.

I think Mark could benefit from a perspective from within US CDC about what the gaps are and what is needed to advance this field for public health.

Hope y'all can connect!

Warmly,

Elisabeth

From: Wardle, Claire
Sent: Thu, 16 Jun 2022 08:30:35 -0400
To: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Subject: Re: collaboration model?

Invite sent. We might not need the hour but put it in just in case.

Claire Wardle, PhD

Professor of the Practice
Department of Health Services, Policy and Practice | Brown University
School of Public Health

 (609) 906-3377
 claire_wardle@brown.edu
 121 South Main St, Providence,
RI 02903



On Thu, Jun 16, 2022 at 8:04 AM Voegeli, Christopher (CDC/DDID/NCIRD/OD)

<oqo2@cdc.gov> wrote:

Yes, that sounds great! Thank you.

Chris

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Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Insights Lead

Email: OQO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Wardle, Claire <claire_wardle@brown.edu>

Sent: Thursday, June 16, 2022 7:46 AM

To: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>

Subject: Re: collaboration model?

Great! Let's chat.

How about 930 on Friday. If that still works I can send an invite.

On Wed, Jun 15, 2022 at 7:16 PM Voegeli, Christopher (CDC/DDID/NCIRD/OD)

<oqo2@cdc.gov> wrote:

Evening Claire,

I am definitely looking forward to it! As for the inter-agency work, that indeed might warrant a call because there is a lot to it and I fear I would write you a book in this email. For some context though, it is a national system to monitor and mitigate misinformation. It is the brainchild of Kathleen Hall Jamieson, who I believe you know, and Matthew Kreuter from Washington University in St. Louis.

Do you have time for a quick call tomorrow or Friday? I am free after 4 tomorrow or from 8-1030, 11-2, & 3-4 on Friday.

Chris

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Christopher Voegeli, Ph.D., MPH
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From: Wardle, Claire <claire_wardle@brown.edu>

Sent: Wednesday, June 15, 2022 5:21 PM

To: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>

Subject: collaboration model?

Hi Chris

I'm really excited about next week! I just had a call with Kyla and Carolyn and they mentioned your own work in trying to build out some collaborative inter-agency models around misinformation.

The final session next week is dedicated to that and I was going to go over some models that are being used in other sectors (journalism, fact checking etc) and then ask groups to think about what might work in the USG context.

But would you mind doing a short talk about what you've been working on because if it's a model that scales maybe the time slot should be focused on making that happen.

Happy to jump on a call if that's easier.

Best wishes

Claire

Claire Wardle, PhD

Professor of the Practice

Department of Health Services, Policy and Practice | Brown University

School of Public Health



(609) 906-3377



claire_wardle@brown.edu



[121 South Main St, Providence, RI 02903](#)



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Claire Wardle, PhD

Professor of the Practice

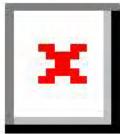
Department of Health Services, Policy and Practice | Brown University
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[\(609\) 906-3377](tel:(609)906-3377)

claire_wardle@brown.edu

121 South Main St, Providence,
RI 02903



From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Mon, 19 Dec 2022 14:33:06 +0000
To: PURNAT, Tina (b) (6) @sent.com
Subject: Re: consultation on the manual on generating rapid infodemic insights report + survey on social media analysis tools
Attachments: steps to developing an insights report v1.2 01 dec 2022 (1)_CDV.pdf

Morning to you both!

Hey, I reviewed the manual, and it looks great. I had a few minor grammatical and typo edits, but overall I think it is clear, concise, and straightforward. I have another comment, but more for you to think about as opposed to adding. For a while, I have wanted to incorporate evaluation recommendation crafting techniques into our reports because I think they are too vague, especially when the audience is very specific (e.g., just CDC/ISD staff or a specific health department). Heck, I am even developing a training for our folks on it for the insights report and the rapid community assessment. These suggestions don't all work with a large report audience, but maybe some do. I put the suggestions below:

- Summary of the evidence supporting the recommendation
- Suggestions of different ways to implement the recommendation
- Indication of who is supposed to take action on the recommendation
- Estimated costs of implementing the recommendation
- Specification of the benefits of implementing the recommendations
- Barriers to implementing the recommendations and how to mitigate them
- Generally, provide enough detail so that an individual can read it and know exactly what they need to do next.

I planned on including these in the manuscript on improving use of infodemic insight findings. I didn't know if this manual would be a good place for them, but the recommendation writing section made me think of it. If these aren't a good fit in the manual that is 100% okay. I thought I could at least share them, though.

Thanks!

Chris

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Christopher Voegeli, Ph.D., MPH (he/him)
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Email: OOQ2@cdc.gov
Work Phone: (404) 498-0176
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National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: PURNAT, Tina <burnatt@who.int>
Sent: Monday, December 12, 2022 12:07 PM
To: Wardle, Claire <claire_wardle@brown.edu>; abdelhalim.h.abdallah (b) (6) @gmail.com>; Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>; Petronille

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Subject: consultation on the manual on generating rapid infodemic insights report + survey on social media analysis tools

Dear colleagues,

I hope that you are weathering well through the winter holidays frenzy! We survived the SBCC Summit!



I am writing to reach out to your teams, as well as colleagues in country offices and in your country and regional networks to participate in the review and feedback on the draft manual for generating an infodemic insights report in 5 steps.

- Once of the most common requests for materials we receive is how to rapidly analyze data, assess infodemic risk and appraise evidence in the field where lack of time and resources are a reality for many responders. This manual is intended to fill that need.
- This manual's zero draft version was coproduced between WHO's infodemic management team and the UNICEF demand for immunization team, and reviewed by the WHO infodemic manager community.
- We have field tested it with social and behavior change practitioners at the SBCC summit last week in Morocco, by running it through a teaching simulation exercise.

The manual can be downloaded at the following link and comments can be sent to us in the google form listed in the document: <https://bit.ly/infodemicinsightsmanualdownload>

We will run meetings for anyone who would like to drop by to discuss the manual with us on 19 and 26 January, for steps 1-2 and 305, respectively. I attach the Outlook events to add to your calendars if interested.

Thank you very much for your interest and for help ensuring wide consultation on this tool. The final version of the manual will be accompanied by training simulations that can be run offline and incorporate in training workshops.

We'd be happy to receive your feedback and collaborate on the application of the tools for infodemic managers in the coming year.

Thank you so much, and have a great finish of 2023!

Best regards,

Tina

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Sign up for the WHO infodemic management News Flash: <https://bit.ly/flashsubscribe>

How to Build an Infodemic Insights Report in 5 Steps

V 1.2, 01 December 2022

Developed by Elisabeth Wilhelm & Tina Purnat

Reviewed by: WHO infodemic management team, UNICEF demand for immunization team, and members of the WHO global infodemic manager community

We are seeking comments from the broader social listening and infodemic management for health community - please submit them through this form

<https://bit.ly/infodemicinsightsmanual> by 12 January 2023.

Contact: infodemicmanagement@who.int

Overview

Developing an infodemic insights report requires the right mix of data available, skills needed to analyze and compile the report findings and ability to track infodemic management actions that are taken. The following document provides a brief overview of the steps you can take to build an insights, although more detailed resources are available in the appendix (TBD).

An insights report is a synthesis of:

- what has been learned from integrated analysis of diverse data sources of how people, communities, health systems and societies are affected by an infodemic, how it shapes the information environment and how it may impact their attitudes, awareness, perceptions and health behaviors
- the implications this has for a health or emergency program
- and recommendations for actions or strategies that can be taken to address these issues.

Steps:

Step 1: Choose the question that infodemic management insights could help answer

Step 2: Gather your data sources

Step 3: Conduct integrated analysis of infodemic data sources

Step 4: Develop insights report, including strategies and recommendations

Step 5: Disseminate the insights report and track actions taken

Step 1: Choose the question that infodemic management insights could help answer

Talk to health program or emergency response colleagues about what behaviors or trends that worry them or an issue they want to understand better. Here are some examples:

1. Despite widespread availability of vaccines and strong recommendations for people in Community X to get vaccinated, why is Community X still under-vaccinated?
2. What questions or concerns do pregnant women have about Zika infection and prevention measures?

3. How well are caregivers understanding the changing guidance about catch-up vaccination for their children?
4. What concerns do religious leaders and religious communities have about the upcoming measles-rubella campaign?
5. How are people hearing, sharing and reacting to the concern that the new Ebola outbreak can't be prevented by currently available vaccines?
6. What alternative cures, treatments, or preventives are being discussed, marketed, or sold to a target audience that are not recommended? How is this affecting people's perceptions and health behavior related to the pathogen/health topic?

Pro tip: It is important to choose a question that is linked to understanding conversations or behavior that impacts achieving a public health objective. For example, doing a general search on everything people are talking about regarding breast cancer or flu season is too broad to yield programmatically useful insights and will take a very long time or a lot of person hours to analyze very quickly.

Step 2: Gather your data sources

You want to identify data sources that help you understand the information environment users are living in, how they seek health information and their health behaviors. It's also important to assess the quality and provenance of data sources before including them. Aim for more than five regularly recurring data sources in your insights report. Finally, you want to choose an analytic method for each source appropriate to the type of data source and objective of analysis.

First, ask yourself these key questions when identifying and gathering potential data sources to develop infodemic insights:

1. Who is monitoring or tracking people's questions, concerns, information voids, narratives, and circulating mis- and disinformation? *Consider organizations and data sources including:*
 - a. *Health system communications*
 - i. *Hotline call log*
 - ii. *Email/chat queries*
 - iii. *Press inquiries*
 - iv. *Patient feedback surveys*
 - v. *Other formal feedback mechanisms*
 - b. *Digital environment and user behavior*
 - i. *Website analytics*
 - ii. *Search trends*
 - iii. *Social media monitoring*
 - iv. *Digital infodemic insights analysis*
 - v. *Discussion forums*
 - vi. *Other digital data sources*
 - c. *Society and community*
 - i. *Media monitoring*

- ii. *Feedback from community events*
 - iii. *Opinion polls*
- 2. Who is tracking health behaviors and downstream health system effects related to this topic? *Consider data sources including:*
 - a. *Health system data*
 - i. *Use of medicines and diagnostics*
 - ii. *Service utilization*
 - iii. *Poison control hotline and surveillance systems on use of medicines and medical devices*
 - iv. *System for adverse events reporting (if relevant)*
 - v. *Cluster surveys, seroprevalence surveys and other epidemiological datasets*
 - vi. *Health campaign data (e.g. microplans, independent monitoring reports)*
 - b. *Medicines and medical devices regulatory data*
 - i. *Adverse event monitoring (if relevant)*
 - ii. *Data supporting marketing authorization applications*
 - c. *Sociobehavioral studies, including ethnographic studies, community assessments, KAPB studies, etc*
 - d. *Behavioral risk factor surveillance datasets*
 - e. *Population-based surveys such as MICS, DHS, health interview surveys, etc*
 - f. *Peer-reviewed research*
 - g. *Grey literature*
- 3. Where from is this data collected?
- 4. Where is it managed?
- 5. How often is it collected?
- 6. What format is the data collected and managed in?
- 7. What are the data and process quality control methods applied to the data source and its data?
- 8. What data gathering or analytics methods are being used on this dataset? Are they published?
- 9. How is this data source currently being used?
- 10. Who is the best point of contact to obtain this dataset? Are they willing or able to share the data set on a regular basis?
- 11. What ethics, privacy or data governance considerations are there with this data source?
- 12. What are the strengths of this data source?
- 13. What are the limitations of this data source? *Consider data generation methods, data quality, data freshness, data reliability, language, representativeness of population*
- 14. How relevant or useful is this data source to answering your infodemic question of concern?
- 15. What communities are being over or under represented in these data?

Pro tip: There is no perfect data source and it does not need to be representative of a population to be useful for infodemic insights generation. However, when considering inclusion of data, keep some of the following limitations in mind:

- containing human-related errors (e.g. incorrect data entry or code cleaning; bias)
- system design flaws in automated data collection or coding
- tool and analytical algorithmic limitations (e.g. only able to track users who interact with content but not lurkers; not flagging bot-generated content)
- data sharing policy limitations (e.g. anonymized data presented in aggregate with no known denominator; no geolocation data available)
- reliance on automated tools for translation of unstructured data, with little quality checks for multilingual content
- access and structural challenges (e.g. not everyone is online; online censorship shaping online behavior)
- lack of timeliness (e.g. data may be weeks old by the time it becomes available and of limited uses), and
- cognitive heuristics of users that the dataset describes (e.g. digital literacy; social desirability bias)
- small samples (sometimes data from very small samples can be valuable if coming from under-represented communities, or community leaders)
- small absolute changes in trends over time with a large denominator (which results in large changes in relative metrics need care to interpret)

Then, fill out the **Table 1** below to the best of your ability to create a landscape of all possible datasets.

Table 1. Mapping available data sources for integrated analysis for infodemic insights

Data source	Focal point	Target audience or population	What can this data tell us?	Format	Frequency	Strengths	Weaknesses	Relevance to infodemic insights question (• to ●●●)
Example: Social media dashboard	External communications, MoH	Users who interact online with the MoH social channels	How people are reacting and sharing MoH-authored information	Digital dashboard that can be exported into Excel	Weekly or on-demand	• Can be directly accessed by the infodemic insights team • Includes Twitter, Facebook and TikTok analytic data	• Limited data available on Instagram or LinkedIn • Cannot customize dashboard with public health terms • Only limited content has been posted on the channels related to topic of concern and is therefore harder to analyze in comparison to all other topics posts that are made on the channel	●●●

If you haven't yet, form your insights team, and consider what types of skillsets you need to analyze your chosen data sources. Consider including expertise from the health or emergency field of focus, communications, digital health, data analytics, informatics, epidemiology, socio behavioral science, and health promotion to provide a cross-disciplinary perspective in the analysis phase. They may be brought together on an ad-hoc basis or regularly tasked with analyzing and interpreting datasets that they are familiar with.

Then, sit with your insights team to discuss the following:

1. What data sources are the most rigorous and reliable and should be included? (e.g. nationally representative telephone surveys versus convenience-based online survey, or national hotline call logs versus online Q&A posts about health topic on a discussion website)
2. Which least reliable data sources should be excluded?
3. Which data sources may be repetitive of other data sources and could therefore be excluded without losing information from analysis?
4. What are one-off data sources that may be considered? (e.g. field reports, annual surveys, in-depth social listening report from a social media platform)
5. Which data sources may be not timely enough to yield useful insights?
6. What data sources track behavior versus just describe programme performance? (e.g. analyzing click-through rate, bounce-rate and navigation paths on Ministry of Health web site, versus how fast the web page loads and which web sites have linked to it)
7. Which data sources are hardest to obtain? Easiest to obtain? (for operational, technical, or political reasons)
8. Do you have enough data sources of sufficient quality that directly or indirectly measure the community of interest? Aim for at least three. If the answer is no, either look for additional data sources or collect more data.

Pro tip: The biggest challenge an infodemic manager may face is access to too much information, so choosing sources carefully will reduce the analytic burden. However, it is important to include enough data sources that allow for the identification of common trends and themes, which will reinforce the validity of results, especially if they are different data sources collecting information focused on the same population. For example, you may include in your analysis a KAP survey, a nationally representative poll from a reputable polling agency, and analysis of Instagram reactions and comments from parents about routine immunization. All of these data sources indicate that there is lower risk perception for childhood vaccine preventable disease compared to COVID-19 in children among caregivers. Therefore, you could have a higher degree of confidence in reaching a conclusion that is supported by multiple reputable data sources, versus just one.

Decide as a team which data sources to include and which to exclude.

Then, fill out the table below to aid in developing analytic plans for the infodemic data sources included in the analysis. Aim for more than five regularly recurring data sources in your insights report. As the insights unit gains more human resources and analytic capacity, more sources

and more complex analytic approaches can be added. You should routinely revisit this table and update your sources, and if resources permit consider targeted investment in developing a routine data source that would cover a blind spot in your data coverage.

For each data source, an analytic method will need to be identified. Analytic methods are diverse and must be selected to fit the type of data source and objective of analysis. They can include:

- quantitative summary statistics (e.g. frequency table or word cloud of common words used in hotline calls)
- correlations or simple statistical models (most often applicable for health information, health programme, facility and epidemiological data sources)
- qualitative social network analysis
- qualitative coding and thematic analysis (looking for repetition, indigenous categories and missingness)
- quantitative analysis using machine learning/AI (e.g. sentiment analysis, network analysis, automated classification by topic or linguistic patterns)
- taxonomy-based summary of computationally-identified narratives (for example using a social listening taxonomy for linguistic analysis of social media data).

Each analytic method might require in-depth knowledge from a specific topic or field. Therefore, it is important to match the skills you have on your team with analytic methods that you choose.

Fill out the **Table 2** below to develop an analysis plan for your data sources.

Table 2. Developing analysis plans for infodemic data sources

Data source	Analytic method (+ inclusion/exclusion criteria)	Variables (if applicable)	Indicators (if applicable)	Software/skillsets required to analyze data	Assigned analyst	Actions to reduce bias	Expected time commitment to complete
Example: Health hotline call logs, exported in excel on a monthly basis, anonymized	- Descriptive statistics by the categories used at the center and of content/usage data by hotline operators - If call logs contain more than 1000 queries, emphasize analysis of existing indicators over custom analysis of other variables. - Exclude queries that come from health workers.	- Topics that there are no prepared responses for - Calls that have been escalated to second-line subject matter expert	- Number of times a query is received on a particular topic - Number of new topics generated in last month - Number of times that a query was logged as a related to a piece of misinformation	- Descriptive statistics - Thematic analysis - Can be done in Excel	Tandava	- Analytical plan reviewed by a second person - Native speakers analyze specific language content	1 day

Once your of data sources (**Table 1**) and analysis plans for infodemic data sources (**Table 2**) have been filled out, it is time to plan to how the analyses will link to public health action. Generally speaking, infodemic analyses, like analyses conducted with health information, are designed to identify problems or health risks to help formulate solutions and improve health service delivery or health outcomes. The analysis plan for each data source will yield intelligence, which when analyzed alongside other intelligence from other data sources, will yield integrated insights, forming the basis of the recommendations in the insights report.

As insights are developed, compiling intelligence across multiple data sources, a risk assessment should be used to determine how large of a risk a particular insight is to promoting a specific health behavior or outcome (**Figure 1**). This step, you are developing analysis plans (blue boxes in **Figure 1**) that will lead to intelligence.

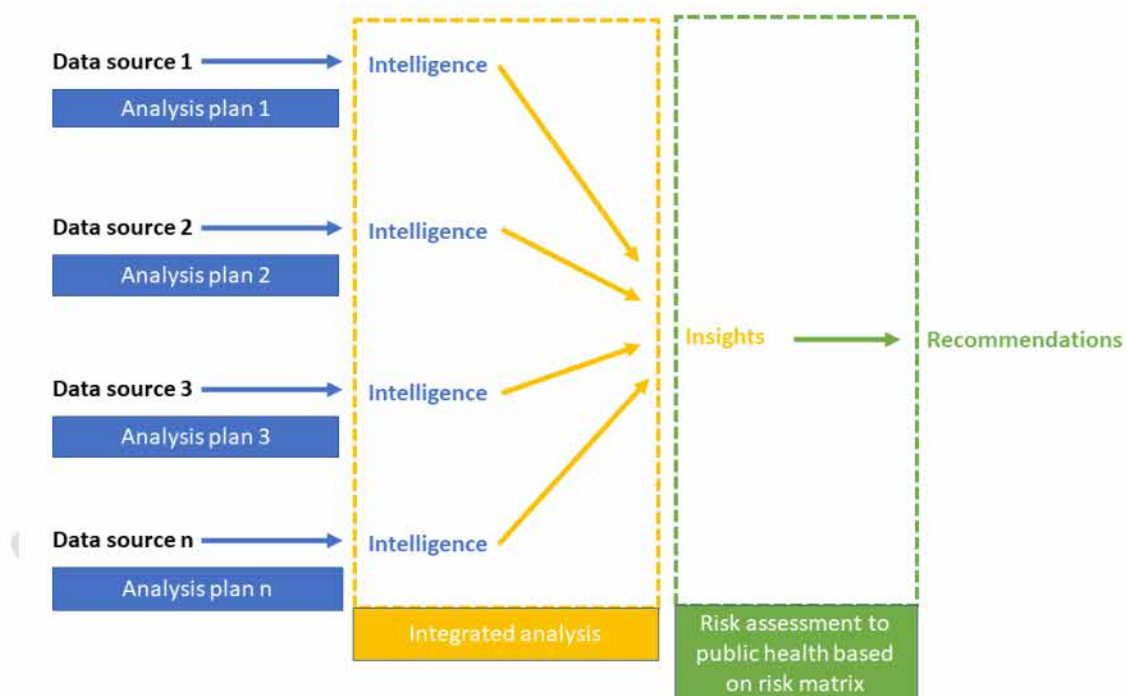


Figure 1: Moving from data source, to intelligence, insights and recommendations to form an infodemic insights report.

Below is an example of how multiple pieces of intelligence from different data sources coupled with a risk assessment can lead to insight and recommendations.

Intelligence + risk assessment (including spread, velocity) = insight, followed by recommendations.			
Intelligence:	Risk assessment:	Insight:	Recommendation:
Rumor log shows widespread belief that COVID-19 can be cured with antibiotics	Medium risk, because it appears in two other data sources (broad spread) and mentions have increased dramatically since last report (velocity is increasing)	Some consumers believe that COVID-19 can be cured with antibiotics and have easily obtained prescriptions from pharmacists	• Address misperception with updated FAQs for health workers • Create debunk content and share with factchecking network • Partner with national pharmacists association to improve counselling of clients on antibiotic use for COVID-19 treatment

Below are the broad categories of risk that make up a risk assessment matrix:

- Low risk: Narrative does not apply to your population, does not have widespread circulation, does not provoke strong or emotional reactions, does not lead to spread of questions, concerns, or confusion on this topic, and does not have evidence of negatively impacting health behavior.
 - Example: People are discussing health guidance of another country for a rare mosquito-borne virus that doesn't exist in your country
- Medium risk: Narrative has some application to your population, has some circulation in your country including modest amplification or evidence or message adaption to local worries or concerns, has some evidence of provoking strong or emotional reactions, triggers some questions, concerns, or confusion on this topic, and has anecdotal evidence of negatively impacting health behavior.
 - Example: A candidate running in a provincial election claims that masks reduce oxygen to the brain and mandatory masking in schools in the past year had led to lower test scores in children in schools. Her comments are amplified on social media and searches for relationship between mask wearing and test scores increases. However, today, 92% of schools do not have mandatory masking requirements in place, but health authorities are concerned about resistance to masking in the approaching winter season where new variants of COVID-19 may infect school children.
- High risk: Narrative is very relevant to your population, has widespread circulation in your country including amplification or evidence or message adaption to local worries or concerns in multiple communities, has evidence of triggering strong or emotional reactions, many questions, concerns, or confusion on this topic, and has systematic evidence of negatively impacting health behavior.
 - Example: Fertility concerns are expressed around pandemic flu vaccination after new scientific publication confirming flu vaccines affecting women's menstrual

cycles gains traction in social media, one family is suing government for a miscarriage a woman suffered after vaccination. This is widely covered in the press, and a prominent obstetrician advises delaying vaccination until after birth. Vaccination coverage among pregnant women is extremely low.

- Positive sentiment: Although this tends to be rarer than concerning or negative narratives, positive narratives can be identified and utilized as protective factor, where pro-healthy behaviors are encouraged, or trust in health systems or government is reinforced, or adherence to health guidance is encouraged.
 - Example: The government’s mental health support campaign to connect young people to older citizens in nursing homes to prevent pandemic isolation is chronicled in an award-winning documentary, widely discussed online, and inspires different municipalities to adapt similar programs to promote mental health programs connecting younger and older citizens together.

These risk assessment matrices should be defined in relation to your infodemic insights question of concern and area of health, as well as the appetite for risk that your organization has, because each risk level will lead to a different set of recommendations or strategies. It is important to define the risk assessment criteria for low, medium, high risk and positive sentiment for *your* context before conducting integrated analysis so that you can generate reproducible insights and prioritize actions—high risk narratives requires often more swift and far-reaching action and low risk narratives requiring little or no response.

Fill out the risk assessment **Table 3** below before moving to the next step:

Table 3: Infodemic risk assessment definitions			
Risk level	Definition	Example	Type of recommendation/strategy/action this risk level would entail
Low risk			
Medium risk			
High risk			
Positive sentiment			

This risk assessment may be updated over time as you identify new potential risks or actions that can or should be taken. The assessment of topic will include considering the spread and velocity of specific narratives, whether the topic is rising, stable, or declining. Depending on the velocity and spread, narratives may disappear or resurface, or change, which will be captured after several insights reports have been developed over time.

Step 3: Conduct integrated analysis of infodemic data sources

Recall **Figure 1**, the visual depiction of how data sources, coupled with analysis plans, lead to individual pieces of intelligence, which analyzed together, form insights, which lead to recommendations. By now, you will have identified data sources and associated analysis plans. This step, you will perform the integrated analysis (yellow box in **Figure 1**) that will lead to insights.

Before beginning analysis of individual data sources, it is important to remember that the most useful analysis in infodemic management is qualitative and driven by a human analyst because the analyses are integrated. Even if datasets such as social media monitoring reports or surveys may report quantitative data, they are analyzed in context of a specific infodemic-related question in parallel to several other different data sources with wide variability in which data sources are included report to report and how data was collected and analyzed. This is why most infodemic management integrated analyses will not attempt to establish associations, confidence intervals or use statistical testing.

Instead of attempting to report absolute numbers or understanding the scale of how often a term is used, which is not interpretable into an actionable recommendation for public health programming, focus on establishing and analyzing formation, evolution and velocity of specific themes or narratives or information voids and coupled with a risk assessment and identify to what degree this poses a threat to public health.

Follow the analysis plan from **Table 2**. Consolidate analysis of each data source into a single **Table 4** (leave fields blank if not applicable):

Table 4. Compiling data source intelligence										
Data source	What questions do people have?	What concerns do people have?	What information voids are there? (people can't find information they are looking for)	What are circulating narratives on this topic? (explanations for motivations and reasons for current state)	What is circulating mis- and disinformation on this topic?	What other beliefs or behaviors do people have on this topic?	Other relevant observations	Summarize the theme/gist in one sentence (or several sentences if there are multiple themes)	Is this an emerging, persistent, recurring, or declining topic? (add designation per theme)	Risk level
Example: Videos related to home remedies for treating monkeypox symptoms, and comments shared on a prominent subReddit for LGBT community	- What part of body do rashes associated with monkeypox show up? - What home remedies are recommended by medical professionals? - What home remedies are recommended by community members?	- Lack of access to vaccine of choice - Stigma for seeking treatment - Worry about revealing status to close contacts	- Definition of what a close contact is - Who to contact to learn if they should get vaccinated	- Available monkeypox vaccines are not safe - Vaccines are more painful than the rash - Health system not meeting needs of LGBT community to get care.	- Monkeypox is a side effect from COVID-19 vaccines - Putting chamomile tea bags on rashes can cure them.	People report challenges accessing doctors who can diagnose them and provide care.	People in the HIV+ community are sharing their home remedies on monkeypox related threads	- There is a perceived lack of access to medical care and vaccines for LGBT community which is driving conversations about home remedies for treatment. - HIV-positive community members are sharing coping and home-remedy strategies for people with suspected monkeypox infection.	Emerging Emerging	Medium

Meet as a team and discuss the compiled **Table 4**. Consider what themes are most important (that appear the most frequently, are most concerning, or previously not detected) and what themes may be less important (likely low impact on health behavior, only detected in a less reliable source or smaller sample size, outdated information, insights not actionable by health authority). Each of these themes for each data source is your intelligence.

Discuss with your team and choose top intelligence that best represent the overall picture of people's perceptions, attitudes, discussions and behavior and reactions and narrative related to the specific health topic. This is your insight. Then, based on **Table 3**, assign a risk level (low, medium, high or positive sentiment), considering also spread and velocity, to each insight.

Pro tip: If you repeat an insights report with a set of routinely available data sources and similar infodemic questions of concern, you can develop a code book of recurring themes and a framework for organizing themes. Depending on the health topic, this framework may use behavioral, epidemiological or other models used by the health program to define parameters. For example:

- For understanding drivers of vaccination you may include thematic buckets for "practical factors" such as accessibility and vaccine supply, "thinking and feeling" such as risk perception of disease, confidence and safety, and "socio-behavioral factors" such as social support and healthcare provider recommendation, using the Behavioral and Social Drivers for Vaccination model from WHO.
- If you're investigating an infodemic accompanying an outbreak, you may group together themes related to "community spread" or "hospitalization" or "treatments," based on the COVID-19 and monkeypox social listening taxonomies from WHO.

It is important to begin with an inductive approach, developing themes from emerging evidence in data and creating or adjusting a framework that exists to organize them, versus by starting with a framework to define what you should look for and then deductively "fitting in" what themes you found to a pre-existing model that was not built for infodemic insights.

Otherwise you may miss themes or discount topics that don't "fit," even if they are of concern to a large audience, and should be addressed. Remember that your data sources and risk assessments will constantly be updated and conversations you're tracking will always be shifting, and your code book will expand, which may require updating any taxonomies developed.

Step 4: Develop insights report, including strategies and recommendations

Insights reports are the single most important product infodemic managers generate. They are a synthesis of what has been learned from evaluating data sources, including intelligence, the implications this has for a health or emergency program, and recommendations for actions or strategies that can be taken to address these issues.

Insights reports should be generated with no more than two-week-old data (longer in "peace time"), because narratives shift, as does the epidemiology of an outbreak in a public health response, and decisions must be made on relevant data.

Users of insights reports will be pressed for time, doing too much with not enough resources, so you will need to prioritize for them. This means focusing on the most concerning narratives, especially those flagged as high risk, and recommending strategies that can be rapidly implemented—think low-hanging fruit instead of long-term massive systemic change. This is especially true in emergencies where time is of the essence to protect lives and welfare.

It also needs to be developed into a format that will be quickly actionable—long reports are not desirable because they are time consuming to produce, clear and design and even more time consuming to read and use. Pithier is better.

An insights report can take many forms: PPTs, infographic, a document or webpage. However, regardless of format, it is important to tailor to your audience—the people meant to take action with the infodemic insights reported, which often may be people within your own organization. Understanding how and when they would prefer infodemic insights and in what format will aid in its uptake and dissemination. Remember that you may need to educate them, especially if some strategies are novel (e.g. social inoculation) or require close collaboration (e.g. debunking with factchecking organizations). Avoid technical details and aim for short sentences.

The key components of an insights report to include are:

- **Executive Summary (Bottom Line Up Front)**
 - A three-sentence summary of major themes, their risk assessment, and what actions to address them that should be prioritized.
- **Explanation of Purpose of Insights Report**
 - One-sentence descriptor of insights report purpose, approach and point of contact.
- **Major Themes with Recommendations for Action**
 - Several sentences explaining gist of important themes or intelligence. Include directionality and risk assessment for theme. Explain:
 - Which community or stakeholder is involved
 - On which platform/from which data source
 - Overview of relevant questions, concerns, information voids, narratives and circulating mis- and disinformation
 - Points of confusion or gaps between official guidance and stakeholder or community actions and other reactions
 - Provide an illustrative, anonymized example, as appropriate
 - Recommendations for action: What are communications, programmatic, socio-behavioral, policy, or other structural strategies would you recommend to address this issue in the short and medium-term that are feasible and evidence-informed? What stakeholders should be involved? Be specific!
- **Persistent Themes**
 - Provide updates on any themes mentioned in previous reports that have evolved or require additional attention or actions
 - Provide updated recommendations

- **Methods**

- Several sentences briefly describing methods
- Include a narrative or table with an overview of data sources, any relevant links, frequency, and other important information about data sources (e.g. language if working in multiple languages)
- Explanation of risk matrix
- Include a statement of limitations
- If methods or report are published online, date and post permalink

Other components that may appear in an insights report may be supporting materials, points of contact or links for addressing specific infodemic issues.

When developing the narrative for the report, begin with overview of themes or intelligence emerging from infodemic data sources (e.g. hotline call logs, social listening report, KAPB survey). Additional context may be provided by highlighting events, newsworthy developments or milestones that may have affected people's perceptions and discussions. Then, develop recommendations or strategies for action.

What kind of recommendations, strategies or opportunities for action may be suggested per identified narrative theme?

- Address health service supply issues
- Address health service access issues
- Address health service delivery issues
- Improve coordination and governance
- Clarify health guidance or policies
- Improve communication
- Improve community engagement
- Reduce harmful actions
- Conduct more research in area

Pro tip: High quality communications is necessary but not sufficient for managing infodemics. Resist the urge to default to communications-related recommendations, which do not address the multitude of reasons detected why people may not be following health guidance. For example, recommending more messages to be shared doesn't address root of the problem of a community's feeling of exclusion and anger when they report supply and access issues and poor treatment by health workers. Another example: if rampant misinformation is circulating in a minority community that distrusts government, more messages from government or debunking probably will not address lack of trust and weakened community ties. This is why it is important to also provide evidence and recommendations that would improve health service delivery, seek out nontraditional communities to engage, or improvement to policy and guidance, even if this is not the mandate of your team to consider or implement.

Often, insights reports are primarily designed for operational internal use by a health system or program. However, if it is to be released to the public, it may need to go through multiple rounds of clearance, such as scientific clearance, communications clearance, and clearance

from program/emergency response leadership, depending on the circulation of the report. Clearance can dramatically slow down publication and dissemination of a report, especially if there are additional steps required to design, lay out, and publish the report or upload to a website or disseminate to different networks. Because narratives, questions, and concerns change over time in populations, it is important that insights are immediately used for action. Work with your clearance chain to understand the need for speedy action through to publication and optimize it.

Pro tip: Infodemic insights reports are novel publications, ones that may not have been encountered by people within health programs or emergency response. Therefore, ensuring that the reports are effectively used means educating everyone involved in each step of the process ahead of time. These are not epidemiological or social media monitoring reports, and therefore may require more explanation, particularly how digital environments operate and how they can affect people's perceptions and attitudes and behaviors related to specific health topics. Consider holding an "infodemic management 101" briefing for a wider audience before the first report is issued.

Step 5: Disseminate the insights report and track actions taken

"An insights report launched in a forest does not make a sound". An insights report is only as strong as its circulation and willingness and ability of its stakeholders to act on insights and recommendations.

Improve distribution of the insights report by:

- Offering insights in a variety of formats (e.g. WhatsAppable message, 1-slide PPT, infographic)
- Promoting subscriptions to updates (e.g. email listserv, RSS feed, dedicated Telegram or Slack channel)
- Presenting insights at regularly occurring meetings where operational and programmatic decisions are made (e.g. IMST meetings, weekly leadership briefings, intracampaign monitoring meetings)
- Embed insights into existing communications products and channels (e.g. add to infodemic insights section in sitrep or newsletter)
- If appropriate, publish insights reports online for the public and other stakeholders to access

In order to track whether what actions were taken, follow up with key stakeholders. Record these actions and ways insights reports are being used, using the **Table 5**.

Table 5: Tracking infodemic actions taken following insights report dissemination						
Infodemic management organizational stakeholder	Briefed on insights report 101?	Receives insights report?	Associated recommendations	Actions taken	Measures or outcomes	Focal point

Be sure to regularly speak with stakeholders to understand their opinions on the design and utility of the report and solicit feedback for improvement. They may even provide future questions for the insights team to investigate. If you have developed and shared several reports, a brief survey accompanying the publication of insights reports can provide further information on how far and where the insights reports have gone, which may have been forwarded, shared or used beyond your immediate mailing list.

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Wed, 12 Oct 2022 16:58:48 +0000
To: PURNAT, Tina
Subject: Re: Disinformation and updates

Afternoon Tina,

Thank you for the link. I am definitely interested and will be sure to watch it.

As for the trust conference, yes! I am happy to help in any way I can. My leadership in ISD agreed that supporting you all fell within my new role. My week is kind of tight with meetings. However, with the time difference, I think we can make something work. I am free tomorrow 10/12 from 8-930 am (EST). Friday doesn't work because I have an 8-hour meeting that starts at 3 am, but I listed some times and days below for next week that might work. The times are in the morning only so we aren't meeting after your work hours, but if another time outside those might work let me know:

- 10/17: 8am - 1030
- 10/18: 8-10
- 10/19: 8-11
- 10/20: 8-10

As for the conference, ugh, I know. I didn't even realize WHO paying for travel was an option. I definitely agree that it is a major loss. I am confident that if I stay in this new Vaccine Confidence Lead role I will have more funds for this type of work travel. I still should have reached out to you. I asked internally about having Atsu do the workshop just so it could still take place, but other folks were uncomfortable with that. That is a story for another time. However, I am always willing to help when I can so if we can provide any support in driving the conversation or strategy forward, please let me know. Consider ISD a resource and pull us in whenever you feel it is needed. I can't promise we will always have the capacity, but I will try my damndest.

Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: OQO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: PURNAT, Tina <purnatt@who.int>
Sent: Wednesday, October 12, 2022 3:57 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Disinformation and updates

Dear Chris,

I gave yesterday a talk to the health security colleagues who convened an informal workshop about disinformation and cyber threats in the health security space.

Thought you may be interested in the presentation

<https://1drv.ms/p/s!AtPoc3YQw0ufgqs8Ka-baid9UABdYA?e=5RDWDI>

I also wanted to let you know that the trust conference about preparedness for epidemics that Tim and I talked to you about now morphed into three workshops that will look at different dimensions of trust as per the global WHO preparedness framework. I am working directly with my second level supervisor on this and as you can tell, it's much wider than I'm. It will inform discussion of trust in communities, interpersonal, but also in data, science, etc, and link it to equity.

If you're still interested in working with me to provide feedback into speakers and meeting, shall we meet still this week to get your feedback and discuss?

Lastly, I wasn't able to get you back into the EUPHAnet because you had written to the organizers that you were withdrawing. They contacted my collaborators who replaced you with a different speaker. I could have tried to resolve the situation had you told me you didn't have travel budget. Your workshop would have significantly helped up push IM across Europe and Asia, and it's a major loss for the community in Europe, because we are inserting IM into health information and evidence informed policy structures in Europe. You can see there's a lot of interest, based on RKI paper. And I hear from colleagues in the European bodies that you are speaking with them.

So if you're interested in helping us influence the European space strategically, let me know, so we can get more institutes and Ministries establish proper functions. It certainly would require talking more.

My team also is planning moves to fit IM into current push to design global preparedness architecture. We could use your unit as an ally so we have a national health authority speaking about domestic work (like RKI and others are helping us).

Till next time!

Kindest regards,

Tina

Sent from my mobile. Sorry for brevity and typos.

From: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP)
Sent: Tue, 26 Oct 2021 03:17:16 +0000
To: BERTRAND-FERRANDIS, Catherine; Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Cc: PURNAT, Tina; imtraining; Infodemic Management Training; Nell Conway; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: Re: DOI and media releases for the 3rd WHO Infodemic management training
Attachments: declaration_of_consent_Voegeli.pdf, DOI_EN_Form_Voegeli_FINAL.pdf

Evening Catherine,

I have attached the completed and signed forms you requested to this email. I copied in the email you asked us to send these to as well.

I have also added the two email addresses from your email to my contact list. However, I did not receive any of the calendar invitations. I searched through my junk mail and my entire inbox. I ran into a similar situation today with a zoom invite. Will the invites come from you or another email address? If the latter, then I will add that one to my inbox and request that you resend those. If the former, could you try resending one since all the emails are now in my contact list? Hopefully testing it with one is easier in case it doesn't work again.

Chris

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist

Email: OQO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

Insights Team | Co-lead

Vaccine Implementation and Evaluation | Vaccine Confidence and Demand Team

COVID-19 Emergency Response | Vaccine Taskforce

Centers for Disease Control and Prevention

From: BERTRAND-FERRANDIS, Catherine <bertrandferrandisc@who.int>

Sent: Tuesday, October 19, 2021 11:29 AM

To: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>

Cc: PURNAT, Tina <purnatt@who.int>; imtraining <imtraining@romelaproductions.com>; Infodemic Management Training <infodemicmanagement@olylo.fr>; Nell Conway <nell@romelaproductions.com>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>

Subject: DOI and media releases for the 3rd WHO Infodemic management training

Dear Jessica and Chris,

Thanks again for your positive feedback to our invitation to speak at the coming Infodemic management training!

You have received this afternoon exactly 16 calendar invitations to block your calendars. Please make sure that they are not in your junk mailbox.

As explained in the emails, you do not need to be present all 3 hours long for both sessions. Your dedicated timeslot is indicated in the invitation.

Please note that my future emails will come from c.bertrand-ferrandis@olylo.fr or from infodemicmanagement@olylo.fr => I recommend you ensure that these both addresses are in your contacts list of email box to avoid missing information about the training.

I would finally need your kind collaboration in filling in the two documents attached. Could you please send them back to infodemicmanagement@olylo.fr by the 30th of October?

Thank you so much for your attention and participation!

All the best,
Catherine

Catherine BERTRAND-FERRANDIS, DVM
Infodemic Management
Health Emergencies Programme
Email: bertrandferrandisc@who.int

Learn about the WHO COVID-19 infodemic response <https://bit.ly/WHOinfodemic>
Subscribe to the infodemic management news flash <https://bit.ly/InfodemicNews>





World Health Organization

Declaration of Consent and Release for Photograph, Video and/or Sound Recordings of Named Subjects

I hereby consent to the worldwide use of my name, likeness, biography, picture and/or clinical details related to my person, as depicted in the following photograph(s), video and/or sound recordings (the "Media") made for or by the World Health Organization ("WHO"), 20 Avenue Appia, 1211 Geneva 27, Switzerland, as well as in publicity concerning the same, for the following subject(s):

Description of subject(s): 3rd WHO Infodemic Manager Training

In providing this consent, I declare, acknowledge and agree that:

- I am of the legal age of consent and I have the full legal power and authority to complete this Declaration, or, if I am a minor (below the legal age of consent) or otherwise legally prevented from signing this Declaration, it is made on my behalf by my parent(s) or legal guardian(s) listed below.
- I have read this Declaration in its entirety, or it has been read (or translated) to me in its entirety, and I have had the opportunity to ask questions about it.
- My name will appear in connection with the Media.
- My consent is voluntary. I can withdraw my consent at any time by contacting WHO in writing. Any such withdrawal will not apply to Media that have already been disseminated under this Declaration.
- All rights to the Media are vested in WHO, which for the duration of the applicable rights has the unrestricted, sublicensable and worldwide right to use my name, likeness, biography, picture, and/or clinical details related to my person as depicted in the Media in any manner whatsoever, without any obligation to seek any further authorization from me or inform me thereof. That use may include, without limitation, editing, duplication, licensing to any third party, and distribution in all media now known or later developed including, without limitation, WHO and third-party advocacy materials, publications, television programmes, films, videos and websites.
- I will not receive any payment in consideration for the foregoing.

I agree not to hold WHO, its employees, or its agents liable for any use or dissemination of the Media in accordance with this Declaration.

By signing below, I confirm that I fully understand and accept all of the above.

Signature: _____

(b) (6)

Date: 10/25/2021

Name: Dr. Christopher Voegeli

Place: US Centers for Disease Control and Prevention

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the subject:

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

WHO uses photos and video to document and promote public health issues. When we take a photo or video of someone, we require you to provide your consent to be photographed or filmed. In signing this consent form, you are agreeing to the use of your likeness and the information that you have provided us, for use by WHO in connection with its work on public health.

DECLARATION OF INTERESTS FOR WHO EXPERTS

WHO's work on global health issues requires the assistance of external experts who **may have interests related to their expertise**. To ensure the highest integrity and public confidence in its activities, WHO requires that experts serving in an advisory role disclose any circumstances that could give rise to a potential conflict of interest related to the subject of the activity in which they will be involved.

All experts serving in an advisory role must disclose any circumstances that could represent a **potential conflict of interest** (i.e., any interest that may affect, or may reasonably be perceived to affect, the expert's objectivity and independence). You must disclose on this Declaration of Interests (DOI) form any financial, professional or other interest relevant to the subject of the work or meeting in which you have been asked to participate in or contribute towards and any interest that could be affected by the outcome of the meeting or work. You must also declare relevant interests of your immediate family members (see definition below) and, if you are aware of it, relevant interests of other parties with whom you have substantial common interests and which may be perceived as unduly influencing your judgement (e.g. employer, close professional associates, administrative unit or department). Please note that not fully completing and disclosing all relevant information on this form may, depending on the circumstances, lead WHO to decide not to appoint you to WHO advisory bodies/functions in the future.

Please complete this form and submit it to WHO Secretariat if possible at least 4 weeks but no later than 2 weeks before the meeting or work. You must also promptly inform the Secretariat if there is any change in this information prior to, or during the course of, the meeting or work. All experts must complete this form before participation in a WHO activity can be confirmed. Please note that not fully completing and disclosing all relevant information on this form may, depending on the circumstances, lead WHO to decide not to appoint you to WHO advisory bodies/functions in the future.

Answering "Yes" to a question on this form does not automatically disqualify you or limit your participation in a WHO activity. Your answers will be reviewed by the Secretariat to determine whether you have a conflict of interest relevant to the subject at hand. One of the outcomes listed in the next paragraph can occur depending on the circumstances (e.g. nature and magnitude of the interest, timeframe and duration of the interest).

The Secretariat may conclude that no potential conflict exists or that the interest is irrelevant or insignificant. If, however, a declared interest is determined to be potentially or clearly significant, one or more of the following three measures for managing the conflict of interest may be applied. The Secretariat (i) allows full participation, with public disclosure of your interest; (ii) mandates partial exclusion (i.e., you will be excluded from that portion of the meeting or work related to the declared interest and from the corresponding decision making process); or (iii) mandates total exclusion (i.e., you will not be able to participate in any part of the meeting or work).

All potentially significant interests will be **disclosed** to the other participants at the start of the activity and you will be asked if there have been any changes. A summary of all declarations and actions taken to manage any declared interests will be **published** in resulting reports and work products. Furthermore, if the objectivity of the work or meeting in which you are involved is subsequently questioned, the contents of your DOI form may be made available by the Secretariat to persons outside WHO if the Director-General considers such disclosure to be in the best interest of the Organization, after consulting with you. Completing this DOI form means that you agree to these conditions.

If you are unable or unwilling to disclose the details of an interest that may pose a real or perceived conflict, you must disclose that a conflict of interest may exist and the Secretariat may decide that you be totally recused from the meeting or work concerned, after consulting with you.

Name:	Dr. Christopher Voegeli
Institution:	US Centers for Disease Control and Prevention
Email:	oqo2@cdc.gov

Date and title of meeting or work, including description of subject matter to be considered (if a number of substances or processes are to be evaluated, a list should be attached by the organizer of the activity):

3rd WHO Infodemic Manager Training, from Tuesday 16 November to Thursday 10 December, aiming at providing an update on the most recent infodemic management guidance and approaches, based on the experience since the beginning of the COVID-19 pandemic.

Please answer each of the questions below. If the answer to any of the questions is "yes", briefly describe the circumstances on the last page of the form.

The term "you" refers to yourself and your immediate family members (i.e., spouse (or partner with whom you have a similar close personal relationship) and your children). "Commercial entity" includes any commercial business, an industry association, research institution or other enterprise whose funding is significantly derived from commercial sources with an interest related to the subject of the meeting or work. "Organization" includes a governmental, international or non-profit organization. "Meeting" includes a series or cycle of meetings.

EMPLOYMENT AND CONSULTING

Within the past 4 years, have you received remuneration from a commercial entity or other organization with an interest related to the subject of the meeting or work?

- 1a Employment Yes ☐ No ☒
- 1b Consulting, including service as a technical or other advisor Yes ☐ No ☒

RESEARCH SUPPORT

Within the past 4 years, have you or has your research unit received support from a commercial entity or other organization with an interest related to the subject of the meeting or work?

- 2a Research support, including grants, collaborations, sponsorships, and other funding Yes ☐ No ☒
- 2b Non-monetary support valued at more than US \$1000 overall (include equipment, facilities, research assistants, paid travel to meetings, etc.) Yes ☐ No ☒

Support (including honoraria) for being on a speakers bureau, giving speeches or training for a commercial entity or other organization with an interest related to the subject of the meeting or work?

INVESTMENT INTERESTS

Do you have current investments (valued at more than US \$5 000 overall) in a commercial entity with an interest related to the subject of the meeting or work? Please also include indirect investments such as a trust or holding company. You may exclude mutual funds, pension funds or similar investments that are broadly diversified and on which you exercise no control.

- 3a Stocks, bonds, stock options, other securities (e.g., short sales) Yes ☐ No ☒
- 3b Commercial business interests (e.g., proprietorships, partnerships, joint ventures, board memberships, controlling interest in a company) Yes ☐ No ☒

INTELLECTUAL PROPERTY

Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the meeting or work?

- 4a Patents, trademarks, or copyrights (including pending applications) Yes ☐ No ☒
- 4b Proprietary know-how in a substance, technology or process Yes ☐ No ☒

PUBLIC STATEMENTS AND POSITIONS (during the past 3 years)

- 5a As part of a regulatory, legislative or judicial process, have you provided an expert opinion or testimony, related to the subject of the meeting or work, for a commercial entity or other organization? Yes ☐ No ☒
- 5b Have you held an office or other position, paid or unpaid, where you represented interests or defended a position related to the subject of the meeting or work? Yes ☐ No ☒

ADDITIONAL INFORMATION

- 6a If not already disclosed above, have you worked for the competitor of a product that is the subject of the meeting or work, or will your participation in the meeting or work enable you to obtain access to a competitor's confidential proprietary information, or create for you a personal, professional, financial or business competitive advantage? Yes ☐ No ☒
- 6b To your knowledge, would the outcome of the meeting or work benefit or adversely affect interests of others with whom you have substantial common personal, professional, financial or business interests (such as your adult children or siblings, close professional colleagues, administrative unit or department)? Yes ☐ No ☒
- 6c Excluding WHO, has any person or entity paid or contributed towards your travel costs in connection with this WHO meeting or work? Yes ☐ No ☒

6d Have you received any payments (other than for travel costs) or honoraria for speaking publicly on the subject of this WHO meeting or work? Yes ☐ No ☒

6e Is there any other aspect of your background or present circumstances not addressed above that might be perceived as affecting your objectivity or independence? Yes ☐ No ☒

7. **TOBACCO OR TOBACCO PRODUCTS** (answer without regard to relevance to the subject of the meeting or work)

Within the past 4 years, have you had employment or received research support or other funding from, or had any other professional relationship with, an entity directly involved in the production, manufacture, distribution or sale of tobacco or tobacco products or representing the interests of any such entity?

Yes ☐ No ☒

EXPLANATION OF "YES" RESPONSES: If the answer to any of the above questions is "yes", check above and briefly describe the circumstances on this page. If you do not describe the nature of an interest or if you do not provide the amount or value involved where relevant, the conflict will be assumed to be significant.

Nos. 1 - 4: Type of interest, question number and category (e.g., Intellectual Property 4.a copyrights) and basic descriptive details.	Name of company, organization, or institution	Belongs to you, a family member, employer, research unit or other?	Amount of income or value of interest (if not disclosed, is assumed to be significant)	Current interest (or year ceased)

Nos. 5-6: Describe the subject, specific circumstances, parties involved, time frame and other relevant details

CONSENT TO DISCLOSURE. By completing and signing this form, you consent to the disclosure of any relevant conflicts to other meeting participants and in the resulting report or work product.

DECLARATION. I hereby declare on my honour that the disclosed information is true and complete to the best of my knowledge.

Should there be any change to the above information, I will promptly notify the responsible staff of WHO and complete a new declaration of interests form that describes the changes. This includes any change that occurs before or during the meeting or work itself and through the period up to the publication of the final results or completion of the activity concerned.

Date: 10/25/21

Signature

(b) (6)

From: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Sent: Mon, 16 May 2022 15:13:27 +0000
To: PURNAT, Tina; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: Re: doublecheck of US CDC mention in paper
Attachments: Delivering actionable infodemic insights for the COVID_CDV.docx

You caught me at a good time, Tina. I have added my edits and comments to the attached version. Lis please add your brilliance to this as you see fit.

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Insights Lead
Email: OOO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: PURNAT, Tina <burnatt@who.int>
Sent: Monday, May 16, 2022 10:46 AM
To: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <ooo2@cdc.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Subject: doublecheck of US CDC mention in paper

Dear Lis and Chris,

We are preparing a short communication on the workflow we've developed and refined in last 2.5 years on digital infodemic insights for COVID-19. It's a bit late, but our recommendations are actually starting to be taken up in IMST beyond communication. We are lined up for publication on 1 July in the WHO's Weekly Epidemiological Record (our equivalent of MMWR).

Would you please look especially in the paragraph mentioning CDC's insights unit (discussion) and let me know if you'd need any reference/wording changed?

Best regards,

Tina

Tina D Purnat
Team Lead for Infodemic Management
High Impact Events Preparedness Unit
Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Emergency Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

puernatt@who.int | WhatsApp/Signal: (b) (6) | www.linkedin.com/in/tinadpuernat | @tdpuernat |

Sign up for the WHO infodemic management News Flash: <https://bit.ly/flashsubscribe>

Delivering actionable infodemic insights and recommendations for the COVID-19 pandemic response

Introduction

Since the beginning of the COVID-19 pandemic, digital communications and social networks have supported the rapid growth of real-time information sharing about the virus and the disease in the public domain. The breadth of the conversation, the diversity of sources and polarity of opinions have resulted in a sometimes indiscriminate amplification of verified and unverified information alike. This infodemic [1] (too much information including false or misleading information in digital and physical environments during an acute public health event, which leads to confusion, risk-taking and behaviors that can harm health, and lead to mistrust in health authorities and public health response) can elongate or amplify outbreaks, and can reduce effectiveness of response efforts and interventions.

To address this challenge, WHO's COVID-19 incident management support team's (IMST) Pillar 2 (risk communication, community engagement and infodemic management, see Figure 1) in collaboration with research partners, developed an integrated public health infodemic analysis and insights methodology for weekly analysis of social media, traditional media data and other data sources (such as user search trends, epidemiological data, socio behavioral data, etc) to identify, categorize, and understand the key concerns and narratives expressed [2, 3]. Where there is lack of quality information about topics that individuals and populations are concerned about, such topics can fast become filled with conjecture, speculation, low-quality health information, and viral misleading content [4-6], thus potentially causing harm to communities. This approach therefore focuses on characterization and narratives detection - identifying or anticipating rising areas of concern, questions, confusion, misinformation and information voids in the circulating narratives within the information eco-system and provide immediately actionable insights for input into decision-making and risk communication [7], to complement rumor tracking activities and provide the right health information at the right time in the right format to the people who need it.

Methodology

The infodemic characterization, integrated analysis and insights generation consisted of a 3-step mixed-methods approach [2-3,5-6], see Figure 2. First, data was collected from publicly available social and news media sources and categorized into categories of conversations as per a COVID-19 public health taxonomy to quantitatively identify potential topics of concern and information voids. Second, the dataset was analyzed qualitatively and compared week-on-week to identify narratives and their changes, characterize sentiment changes in the conversation, and supplemented with user searches in google trends to produce a digital infodemic intelligence report. Third, the digital infodemic intelligence was reviewed by a group of subject matter experts and triangulated with other data sources to derive infodemic insights and provide recommendations for action for the week.

Step 1: Quantitative identification of potential topics of concern and information voids

The first step was based on the weekly aggregation of a sampled dataset including approximately 20 million publicly available social and news media and online search data in English, Spanish and French over a 7-day period, and identification of questions, concerns, information seeking and engagement with themes using a public health COVID-19 conversation taxonomy. Aggregation and categorization into 35 conversation categories used a natural language processing (NLP) methodology that has been developed, validated, and published [2, 3].

Step 2: Week-on-week comparison, qualitative analysis, and production of digital infodemic intelligence

In the second step, these conversations were segmented based on levels of velocity and quantitatively examined for public engagement [2,3]. A qualitative analysis of interlinks between topics and their disappearance and resumption over a long period of time informed development of key weekly intelligence about the context within which these narratives developed [2,3]. This analysis prioritized the flagging of widespread confusion or frequently asked questions, the rapid amplification of misinformation, or ad-hoc aspects of the conversation that are particularly relevant to public health, such as vaccine acceptance and demand.

A weekly summary digital infodemic intelligence report averaging 50 pages was produced and distributed via email, accompanied with an executive summary in form of short-text-message distributed via WhatsApp and Signal channels to enhance readability, accessibility, and promote sharing among key stakeholders globally (see Figure 3).

Step 3: Integrated analysis, infodemic insights generation and recommendations

Integrated analysis, the third and final step of the weekly report production process, was performed to translate digital infodemic intelligence into more actionable insights, which subsequently informed concrete recommendations for action. This step allows contextualization of social media and other online sources with other important public health data, such as socio-behavioral indicators, current response priorities, or review of existing information materials. A multi-disciplinary team of subject matter experts of the WHO COVID-19 IMST Pillar 2, triangulated the digital infodemic intelligence, factchecking trends [7], analysis of current content available on WHO.int web sites and channels on topics of concern with offline intelligence obtained through epidemiological, clinical, public health and social measures, RCCE and field operations updates from other IMST pillars and the global network of 770 infodemic managers [8].

It led to the identification of three key weekly thematic narratives of public health significance that were actionable by WHO. To identify these three key insights, a scalar value judgement based on a threat matrix was applied to the identified narrative themes of interest, by level of potential harm to public health and how has this narrative changed over time. This matrix was validated with experts performing analysis in other health authorities [9]. Each narrative was classified as emergent, persistent or re-emerging. Emerging narratives may require development of new information materials or further analysis. Persistent narratives may indicate a current deficit in addressing information voids. Re-emerging narratives flag potential challenges that the current information communication approaches need to address the issue more effectively. Moreover, each thematic narrative or information was also classified by level of risk to public health: (i) high risk may lead to refusal of recommended treatments and diagnostics, or lower adherence to recommended health behaviours, and has a wide reach and is

pervasive particularly among at-risk and vulnerable populations; (ii) moderate risk may trigger potential hesitancy to public health and social measures, vaccination or pharmaceutical interventions, but has moderate reach and dissemination; (iii) low risk narrative themes are concerning, but pose low risk to uptake of recommended health behaviours and health guidance, and have limited reach and dissemination; (iv) positive sentiment indicated thematic narratives that could increase uptake of health guidance and enactment of health behaviours, and may have variable reach and dissemination.

		Reach and dissemination		
		Wide reach, high dissemination	Moderate reach, modest dissemination	Limited reach, limited dissemination
Impact on vaccine confidence and uptake	May lead to vaccine refusals and decreased uptake	High risk	High risk	Moderate Risk
	Potential to trigger hesitancy to vaccination	Moderate Risk	Moderate Risk	Low risk
	Concerning, but low risk to vaccine confidence	Low risk	Low risk	Low risk
	Could increase vaccine confidence, intent, or motivation	Positive Sentiment	Positive Sentiment	Positive Sentiment

Commented [VC(1)]: Did it always take this form? By that I mean were there instances where something had a high risk to vaccine uptake but a very low spread led to coding something as a moderate risk? We made a decision matrix for our methods paper and I copied it here for your reference. Maybe it is not applicable but I thought it worth mentioning.

Commented [VC(2R2)]: Additionally, as Lis noted last week, did the assignment of risk change depending on the population talking about it or potentially impacted by it? Would a narrative about pregnancy and vaccination that is not spreading a lot in general, but spreading a lot on smaller pregnancy related forums warrant a different threat level?

The classified insights were used to develop recommendations for action. The types of recommendations that were provided were on: (i) messaging and communication optimization (eg. tips for audience segmentation, message framing), (ii) research and evidence generation (eg. data collection needed to inform diagnosis of barriers to adherence to health guidance and recommended health behaviors, infodemic response and communication strategies), (iii) improvements to WHO web pages (eg. what content needs reviewing, adding or removing to address information voids or prevent confusion), (iv) coordination with media or fact-checking organizations (eg. specific topics to cover in media briefings, ways to support factcheckers, etc), (v) actions for Pillar 2 (eg. Co-development of guidance with affected at-risk populations, message testing, topic suggestions for webinars and science explainers, -infographics, updating website Q&A or technical guidance, etc).

Based on this analysis a social-media ready message (Figure 3) and a one-page action memo (Figure 4) was produced summarizing the top three narratives and recommendations for action.

Results

Since the start of the pandemic through to 25 April 2022, 107 weekly digital infodemic intelligence reports were produced and disseminated. During this time, the digital intelligence reports have analyzed more than 4.1 billion user-generated posts and comments on social media related to COVID-19. Over time, they were improved with increased data segmentation to ensure that narratives outside of regions and countries with high-volume conversations are more readily detectable.

In addition, multiple ad-hoc digital intelligence reports were produced based on emerging topics of interest identified by WHO COVID-19 IMST Pillar 2, based on the concerns, questions, information voids, and misinformation narratives.

The public health taxonomy for analysis of COVID-19 conversations [3] was further adapted and localized to deliver digital infodemic intelligence reports in 18 countries across four WHO Regions, including the Philippines, Indonesia, Canada, and Mali among others. The taxonomy was also tested and implemented for automated social listening approaches on the pilot WHO platform EARS (Early AI-supported response with social listening) [10-11].

This approach to generating infodemic insights and recommendations helped to inform the development of 130 webinars, 76 knowledge packs in form of PowerPoint slide sets, 143 infographics and videos during WHO's COVID-19 response [11], as well as many assets, campaigns and capacity building under the auspices of African Infodemic Response Alliance (AIRA), hosted by WHO Regional Office for Africa [12-14].

A recent WHO-commissioned evaluation of WHO's infodemic management response during COVID-19 [15] found that the vast majority of stakeholders have found WHO's work advancing infodemic management to be highly valuable. The digital infodemic intelligence, social listening, integrated analysis and insights development have been taught at WHO infodemic manager trainings, and alumni reported high uptake (over 75%) of the various infodemic management tools, methods, websites and dashboards, and the outputs from WHO infodemic management work.

Discussion

Digital intelligence analysis, triangulation of social listening and other data sources for generation of infodemic insights to inform response operations and interventions have been increasingly maturing and used in different settings and by different programmes at WHO. The methods for infodemic intelligence were applied beyond COVID-19 topics, for example informing risk communication and community engagement content and strategies related to the recent Olympic and Paralympic Games in Beijing.

Furthermore, AIRA has produced 45 weekly infodemic trend reports between March 2021 and April 2022 guided by the taxonomy and approaches developed by Pillar 2. In addition, AIRA has since June 2021 produced 9 monthly joint Eastern and Southern African Region (ESAR) Infodemic Trend Reports in collaboration with RCCE Collective Service, IFRC, UNICEF and UN Global Pulse. The reports integrate COVID-19 online and offline community feedback to enable evidence-based decision-making at regional and national levels in ESAR. Similarly, since the start of the pandemic until April 2022, the WHO Regional Office for South-East Asia produced a total of 90 weekly infodemic intelligence reports, each with 10 country-specific analyses of the regional dataset, and covering also Hindi and Bahasa languages.

The US Centers for Disease Control and Prevention (US CDC) has also innovated integrated analysis and insights generation methodologies. In October 2020, the US CDC COVID-19 Task Force established the Vaccine Confidence and Demand Team, which conceptualized the "Insights Unit" in December 2020. It is the first infodemic management pop-up unit of its kind in support of immunization campaigns. The insights unit regularly creates reports about the status of COVID-19 vaccine confidence in the United States, emphasizing major themes that influence vaccine confidence and uptake [9]. Its reports include analyses of multiple quantitative and qualitative data sources, ranging from social listening and web

metrics to immunization survey data and inquiries to the US CDC's 24-hour national information center and hotline, CDC-INFO. Additionally, the report includes ways the readers can work to address the themes and social media resources such as graphics, talking points, and social media calendars. -This experience has been shared with WHO COVID-19 IMST Pillar 2 team and led to current work in further innovating and developing integrated analysis methodology of the social listening and infodemic insights with the rapid community assessment (RCA) methodology [16].

Limitations

There are several limitations in applying and developing methods for integrated analysis and infodemic insights and recommendations generation [2, 3], especially when it is developed for application at country level and for diagnosing barriers to health behaviors and to the uptake of health guidance recommendations in specific communities.

A rapid insights and recommendation generation pipeline requires a methodological, scientifically-sound generation of regular insights, that synthesizes quantitative and inductive analytical approaches, which can provide valuable recommendations at speed. It is therefore essential to train analysts regarding the scale, scope, and objectives of the analysis plan, maintaining a clear coding structure and procedures, and techniques that increase inter-rater reliability.

There are also limitations to data sources that may be available for rapid infodemic intelligence analysis in a given context, especially considering the populations that are covered by data sources, as well as the diversity of questions that can be asked during integrated analysis. Ways of improving quality of insights and recommendations are to over time identify and prioritize data collection from more public or accessible sources, such as web site analytics, hotline calls and external information enquiries, routine health information sources, granular epidemiological data, or timely socio-behavioral data, and to consider dynamics of each data source. For example, datasets obtained from social media platforms continuously change and specific pieces of content may not always be available, but analysis plans can be designed in ways that capture dominant themes of questions, concerns, information voids, narratives, and circulating health information, mis and disinformation that is informative at scale.

During the pandemic, relevant topics and themes of concerns, questions, needs for information, and misinformation narratives shift quickly, especially in at-risk and vulnerable populations which may make it difficult for analysts to remove internal biases and known outcomes from their work [1, 19]. Therefore, data analysis plans can ensure reproducibility of analysis by planning actions such as archiving of data, systematic reviewing and updating of taxonomies and key word searches, as well as introducing ways of managing analyst biases over time.

Infodemic insights and recommendation generation may also be constrained by personnel limitations. Conducting multi-source infodemic intelligence analysis, performing a thematic analysis, and then interpreting findings through an established framework is a labor-intensive task that requires a variety of skill sets. Utilizing routine data sources and established and integrated frameworks that are related to the public health event is one way to reduce the burden of analysis. For example, the analytical frame for analyzing online conversations for WHO COVID-19 digital infodemic insights has utilized a taxonomy that maps on an epidemiologist's approach to analyzing and intervening in an outbreak [2,3].

There are also ethical concerns to be considered regarding integrated analysis of social listening and other routine data sources from within and outside of the health system [1, 19]. While much of the data for this analysis is already in the public domain or legally accessible for public health analysis, some data may deal with sensitive information normally protected under law. Just like routinized epidemiological surveillance and analysis approaches adhere to specific legal and ethical guidelines, infodemic

monitoring and intelligence gathering must be designed with the same considerations because there is an absence of mature ethical frameworks for this emerging field of science. Any unintended consequences of infodemic insights analysis, reporting and resulting interventions should be carefully thought through prior to analysis, such as by conducting a benefits and harms assessment, and consulting with experts to determine what is most appropriate and legal.

Way forward in the development of infodemic management methods, tools, and mainstreaming infodemic management practice in countries

The development and application of analytical methodologies for infodemic intelligence generation and integration during WHO's COVID-19 response has introduced evidence-based analytical practices for generation of infodemic insights and recommendations for action into the work of IMST's Pillar 2. As the analytical approaches, methodologies and skillsets required become more defined and validated, they can be applied for infodemic monitoring and intelligence generation in epidemic and pandemic preparedness and prevention, for other vaccine-preventable diseases (such as seasonal influenza or routine immunizations), to inform preparing for acute public health events around mass gatherings or mass immunization campaigns, or adapted for rapid set up and use in outbreak and emergency response. A Field Infodemiology Manual, modelled on the US CDC field epidemiology manual, is in preparation in collaboration between WHO, US CDC and partners. It will provide practical tools to guide field responders in integrated analysis and generation of infodemic insights and recommendations, as well as effective infodemic intervention strategies.

WHO has developed a diversified training programme [18, 19]. A series of hybrid online/offline courses is being added to provide rapid ways of training and building capacity at scale in evidence-based methods of analysis and infodemic management interventions.

Moreover, WHO is developing and validating country support packages that will help stand up "pop-up infodemic insights teams" during an outbreak or emergency.

Important to note is also the need to develop ethical guidance and tools that help implement it as part of outbreak and emergency response, and especially when conducting social listening in/for vulnerable and at-risk populations, and in fragile contexts. WHO is preparing to convene a group of experts who will deliberate on ethical considerations of infodemic management, to deliver a set of evidence-informed recommendations for governments and researchers so that they can undertake such activities in ways that meet ethical standards.

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Figures

Figure 1: WHO Incident Management System (IMS) Structure and COVID-19 Incident management support team (IMST) Pillar 2 structure

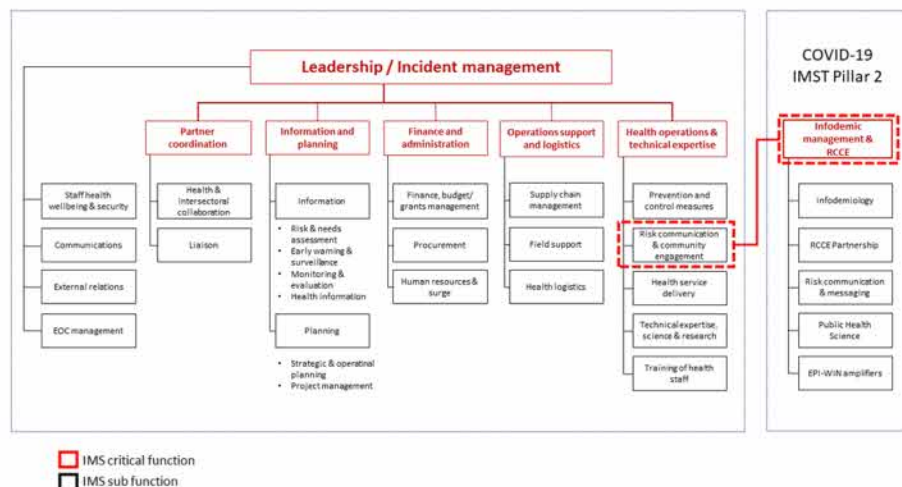


Figure 2: Steps and activities in infodemic monitoring, generation of intelligence and translation into insights and recommendations

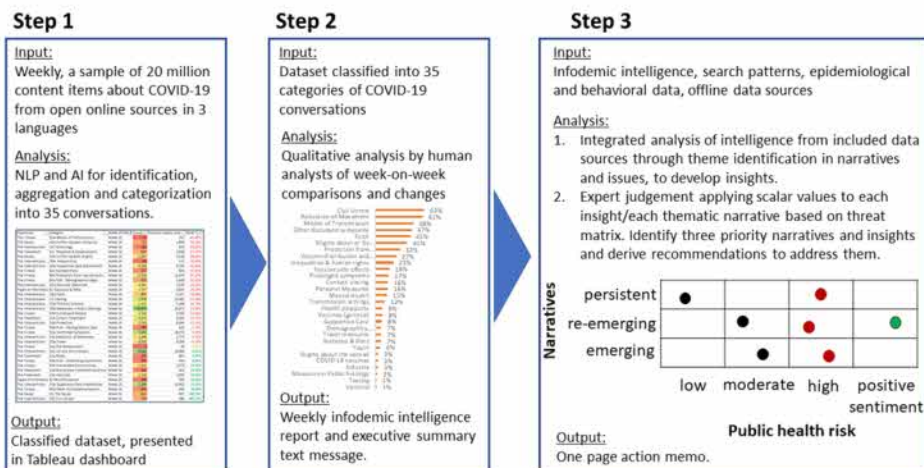


Figure 3: Example weekly short-text-message report distributed on Signal and WhatsApp messaging platforms for 13– 19 April 2022

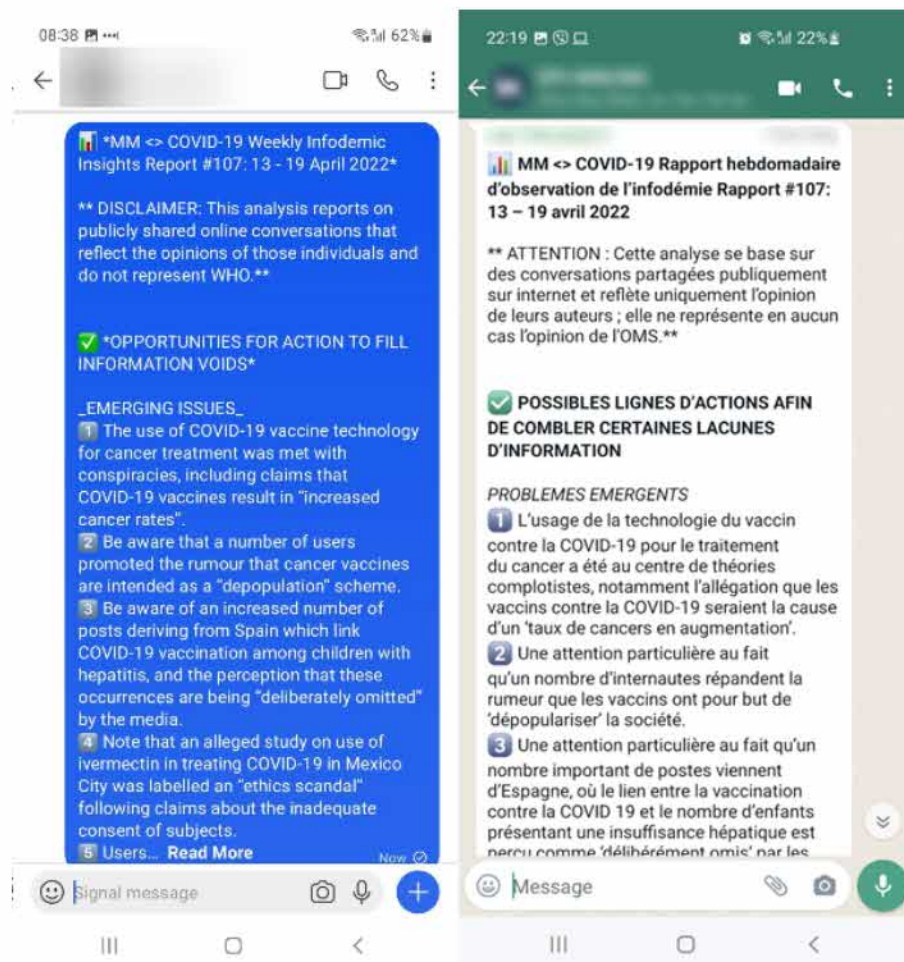


Figure 4: Example-one-page action memo for 13 – 19 April 2022

#1 PERSISTENT NARRATIVE: Debate regarding the removal of mask mandates on public transport

* Review and adapt existing guidance and communication materials to the changed context to address the current polarization on use of masks in places without mandates

* Consider a special ad hoc report that analyses people's questions, concerns, and attitudes regarding PHSM in the current context of mandates being lifted, including comparative analyses across languages and geographic locations – use insights from this report to inform strategies

* Review, update, and share messages with at-risk and vulnerable populations to reinforce understanding of protective measures even when PHSM are lifted

#2 EMERGING NARRATIVE: Continued distrust in COVID-19 vaccines leading to rising claims of hepatitis in vaccinated children

* Diagnose why this is an emerging narrative and what is driving the concerns, and in what online communities, so interventions can be designed (sentiment analysis, diagnostic landscape analysis, online rapid community assessments)

* Continue to track and monitor the development of this narrative and where it is gaining traction, with a focus on changes in velocity, volume, spread, and potential harm (including which communities may be most vulnerable)

* Connect journalists and factcheckers with immunization experts to enhance their understanding of vaccine safety in children

#3 EMERGING NARRATIVE: Lack of trust in mRNA technology fueling skepticism towards applications to other future treatments

* Identify types of concerns, questions, and information voids to inform strategies for communications and other interventions such as pre-bunking

* Monitor the development of conspiracy theories around this topic to preemptively identify communities in which they may become prevalent and prevent these communities from influencing others in their network (via pre-bunking, timely debunking, etc)

* Share these insights with WHO experts who are working with mRNA technology, including its application to other fields such as cancer treatments

From: Voegeli, Christopher (CDC/DDID/NCIRD/ISD)
Sent: Fri, 2 Sep 2022 12:52:09 +0000
To: Caitlin Jarrett; Savoia, Elena; Gerald Mullally; NGUYEN, Tim;
(b) (6) @gmail.com (b) (6) @gmail.com; Carlotta.ALFONSI@oecd.org; Leesa Lin; Simon Piatek; McBride, Megan; jjr51@cam.ac.uk; Montrond, Alberto M; Jim Davies; abaronchelli@turing.ac.uk
Cc: fabiana.zollo@unive.it; Gaia Brino Bet
Subject: Re: Draft Agenda - please check your title presentation/moderator role by tomorrow 6 AM EST
Attachments: Agenda_draft_July_19_2022.pdf

Elena,
It looks good to me. Caitlin, I attached a pdf version.
Chris

-
Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Insights Lead
Email: OOQ2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Caitlin Jarrett <Caitlin.Jarrett1@lshtm.ac.uk>
Sent: Friday, September 2, 2022 7:08 AM
To: Savoia, Elena <esavoia@hsph.harvard.edu>; Gerald Mullally <gerald.mullally@cabinetoffice.gov.uk>; NGUYEN, Tim <NguyenT@who.int>; (b) (6) @gmail.com (b) (6) @gmail.com; (b) (6) @gmail.com (b) (6) @gmail.com; Carlotta.ALFONSI@oecd.org <Carlotta.ALFONSI@oecd.org>; Leesa Lin <Leesa.Lin@lshtm.ac.uk>; Simon Piatek <Simon.Piatek@lshtm.ac.uk>; Voegeli, Christopher (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>; McBride, Megan <mmcbride@hsph.harvard.edu>; jjr51@cam.ac.uk <jjr51@cam.ac.uk>; Montrond, Alberto M <amontrond@hsph.harvard.edu>; Jim Davies <jim.davies@cabinetoffice.gov.uk>; abaronchelli@turing.ac.uk <abaronchelli@turing.ac.uk>
Cc: fabiana.zollo@unive.it <fabiana.zollo@unive.it>; Gaia Brino Bet (b) (6) @gmail.com>
Subject: Re: Draft Agenda - please check your title presentation/moderator role by tomorrow 6 AM EST

Hi Elena,
I don't know about others but the document isn't opening/presenting properly for me... If possible, could you maybe send as a PDF?
Many thanks,
Caitlin
Caitlin Jarrett, MPH
Research Fellow / Project Manager
The Vaccine Confidence Project™
London School of Hygiene & Tropical Medicine
Keppel Street, London, WC1E 7HT
Mobile/WhatsApp: (b) (6)

www.vaccineconfidence.org

www.irisacademic.org

From: Savoia, Elena <esavoia@hsph.harvard.edu>

Sent: 01 September 2022 15:18

To: Gerald Mullally <gerald.mullally@cabinetoffice.gov.uk>; NGUYEN, Tim <NguyenT@who.int>;

(b) (6)@gmail.com (b) (6)@gmail.com; (b) (6)@gmail.com

(b) (6)@gmail.com; Carlotta.ALFONSI@oecd.org <Carlotta.ALFONSI@oecd.org>; Leesa

Lin <Leesa.Lin@lshtm.ac.uk>; Simon Piatek <Simon.Piatek@lshtm.ac.uk>; Caitlin Jarrett

<Caitlin.Jarrett1@lshtm.ac.uk>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>;

McBride, Megan <mmcbride@hsph.harvard.edu>; jjr51@cam.ac.uk <jjr51@cam.ac.uk>; Montrond,

Alberto M <amont rond@hsph.harvard.edu>; Jim Davies <jim.davies@cabinetoffice.gov.uk>;

abaronchelli@turing.ac.uk <abaronchelli@turing.ac.uk>

Cc: fabiana.zollo@unive.it <fabiana.zollo@unive.it>; Gaia Brino Bet (b) (6)@gmail.com>

Subject: Draft Agenda - please check your title presentation/moderator role by tomorrow 6 AM EST

*** This message originated outside LSHTM ***

Hello everyone,

Happy September 1st! I hope your summer was great!

please take a quick look at the attached draft agenda and let me know by tomorrow morning if you have any concerns with the role as moderator or presenter, we have assigned to you for the Venice event.

I am planning to send the agenda to the guests tomorrow afternoon. If I do not hear from you by 6 AM EST tomorrow Friday August 2nd I will send it out as is but no worries it is just a draft so we can still change it! prior to September 16th.

We are grateful for your participation and can't wait to see you in Venice!

Thanks

Elena



Ca' Foscari
University
of Venice

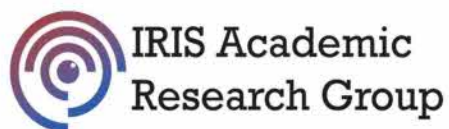


HARVARD
T.H. CHAN
SCHOOL OF PUBLIC HEALTH

FORUM ON COALIZED EFFORTS TO MANAGE INFODEMICS AND TACKLE MISINFORMATION DRAFT AGENDA

SEPTEMBER 16TH, 2022
CA' FOSCARI UNIVERSITY
VENICE

This event is supported by the [IRIS Academic Research Group](#).



Welcome dinner for guests arriving on September 15th, 2022
Guests meet at 7:15 PM at the Duodo Hotel Lobby to walk to the restaurant:
[Acqua Pazza](#) San Marco 3808

September 16th 2022

9:00 - 9:10 AM
[10 min](#)

Welcome
&
Goals for the Day
Chatham House Rule

Fabiana Zollo

9:10 - 9:25 AM 15 min	Round of Introductions	<i>Moderated by</i> Elena Savoia
9:25-9:40 AM 10 min + 5 min (Q&As)	IRIS vision	Gerald Mullaly
Response & Opportunities		
9:40 - 9:55 AM 10 + 5 min (Q&As)	Background research & Scenario phase 1	Elena Savoia
9:55 – 10:15 AM 20 min (5 min silent + 15 min Round Robin)	Initial Government Response	Group Discussion <i>Moderated by</i> Elena Savoia
10:15-10:35 15 min + 5 min (Q&As)	What support could digital platforms offer at this point in time?	Meta Google <i>Moderated by</i> Fabiana Zollo
10: 35 - 10:55 AM 15 min + 5 min (Q&As)	What support could data scientists offer at this point in time?	Andrea Baronchelli Walter Quattrociochi <i>Moderated by</i> Fabiana Zollo
11:55 – 11:10 AM 15 min	What capabilities will government agencies need to integrate information from social media into the response?	Group Discussion <i>Moderated by</i> Tim Nguyen
11:10 AM – 11:40 AM GROUP PICTURE & COFFEE BREAK		
11:40 - 11:55 AM 15 min (5 min Silent + 10 Round Robin)	Scenario phase 2	Rachael Piltch-Loeb
11: 55 AM - 12:10 PM 10 min + 5 min (Q&As)	What population data could be available at this point in time?	LSHTM <i>Moderated by</i> Rachael Piltch-Loeb
12:10 PM - 12:25 PM 10 min + 5 min (Q&As)		Carlotta Alfonsi

	The role of civic engagement	<i>Moderated by</i> Rachael Piltch-Loeb
12:25-12:45 PM 20 min (5 min silent + 10 min Round Robin)	What capabilities will government agencies need to integrate population survey data in the response?	<i>Moderated by</i> Chris Voegli
12:45-1:00 PM	Housekeeping	Fabiana Zollo
1:00 PM – 2:30 PM LUNCH		
September 16th, 2022 - Afternoon workgroup sessions		
2:30 - 2:40 PM 10 min	Security concerns	Megan McBride & Rachael Piltch-Loeb
2:40 - 2:55 PM 15 min (5 min silent + 10 min Round Robin)	What capabilities will government agencies need to integrate domestic security concerns in the response?	<i>Moderated by</i> Megan McBride Rachael Piltch-Loeb
2:55-3:15 PM 25 min	Group Discussion	<i>Moderated by</i> Alberto Montrond Fabiana Zollo
3:15-3:35 PM 15 min + 5 min (Q&As)	What do we know about interventions?	Jon Roozenbeek
3:35-4:00 PM 10 min + 5 min (Q&As)	What is next in the WHO Agenda?	Tim Nguyen
4:00-4:10 PM 10 min	Closing Remarks & House-keeping	Elena Savoia & Fabiana Zollo

7:30 PM Meet at The Duodo Hotel Lobby to walk to dinner

ATTENDEES

Name	Role and Institution	Country
Aïda Ndiaye	Public Policy Manager, Facebook	UK
Alberto Montrond	Senior Fellow & Diplomatic Liaison, Harvard T.H. Chan School of Public Health & Former Deputy Parliament, Cape Verde	USA
Alessandro Galeazzi	Research Fellow, Ca' Foscari University	Italy
Andrea Baronchelli	Associate Professor, City University of London	UK
Caitlin Jarrett	Global Public Health Research Fellow and Project Manager, London School of Hygiene & Tropical Medicine	UK
Carlotta Alfonsi	Policy Analyst, OECD	France
Caterina Rizzo	Full Professor of Hygiene and Preventive Medicine, University of Pisa	Italy
Cesare Buquicchio	Head of Press, Ministry of Health	Italy
Christopher Voegeli	Insights Unit Lead, CDC National Center for Immunization and Respiratory Diseases	USA
Daniel Sagebiel	Deputy Medical Head of Berlin COVID Crisis Response Berlin Senate Department for Health	Germany
Dusko Arsovski	Spokesperson, Government of the Republic of N. Macedonia	N. Macedonia
Elena Savoia	Principal Scientist, Deputy Director Emergency Preparedness Research Evaluation & Practice Program, Harvard T.H. Chan School of Public Health	USA
Fabiana Zollo	Assistant Professor, Department of Environmental Sciences, Informatics and Statistics, Ca' Foscari University	Italy
Flavio Arzarello	Public Policy Manager, Meta	Italy
Gerald Mullaly	Director at UK Prime Minister's Office & Cabinet Office	UK
Ingrid Vingerhust	Special Adviser, Department of Public Health, Ministry of Health and Care Services	Norway
Jeff Lawi	Health Lead, Trust & Safety, Google	USA
Jon Roozenbeek	British Academy Postdoctoral Fellow, University of Cambridge	UK
Leesa Lin	Assistant Professor, Co-Director of Vaccine Confidence Project (VCP), London School of Hygiene & Tropical Medicine	UK
Megan McBride	Research Fellow, Harvard T.H. Chan School of Public Health	USA
Mohamed Nour	Expert in Emergency Risk Communication, Ministry of Public Health	Qatar
Morgan Olofsson	Director of Communications, The Swedish Civil Contingencies Agency	Sweden

Rachael Piltch-Loeb	Research Associate, Harvard T.H. Chan School of Public Health	USA
Renato Strauss	Former Head of Press and Information, Ministry of Health	Brazil
Simon Piatek	Social Media Researcher, Vaccine Confidence Project, London School of Hygiene & Tropical Medicine	UK
Tim Nguyen	Head of Unit High Impact Events Preparedness, World Health Organization	Switzerland
Veronica Chiossi	Communication Specialist, Ca' Foscari University	Italy
Vincenzo Le Voci	Secretary-General of the Club of Venice, Council of the EU	EU
Walter Quattrociocchi	Associate Professor, Sapienza University of Rome	Italy

From: Wilhelm, Elisabeth
Sent: Tue, 29 Aug 2023 15:12:48 -0400
To: Voegeli, Chris (CDC/IOD/OC)
Subject: Re: Draft infodemic stories draft report + toolkit are available for your feedback!

Thank you!!!!

On Tue, Aug 29, 2023 at 7:08 AM Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov> wrote:
Done! Great job!

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Acting Inaccurate Health Information Mitigation Team Lead
Email: QQQ2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
Division for Communication Science and Services
Office of Communications, CDC

From: Wilhelm, Elisabeth <elisabeth_wilhelm@brown.edu>
Sent: Tuesday, August 15, 2023 1:59 PM
To: Elisabeth Wilhelm <elisabeth_wilhelm@brown.edu>
Cc: Huy Tran <huy_tran1@brown.edu>; Jones, Tzion <tzion_jones@brown.edu>
Subject: Draft infodemic stories draft report + toolkit are available for your feedback!

Hi everyone,

I hope your August is going smoothly! I have come back to you to request your (optional) feedback on two outputs of the infodemic stories analysis focus groups we held together. We have drafted a short project report summarizing what we did together that will likely get published on the Brown University Information Futures Lab website, and the guide and toolkit for how to run your own community story evaluation project, based on the pilot, which will also be published and disseminated on the IFL website.

We would like you to provide comments directly on the following Google Docs and on the Google Form for the guide.

Short project report: Telling infodemic stories: Overview, process, learnings, recommendations

- Google Doc:
<https://docs.google.com/document/d/1d7eQZ2rgTYafb8hP7nWZuNRRG4W23fwyMo9L5bPdKEs/edit?usp=sharing>

Guide and toolkit: Understanding community information needs through stories

- Google Doc:
https://docs.google.com/document/d/1FKSjHP09RHR3Dtho7CTVH_6ECts_JkdJxmE7pR7vT5M/edit?usp=sharing

- Google Form: <https://forms.gle/owyHvo2MAksFkaFy9>

And finally, please let me know **if you'd like to be acknowledged by name** in the short report and any other outputs related to the focus groups and analysis you did. If so, please provide me your name and chosen affiliation, if any.

The **deadline for providing feedback is August 29**. Thank you in advance for your feedback!

Sincerely,

Elisabeth Wilhelm with Tzion Jones and Huy Tran

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Wed, 12 Oct 2022 00:48:55 +0000
To: PURNAT, Tina; Kulkarni, Shibani (CDC/DDPHSIS/CGH/GID)
Subject: Re: draft of paper from 5th WHO infodemic conference in WHO executive clearance

Evening Tina!

Yes, we are interested, and I think clearance can be fairly quick. Although Shibani and I are in different centers, I think we can clear them simultaneously, but I am checking on it. I should have an answer by tomorrow. I just gave it a quick read and it looks great! Thank you for including us in the conference. I hope there are many more!

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Acting Vaccine Confidence and Demand Lead
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Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: PURNAT, Tina <burnatt@who.int>
Sent: Saturday, October 8, 2022 8:52 AM
To: Kulkarni, Shibani (CDC/DDPHSIS/CGH/GID) <oj4@cdc.gov>; Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: draft of paper from 5th WHO infodemic conference in WHO executive clearance

Dear Shibani and Chris,

I wanted to send to you the draft article that we've revised based on the comments of those conference participants who wanted to join the article. You may remember we went through the review and commenting exercise in May/June. The attached copy is now circulating in WHO for clearance so we can submit to JMIR infodemiology.

You were the only coauthors from US CDC that indicated you wish to join and who contributed to the paper. I wanted to share the draft so you can let me know if you're still interested to join the paper and by when you could obtain the clearance. I hope that it can be reasonably quick – normally it takes about the same time as WHO review.

Please let me know,

Kindest regards,

Tina

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Wed, 26 Apr 2023 17:37:41 +0000
To: Wieler, Lothar; 'Boender, Sonia'; Elisabeth Wilhelm; PURNAT, Tina; Paula Helene Schneider; Houareau, Claudia; Wehrli, Silvan; Atsuyoshi Ishizumi; Leuker, Christina; Christina Leuker (Gmail)
Cc: Sonia Boender
Subject: Re: ESCAIDE abstract - Establishing infodemic management in Germany

Works for me!

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)
Behavioral Scientist | Acting Vaccine Confidence and Demand Lead
Email: OOQ2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Wieler, Lothar <Lothar.Wieler@hpi.de>
Sent: Wednesday, April 26, 2023 3:13 AM
To: 'Boender, Sonia' <BoenderS@rki.de>; Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>; Elisabeth Wilhelm (b) (6) @sent.com>; PURNAT, Tina <purnatt@who.int>; Paula Helene Schneider (b) (6) @gmail.com>; Houareau, Claudia <HouareauC@rki.de>; Wehrli, Silvan <WehrliS@rki.de>; Atsuyoshi Ishizumi (b) (6) @gmail.com>; Leuker, Christina <LeukerC@rki.de>; Christina Leuker (Gmail) (b) (6) @gmail.com>
Cc: Sonia Boender (b) (6) @gmail.com>
Subject: AW: ESCAIDE abstract - Establishing infodemic management in Germany

Fine with me! Thanks

Lothar

Prof. Dr. Lothar H. Wieler
Speaker Digital Health Cluster, Chair Digital Global Public Health
Telefon: +49 331 5509-164

Hasso-Plattner-Institut für Digital Engineering gGmbH
Digital Engineering | Universität Potsdam
Rudolf-Breitscheid-Str. 187 | D-14482 Potsdam

Amtsgericht Potsdam, HRB 12184 P
Geschäftsführung: Prof. Dr. Tobias Friedrich
Prof. Dr. Ralf Herbrich, Dr. Marcus Kölling

Design IT. Create Knowledge.

-----Ursprüngliche Nachricht-----

Von: Boender, Sonia <BoenderS@rki.de>

Gesendet: Dienstag, 25. April 2023 20:42

An: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>; Elisabeth Wilhelm

(b) (6) @sent.com>; PURNAT, Tina <purnatt@who.int>; Paula Helene Schneider

(b) (6) @gmail.com>; Houareau, Claudia <HouareauC@rki.de>; Wehrli, Silvan

<WehrliS@rki.de>; Atsuyoshi Ishizumi (b) (6) @gmail.com>; Wieler, Lothar

<Lothar.Wieler@hpi.de>; Leuker, Christina <LeukerC@rki.de>; Christina Leuker (Gmail)

(b) (6) @gmail.com>

Cc: Sonia Boender (b) (6) @gmail.com>

Betreff: ESCAIDE abstract - Establishing infodemic management in Germany

Dear all,

I'd like to submit our latest work on establishing infodemic management in Germany to the ESCAIDE conference (deadline May 15th): <https://www.escaide.eu/en/presenters/call-abstracts>

Even though the paper has been accepted for publication, I believe it would be good to spread the word a bit more about our work for the European crowd of infectious disease epidemiologists. (So far, I've only presented it at the German national conference for psychology.)

Please let me know if you have any suggestions for the attached abstract by May 2nd.
The deadline for submission is May 15th.

The attached abstract is similar to the one in the paper, adapted to the 275 wordcount (no figure/table allowed), but I tried to reframe it for the conference audience.

Thank you!

Warm regards,
Sonia

Dr Sonia Boender, MSc PhD

Robert Koch Institute

P1: Risk Communication Unit | Infodemic Management Nordufer 20, 13353 Berlin, Germany

Phone: +49 (0)30 18754 3943

Email: BoenderS@rki.de

Web: www.rki.de/EN

The Robert Koch Institute is an Institute within the portfolio of the Federal Ministry of Health

From: ISHIZUMI, Atsuyoshi
Sent: Tue, 19 Apr 2022 13:47:08 +0000
To: Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID)
Cc: Catherine BERTRAND-FERRANDIS; YAU, Brian; PURNAT, Tina; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Subject: RE: EUPHA abstract for field infodemiology manual workshop
Attachments: EUPHA abstract_FIM workshop_19April22_v2.docx

Hi Muriel,

Here's an updated version of the abstract for your review and clearance. We reached out to colleagues in Europe and they agreed to be listed as co-organizer and/or facilitators. Please be aware of the word limit when adding or editing – thank you in advance!

Kind regards,
Atsu

From: ISHIZUMI, Atsuyoshi
Sent: Tuesday, April 12, 2022 12:22 PM
To: Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>
Cc: Catherine BERTRAND-FERRANDIS <c.bertrand-ferrandis@olylo.fr>; YAU, Brian <byau@who.int>; PURNAT, Tina <purnatt@who.int>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>
Subject: EUPHA abstract for field infodemiology manual workshop

Hi Muriel,

As promised, here's a draft abstract for the field infodemiology manual skills building workshop for EUPHA conference – wanted to share early to make sure you have time for clearance on your end.

The basic structure we are proposing is a short panel discussion (hopefully with some colleagues from European institutes, but yet to be confirmed) and intro presentation, followed by group learning exercises. For the group exercises, we thought it would be best to focus on analysis planning and intervention development because other aspects of the manual like integrated analysis will be covered by other workshops we plan to submit. But of course would appreciate any comments or suggestions. Thank you in advance!

Kind regards,
Atsu

From: PURNAT, Tina <purnatt@who.int>
Sent: Tuesday, April 5, 2022 8:56 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>
Cc: Catherine BERTRAND-FERRANDIS <c.bertrand-ferrandis@olylo.fr>; ISHIZUMI, Atsuyoshi

<ishizumia@who.int>; YAU, Brian <byau@who.int>; NGUYEN, Tim <NguyenT@who.int>

Subject: EUPHA abstract format for workshops

Dear all,

Thanks for working with us on submissions to EUPHA conference, Berlin, Nov 2022.

Deadline for submission is May 1.

The instructions for workshops are here:

<https://ephconference.eu/submit-workshop-abstracts-283>

I tried making it easy so I copy pasted the format into a word document for you to use. See attached.

Topics:

- **Field infodemiology guide geared for epis as a skill-building workshop** – I suggest as Skills building seminar (see at link the definition) – Atsu drafts first version, then passes to Muriel
- **Elements of conducting RCA and integrated analysis in a skill-building workshop**– I suggest as Skills building seminar (see at link the definition) - Muriel
- **Panel discussion on vaccine confidence, infodemics, and its spillover effects across borders (with US CDC as a panelist)..** – I suggest format of Round table - Tina
- **Pop-up SOVC workshop** – I suggest as Skills building seminar (see at link the definition) - Chris

Here's an example of a panel workshop from last year.

<https://1drv.ms/w/s!AtPoc3YQw0uf7kMmfBA-Fq4w2ku?e=RICus8>

I will approach the PHIRI project (<https://www.phiri.eu/>) and the EUPHA Public Health Monitoring and Reporting section (<https://eupha.org/public-health-monitoring-and-reporting#:~:text=The%20EUPHA%20Public%20health%20monitoring,public%20health%20monitoring%20and%20reporting.>) to coorganize the first three.

Best regards,

Tina

Tina D Purnat
Team Lead for Infodemic Management
High Impact Events Preparedness Unit
Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Emergency Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

puernatt@who.int | WhatsApp/Signal: (b) (6) | www.linkedin.com/in/tinadpuernat | @tdpuernat |

Sign up for the WHO infodemic management News Flash: <https://bit.ly/flashsubscribe>

Instructions for workshops: <https://ephconference.eu/submit-workshop-abstracts-283>

Abstract: Workshop

Conference topic(s): suggested two categories

- Health promotion, Health literacy, Behavioural insights
- Digital health and communication

Workshop type: Skills building seminar

Preferred duration: 60 minutes

Presentation type: Regular (presentation plus discussion)

Workshop/seminar title: The public health practitioner's guide to investigating and responding to an infodemic: an introduction to the Field Infodemiology Manual

Organiser:

- Infodemic Management Team, High Impact Events Preparedness Unit, Department for Epidemic and Pandemic Preparedness and Prevention, World Health Organization
- Demand for Immunization Team, Immunization Systems Branch, Global Immunization Division, US Centers for Disease Control and Prevention
- Population Health Information Research Infrastructure (PHIRI)
- European Public Health Association, public health monitoring and reporting section (EUPHA PHMR)
- Robert Koch Institute (RKI)

Contact details:

Atsuyoshi Ishizumi
Technical Officer, Department for Epidemic and Pandemic Preparedness and Prevention, WHO
ishizumia@who.int

Workshop/seminar abstract : explain the reasons for the workshop and the objectives of the workshop. What is the added value of organising the workshop? What is the coherence between the presentations in relation to the topic of the workshop? Describe the format of the workshop. Maximum amount of characters (including spaces): 3,000.+

The public health response to the COVID-19 pandemic has been challenged by an infodemic, defined as an overflow of information across physical and digital spaces that makes it difficult for people to better protect themselves from public health harms. An infodemic can fuel concerns and confusion that undermine outbreak responses, but public health capacity for infodemic management has been limited thus far. Specifically, there is a need for building capacities for infodemic management in the field with

practical and scalable tools, including within the European public health community. These tools can also be a basis for discussion of the introduction of evidence-generation in health information systems to inform health system preparedness and response during emergencies, and build resilience during routine infodemic diagnostics activities.

The Field Infodemiology Manual (FIM), a tool co-developed by WHO and US CDC, addresses this urgent need by providing a framework for public health practitioners to monitor, detect, and respond to infodemics. In this skills building seminar, participants will be provided with an overview of the FIM, followed by interactive learning sessions intended to teach participants how to manage the infodemic in the field. Workshop participants will achieve the following learning objectives: 1.) understand the overall structure of the FIM and the topics covered in each chapter; 2.) learn how to practically apply the FIM to their work, with a particular focus on strategic planning and translation of insights into recommendations and intervention development.

The workshop will first start with a panel discussion presenting European and international perspectives on the need to develop field infodemiology and associated tools. It will be followed by a short introductory presentation that will give an overview of the FIM. After the presentations, participants will be split into small working groups and will be asked to work on interactive learning exercises that will last for approximately 30 minutes, with the support of a moderator assigned to each group. The group exercises will be based on sections of the FIM that focus on the development of a data collection and analysis plan and translation of analysis insights into intervention development. These two activities were selected because both are crucial steps in performing field infodemiology and are well suited for collaborative learning.

The group exercises will start off with a review of main takeaways from select chapters of the FIM, followed by facilitated discussions in which the moderator will ask a series of questions to prompt participants to reflect on the key takeaways, including how they can apply what they have learned to their own work and any limitations they foresee. Handouts or worksheets will also be used to facilitate the group discussions. Following these exercises, participants will have an opportunity to share final remarks or questions in the plenary.

Key message 1: short (200 characters maximum) messages which summarise the main impact of the proposed workshop.

Public health capacity for infodemic management has been limited thus far especially in terms of practical and scalable tools for responders in the field. The Field Infodemiology Manual addresses this critical gap.

Key message 2: short (200 characters maximum) messages which summarise the main impact of the proposed workshop.

Workshop participants will learn practical ways of applying the Field Infodemiology Manual to their work, leading to capacity building for infodemic management in the European region.

Chairperson 1 email: nguyent@who.int

Title: Unit Head
First name: Tim
Last name: Nguyen

Chairperson 2 email: vjx3@cdc.gov

Title: Team Lead
First name: Neetu
Last name: Abad

Number of presentations (repeat for each presentation or panelist; if presentations are also accompanied by panelist discussion, just their name is required, no abstract): 2

#1 presentation - panel

Title: Discussion of field infodemiology in European context

Presenting authors

1. Barthélémy Moreau de Lizoreux, PHIRI
2. US CDC representative – to be confirmed
3. Atsuyoshi Ishizumi, WHO

Commented [IA1]: @Muriel: please select a representative and add their name here

#2 presentation

Title: Introduction to the Field Infodemiology Manual

Presenting author email: xfv8@cdc.gov

Presenting author

Title: Health Communications Specialist
First name: Muriel
Last name: Konne

Author and co-authors:

Initial(s)	Last name	Affiliation number(s)
A	Ishizumi	1
E	Wilhelm	2
T	Purnat	1
J	Kolis	2
H	Chiou	2
D	Prybylski	2
C	Voegeli	3

Commented [IA2]: @Muriel: I am not sure what his latest affiliation is as I believe he's no longer deployed – could you confirm and kindly update #3 below?

R	Ludolph	1
SV	Machiri	4
S	Cecchini	5
T	Nguyen	1

Affiliations:

Unit / department	Institute / company	Town	Country
-------------------	---------------------	------	---------

1. High Impact Events Preparedness Unit, Department for Epidemic and Pandemic Preparedness and Prevention, World Health Organization, Geneva, Switzerland
2. Global Immunization Division, US Centers for Disease Control and Prevention, Atlanta, USA
3. Vaccine Taskforce, COVID-19 Emergency Response, US Centers for Disease Control and Prevention, Atlanta, USA
4. African Field Epidemiology Network (AFENET), Zimbabwe
5. Africa Infodemic Response Alliance, WHO Regional Office for Africa

Abstract:

This 10-15 minute presentation will provide an overview of the Field Infodemiology Manual (FIM), developed by infodemic management and vaccine demand experts convened by US CDC and WHO. It is designed to meet the urgent needs of infodemic managers, health communicators, epidemiologists, and other public health practitioners at national and subnational levels – providing critical guidance for the design and implementation of field investigations about infodemics.

In this presentation, FIM's overall structure and main points from each chapter will be introduced. First, social listening is examined as a public health surveillance system and function of field investigation to help detect and respond to public health threats. Second, methodologies for conducting social listening are described, starting with guiding principles for data collection and analysis to inform public health intervention, policies, and programs. Key challenges and evolving intervention approaches, as well as limitations and ethical considerations are then discussed. Finally, FIM provides guidance on developing more effective communication strategies for broader public health impact.

From: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Sent: Thu, 21 Apr 2022 18:33:35 +0000
To: Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID)
Cc: Catherine BERTRAND-FERRANDIS; YAU, Brian; ISHIZUMI, Atsuyoshi; PURNAT, Tina; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: Re: EUPHA abstract for field infodemiology manual workshop
Attachments: EUPHA abstract_FIM workshop_19April22_v2_CDV.docx

I thought it looked great, and I ran the abstract through Grammarly. Feel free to take them or leave them.

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Insights Lead
Email: OOO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Sent: Tuesday, April 19, 2022 11:55 AM
To: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; PURNAT, Tina <puernatt@who.int>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>; Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>
Cc: Catherine BERTRAND-FERRANDIS <c.bertrand-ferrandis@olylo.fr>; YAU, Brian <byau@who.int>
Subject: RE: EUPHA abstract for field infodemiology manual workshop

Ditto!

Sincerely,

Elisabeth Wilhelm

she/her/hers

Health Communication Specialist

p: +1 404.444.9310

e: nla5@cdc.gov

Demand for Immunization Team
Global Immunization Division
US Centers for Disease Control and Prevention

From: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>
Sent: Tuesday, April 19, 2022 11:54 AM
To: PURNAT, Tina <burnatt@who.int>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>; Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>
Cc: Catherine BERTRAND-FERRANDIS <c.bertrand-ferrandis@olylo.fr>; YAU, Brian <byau@who.int>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Subject: Re: EUPHA abstract for field infodemiology manual workshop

I have no problem adding them.

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist
Email: OQO2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases|Immunization Services Division
Centers for Disease Control and Prevention

From: PURNAT, Tina <burnatt@who.int>
Sent: Tuesday, April 19, 2022 9:56 AM
To: ISHIZUMI, Atsuyoshi <ishizumia@who.int>; Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>
Cc: Catherine BERTRAND-FERRANDIS <c.bertrand-ferrandis@olylo.fr>; YAU, Brian <byau@who.int>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>
Subject: RE: EUPHA abstract for field infodemiology manual workshop

Hi all,

Contacts for two people from PHIRI/EUPHA PHMR and RKI are missing from abstract (**sorry Atsu, I just noticed**) - coauthorship covers panelists, presenters and facilitators/teachers of group exercise.

1. PHIRI/EUPHA PHMR contact is missing from the abstract emails --- Barthélémy Moreau de Lizoreux Barthelemy.MoreaudeLizoreux@sciensano.be
2. Please also include Sonia Boender, field epidemiologist from the new infodemic insights unit at the German institute of public health (Robert Koch Institute) as a trainer (she can learn from you all on how you teach) - Boender, Sonia Boenders@rki.de

If US CDC colleagues agree to add them as coauthors, these to people give a lot of relevance to this session at the conference and it will get us a long way towards adoption for the FIM and RCA and integrated analysis in European epidemiological circles.

Best regards,

Tina

Tina D Purnat
Team Lead for Infodemic Management
High Impact Events Preparedness Unit
Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Emergency Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

purnatt@who.int | WhatsApp/Signal: (b) (6) | www.linkedin.com/in/tinadpurnat | @tdpurnat |

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From: ISHIZUMI, Atsuyoshi <ishizumia@who.int>
Sent: Tuesday, April 19, 2022 15:47
To: Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>
Cc: Catherine BERTRAND-FERRANDIS <c.bertrand-ferrandis@olylo.fr>; YAU, Brian <byau@who.int>; PURNAT, Tina <purnatt@who.int>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>
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Kind regards,
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Cc: Catherine BERTRAND-FERRANDIS <c.bertrand-ferrandis@olylo.fr>; YAU, Brian <byau@who.int>; PURNAT, Tina <purnatt@who.int>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>
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Atsu

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Cc: Catherine BERTRAND-FERRANDIS <c.bertrand-ferrandis@olylo.fr>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>; YAU, Brian <byau@who.int>; NGUYEN, Tim <NguyenT@who.int>
Subject: EUPHA abstract format for workshops

Dear all,

Thanks for working with us on submissions to EUPHA conference, Berlin, Nov 2022.
Deadline for submission is May 1.

The instructions for workshops are here:
<https://ephconference.eu/submit-workshop-abstracts-283>

I tried making it easy so I copy pasted the format into a word document for you to use. See attached.

Topics:

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Here's an example of a panel workshop from last year.
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Best regards,

Tina

Tina D Purnat
Team Lead for Infodemic Management
High Impact Events Preparedness Unit
Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Emergency Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

purnatt@who.int | WhatsApp/Signal: (b) (6) | www.linkedin.com/in/tinadpurnat | @tdpurnat |

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Instructions for workshops: <https://ephconference.eu/submit-workshop-abstracts-283>

Abstract: Workshop

Conference topic(s): suggested two categories

- Health promotion, Health literacy, Behavioural insights
- Digital health and communication

Workshop type: Skills building seminar

Preferred duration: 60 minutes

Presentation type: Regular (presentation plus discussion)

Workshop/seminar title: The public health practitioner's guide to investigating and responding to an infodemic: an introduction to the Field Infodemiology Manual

Organiser:

- Infodemic Management Team, High Impact Events Preparedness Unit, Department for Epidemic and Pandemic Preparedness and Prevention, World Health Organization
- Demand for Immunization Team, Immunization Systems Branch, Global Immunization Division, US Centers for Disease Control and Prevention
- Population Health Information Research Infrastructure (PHIRI)
- European Public Health Association, public health monitoring and reporting section (EUPHA PHMR)
- Robert Koch Institute (RKI)

Contact details:

Atsuyoshi Ishizumi

Technical Officer, Department for Epidemic and Pandemic Preparedness and Prevention, WHO
ishizumia@who.int

Workshop/seminar abstract : explain the reasons for the workshop and the objectives of the workshop. What is the added value of organising the workshop? What is the coherence between the presentations in relation to the topic of the workshop? Describe the format of the workshop. Maximum amount of characters (including spaces): 3,000.+

The public health response to the COVID-19 pandemic has been challenged by an infodemic, defined as an overflow of information across physical and digital spaces that makes it difficult for people to better protect themselves from public health harms. An infodemic can fuel concerns and confusion that undermine outbreak responses, but there is limited public health capacity for infodemic management ~~has been limited thus far~~. Specifically, there is a need for building ~~capacities for~~ infodemic management

capacity in the field with practical and scalable tools, including within the European public health community. These tools can also be a basis for discussion of the introduction of evidence-generation in health information systems to inform health system preparedness and response during emergencies, and build resilience during routine infodemic diagnostics activities.

The Field Infodemiology Manual (FIM), a tool co-developed by WHO and US CDC, addresses this urgent need by providing a framework for public health practitioners to monitor, detect, and respond to infodemics. In this skills-building seminar, we will provide participants ~~will be provided~~ with an overview of the FIM, followed by interactive learning sessions intended to teach participants how to manage the infodemic in the field. Workshop participants will achieve the following learning objectives: 1.) understand the overall structure of the FIM and the topics covered in each chapter; 2.) learn how to practically apply the FIM to their work, with a particular focus on strategic planning and translation of insights into recommendations and intervention development.

The workshop will first start with a panel discussion presenting European and international perspectives on the need to develop field infodemiology and associated tools. ~~It will be followed by a~~ We will then give a short introductory presentation ~~that will give~~ with an overview of the FIM. After the presentations, participants will be split into small working groups ~~and~~ Participants will be asked to work on interactive learning exercises that will last for approximately 30 minutes, with the support of a moderator assigned to each group. The group exercises will be based on sections of the FIM that focus on ~~the development of~~ developing a data collection and analysis plan and translation of analysis insights into intervention development. We selected ~~These two activities were selected~~ because both are crucial steps in performing field infodemiology and are well suited for collaborative learning.

The group exercises will start ~~off~~ with a review of the main takeaways from select chapters of the FIM. ~~We will then, followed by~~ facilitated discussions ~~in which the moderator will ask~~ around a series of questions to prompt participants to reflect on the key takeaways, including how they can apply what they have learned to their ~~own~~ work and any limitations they foresee. We will use ~~H~~ handouts or worksheets ~~will also be used~~ to facilitate the group discussions. Following these exercises, participants will have an opportunity to share final remarks or questions in the plenary.

Key message 1: short (200 characters maximum) messages which summarise the main impact of the proposed workshop.

Public health capacity for infodemic management has been limited thus far ~~especially in terms of,~~ especially in practical and scalable tools for responders in the field. The Field Infodemiology Manual addresses this critical gap.

Key message 2: short (200 characters maximum) messages which summarise the main impact of the proposed workshop.

Workshop participants will learn practical ways of applying the Field Infodemiology Manual to their work, leading to capacity building for infodemic management in the European region.

Chairperson 1 email: nguyent@who.int

Title: Unit Head
First name: Tim
Last name: Nguyen

Chairperson 2 email: vjx3@cdc.gov

Title: Team Lead
First name: Neetu
Last name: Abad

Number of presentations (repeat for each presentation or panelist; if presentations are also accompanied by panelist discussion, just their name is required, no abstract): 2

#1 presentation - panel

Title: Discussion of field infodemiology in European context

Presenting authors

1. Barthélémy Moreau de Lizoreux, PHIRI
2. US CDC representative – to be confirmed
3. Atsuyoshi Ishizumi, WHO

Commented [IA1]: @Muriel: please select a representative and add their name here

#2 presentation

Title: Introduction to the Field Infodemiology Manual

Presenting author email: xfv8@cdc.gov

Presenting author

Title: Health Communications Specialist
First name: Muriel
Last name: Konne

Author and co-authors:

Initial(s)	Last name	Affiliation number(s)
A	Ishizumi	1
E	Wilhelm	2
T	Purnat	1
J	Kolis	2
H	Chiou	2
D	Prybylski	2
C	Voegeli	3

Commented [IA2]: @Muriel: I am not sure what his latest affiliation is as I believe he's no longer deployed – could you confirm and kindly update #3 below?

R	Ludolph	1
SV	Machiri	4
S	Cecchini	5
T	Nguyen	1

Affiliations:

Unit / department	Institute / company	Town	Country
-------------------	---------------------	------	---------

1. High Impact Events Preparedness Unit, Department for Epidemic and Pandemic Preparedness and Prevention, World Health Organization, Geneva, Switzerland
2. Global Immunization Division, US Centers for Disease Control and Prevention, Atlanta, USA
3. Vaccine Taskforce, COVID-19 Emergency Response, US Centers for Disease Control and Prevention, Atlanta, USA
4. African Field Epidemiology Network (AFENET), Zimbabwe
5. Africa Infodemic Response Alliance, WHO Regional Office for Africa

Abstract:

This 10-15 minute presentation will provide an overview of the Field Infodemiology Manual (FIM), developed by infodemic management and vaccine demand experts convened by US CDC and WHO. It is designed to meet the urgent needs of infodemic managers, health communicators, epidemiologists, and other public health practitioners at national and subnational levels – providing critical guidance for the design and implementation of field investigations about infodemics.

~~In this presentation, FIM's overall structure and main points from each chapter will be introduced~~ This presentation will introduce FIM's overall structure and the main points from each chapter. First, we will discuss how social listening ~~is examined~~ serves as a public health surveillance system and the function of field investigation to help detect and respond to public health threats. Second, methodologies for conducting social listening are described, starting with guiding principles for data collection and analysis to inform public health interventions, policies, and programs. ~~Key-Third, key~~ challenges and evolving intervention approaches, as well as limitations and ethical considerations, are then discussed. Finally, we will talk about how FIM provides guidance on developing more effective communication strategies for broader public health impact.

From: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Sent: Mon, 25 Apr 2022 15:18:14 +0000
To: Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR); PURNAT, Tina; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR); ISHIZUMI, Atsuyoshi
Subject: Re: EUPHA Abstract on Insights Workshop
Attachments: EUPHA Abstract 4-25-22.docx

Everyone,
Here is the final cleared version for your records of the Insights Workshop abstract for EUPHA.
Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Insights Lead
Email: OOQ02@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR) <psv2@cdc.gov>
Sent: Wednesday, April 13, 2022 11:35 AM
To: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; PURNAT, Tina <purnatt@who.int>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR) <qrx5@cdc.gov>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>
Subject: Re: EUPHA Abstract on Insights Workshop

Hi Chris,
This looks great! Thanks for putting it together.
Best,
Anisha

Anisha S. Verma, MPH

Vaccine Confidence and Demand | Vaccine Task Force
(404) 498-9871 | psv2@cdc.gov

From: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>
Sent: Tuesday, April 12, 2022 9:22 AM
To: PURNAT, Tina <purnatt@who.int>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR) <psv2@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR) <qrx5@cdc.gov>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>
Subject: EUPHA Abstract on Insights Workshop

Good morning everyone,

I have adapted the SBCC abstract on creating an Insights report to the format and timeframe of the EUPHA conference. Below is the link to the abstract. Everyone on this email is listed as an author. If you do not want to be included let me know.

Any and all comments are welcome.

<https://docs.google.com/document/d/1EANXcnk8Oph7g4EEUHRP4fDrVfO8vJeR/edit?usp=sharing&oid=106266111866696302680&rtpof=true&sd=true>

Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist

Email: QQQ2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

Abstract: Workshop

Conference topic(s):

Topic 1: Strengthening health systems: improving population health

Topic 2: Public health monitoring, reporting and foresight

Workshop type: Skills building seminar

Preferred duration: 60 minutes

Presentation type: Regular

Workshop/seminar title: Developing an actionable and methodologically rigorous social listening report.

Organiser: US Centers for Disease Control and Prevention. World Health Organization

Workshop/seminar abstract:

Infodemics are when an excessive amount of information about a problem that is typically unreliable, spreads rapidly, and makes a solution more difficult to achieve. Infodemics and their accompanying information voids and misinformation can lead to harm. In an infodemic, credible, authoritative voices must compete against a plethora of competing information and misinformation packaged to provoke strong emotion in individuals and communities. Knowing which information voids and misinformation to address can be difficult, and thus requires a methodological approach. Traditional risk communication and social media monitoring approaches are not sufficient to manage infodemics. To address the COVID-19 infodemic and future infodemics, we must use an evidence-based approach, leverage socio-behavioral and epidemiological insights, and execute a plan transparently to reduce the harm of information voids and spread of misinformation that impact people's health behaviors. To do this, the US Centers for Disease Control and Prevention's Insights Unit creates the COVID-19 State of Vaccine Confidence Insights Reports. The team triangulates internal and external data sources to identify mis/disinformation, examines the knowledge, attitudes, perceptions, and behaviors of people in the US related to COVID-19 information and vaccine confidence, and distills actionable insights that guide communications and program delivery. This workshop will teach learners the necessary skills to develop, improve, and use their own version of these reports.

The workshop will use didactic and experiential approaches to meet the learning objectives. The workshop will begin with an overview of the COVID-19 State of Vaccine Confidence Insights Reports and the 10-step process used to develop the reports. We will then present different frameworks and data sources that participants can use to track the public's sentiment of their identified issue. Next, we will teach the learners how to perform an integrated analysis of data from multiple sources to identify overarching themes for the reports. Finally, we will breakout into groups and share multiple examples of misinformation, the communication channel they came from, and the reach of the misinformation. Using these, the groups will identify themes and the limitations of the theme and the data that created the theme, and identify ways organizations can act on the findings.

Key message 1:

The ability for organizations to identify the most pressing public concerns, information voids and misinformation is vital when creating and implementing public health programs.

Key message 2:

Integrated analysis of multiple data sources to inform public health efforts is an effective way to synthesize and draw conclusions from multiple disparate data sources.

Chairperson 1 email:

Chairperson 1: Dr. Christopher Voegeli

Number of presentations: repeat for each presentation or panelist; if presentations are also accompanied by panelist discussion, just their name is required, no abstract.

#1 presentation

Title: 10 Steps to creating an insights report

Presenting author email: ywe5@cdc.gov and nla5@cdc.gov

Presenting author: Jessica Kolis and Elisabeth Wilhelm

Author and co-authors:

1. EW, Elisabeth Wilhelm, US CDC
2. TP, Tina Purnat, WHO

Affiliations:

1. Global Immunization Division, US Centers for Disease Control and Prevention, Atlanta, Georgia, USA
2. Department for Epidemic and Pandemic Preparedness and Prevention, World Health Organization, Geneva, Switzerland

Abstract:

This presentation will describe the 10 steps learners can take to develop their own insights report. We will talk about the importance of identifying the public health issue to track. Then the importance of doing a landscape analysis will be discussed. We will talk about the usefulness of developing or adopting a framework for tracking public sentiment on the issue they identified. Then we will discuss how to identify sources of data and how to assess their utility and data collection and analysis burden. We will then talk about the need for getting clarity on the purpose and audience of the report. The learners will then hear about the importance of determining a frequency of a report that is both timely and manageable. The content and format of the report, and how it aligns with the intended audiences' needs will then be discussed. We will talk about the human resources necessary to complete the reports. The learners will then hear about the importance of setting a cadence for the data pulls, thematic analysis, and writeup of the report. Finally, we will discuss the need to implement continuous quality improvement into the report processes.

#2 presentation

Title: Integrated Analysis: What it is and how to do it.

Presenting author email: oqo2@cdc.gov

Presenting author: Christopher Voegeli

Author and co-authors:

1. CV, Christopher Voegeli, US CDC
2. AV, Anisha Verma, Tanaq Support Services LLC
3. MG, Michael Gazy, Tanaq Support Services LLC
4. AI, Atsuyoshi Ishizumi, WHO

Affiliations:

1. Immunization Services Division, US Centers for Disease Control and Prevention, Atlanta, Georgia, USA
2. Tanaq Support Services LLC, Atlanta, Georgia, USA
3. Tanaq Support Services LLC, Atlanta, Georgia, USA
4. Department for Epidemic and Pandemic Preparedness and Prevention, World Health Organization, Geneva, Switzerland

Abstract:

During this presentation, learners will hear about what integrated analysis is and why it is a useful approach when synthesizing data from multiple sources that use different data collection methods and collect data on different variables. Learners will hear about four common techniques to identify themes when using integrated analysis, including looking for repetition, similarities and differences, indigenous categories, and missing data. Then they will participate in a group activity where they apply what they learned to do their own integrated analysis on an example data set. Learners will leave this session with an understanding of how qualitative thematic analysis can be applied for data triangulation of listening activities. They will also hear about how to judge the usefulness of data sources based on the sources' strengths, weaknesses, and limitations.

From: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP)
Sent: Fri, 7 Jan 2022 17:25:13 +0000
To: Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID); Chiou, Howard (CDC/DDPHSIS/CGH/GID); (b) (6) @gmail.com; Sandra Varaidzo Machiri; PURNAT, Tina; ludolphr@who.int; CZERNIAK, Christine; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID)
Cc: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID)
Subject: Re: For Review: ICEID Abstract on Field Infodemiology Manual

Muriel, I had a few edits. Nothing major.

I, Chris Voegeli, approve of submitting the abstract "A Sneak Peek into the Field Infodemiology Manual: Harnessing Real-Time Data for Infodemic Management" to CDC Clearance.

Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist

Email: QQQ2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

Insights Team | Co-Lead

Vaccine Implementation and Evaluation | Vaccine Confidence and Demand Team

COVID-19 Emergency Response | Vaccine Taskforce

Centers for Disease Control and Prevention

From: Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>

Sent: Friday, January 7, 2022 12:07 PM

To: Chiou, Howard (CDC/DDPHSIS/CGH/GID) <okl8@cdc.gov>; (b) (6) @gmail.com

(b) (6) @gmail.com>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>; Sandra Varaidzo Machiri <smachiri@afenet.net>; PURNAT, Tina <puernatt@who.int>; ludolphr@who.int <ludolphr@who.int>; CZERNIAK, Christine <czeraniakc@who.int>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>

Cc: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Kolis, Jessica

(CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vxj3@cdc.gov>

Subject: For Review: ICEID Abstract on Field Infodemiology Manual

Dear colleagues,

Lis, Jess, and I drafted an abstract on the Field Infodemiology Manual for the upcoming ICEID conference's late-breakers call for abstract. As co-authors of the Field Infodemiology Manual, we would like your feedback and comments prior to its submission to CDC clearance. We'd also like your consent to submit it to CDC Clearance. Once you've reviewed, could you please also include your consent in your response using the following crafted language?

I, *insert name*, approve of submitting the abstract "A Sneak Peek into the Field Infodemiology Manual: Harnessing Real-Time Data for Infodemic Management" to CDC Clearance.

Please send your comments and consent to me as soon as possible, by **COB Monday, January 10th**. Let me know if you have any questions for me in the meantime.

Many thanks,

Muriel Konne, MPH

Health Communications Specialist

Demand for Immunization Team

Global Immunization Division

Centers for Disease Control and Prevention

xfv8@cdc.gov | Tel: 404.718.6155

From: Wardle, Claire
Sent: Mon, 10 Jul 2023 16:36:24 -0400
To: Ishizumi, Atsuyoshi (CDC/DDPHSIS/CGH/GID) (CTR)
Cc: Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/DGHP); Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/OD); Voegeli, Chris (CDC/OD/OADC); Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Chiou, Howard (CDC/DDPHSS/OS/OTI)
Subject: Re: For your review: information ecosystem management narrative review manuscript

Hi Atsu

“I, Claire Wardle have fully reviewed the manuscript entitled ‘Managing Information Ecosystems: Applying the Public Health Prevention Model to Preventing and Responding to Infodemics.’ I agree to be a co-author and I am willing to take responsibility for the content of this manuscript.”

Small typo - line 166 there should be a space between This and includes.

Congrats on getting this finished!

Best wishes

Claire

Claire Wardle, PhD

Professor of the Practice

Co-Director, Information Futures Lab

Department of Health Services, Policy and Practice | Brown University

School of Public Health



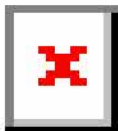
[\(609\) 906-3377](tel:(609)906-3377)



claire_wardle@brown.edu



121 South Main St, Providence,
RI 02903



On Mon, Jul 3, 2023 at 10:18 PM Ishizumi, Atsuyoshi (CDC/DDPHSIS/CGH/GID) (CTR) <ovh2@cdc.gov> wrote:

Dear all,

I hope you're doing well and thank you again for providing comments on the TLPH narrative review paper on infodemic management interventions. I am happy to share with you a revised draft for your review. I have attached a clean version and another version with changes tracked for your reference.

The manuscript needs to be entered into CDC clearance, but I would need your concurrence statements to begin the clearance process. After reviewing the attached draft, could you please send back your comments along with the following completed?

"I, {insert your name here}, have fully reviewed the manuscript entitled 'Managing Information Ecosystems: Applying the Public Health Prevention Model to Preventing and Responding to Infodemics.' I agree to be a co-author and I am willing to take responsibility for the content of this manuscript."

It would be appreciated if you could kindly share your feedback and statement by July 14 (next Friday). Please let me know if you have any questions, and thanks again!

Kind regards,

Atsu

From: Wardle, Claire
Sent: Mon, 12 Feb 2024 05:24:53 -0500
To: Ishizumi, Atsuyoshi (CDC/GHC/GID) (CTR)
Cc: Abad, Neetu S. (CDC/GHC/GID); Prybylski, Dimitri (CDC/GHC/DGHP); Brookmeyer, Kathryn A. (CDC/NCHHSTP/OD); Voegeli, Chris (CDC/IOD/OC); Kolis, Jessica (CDC/GHC/GID); howiec@alumni.stanford.edu
Subject: Re: For your review: information ecosystem management narrative review manuscript

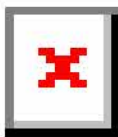
CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Atsu
You did a really great job of responding to the reviewers (esp Reviewer 1!)
No additional comments. I really hope your additions satisfy everyone.
Best wishes
Claire

Claire Wardle, PhD

Professor of the Practice
Co-Director, Information Futures Lab
Department of Health Services, Policy and Practice | Brown University
School of Public Health

 (609) 906-3377
 claire_wardle@brown.edu
 121 South Main St, Providence, RI 02903



On Fri, Feb 9, 2024 at 4:08 AM Ishizumi, Atsuyoshi (CDC/GHC/GID) (CTR) <ovh2@cdc.gov> wrote:

Hi everyone,

I hope this email finds you well.

I have another update on the TLPH paper – after submitting a revised draft back in November, we received additional feedback from one of the reviewers (as you can see in the attached). A fourth reviewer was also added. Jess, Howard, and I worked together to address their comments. The latest draft with revisions tracked is attached for your reference. The biggest change we made is that we added a new intervention category “generation of reliable and accessible scientific knowledge” under Primordial Prevention.

I am going to submit this draft to the journal early next week. Apologies for the short notice, but please let me know by next Tuesday if you have any comments. Thank you in advance!

Kind regards,

Atsu

From: Ishizumi, Atsuyoshi (CDC/GHC/GID) (CTR) <ovh2@cdc.gov>
Date: Friday, November 17, 2023 12:56
To: Abad, Neetu S. (CDC/GHC/GID) <vjx3@cdc.gov>, Prybylski, Dimitri (CDC/GHC/DGHP) <hjt1@cdc.gov>, Brookmeyer, Kathryn A. (CDC/NCHHSTP/OD) <guu1@cdc.gov>, Voegeli, Chris (CDC/NCIRD/ISD) <oqo2@cdc.gov>, Wardle, Claire <claire_wardle@brown.edu>
Cc: Kolis, Jessica (CDC/GHC/GID) <ywe5@cdc.gov>, howiec@alumni.stanford.edu <howiec@alumni.stanford.edu>
Subject: Re: For your review: information ecosystem management narrative review manuscript

Hi everyone,

I hope you're all doing well. I wanted to share a quick update that we received an invitation to revise our narrative review paper. Jess, Howard, and I reviewed the feedback we received and revised the paper accordingly as you can see in the attached. I have also attached our point-by-point response to reviewers for your reference, along with a new supplementary table we created. We will be submitting these materials to TLPH.

Please let me know if you have any questions. Thank you!

Kind regards,

Atsu

From: Ishizumi, Atsuyoshi (CDC/DDPHSIS/CGH/GID) (CTR) <ovh2@cdc.gov>
Date: Tuesday, July 4, 2023 11:18
To: Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>, Prybylski, Dimitri (CDC/DDPHSIS/CGH/DGHP) <hjt1@cdc.gov>, Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/OD) <guu1@cdc.gov>, Voegeli, Chris (CDC/OD/OADC) <oqo2@cdc.gov>, Wardle, Claire <claire_wardle@brown.edu>
Cc: Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>, Chiou, Howard (CDC/DDPHSS/OS/OTI) <okl8@cdc.gov>
Subject: For your review: information ecosystem management narrative review manuscript

Dear all,

I hope you're doing well and thank you again for providing comments on the TLPH narrative review paper on infodemic management interventions. I am happy to share with you a revised draft for your review. I have attached a clean version and another version with changes tracked for your reference.

The manuscript needs to be entered into CDC clearance, but I would need your concurrence statements to begin the clearance process. After reviewing the attached draft, could you please send back your comments along with the following completed?

"I, {insert your name here}, have fully reviewed the manuscript entitled 'Managing Information Ecosystems: Applying the Public Health Prevention Model to Preventing and Responding to Infodemics.' I agree to be a co-author and I am willing to take responsibility for the content of this manuscript."

It would be appreciated if you could kindly share your feedback and statement by July 14 (next Friday). Please let me know if you have any questions, and thanks again!

Kind regards,

Atsu

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Thu, 15 Jun 2023 15:37:15 +0000
To: Stefanie Friedhoff
Subject: Re: Friedhoff & Voegeli

Weird...yeah, feel free to send it over and Im free today anytime after 3 so whatever works for works for me!

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Acting Inaccurate Health Information Mitigation Team Lead
Email: OQO2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
Division for Communication Science and Services
Office of Communications, CDC

From: Stefanie Friedhoff <stefanie_friedhoff@brown.edu>
Sent: Thursday, June 15, 2023 11:28 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Re: Friedhoff & Voegeli

Hi Chris,

Shucks! I don't have a Wednesday meeting on my calendar, likely a Brown error (transition has been bumpy). Do you mind if I send the invite, including a Zoom link (unlimited time 😊)

And would you like to find a time this afternoon or tomorrow or connect next week?

Sorry I missed you yesterday!!

Stefanie

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Date: Wednesday, June 14, 2023 at 4:00 PM
To: Stefanie Friedhoff <stefanie_friedhoff@brown.edu>
Subject: Re: Friedhoff & Voegeli

Afternoon Stefanie!

I am hopeful that Teams works since you are out of the WH but if it gives you trouble let me know and Ill send a zoom link.

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)
Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: OOO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)

Sent: Tuesday, June 6, 2023 1:22 PM

To: Stefanie Friedhoff <Stefanie_friedhoff@brown.edu>

Subject: Friedhoff & Voegeli

When: Wednesday, June 14, 2023 4:00 PM-4:30 PM.

Where: Microsoft Teams Meeting

Im making this a Teams meeting. Hopefully, being out of the WH makes using this easier, but happy to adjust as needed.

Microsoft Teams meeting

Join on your computer, mobile app or room device

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Passcode: (b) (6)

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

(b) (6) United States, Atlanta

(b) (6) United States (Toll-free)

Phone Conference ID: (b) (6)

[Find a local number](#) | [Reset PIN](#)

[Learn More](#) | [Meeting options](#)

From: Voegeli, Chris (CDC/IOD/OC)
Sent: Tue, 28 May 2024 19:13:06 +0000
To: Friedhoff, Stefanie
Subject: Re: Friedhoff & Voegeli

Afternoon Stefanie!

I am free anytime on friday except 11-1130. Are you free anytime by chance?

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Health Information Integrity Team Lead
Email: oqo2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
Division for Communication Science and Services
Office of Communications, CDC

From: Friedhoff, Stefanie <stefanie_friedhoff@brown.edu>
Sent: Friday, May 24, 2024 11:26 AM
To: Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov>
Subject: Re: Friedhoff & Voegeli

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Sorry but I am jam packed this afternoon. Let's find a time next week!

Stefanie Friedhoff

Professor of the Practice
Co-Director, Information Futures Lab
Senior Director of Strategy and Innovation
Brown University School of Public Health



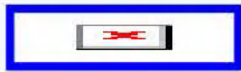
[617-669-9051](tel:617-669-9051)

stefanie_friedhoff@brown.edu

<https://sites.brown.edu/informationfutures/>
/



On Fri, May 24, 2024 at 10:35 AM Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov> wrote:
Stephanie,
My boss's boss just rescheduled a morning meeting to 1 this afternoon. Any chance you can meet at 2 instead? Sorry....



Hi there,

Christopher Voegeli is inviting you to a scheduled Zoom meeting.

[Join Zoom Meeting](#)

One tap US: [+\(b\) \(6\)](#) or

mobile: [\(b\) \(6\)](#)

Meeting URL: [\(b\) \(6\)](#)

Meeting ID: [\(b\) \(6\)](#)

Passcode: [\(b\) \(6\)](#)

Join by Telephone

For higher quality, dial a number based on your current location.

Dial: [\(b\) \(6\)](#) (San Jose)
[\(b\) \(6\)](#) (US Spanish Line)
[\(b\) \(6\)](#) (New York)
[\(b\) \(6\)](#) (New Jersey)
[\(b\) \(6\)](#) (San Jose)
[\(b\) \(6\)](#) (US Spanish Line)

Meeting ID: [\(b\) \(6\)](#)

Passcode: [\(b\) \(6\)](#)

[International numbers](#)

Join from an H.323/SIP room system

H.323: (b) (6) (US West)

(b) (6) (US East)

Meeting ID: (b) (6)

Passcode: (b) (6)

SIP: (b) (6) [@sip.zoomgov.com](mailto:(b) (6)@sip.zoomgov.com)

Passcode: (b) (6)

From: Voegeli, Chris (CDC/OD/OC)
Sent: Fri, 22 Nov 2024 18:06:44 +0000
To: Friedhoff, Stefanie
Subject: Re: Friedhoff & Voegeli

Sorry I updated it a few minutes ago but maybe the email is lagging. Here is the login Christopher Voegeli is inviting you to a scheduled ZoomGov meeting.

Topic: My Meeting

Time: Nov 22, 2024 01:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

(b) (6)

Meeting ID: (b) (6)

Passcode: (b) (6)

One tap mobile

(b) (6) (San Jose)

(b) (6) (US Spanish Line)

Dial by your location

(b) (6) (San Jose)

(b) (6) (US Spanish Line)

(b) (6) (New York)

(b) (6) (US Spanish Line)

(b) (6) (New Jersey)

(b) (6) (San Jose)

Meeting ID: (b) (6)

Passcode (b) (6)

Find your local number: (b) (6)

Join by SIP

(b) (6) @sip.zoomgov.com

Join by H.323

(b) (6) (US West)

(b) (6) (US East)

Meeting ID: (b) (6)

Passcode (b) (6)

Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist | Health Information Integrity Team Lead

Division for Communication Science and Services
Office of Communications, CDC

Subject: Re: Friedhoff & Voegeli

(b) (6)

(San Jose)

(b) (6) Toll-free

Meeting ID: (b) (6)

Find your local number (b) (6)

Join by SIP

(b) (6) [@zoomcrc.com](mailto:(b) (6)@zoomcrc.com)

Join by H.323

(b) (6)

US West)

US East)

India Mumbai)

India Hyderabad)

Amsterdam Netherlands)

(Germany)

Australia Sydney)

Australia Melbourne)

Brazil)

(Canada Toronto)

Canada Vancouver)

(Japan Tokyo)

Japan Osaka)

Meeting ID: (b) (6)

On Fri, Sep 27, 2024 at 12:52 PM Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov> wrote:

Afternoon Stefanie!

Hopefully you can still make this time to chat. I realized the login info was old so I set up a new meeting. Link and stuff below:

Christopher Voegeli is inviting you to a scheduled ZoomGov meeting.

Topic: My Meeting

Time: Sep 27, 2024 01:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

(b) (6)

Meeting ID: (b) (6)

Passcode: (b) (6)

One tap mobile

(b) (6) (San Jose)

(b) (6) (US Spanish Line)

Dial by your location

(b) (6) (San Jose)

(b) (6) (US Spanish Line)

(b) (6) (New York)

(b) (6) (New Jersey)

(b) (6) (San Jose)

(b) (6) (US Spanish Line)

Meeting ID: (b) (6)

Passcode: (b) (6)

Find your local number: (b) (6)

Join by SIP

(b) (6) [@sip.zoomgov.com](mailto:(b) (6)@sip.zoomgov.com)

Join by H.323

(b) (6) (US West)

(b) (6) (US East)

Meeting ID: (b) (6)

Passcode: (b) (6)

Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist | Health Information Integrity Team Lead

Email: oqo2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

Division for Communication Science and Services

Office of Communications, CDC

From: Voegeli, Chris (CDC/IOD/OC)

Sent: Wednesday, February 7, 2024 12:17 PM

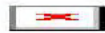
To: Stefanie Friedhoff <stefanie_friedhoff@brown.edu>

Subject: Friedhoff & Voegeli

When: Friday, September 27, 2024 1:00 PM-1:30 PM.

Where: (b) (6)

(b) (6)



Hi there,

Christopher Voegeli is inviting you to a scheduled Zoom meeting.

[Join Zoom Meeting](#)

One tap US: (b) (6) or
mobile: (b) (6)

Meeting URL: (b) (6)
(b) (6)
Meeting ID: (b) (6)
Passcode: (b) (6)

Join by Telephone

For higher quality, dial a number based on your current location.

Dial: (b) (6) (San Jose)
(b) (6) (US Spanish Line)
(b) (6) (New York)
(b) (6) (New Jersey)
(b) (6) (San Jose)
(b) (6) (US Spanish Line)

Meeting ID: (b) (6)

Passcode: (b) (6)

[International numbers](#)

Join from an H.323/SIP room system

H.323: (b) (6) (US West)
(b) (6) (US East)

Meeting ID: (b) (6)

Passcode: (b) (6)

SIP: (b) (6) [@sip.zoomgov.com](mailto:(b) (6)@sip.zoomgov.com)

Passcode: (b) (6)

--

Stefanie Friedhoff

Professor of the Practice

Co-Director, Information Futures Lab

STAT Network Lead

Brown University School of Public Health



617-669-9051



stefanie_friedhoff@brown.edu



<https://sites.brown.edu/informationfutures>

/



From: Voegeli, Chris (CDC/OD/OC)
Sent: Fri, 22 Nov 2024 17:59:02 +0000
To: Stefanie Friedhoff
Subject: Re: Friedhoff & Voegeli

Stefanie, below is the new login info for the call.
Christopher Voegeli is inviting you to a scheduled ZoomGov meeting.
Topic: My Meeting
Time: Nov 22, 2024 01:00 PM Eastern Time (US and Canada)
Join ZoomGov Meeting

(b) (6)

Meeting ID: (b) (6)

Passcode: (b) (6)

One tap mobile

(b) (6) (San Jose)

(b) (6) (US Spanish Line)

Dial by your location

(b) (6) (San Jose)

(b) (6) (US Spanish Line)

(b) (6) (New York)

(b) (6) (US Spanish Line)

(b) (6) (New Jersey)

(b) (6) (San Jose)

Meeting ID: (b) (6)

Passcode: (b) (6)

Find your local number: (b) (6)

Join by SIP

(b) (6) @sip.zoomgov.com

Join by H.323

(b) (6) (US West)

(b) (6) (US East)

Meeting ID: (b) (6)

Passcode: (b) (6)

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Health Information Integrity Team Lead

Email: oqo2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

Division for Communication Science and Services
Office of Communications, CDC

From: Voegeli, Chris (CDC/IOD/OC)

Sent: Wednesday, February 7, 2024 12:17 PM

To: Stefanie Friedhoff <stefanie_friedhoff@brown.edu>

Subject: Friedhoff & Voegeli

When: Friday, November 22, 2024 1:00 PM-1:30 PM.

Where: (b) (6)



Hi there,

Christopher Voegeli is inviting you to a scheduled Zoom meeting.

[Join Zoom Meeting](#)

One tap US (b) (6) or
mobile: (b) (6)

Meeting URL: (b) (6)

Meeting ID: (b) (6)

Passcode: (b) (6)

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(b) (6) (New York)
(b) (6) (New Jersey)
(b) (6) (San Jose)
(b) (6) (US Spanish Line)

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Meeting ID: (b) (6)

Passcode: (b) (6)

SIP: (b) (6)@sip.zoomgov.com

Passcode: (b) (6)

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Fri, 17 Mar 2023 18:40:12 +0000
To: Elisabeth Wilhelm
Cc: PURNAT, Tina
Subject: Re: fysa

and that's my jam! Now if I only had the staff and time to dive into that more from a research/evaluation perspective and then publish on it. These 7 FTEs cant get hired soon enough.

Oh cool! I really like Betsy. She is as sweet as can be and has a great grasp of the traditional comms research. She is getting caught up on the IM part, but I will take enthusiastic nice partners over SMEs that are jerks any day.

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)
Behavioral Scientist | Acting Vaccine Confidence and Demand Lead
Email: OQO2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Elisabeth Wilhelm (b) (6) @sent.com>
Sent: Friday, March 17, 2023 2:32 PM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Cc: PURNAT, Tina <purnatt@who.int>
Subject: Re: fysa

Yep! Biggest gap...linking to public health action and outcomes!

On Mar 17, 2023, at 2:31 PM, Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

Passing along, but I bet you folks already have this.

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)
Behavioral Scientist | Acting Vaccine Confidence and Demand Lead
Email: OQO2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention



From: Mitchell, Betsy (CDC/OD/OADC) <bhm0@cdc.gov>

Sent: Friday, March 17, 2023 7:59 AM

To: Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>

Subject: fysa

[Turning Social Listening Data into Action: Barriers and Recommendations Observed through a COVID-19 Rumor Response - World | ReliefWeb](#)

Out just a few weeks ago.... b

Elizabeth (Betsy) Mitchell, Ph.D., MA
Director, Division for Communication Science and Services
Office of the Associate Director of Communication, CDC
Office: 404-498-0251
Email: bhm0@cdc.gov

From: Sander L. van der Linden
Sent: Thu, 1 Sep 2022 17:23:43 +0000
To: Jim Davies; (b) (6) @gmail.com; (b) (6) @gmail.com; Simon Piatek; Caitlin Jarrett; Voegeli, Christopher (CDC/DDID/NCIRD/ISD); Jon Roozenbeek; abaronchelli@turing.ac.uk; Fabiana Zollo; Piltch-Loeb, Rachael; Savoia, Elena; Barbara Czekaj; CHIOSSI Veronica; Pauline Paterson; Mohamed Farah, Anisa A.
Cc: Gerald Mullally; Caroline Ehrman
Subject: RE: Gerald

Dear Gerald,

That's sad news for us, it was a true pleasure working with you, especially during these critical times for misinformation, thanks for all your support and all the best in your exciting new endeavours!

Best Wishes,
Sander

From: Jim Davies <jim.davies@cabinetoffice.gov.uk>
Sent: 01 September 2022 16:16
To: (b) (6) @gmail.com; (b) (6) @gmail.com; Simon Piatek <Simon.Piatek@lshtm.ac.uk>; Caitlin Jarrett <Caitlin.Jarrett1@lshtm.ac.uk>; Voegeli, Christopher (CDC/DDID/NCHSTP/DHP) <oqo2@cdc.gov>; Jon Roozenbeek <jjr51@cam.ac.uk>; Jim Davies <jim.davies@cabinetoffice.gov.uk>; abaronchelli@turing.ac.uk; Sander L. van der Linden <sv395@cam.ac.uk>; Fabiana Zollo <fabiana.zollo@unive.it>; Piltch-Loeb, Rachael <piltch-loeb@hsph.harvard.edu>; Savoia, Elena <esavoia@hsph.harvard.edu>; Barbara Czekaj <bic23@cam.ac.uk>; CHIOSSI Veronica <veronica.chiossi@unive.it>; Pauline Paterson <Pauline.Paterson@lshtm.ac.uk>; Mohamed Farah, Anisa A. <aamf@hsph.harvard.edu>
Cc: Gerald Mullally <gerald.mullally@cabinetoffice.gov.uk>; Caroline Ehrman <caroline.ehrman@cabinetoffice.gov.uk>
Subject: Gerald

Dear IRIS Academic Research Group,

I hope everybody has had an enjoyable summer.

I have some sad news to share. After eight years at the UK Cabinet Office, our director, Gerald has decided to take his next career step outside of both the Cabinet Office and UK government. In a couple of weeks he will be diving into an amazing leadership role in the world of Quantum Computing.

Gerald was instrumental in bringing together the coalition during its inception. I'm sure he will be keenly following the progress of the group through the newsletter and continue to be a huge advocate of utilising academic expertise to help solve big societal challenges.

I look forward to catching up in a couple of weeks.

Kind regards,

Jim

Jim Davies

Research & Evaluation Manager

GCS International, Prime Minister's Office & Cabinet Office Communications

E: jim.davies@cabinetoffice.gov.uk M: (b) (6)

From: Jon Roozenbeek
Sent: Fri, 2 Sep 2022 09:06:00 +0000
To: Walter Quattrociocchi; Gerald Mullally
Cc: Sander L. van der Linden; Barbara Czekaj; CHIOSSI Veronica; Caitlin Jarrett; Caroline Ehrman; fabiana zollo; Jim Davies; Mohamed Farah, Anisa A.; Pauline Paterson; Rachael Piltch-Loeb; SLT Expert Teams; Elena Savoia; Simon Piatek; Voegeli, Christopher (CDC/DDID/NCIRD/ISD); Andrea Baronchelli; Andrea Baronchelli
Subject: RE: Gerald

Hi Gerald,

Very sad to see you go! You've been amazing in getting this project off the ground and supporting us throughout. I wish you the very best of luck in your future career.

All the best,
Jon

From: Walter Quattrociocchi (b) (6) @gmail.com>
Sent: 02 September 2022 09:47
To: Gerald Mullally <gerald.mullally@cabinetoffice.gov.uk>
Cc: Sander L. van der Linden <sv395@cam.ac.uk>; Barbara Czekaj <bic23@cam.ac.uk>; CHIOSSI Veronica <veronica.chiossi@unive.it>; Caitlin Jarrett <Caitlin.Jarrett1@lshtm.ac.uk>; Caroline Ehrman <caroline.ehrman@cabinetoffice.gov.uk>; fabiana zollo <fabiana.zollo@unive.it>; Jim Davies <jim.davies@cabinetoffice.gov.uk>; Jon Roozenbeek <jjr51@cam.ac.uk>; Mohamed Farah, Anisa A. <aamf@hsph.harvard.edu>; Pauline Paterson <Pauline.Paterson@lshtm.ac.uk>; Rachael Piltch-Loeb <piltch-loeb@hsph.harvard.edu>; SLT Expert Teams <slt-expert-teams@cabinetoffice.gov.uk>; Elena Savoia <esavoia@hsph.harvard.edu>; Simon Piatek <Simon.Piatek@lshtm.ac.uk>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>; Andrea Baronchelli (b) (6) @gmail.com>; Andrea Baronchelli <abaronzelli@turing.ac.uk>
Subject: Re: Gerald

So Sad to read this.
Gerald, you are brilliant and a demiurge.
I really hope to have a chance to collaborate with you in the future.
Warmest Regards
Walter

--

Walter Quattrociocchi, Ph.D
(pronounced as Kwat-troh-CHOCK-kee)
Professor of Computer Science
Head of the Data Science and Complexity Lab
Sapienza Università di Roma
Viale Regina Elena 295,
00161 Roma
+39 06 49255 466
<https://walterquattrociocchi.site.uniroma1.it>

<https://www.irisacademic.org>

Il giorno 2 set 2022, alle ore 09:50, Gerald Mullally <gerald.mullally@cabinetoffice.gov.uk> ha scritto:

That is very kind Sander thank you

Getting this group off the ground and the inspiring work you are doing and will do into the future is one of my highlights

You guys are amazing. Keep going! The work you do now will guide all of us in the future and may be profoundly important for our democracies

I look forward to keeping in touch and seeing all the work unfold

G

On Thu, 1 Sep 2022 at 18:23, Sander L. van der Linden <sv395@cam.ac.uk> wrote:

Dear Gerald,

That's sad news for us, it was a true pleasure working with you, especially during these critical times for misinformation, thanks for all your support and all the best in your exciting new endeavours!

Best Wishes,
Sander

From: Jim Davies <jim.davies@cabinetoffice.gov.uk>

Sent: 01 September 2022 16:16

To: (b) (6) <[REDACTED]@gmail.com>; (b) (6) <[REDACTED]@gmail.com>; Simon Piatek <Simon.Piatek@lshtm.ac.uk>; Caitlin Jarrett <Caitlin.Jarrett1@lshtm.ac.uk>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>; Jon Roozenbeek <jjr51@cam.ac.uk>; Jim Davies <jim.davies@cabinetoffice.gov.uk>; abaronchelli@turing.ac.uk; Sander L. van der Linden <sv395@cam.ac.uk>; Fabiana Zollo <fabiana.zollo@unive.it>; Piltch-Loeb, Rachael <piltch-loeb@hsph.harvard.edu>; Savoia, Elena <esavoia@hsph.harvard.edu>; Barbara Czekaj <bic23@cam.ac.uk>; CHIOSSI Veronica <veronica.chiossi@unive.it>; Pauline Paterson <Pauline.Paterson@lshtm.ac.uk>; Mohamed Farah, Anisa A. <aamf@hsph.harvard.edu>

Cc: Gerald Mullally <gerald.mullally@cabinetoffice.gov.uk>; Caroline Ehrman <caroline.ehrman@cabinetoffice.gov.uk>

Subject: Gerald

Dear IRIS Academic Research Group,

I hope everybody has had an enjoyable summer.

I have some sad news to share. After eight years at the UK Cabinet Office, our director, Gerald has decided to take his next career step outside of both the Cabinet Office and UK government. In a couple of weeks he will be diving into an amazing leadership role in the world of Quantum Computing.

Gerald was instrumental in bringing together the coalition during its inception. I'm sure he will be keenly following the progress of the group through the newsletter and continue to be a huge advocate of utilising academic expertise to help solve big societal challenges.

I look forward to catching up in a couple of weeks.

Kind regards,

Jim

<image003.jpg>

<image004.jpg>

Jim Davies
Research & Evaluation Manager
GCS International, Prime Minister's Office & Cabinet Office
Communications
E: jim.davies@cabinetoffice.gov.uk M: (b) (6)

--



Gerald Mullally
Director
Prime Minister's Office & Cabinet Office
E: gerald.mullally@cabinetoffice.gov.uk
T: 07901009313
Whitehall, London SW1A 2AS

From: Stefanie Friedhoff
Sent: Tue, 6 Jun 2023 18:39:52 +0000
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Subject: Re: Gratitude & Goodbyes

Hi Chris,

Sad to miss you but yes, fully back in Boston (and juggling transitions). Have a lovely meeting and let's connect next week. Looking forward!

Stefanie

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Date: Tuesday, June 6, 2023 at 1:20 PM
To: Stefanie Friedhoff <stefanie_friedhoff@brown.edu>
Subject: Re: Gratitude & Goodbyes

Afternoon Stefanie,
I think you're time in DC has come to an end, correct? My plane gets into DC tomorrow at about 4, so I will schedule our next catch-up call for next week. Happy to meet up if you are still in the DC area.

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: OOO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Stefanie Friedhoff <stefanie_friedhoff@brown.edu>
Sent: Sunday, June 4, 2023 1:23 PM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Re: Gratitude & Goodbyes

OMG.

I know there's been a lot of work to try and protect these funds, and didn't know this work was also affected. Am a bit speechless, especially as it is such small numbers – that made me hopeful it would not be included in the claw back.

Let's switch to 4pm on Wednesdays for now.

Can't wait to catch up.

Best,
Stefanie

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>

Date: Thursday, June 1, 2023 at 3:01 PM

To: Stefanie Friedhoff <stefanie_friedhoff@brown.edu>

Subject: Re: Gratitude & Goodbyes

With the transition, my schedule is fairly wide open, so if there is a time that works best for you, just let me know. If I had to throw out a day/time... 4 pm on Wednesdays?

Also, yeah, lots to update on. With the debt ceiling debate concessions, if it is approved, I would lose all funding for my system and the other projects I had approved. I've been trying to find a workaround all day to no avail. Ugh, this stings.

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: OOO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Stefanie Friedhoff <stefanie_friedhoff@brown.edu>
Sent: Thursday, June 1, 2023 9:47 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>; Friedhoff, Stefanie C. EOP/WHO (b) (6) @who.eop.gov; scf@stefaniefriedhoff.com <scf@stefaniefriedhoff.com>
Subject: Re: Gratitude & Goodbyes

Hi Chris,

Ha! I am very wrapped in Brown re-entry so had also forgotten about our time, my apologies. Lots to catch you up on from the Nobel summit – not the program, but the side conversations.

I am happy to stay with the time or move it to earlier in the day, now that I have control back over how I spend my time 😊

So let me know if you'd like to find an earlier spot, or if we want to stick with this one. And yes, please send the calendar invite to stefanie_friedhoff@brown.edu

Hope you are having a good week.

Stefanie

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Date: Wednesday, May 31, 2023 at 5:08 PM
To: Friedhoff, Stefanie C. EOP/WHO (b) (6) @who.eop.gov, Stefanie_friedhoff@brown.edu <stefanie_friedhoff@brown.edu>, scf@stefaniefriedhoff.com <scf@stefaniefriedhoff.com>
Subject: Re: Gratitude & Goodbyes

Stefanie!

I completely forgot you had new emails since leaving the WH, so I bet you never got the updated link. Since we have a lull in our meetings, does this day and time still work for you? Happy to adjust it to fit your schedule, and we can do it once a month if that makes more sense, but more than happy to keep it biweekly. Totally up to you!

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: OQO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Friedhoff, Stefanie C. EOP/WHO (b) (6) @who.eop.gov>

Sent: Friday, May 19, 2023 3:20 PM

To: Friedhoff, Stefanie C. EOP/WHO (b) (6) @who.eop.gov>

Cc: Stefanie Friedhoff <stefanie_friedhoff@brown.edu>

Subject: Gratitude & Goodbyes

Dear colleagues and friends,

As I transition out of my White House role today, I am filled with deep gratitude. The opportunity to serve alongside you, and to take part in this remarkable collective effort to improve the health of all Americans in the midst of a historic public health crisis, has been humbling -- and inspiring. Your ingenuity, dedication and focus on what matters most are matched by your tremendous impact. It has been a true honor and privilege to work with you.

I am returning to the Brown University School of Public Health and the Information Futures Lab, and you can reach me here:

Stefanie_friedhoff@brown.edu

scf@stefaniefriedhoff.com

Mobile: (b) (6)

Let's stay in touch!

Best,
Stefanie

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Sat, 3 Sep 2022 14:38:48 +0000
To: Schwartzbeck, Terri; Rod Hicks; Benjamin, Georges (CDC apha.org); Jenny Luray; Jones, Marvia; Sander L. van der Linden
Cc: Deborah Dillard; Angela McGowan; Brenda Foster; Camille Jewell; Hammel, Annie; James, Faith (CDC vancomm.com); Bossolo, Luana
Subject: Re: Highlight video from mis/dis trust in science broadcast

Thank you for this, Terri, and thank you, everyone, for a great talk! It was a great experience.
Chris

-
Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Insights Lead

Email: OOQ2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Schwartzbeck, Terri <TSchwartzbeck@apa.org>
Sent: Tuesday, August 30, 2022 1:41 PM
To: Rod Hicks <rhicks@hq.spj.org>; Voegeli, Christopher (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>; Benjamin, Georges (CDC apha.org) <georges.benjamin@apha.org>; Jenny Luray <jluray@researchamerica.org>; Jones, Marvia <Marvia.jones@kcmo.org>; Sander L. van der Linden <sv395@cam.ac.uk>
Cc: Deborah Dillard <deborah.dillard@apha.org>; Angela McGowan <Angela.McGowan@apha.org>; Brenda Foster <BFoster@vancomm.com>; Camille Jewell <CJewell@vancomm.com>; Hammel, Annie <AHammel@apa.org>; James, Faith (CDC vancomm.com) <fjames@vancomm.com>; Bossolo, Luana <LBossolo@apa.org>
Subject: Highlight video from mis/dis trust in science broadcast

Hi all,

Thank you again for collaborating on the recent broadcast with APA on Mis- and Disinformation and Trust in Science. Our production team has pulled together a highlight video from the session. The social media posts below include the video and a link to the full session on YouTube.

Facebook (https://fb.watch/fdWZZaYD_W/)

LinkedIn (<https://www.linkedin.com/feed/update/urn:li:activity:6970407149726306304>)

Twitter (<https://twitter.com/APA/status/1564634378059366406>)

We look forward to continuing the conversation on mis/disinformation and the importance of trust in science. It was very exciting to see the work Professor van der Linden talked about regarding using videos to inoculate people against misinformation in the news just a few days ago!
<https://www.bristol.ac.uk/news/2022/august/misinformation-media-release.html>

Best,

Terri

Terri Schwartzbeck, MPP (*she/her*)

Director, Strategic Public Engagement and Community Outreach
American Psychological Association

From: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Sent: Thu, 7 Jul 2022 17:54:07 +0000
To: Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID); ishizumia@who.int; Kolis, Jessica (CDC/DDPHSIS/CGH/GID); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Sandra Varaidzo Machiri; Chiou, Howard (CDC/DDPHSIS/CGH/GID); Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID); PURNAT, Tina
Subject: Re: ICEID 2022: Late Breaker Abstract Submission Status

Woot Woot! Congrats, Muriel!
Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Insights Lead

Email: OOQ2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>
Sent: Thursday, July 7, 2022 10:50 AM
To: ishizumia@who.int <ishizumia@who.int>; Kolis, Jessica (CDC/DDPHSIS/CGH/GID) <ywe5@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Sandra Varaidzo Machiri <smachiri@afenet.net>; Chiou, Howard (CDC/DDPHSIS/CGH/GID) <okl8@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>; PURNAT, Tina <puernatt@who.int>
Subject: FW: ICEID 2022: Late Breaker Abstract Submission Status

Dear colleagues,

I'm happy to share that the ICEID late-breaker abstract was accepted as an in-person poster presentation. I'll follow up with you all in the next week with a draft poster presentation for your review and feedback.

Have a great rest of the week!

Muriel

From: ICEID 2022 Scientific Program Committee <iceid@taskforce.org>
Sent: Thursday, June 23, 2022 11:20 AM
To: Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>
Subject: ICEID 2022: Late Breaker Abstract Submission Status



Dear Nuadum Konne,

We are happy to inform you that one or more of the late-breaker abstracts you submitted has been accepted as an in-person poster presentation for the International Conference on Emerging Infectious Diseases on August 7-10, 2022. We will be assigning dates and times for your presentation in the coming days.

Accepted abstract(s): A Sneak Peek into the Field Infodemiology Manual: Harnessing Real-Time Data for Infodemic Management

You are required to accept or decline your invitation by June 29, 2022 via your poster presenter portal.

POSTER PORTAL

Once inside your portal, click Poster Invitation Response to accept or decline your invitation.

Click [HERE](#) to access Guidelines for Poster Presenters for instructions on how to prepare for your presentation.

Register for the conference: all presenters must register by July 18, 2022.

If you have any questions regarding the conference, please contact iceid@taskforce.org.

If you have any questions regarding your portal, please contact Erin Cooper at ecooper@eventpower.com.



Tools Powered by eventPower

From: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Sent: Tue, 19 Jul 2022 14:23:19 +0000
To: Mott, Joshua (CDC who.int); NGUYEN, Tim; Uzicanin, Amra (CDC/DDID/NCEZID/DGMQ); Biggerstaff, Matthew (CDC/DDID/NCIRD/ID); Burns, Erin (CDC/DDID/NCIRD/ID)
Subject: Re: ICEID meetings with Tim Nguyen's Unit so far....

Thank you for the update, Josh. I marked my calendar.
Chris

-
Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Insights Lead
Email: OOQ2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: MOTT, Joshua Adam <mottj@who.int>
Sent: Tuesday, July 19, 2022 10:17 AM
To: NGUYEN, Tim <NguyenT@who.int>; Uzicanin, Amra (CDC/DDID/NCEZID/DGMQ) <aau5@cdc.gov>; Biggerstaff, Matthew (CDC/DDID/NCIRD/ID) <zmo2@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; Burns, Erin (CDC/DDID/NCIRD/ID) <eub5@cdc.gov>
Subject: ICEID meetings with Tim Nguyen's Unit so far....

Hi all, sorry to overcommunicate, just keeping this on the radar as more meetings get planned for all of us 😊

Josh....

August 8th 12-130, Hyatt main lobby: Infodemic Management, Chris Voegle and Erin Burns
August 9th 12-130, Hyatt main lobby: NPI evaluations, Matt Biggerstaff and Amra Uzicanin

Dr. Joshua A. Mott
Technical Advisor
Department of Epidemic and Pandemic Preparedness and Prevention
World Health Organization
+41794453227

From: Wilhelm, Elisabeth
Sent: Tue, 30 May 2023 20:04:01 +0200
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Subject: Re: Infodemic stories project invitation

Thanks Chris, got it! I just sent you Zoom invite. Let me know if you didn't get it!

Also, more info coming soon. :)

Do let me know if you have any further questions. I'm looking forward to your contributions!

Lis

On Tue, May 30, 2023 at 7:53 PM Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

Afternoon Lis,

Attached is my signed consent form and I have added a calendar reminder for 6/18. Let me know if you need anything else. Thanks!

From: Wilhelm, Elisabeth <elisabeth_wilhelm@brown.edu>
Sent: Friday, May 26, 2023 8:56 AM
To: Elisabeth Wilhelm <elisabeth_wilhelm@brown.edu>
Subject: Infodemic stories project invitation

Dear Colleague,

Thank you for your interest in the infodemic stories participatory evaluation project, a collaboration between the Information Futures Lab at Brown University and the WHO Infodemic Management Team.

Hello, I am Elisabeth Wilhelm, a Visiting Fellow at the Information Futures Lab at the School of Public Health at Brown University. I am the Principle Investigator for the infodemic stories project. This project builds on the shared experiences that people like you have had working in infodemic management during the COVID-19 pandemic.

We have received your interest form that you submitted a few weeks ago and would **like to offer you the opportunity to join one of the focus group discussion sessions** to participate in this project.

What is this project all about?

This project is based on evaluating stories shared by people working in health misinformation or infodemic management during the COVID-19 pandemic in a focus group discussion format.

Focus group participants will read, analyze and discuss the stories and choose the stories that best represent the experiences of people working in infodemic management. The information learned in this focus group will inform a report on themes of the analyzed stories and include recommendations to help health authorities better prepare for the next emergency and the accompanying infodemic, and better support the people doing infodemic management work.

Participants will join a focus group discussion lasting up to 2 hours with 6-8 other people virtually on an online video conferencing platform. Before they join, they will receive some reading materials to review that will be discussed in the focus group, which has an estimated time commitment of 2 hours to complete. The discussion will be held in English and moderated by a skilled facilitator and assisted by notetakers. An interactive digital whiteboard will be used to help participants organize their thoughts and help them reach consensus. The discussion will also be audio recorded for reference.

The level of effort overall for this project per participant is 4 hours, for which each participant will receive a \$100 USD gift card for their time.

All participation is voluntary and before joining the focus group discussion, participants need to sign a consent form.

Interested? Here's what to do next:

1. (optional) Join us for a 30-minute **information session** about this project at the following times:

Session A: Tuesday, June 6 at 7-7:30 AM EST (for Asia/ME/Europe/Africa) [[click here to add to calendar](#)]

Session B: Tuesday, June 6 at 12:30-1 PM (for Americas/Europe/Africa) [[click here to add to calendar](#)]

If you can't make it, don't worry, it will be recorded and we will share the link with you, as well as key messages.

2. **Check your calendar** about your availability to join for a virtual two-hour focus group discussion at:

Sunday, June 18, 12-2 PM EST

(Check your time zone [here](#)!)

Please email me back and confirm that you are willing and able to attend this time slot. If you cannot make this time slot, but are still interested in the project, let me know and we may be able to accommodate you in another focus group at another time slot.

3. Carefully **review and sign the attached consent for research participation.** You can open the PDF in a PDF editor program and digitally sign it and send it back to me. Please don't hesitate to reach out if you have any questions about it or the project.

The **deadline** for email confirmation to me that you are interested and available to attend the focus group discussion *and* sent the signed consent form is **11:59 PM EST on June 6**. If you do not respond by this date, we will assume you are not interested in participating and will be excluded from participation.

Please don't hesitate to reach out if you have any further questions. I look forward to hearing from you soon.

Kind regards,

Elisabeth Wilhelm

Visiting Fellow, Information Futures Lab
School of Public Health, Brown University
<https://sites.brown.edu/informationfutures/fellows-program-2022-23/>

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Tue, 30 May 2023 17:53:39 +0000
To: Wilhelm, Elisabeth
Subject: RE: Infodemic stories project invitation
Attachments: Infodemic story evaluation project consent form_CDV SIGNED.pdf

Afternoon Lis,

Attached is my signed consent form and I have added a calendar reminder for 6/18. Let me know if you need anything else. Thanks!

From: Wilhelm, Elisabeth <elisabeth_wilhelm@brown.edu>
Sent: Friday, May 26, 2023 8:56 AM
To: Elisabeth Wilhelm <elisabeth_wilhelm@brown.edu>
Subject: Infodemic stories project invitation

Dear Colleague,

Thank you for your interest in the infodemic stories participatory evaluation project, a collaboration between the Information Futures Lab at Brown University and the WHO Infodemic Management Team.

Hello, I am Elisabeth Wilhelm, a Visiting Fellow at the Information Futures Lab at the School of Public Health at Brown University. I am the Principle Investigator for the infodemic stories project. This project builds on the shared experiences that people like you have had working in infodemic management during the COVID-19 pandemic.

We have received your interest form that you submitted a few weeks ago and would **like to offer you the opportunity to join one of the focus group discussion sessions** to participate in this project.

What is this project all about?

This project is based on evaluating stories shared by people working in health misinformation or infodemic management during the COVID-19 pandemic in a focus group discussion format.

Focus group participants will read, analyze and discuss the stories and choose the stories that best represent the experiences of people working in infodemic management. The information learned in this focus group will inform a report on themes of the analyzed stories and include recommendations to help health authorities better prepare for the next emergency and the accompanying infodemic, and better support the people doing infodemic management work.

Participants will join a focus group discussion lasting up to 2 hours with 6-8 other people virtually on an online video conferencing platform. Before they join, they will receive

some reading materials to review that will be discussed in the focus group, which has an estimated time commitment of 2 hours to complete. The discussion will be held in English and moderated by a skilled facilitator and assisted by notetakers. An interactive digital whiteboard will be used to help participants organize their thoughts and help them reach consensus. The discussion will also be audio recorded for reference.

The level of effort overall for this project per participant is 4 hours, for which each participant will receive a \$100 USD gift card for their time.

All participation is voluntary and before joining the focus group discussion, participants need to sign a consent form.

Interested? Here's what to do next:

1. (optional) Join us for a 30-minute **information session** about this project at the following times:

Session A: Tuesday, June 6 at 7-7:30 AM EST (for Asia/ME/Europe/Africa) [[click here to add to calendar](#)]

Session B: Tuesday, June 6 at 12:30-1 PM (for Americas/Europe/Africa) [[click here to add to calendar](#)]

If you can't make it, don't worry, it will be recorded and we will share the link with you, as well as key messages.

2. **Check your calendar** about your availability to join for a virtual two-hour focus group discussion at:

Sunday, June 18, 12-2 PM EST

(Check your time zone [here!](#))

Please email me back and confirm that you are willing and able to attend this time slot. If you cannot make this time slot, but are still interested in the project, let me know and we may be able to accommodate you in another focus group at another time slot.

3. Carefully **review and sign the attached consent for research participation.** You can open the PDF in a PDF editor program and digitally sign it and send it back to me. Please don't hesitate to reach out if you have any questions about it or the project.

The **deadline** for email confirmation to me that you are interested and available to attend the focus group discussion *and* sent the signed consent form is **11:59 PM EST on June 6**. If you do not respond by this date, we will assume you are not interested in participating and will be excluded from participation.

Please don't hesitate to reach out if you have any further questions. I look forward to hearing from you soon.

Kind regards,

Elisabeth Wilhelm

Visiting Fellow, Information Futures Lab
School of Public Health, Brown University
<https://sites.brown.edu/informationfutures/fellows-program-2022-23/>

BROWN UNIVERSITY
CONSENT FOR RESEARCH PARTICIPATION

**Community evaluation of stories of change by people working on the frontlines of the COVID-19
infodemic**
May 25, 2023

KEY INFORMATION:

You are invited to join a focus group discussion, organized by the Brown University Information Futures Lab (IFL), School of Public Health, in partnership with the Infodemic Management Team in the WHO Health Emergencies section at the World Health Organization (WHO), on stories shared by people working in health misinformation or infodemic management during the COVID-19 pandemic. Your participation is voluntary.

PURPOSE: The purpose is for focus group participants to read, analyze and discuss the stories and choose the stories that best represent the experiences of people working in infodemic management. The information learned in this focus group will inform a report on themes of the analyzed stories and include recommendations to help health authorities better prepare for the next emergency and the accompanying infodemic, and better support the people doing infodemic management work.

PROCEDURES:

As part of this project, you will be invited into a focus group discussion lasting up to 2 hours with 6-8 other people virtually on an online video conferencing platform. Before you join, you will receive some reading materials to review that will be discussed in the focus group, which has an estimated time commitment of 2 hours to complete. The discussion will be held in English and moderated by a skilled facilitator and assisted by notetakers. An interactive digital whiteboard will be used to help participants organize their thoughts and help them reach consensus. The discussion will also be audio recorded for reference.

TIME INVOLVED: The study will take an estimated 4 hours of your time.

COMPENSATION: You will receive \$100 for your time.

RISKS: No risks are anticipated for participants beyond what you may experience from a typical conversation.

BENEFITS: By participating, you may benefit from sharing your own experiences of the COVID-19 infodemic and learn about how to conduct a group analysis of stories as a participatory method that can be used for other infodemic projects in the future.

ALTERNATIVES TO PARTICIPATION: Outcomes of the discussions and project will be shared in Q2 of 2023 with the public in an online webinar, which you are welcome to join.

1. Researcher:

Elisabeth Wilhelm (elisabeth_wilhelm@brown.edu)

What is this study about?

The purpose of the study is to conduct a participatory evaluation of 68 global stories about health misinformation that were submitted as part of a World Health Organization (WHO) storytelling workshop in 2022 and use learnings to inform a lessons learned document for WHO and for health authorities wishing to strengthen infodemic management preparedness. The rationale for conducting this participatory evaluation is to understand the experiences of people who have been addressing health misinformation and infodemic-related issues in the time of COVID-19 globally, with a focus on those working in emergency response structures, health systems, front lines of health service delivery and health-focused civil society organizations. This analysis would help us identify common experiences, challenges, gaps and opportunities of infodemic managers globally—and how health systems have changed and adapted through a concurrent infodemic and pandemic.

You are being asked to be in this study because you are an adult over the age of 18 and have been involved in the WHO infodemic management community and have availability an adequate internet access to participate in the focus group discussion.

What will I be asked to do?

You will be asked to join a focus group to discuss the stories that you had previously received about how the COVID-19 infodemic has impacted people working as infodemic managers personally and professionally. You will then discuss the stories that other participants have read and help thematically analyze and sort the stories and choose a small number of stories that best present the challenges and experiences of the community described in the stories. You may choose to withdraw from the focus group at any time.

Your participation in this study may last up to 4 hours.

2. Will I be paid?

You will be compensated \$100 USD in form of a gift card for your time and effort in this focus group discussion.

What are the risks?

No risks are anticipated for participants beyond what you may experience from a typical conversation.

What are the benefits?

By participating, you may benefit from sharing your own experiences of the COVID-19 infodemic and learn about how to conduct a group analysis of stories as a participatory method that can be used for other infodemic projects in the future.

3. How will my information be protected?

All focus group participants will be given access to the virtual web conferencing link which is password-protected.

During the focus group discussion, all responses will be kept confidential and notetakers will record the flow of discussion and what topics are discussed, but will not attribute specific quotes to specific people. The overall summary of discussions will be included in the final report that would be published after the discussions have concluded. An audio recording of the focus group discussion will be made to aid note takers in checking their notes, but it will be deleted after the conclusion of this project.

We ask that all people who choose to participate, including you, to respect the privacy of other focus group participants and not disclose any of the content discussed during the focus group. Researchers from Brown University will analyze the data from the discussions, but as mentioned above, responses will not be attributable to individuals and only broad themes emanating from the discussion will be included in the final report.

With your permission, you will be acknowledged in the final report as a contributor in the focus group, or you can choose to remain anonymous.

All data associated with this activity will be stored on secure, password-protected servers administered by Brown University.

4. Are there any alternatives to this study?

Outcomes of the discussions and project will be shared in Q2 of 2023 with the public in an online webinar, which you are welcome to join.

What if I want to stop?

You do not have to be in this study if you do not want to be. Even if you decide to be in this study, you can change your mind and stop at any time.

If you refuse to participate in or leave the study, your current or future relationship with Brown University will not be affected.

5. [Who can I talk to if I have questions about this study?](#)

If you have any questions about your participation in this study, you can call Elisabeth Wilhelm at (+1 470.316.4912) or email Elisabeth_wilhelm@brown.edu

6. [Who can I talk to if I have questions about my rights as a participant?](#)

If you have questions about your rights as a research participant, you can contact Brown University's Human Research Protection Program at +1 401-863-3050 or email them at IRB@Brown.edu.

7. [Consent to Participate](#)

Your signature below shows that you have read and understood the information in this document, and that you agree to volunteer as a research participant for this study.

You will be offered a copy of this form.

Participant's Signature and Date	/	PRINTED NAME
Christopher Voegeli -S		
Digitally signed by Christopher Voegeli -S Date: 2023.05.30 13:52:26 -04'00'	/	Christopher Voegeli

From: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Sent: Wed, 9 Mar 2022 13:51:28 +0000
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); ISHIZUMI, Atsuyoshi; Yee, Daiva (CDC/DDPHSIS/CGH/GID); Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID)
Cc: PURNAT, Tina; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID)
Subject: Re: Integrated analysis and RCA for IM training in Iran

+1 to everything Lis said. Really great job. I see somethings in your slides that I think we should add into ours as well. Top notch!

Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist

Email: 0002@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

Insights Team | Lead

Vaccine Implementation and Evaluation | Vaccine Confidence and Demand Team

COVID-19 Emergency Response | Vaccine Taskforce

Centers for Disease Control and Prevention

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Sent: Wednesday, March 9, 2022 5:25 AM
To: ISHIZUMI, Atsuyoshi <ishizumia@who.int>; Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; Yee, Daiva (CDC/DDPHSIS/CGH/GID) <nrr3@cdc.gov>; Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>
Cc: PURNAT, Tina <purnatt@who.int>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vjx3@cdc.gov>
Subject: RE: Integrated analysis and RCA for IM training in Iran

Atsu, this is brilliant! Great job! I love how you boiled everything down to essentials and really developed an easy-to-follow flow. Here's hoping this will lead to more countries considering running RCAs to assess reasons why a population may not have high vaccine uptake. 😊

Sincerely,

Elisabeth Wilhelm

she/her/hers

Health Communication Specialist

p: +1 404.444.9310

e: nla5@cdc.gov

Demand for Immunization Team

Global Immunization Division

US Centers for Disease Control and Prevention

From: ISHIZUMI, Atsuyoshi <ishizumia@who.int>

Sent: Wednesday, March 9, 2022 3:57 AM

To: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Yee, Daiva (CDC/DDPHSIS/CGH/GID) <nrr3@cdc.gov>; Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>

Cc: PURNAT, Tina <purnatt@who.int>

Subject: Integrated analysis and RCA for IM training in Iran

Hi Chris, Lis, Daiva, and Muriel,

I wanted to thank you for sharing with us your presentation materials for the infodemic manager training in Iran. There's still one more day of training left, but I just finished presenting on both integrated analysis and rapid community assessment. The slides I presented are attached for your reference – please note that we had to adapt and tailor some content to the country context (your slides were still enormously helpful!)

Thanks again!

Kind regards,
Atsu

Atsuyoshi (Atsu) Ishizumi

Technical Officer | Infodemic Management Team

High Impact Events Preparedness Unit, Department of Epidemic and Pandemic Preparedness and Prevention
Division of Emergency Preparedness, World Health Organization, Geneva HQ, Switzerland

From: CECCHINI, Sergio
Sent: Thu, 21 Apr 2022 06:15:50 +0000
To: PURNAT, Tina; Surangani Abeyesekera
Cc: Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID); ISHIZUMI, Atsuyoshi; Voegeli, Christopher (CDC/DDID/NCIRD/OD); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); (b) (6) @gmail.com
Subject: Re: Invitation to curate a lecture for upcoming vaccine demand comprehensive training - 2.3 Information environment and infodemic management

Dear Tina,

I'm not able to upload any docs in the folder you have shared.
Wondering if it is still due to the fact that I've no access to a WHO pc and Sharepoint.

S.

Sergio Cecchini
Infodemic Manager
World Health Organization
Africa Infodemic Response Alliance (AIRA)
Regional Office for Africa
Nairobi
Kenya
Mobile: (b) (6)
Mobile 2: (b) (6)
E-mail: cecchinis@who.int
Who.int

From: PURNAT, Tina <burnatt@who.int>
Date: Thursday, 21 April 2022 at 02:55
To: Surangani Abeyesekera <sabeyesekera@unicef.org>
Cc: Konne, Nuadum Muriel (CDC/DDPHSIS/CGH/GID) <xfv8@cdc.gov>, ISHIZUMI, Atsuyoshi <ishizumia@who.int>, Christopher Voegeli <oqo2@cdc.gov>, Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>, CECCHINI, Sergio <cecchinis@who.int>, (b) (6) @gmail.com (b) (6) @gmail.com
Subject: Invitation to curate a lecture for upcoming vaccine demand comprehensive training - 2.3 Information environment and infodemic management

Dear Surani and I,

Thank you for your contributions to shaping the upcoming comprehensive training.

We have identified you to curate a lecture on the following topic at the comprehensive training.

Title: 2.3 Information environment and infodemic management

Curator: Tina Purnat (WHO) and Surani Abeyesekera (UNICEF)

Interested contributors: Muriel Konne, Atsu Ishizumi, Chris Voegeli, Elisabeth Wilhelm, Sergio Cecchini, Claire Wardle

As discussed on today's comprehensive training call, we are sharing with you several key pieces of guidance, documents and deadlines related to building out a topic for the training.

Find here linked the topic assignments:

<https://1drv.ms/w/s!AtPoc3YQw0ufgeZwA5mEZwSNWTQZ1w?e=mdo6ld>

You will find your lecture folder numbered here:

<https://1drv.ms/u/s!AtPoc3YQw0ufgeFQvAb90Qc05TclrA?e=sudyoQ>

What does a curator do?

The curators (aka lead lecturer/s) are subject matter experts charged with the task of developing a lecture on the above-named topic that is organization-neutral and includes extremely practical tips and tricks for participants on how to apply this area of work to their jobs to promote vaccine demand and assist in COVID-19 recovery. **Curators curate, meaning they do not try to aim for encyclopedic coverage of a topic, but focus on core concepts and will have the discretion to choose what to include into the final lecture.** Curators are expected to communicate with interested contributors and consider contributions for inclusion, but curators have the final say what is included in the lecture.

Curators don't necessarily need to present the lecture themselves – but they can identify a suitable lecturer. Voices from diverse parts of the world are highly encouraged.

There are some curators who have not been briefed about the training yet, and Tina and Lis will approach them in a two step process: first introduce them to training and get buy-in, and second step is connecting them to interested contributors.

What do interested contributors in this topic who have resources, slides, or content to provide, do to support the curator?

- CCed in this email are individuals and organizations who are interested contributors to this topic.
- Interested contributors can directly upload any content in folder #3 Additional resources and materials, but do so ASAP for consideration by the curator
- The curator will be in contact with you for any additional discussions on shaping this lecture (email, chat, conference call), but the curator has the final call on lecture content
- Remember, all uploaded resources and materials will be made available to all participants, but the live lecture content will be covering the most essential elements
- Tina and Lis will ensure that any submissions for resources and case examples via Google Forms and Slides will be shared with appropriate curators

What should the final outputs be?

Every topic has its own folder. In each folder, there are templates for each item below with a README file with more details (please read). If you're in doubt about the scope of your lecture, talk to Tina and Lis.

Find your folder here: <https://1drv.ms/u/s!AtPoc3YQw0ufgeFQvAb90Qc05TclrA?e=sudyoQ>

Curators will be asked to upload the following by **deadline of May 13, but providing sooner is preferred:**

1. Video consent (everyone) and DOI (all non-UN staff)

- All contributors who will be speaking (such as in case studies or in video clips) will need to upload video consent
- This allows us to use video during training and for repackaging content later for use in learning modules and platforms
- We will use WHO processes to review, document and use

2. PPT lecture (Curator to develop a lecture in form of a slide deck using the template)

- Make as many slides as you think is appropriate, at minimum for a 20-minute lecture (final length TBD)
- Where possible, include lecture notes and links to resources on each slide
- It is important to use the template—it will assist in consistency and utility when used for live lectures and adapted for use later on in other forms (don't worry, template will be beautified, we promise)
- Every single slide and resource will be packaged in the full toolbox; nothing will be lost

3. Additional resources and materials (All curators and contributors can upload here)

- All contributors and curators are encouraged to upload additional slides, resources, materials, guidance, tools, templates for consideration on this topic here **ASAP**
- You can also upload into other topic "additional resources and materials" folders **ASAP**

4. Interactive exercise support material (Curator to develop and upload materials for exercise accompanying lecture)

- Aim for a 20-minute group exercise, which can be as simple or complex as you'd like
- Use template for guidance on what exercise support materials are needed

5. Quiz assessment questions (Curator to develop 3 assessment questions to accompany lecture)

- Use the PPT template to simply add three questions and multiple choice responses, bolding the correct answer

Then, once curators have notified Tina and Lis that all this is complete, Tina and Lis to work with beta readers to review all lectures. (See below.)

We are looking for volunteers to be "beta readers" to be extra eyes on all materials developed including PPTs, toolbox content and lecture materials to proofread, ensure consistency, no redundancy and clarity of language and formatting. This is an essential component of ensuring a seamless participant experience. The time commitment is 1-3 hours. Please [add your name in this table](#) to sign yourself up as a beta reader for a specific lecture. During beta reading, if it is noted that there is repetition or were lectures are very similar, we may condense together. (We don't expect a lot of this to happen.)

Coming up next:

- Before May 9:
 - All co-organizing partners post call for applications on website and on networks and social media channels where possible
 - Core facilitation team identified, recruited and onboarded (Tina, Lis, Catherine, Atsu, Daiva)
 - All lecture curators work on lectures and are supported by core facilitation team
 - Coaches are identified, recruited and onboarded
 - Further planning for English and French-speaking cohorts underway (final schedule dependent on final applicant pool)
- Week of May 9:
 - We expect all submissions for applications for training by May 8.
 - Evaluations for applicants will occur the week of May 9
 - Take first pass review of all PPT lectures and the facilitation team follows up on any that are not close to completion
 - We expect final submissions of all PPT lectures by May 13 (we cannot extend this deadline)
- Week of May 16:
 - Send out email notice to applications (successful and unsuccessful)
 - Analysis and profiling of successful applicants pool, split into cohorts by language and time zone and split into simulation exercise groups
 - Summary PPT for partners to use on applicant to be circulated with partners
 - Press release by GAVI being drafted
 - Volunteers beta readers will be assigned lectures for a very rapid review this week so that all materials are ready for the contractor to start processing immediately
- Week of May 23:
 - We expect to onboard the company contracted to support training organization (this gives them less than 3 weeks to organize, condense and translate all content, set up LMS, provide outreach to successful applicants)
 - Two workstreams of company underway: setting up LMS, production schedule of running training, and processing of content and translation into French
 - Planning of all group exercises and recruitment of appropriate facilitators
 - Planning of trainee assessment by week and implementation of assessments
 - Plan and set up training section of demandhub.org for rapid posting of all materials during the training
- Week of May 30:
 - Coach onboarding scheduled
- Week of June 6:
 - Host welcome event on June 11 (all onboarding, kickoff of simulation exercise)
 - Facilitator onboarding scheduled
 - Final check-in with all lecturers
 - Bilingual, multi-screen sharing dress rehearsal and troubleshooting
 - Finalize run of show preparation and review Zoom room/Slido/Miro boards and assign responsibility for production of each session
- Week of June 13:
 - Start the training!

- You all are welcome to join for any session—schedule will be shared with you previous week

Sincerely,

Tina Purnat and Elisabeth Wilhelm
For the comprehensive training organizing team

Tina D Purnat
Team Lead for Infodemic Management
High Impact Events Preparedness Unit
Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Emergency Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

puernatt@who.int | WhatsApp/Signal: (b) (6) | www.linkedin.com/in/tinadpuernat | @tdpuernat |

Sign up for the WHO infodemic management News Flash: <https://bit.ly/flashsubscribe>

From: Voegeli, Chris (CDC/IOD/OC)
Sent: Thu, 15 Aug 2024 13:10:29 +0000
To: NIKISINS, Sergejs
Cc: TAM, John SL [ABCT]; HERAUD, Jean-michel
Subject: Re: Invitation to join a Workstream 5B to update the WHO Public Health Research Agenda for influenza.
Attachments: WHO DOI Flu_Voegeli_8-15-24.pdf

Morning Sergejs,
Attached you will find my completed and signed DOI. Thank you.
Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Health Information Integrity Team Lead
Email: oqo2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
Division for Communication Science and Services
Office of Communications, CDC

From: NIKISINS, Sergejs <nikisinss@who.int>
Sent: Wednesday, August 7, 2024 10:54 AM
To: Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov>
Cc: TAM, John SL [ABCT] <john.sl.tam@connect.polyu.hk>; HERAUD, Jean-michel <heraudj@who.int>
Subject: Invitation to join a Workstream 5B to update the WHO Public Health Research Agenda for influenza.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Chris,

We are pleased to invite you to join a Workstream to update the WHO Public Health Research Agenda for influenza, and contribute to
STREAM 5B Promoting the development and application of modern public health tools (Sub-stream 5B Risk communication, community engagement, infodemic management).

Kindly fill in and sign the DoI form (attached) and return it at your earliest convenience.

Please find the slides and minutes of the six conducted Stream 5B meetings here: 
[Meetings Stream 5B](#)

-

All relevant files of the 5B Stream are stored in the dedicated WHO MS Teams Channel:
[WHO PUBLIC HEALTH RESEARCH AGENDA FOR INFLUENZA - 2024 UPDATE | Stream 5B Channel | Microsoft Teams](#)

The Latest developments & 5B stream research questions are summarized here:
https://docs.google.com/document/d/1IPxZV3usRweXs9yRX4LBA-FPTdpZRBlvu_TM_V5cCv8/edit

Kind regards,
Jean-Michel, John, Sergejs

Dr. Sergejs Nikisins
Technical Officer
Global Influenza Programme
Epidemic and Pandemic Preparedness and Prevention
WHO Emergency Programme
World Health Organization
Geneva
Mobile: (b) (6)

DECLARATION OF INTERESTS FOR WHO EXPERTS

WHO's work on global health issues requires the assistance of external experts who **may have interests related to their expertise**. To ensure the highest integrity and public confidence in its activities, WHO requires that experts serving in an advisory role disclose any circumstances that could give rise to a potential conflict of interest related to the subject of the activity in which they will be involved.

All experts serving in an advisory role must disclose any circumstances that could represent a **potential conflict of interest** (i.e., any interest that may affect, or may reasonably be perceived to affect, the expert's objectivity and independence). You must disclose on this Declaration of Interests (DOI) form any financial, professional or other interest relevant to the subject of the work or meeting in which you have been asked to participate in or contribute towards **and** any interest that could be affected by the outcome of the meeting or work. You must also declare relevant interests of your immediate family members (see definition below) and, if you are aware of it, relevant interests of other parties with whom you have substantial common interests and which may be perceived as unduly influencing your judgement (e.g. employer, close professional associates, administrative unit or department). Please note that not fully completing and disclosing all relevant information on this form may, depending on the circumstances, lead WHO to decide not to appoint you to WHO advisory bodies/functions in the future.

Please complete this form and submit it to WHO Secretariat if possible at least 4 weeks but no later than 2 weeks before the meeting or work. You must also promptly inform the Secretariat if there is any change in this information prior to, or during the course of, the meeting or work. All experts must complete this form before participation in a WHO activity can be confirmed. Please note that not fully completing and disclosing all relevant information on this form may, depending on the circumstances, lead WHO to decide not to appoint you to WHO advisory bodies/functions in the future.

Answering "Yes" to a question on this form does not automatically disqualify you or limit your participation in a WHO activity. Your answers will be reviewed by the Secretariat to determine whether you have a conflict of interest relevant to the subject at hand. One of the outcomes listed in the next paragraph can occur depending on the circumstances (e.g. nature and magnitude of the interest, timeframe and duration of the interest).

The Secretariat may conclude that no potential conflict exists or that the interest is irrelevant or insignificant. If, however, a declared interest is determined to be potentially or clearly significant, one or more of the following three measures for managing the conflict of interest may be applied. The Secretariat (i) allows full participation, with public disclosure of your interest; (ii) mandates partial exclusion (i.e., you will be excluded from that portion of the meeting or work related to the declared interest and from the corresponding decision making process); or (iii) mandates total exclusion (i.e., you will not be able to participate in any part of the meeting or work).

All potentially significant interests will be **disclosed** to the other participants at the start of the activity and you will be asked if there have been any changes. A summary of all declarations and actions taken to manage any declared interests will be **published** in resulting reports and work products. Furthermore, if the objectivity of the work or meeting in which you are involved is subsequently questioned, the contents of your DOI form may be made available by the Secretariat to persons outside WHO if the Director-General considers such disclosure to be in the best interest of the Organization, after consulting with you. Completing this DOI form means that you agree to these conditions.

If you are unable or unwilling to disclose the details of an interest that may pose a real or perceived conflict, you must disclose that a conflict of interest may exist and the Secretariat may decide that you be totally recused from the meeting or work concerned, after consulting with you.

Name:	Christopher Voegeli
Institution:	US Centers for Disease Control and Prevention
Email:	oqo2@cdc.gov

Date and title of meeting or work, including description of subject matter to be considered (if a number of substances or processes are to be evaluated, a list should be attached by the organizer of the activity):

Informal Expert group on influenza research agenda review to update the WHO Public Health Research Agenda for Influenza.

Please answer each of the questions below. If the answer to any of the questions is "yes", briefly describe the circumstances on the last page of the form.

The term "you" refers to yourself and your immediate family members (i.e., spouse (or partner with whom you have a similar close personal relationship) and your children). "Commercial entity" includes any commercial business, an industry association, research institution or other enterprise whose funding is significantly derived from commercial sources with an interest related to the subject of the meeting or work. "Organization" includes a governmental, international or non-profit organization. "Meeting" includes a series or cycle of meetings.

EMPLOYMENT AND CONSULTING

Within the past 4 years, have you received remuneration from a commercial entity or other organization with an interest related to the subject of the meeting or work?

- 1a Employment Yes ☐ No ☒
- 1b Consulting, including service as a technical or other advisor Yes ☐ No ☒

RESEARCH SUPPORT

Within the past 4 years, have you or has your research unit received support from a commercial entity or other organization with an interest related to the subject of the meeting or work?

- 2a Research support, including grants, collaborations, sponsorships, and other funding Yes ☐ No ☒
- 2b Non-monetary support valued at more than US \$1000 overall (include equipment, facilities, research assistants, paid travel to meetings, etc.) Yes ☐ No ☒

Support (including honoraria) for being on a speakers bureau, giving speeches or training for a commercial entity or other organization with an interest related to the subject of the meeting or work?

INVESTMENT INTERESTS

Do you have current investments (valued at more than US \$5 000 overall) in a commercial entity with an interest related to the subject of the meeting or work? Please also include indirect investments such as a trust or holding company. You may exclude mutual funds, pension funds or similar investments that are broadly diversified and on which you exercise no control.

- 3a Stocks, bonds, stock options, other securities (e.g., short sales) Yes ☐ No ☒
- 3b Commercial business interests (e.g., proprietorships, partnerships, joint ventures, board memberships, controlling interest in a company) Yes ☐ No ☒

INTELLECTUAL PROPERTY

Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the meeting or work?

- 4a Patents, trademarks, or copyrights (including pending applications) Yes ☐ No ☒
- 4b Proprietary know-how in a substance, technology or process Yes ☐ No ☒

PUBLIC STATEMENTS AND POSITIONS (during the past 3 years)

- 5a As part of a regulatory, legislative or judicial process, have you provided an expert opinion or testimony, related to the subject of the meeting or work, for a commercial entity or other organization? Yes ☐ No ☒
- 5b Have you held an office or other position, paid or unpaid, where you represented interests or defended a position related to the subject of the meeting or work? Yes ☐ No ☒

ADDITIONAL INFORMATION

- 6a If not already disclosed above, have you worked for the competitor of a product that is the subject of the meeting or work, or will your participation in the meeting or work enable you to obtain access to a competitor's confidential proprietary information, or create for you a personal, professional, financial or business competitive advantage? Yes ☐ No ☒
- 6b To your knowledge, would the outcome of the meeting or work benefit or adversely affect interests of others with whom you have substantial common personal, professional, financial or business interests (such as your adult children or siblings, close professional colleagues, administrative unit or department)? Yes ☐ No ☒
- 6c Excluding WHO, has any person or entity paid or contributed towards your travel costs in connection with this WHO meeting or work? Yes ☐ No ☒

6d Have you received any payments (other than for travel costs) or honoraria for speaking publicly on the subject of this WHO meeting or work?

Yes ☐ No ☒

6e Is there any other aspect of your background or present circumstances not addressed above that might be perceived as affecting your objectivity or independence?

Yes ☐ No ☒

7. **TOBACCO OR TOBACCO PRODUCTS** (answer without regard to relevance to the subject of the meeting or work)

Within the past 4 years, have you had employment or received research support or other funding from, or had any other professional relationship with, an entity directly involved in the production, manufacture, distribution or sale of tobacco or tobacco products or representing the interests of any such entity?

Yes ☐ No ☒

EXPLANATION OF "YES" RESPONSES: If the answer to any of the above questions is "yes", check above and briefly describe the circumstances on this page. If you do not describe the nature of an interest or if you do not provide the amount or value involved where relevant, the conflict will be assumed to be significant.

Nos. 1 - 4: Type of interest, question number and category (e.g., Intellectual Property 4.a copyrights) and basic descriptive details.	Name of company, organization, or institution	Belongs to you, a family member, employer, research unit or other?	Amount of income or value of interest (if not disclosed, is assumed to be significant)	Current interest (or year ceased)

Nos. 5-6: Describe the subject, specific circumstances, parties involved, time frame and other relevant details

CONSENT TO DISCLOSURE. By completing and signing this form, you consent to the disclosure of any relevant conflicts to other meeting participants and in the resulting report or work product.

DECLARATION. I hereby declare on my honour that the disclosed information is true and complete to the best of my knowledge.

Should there be any change to the above information, I will promptly notify the responsible staff of WHO and complete a new declaration of interests form that describes the changes. This includes any change that occurs before or during the meeting or work itself and through the period up to the publication of the final results or completion of the activity concerned.

Date:

8-15-24

Signature

(b) (6)

From: Stefanie Friedhoff
Sent: Mon, 14 Aug 2023 18:55:49 +0000
To: Masiello, Matthew
Cc: Brown, Lisa; McCarthy, Margaret; Rhodes, Holly; Voegeli, Chris (CDC/IOD/OC)
Subject: Re: Invitation to National Academies Expert Meeting on Federal Health Communications

Dear Matthew, Lisa and Holly,

Thank you for this invitation, and yes, I will be delighted to participate in this important follow-up conversation and remain committed to moving this agenda forward.

Let me know if you need anything else from me, and looking forward,

Stefanie

From: Masiello, Matthew <MMasiello@nas.edu>
Date: Thursday, August 10, 2023 at 11:54 AM
To: stefanie_friedhoff@brown.edu <stefanie_friedhoff@brown.edu>
Cc: Brown, Lisa <LBrown@nas.edu>, McCarthy, Margaret <MMcCarthy@nas.edu>, Rhodes, Holly <HRhodes@nas.edu>, Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Invitation to National Academies Expert Meeting on Federal Health Communications

Dear Ms. Friedhoff,

The U.S. National Academies of Sciences, Engineering, and Medicine is hosting a virtual expert meeting to convene a select group of leaders in federal health communication in productive conversation about how to act on ideas raised at two recent National Academies workshops (described in detail at the end of this email) with a specific focus on collaboration and coordination between federal agencies. The expert meeting is supported by the Centers for Disease Control and Prevention (CDC) Office of Readiness and Response and Office of Communications.

On behalf of our federal partners and the chairs of the National Academies workshops, Drs. [Howard Koh](#) and [William Hallman](#), we invite you to participate in this meeting.

Given your former role as senior policy advisor on the White House Covid-19 Response Team and as a key stakeholder within the federal health communications system, we think your participation would be essential for advancing the objectives of this meeting (please see the meeting goal and objectives below).

This closed virtual meeting will take place on **September 11, 2023, 10am – 4pm ET** via Zoom.

Meeting Goal and Objectives

The goal of the meeting is to discuss a pathway forward for federal inter- and intra-agency collaboration and knowledge sharing to effectively coordinate and manage federal health communications before, during, and after public health emergencies and crises.

The meeting objectives are to:

1. Learn what federal agencies are doing to monitor the information environment before and during a PHE or health crisis, how they manage health communications before and during a PHE or health crisis, and identify opportunities for shared learning and collaboration.
2. Generate a shared vision and approaches for effective federal inter- and intra-agency collaboration and coordination to effectively manage federal health communications before and during PHEs, with specific focus on addressing mis/disinformation.
3. Create a space where representatives across agencies can form/strengthen collaborative relationships which can be further developed after the meeting.

Please respond to this email if you are interested and available to participate in this meeting. I am happy to address any questions you may have. **If there are others from your office that you think should participate based on the intended meeting goal and objectives, please let us know**

Background on Prior Workshops

The National Academies hosted two complementary meetings related to exploring the capacities needed for communicating about health in a federal context. In March 2023, the first workshop, made possible by a grant from the Robert Wood Johnson Foundation and informed by efforts of the Office of the Surgeon General, titled [*Effective Health Communication within the Current Information Environment and the Role of the Federal Government: A Workshop*](#), convened leaders and communications experts working in federal agencies to 1) explore the current health information environment and other forces that affect federal health communication; 2) examine the goals and roles of federal health agencies within this information environment; and 3) identify concrete steps for building capacities needed across US government to support effective health communication moving forward. This event focused specifically on the federal role but considered broad needs for capacity building for both emergency and non-emergency health communication. A full workshop proceedings from this event will be published in summer 2023. Video recordings and other materials from this event can be accessed [here](#).

In April 2023, the second workshop, [*Navigating Infodemics and Building Trust during Public Health Emergencies: A Workshop*](#), sponsored by the Centers for Disease Control and Prevention, examined the impact of infodemics on trust in the public health enterprise and tools, practices, and strategies for public health agencies and nongovernmental organizations to address infodemics. This workshop had a narrower topical focus within the context of public health emergencies, but a broader set of stakeholders. <https://www.nationalacademies.org/our-work/the-public-health-infodemic-and-trust-in-public-health-as-a-national-security-threat-a-workshop> Video recordings and other materials from this event can be [accessed here](#).

Thank you in advance for your consideration.

Matthew Masiello, M.P.H.

Associate Program Officer
Health and Medicine Division

Lisa Brown, M.P.H.
Senior Program Officer
Health and Medicine Division

Holly G. Rhodes, Ph.D.
Director, Standing Committee on Advancing Science Communication
Division of Behavioral and Social Sciences and Education

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Mon, 23 Jan 2023 19:35:34 +0000
To: PURNAT, Tina
Cc: NGUYEN, Tim
Subject: Re: invitation to present your insights unit and work at WHO IM meeting in March

Good afternoon to you both!

Yes, I love talking about our work, so I am more than happy to do so for this. I'm not that familiar with the folks in Oklahoma or New York, but I meet twice a month with the California team so if you need a connecting email, just let me know.

Let me see about travel. I might be able to swing it, but if not, I can definitely make a video.

Thank you both!

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: OOO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: PURNAT, Tina <purnatt@who.int>
Sent: Monday, January 23, 2023 10:03 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <ooo2@cdc.gov>
Cc: NGUYEN, Tim <NguyenT@who.int>
Subject: invitation to present your insights unit and work at WHO IM meeting in March

Dear Chris,

We are convening a global meeting in march that will focus on developing a global curriculum on infodemic management and recommendations for mainstreaming the skills and competencies into university, continuing education and field epidemiology training programmes.

We would like to frame the discussion of the training priorities within the practical developments in countries that have established insights units and also used the insights in the misinformation response and in emergency response during COVID-19.

We would like to invite insights teams from several levels of US:

- your unit at CDC level
- state level – Oklahoma and/or California
- city level – New York City

Would you be available to provide a 10-15 minute talk about the set up and lessons learned from running your insights unit when it came to the multidisciplinary nature of the unit, competencies,

approach to management and training, etc. We'd want to show why this activity is important, and what makes the team and individuals successful in such a new work area. Any advice or wishes you may have for continuing education, field epi or other training programs when it comes to infodemic management and misinformation response?

We unfortunately cannot fund travel for presenters at this particular meeting, so I hope that you agree to send us a video, or fund your own travel. I can give you more details if you are interested – the meeting is 21-23 March in Belgrade, Serbia.

Best regards,

Tina

Tina D Purnat
Team Lead for Infodemic Management
High Impact Events Preparedness Unit
Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Health Emergencies Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

purnatt@who.int | WhatsApp/Signal: (b) (6) www.linkedin.com/in/tinadpurnat | @tdpurnat |

Sign up for the WHO infodemic management News Flash: <https://bit.ly/flashsubscribe>

From: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS)
Sent: Sun, 26 Sep 2021 13:17:10 +0000
To: PURNAT, Tina
Subject: Re: Invitation to the 5th WHO Infodemic Management Conference (CONF)

Good morning Tina,

Yes, I am interested in participating, and I should be able to commit the requisite 12 hours.

Thank you!

Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist

Email: OOQ2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

Insights Team | Co-lead

Program Integration and Equity | Vaccine Confidence and Demand Team

COVID-19 Emergency Response | Vaccine Taskforce

Centers for Disease Control and Prevention

From: PURNAT, Tina <purnatt@who.int>
Sent: Friday, September 24, 2021 4:52 AM
To: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHPIRS) <oqo2@cdc.gov>
Subject: Invitation to the 5th WHO Infodemic Management Conference (CONF)

*** sent on behalf of Tim Nguyen, Head of Unit for High Impact Events Preparedness, WHO ***

Dear Christopher Voegeli,

I am writing to extend you an official invitation to the 5th WHO infodemic management conference starting on 2 November 2021, where we'd seek your expert input in the scientific discussions.

Time is against us to better identify and address the overabundance of information and the misinformation that can mislead people, harm health, decay trust in health authorities and institutions, and loosen social cohesion. We believe your expertise and research/professional track record are important perspectives to advance the global scientific conversation about metrics and tools needed to quantify the burden of infodemic on health and well-being.

The aim of this technical meeting is to develop a work plan to foster implementation of the work stream 1 of the WHO public health research agenda for managing infodemics – the metrics and indicators for measuring the burden of the infodemic and related interventions. The discussion will raise awareness of the gaps in metrics required to connect exposure to information with health outcomes; and will explore proposals for study designs, measures, and tools that can contribute directly to estimating the burden of infodemics or the effectiveness of infodemic management interventions.

Please find more details in the provisional agenda linked at the bottom of this email. The working language of the meeting will be English and it will be held on an online video conference platform.

What can scientific participants expect at this conference?

- Opportunity to connect to 50 experts from diverse fields related to infodemic management and give inputs into WHO work planning
- Contribute a lightning talk as a discussant for one of the three technical discussions
- Participate in innovative discussion format with combining small group discussion and plenary deliberations
- Take part in a follow up public summary of expert discussions and conclusions after the conference
- Contribute ideas for working groups that can take this work further after the conference
- Be invited to contribute to future special issues and supplements in medical and scientific journals or foster research collaborations related to measurement and estimation of the burden of infodemic
- **Total time commitment: ~12 hours over 2 weeks**

Like many COVID-19 developments, we are moving quickly to assemble this conference on this important topic. If you are interested in participation and can commit the 12 hours of your time between 2 and 11 November, please kindly send a response to us by Friday, 08 October. We shall then follow up with more details about the agenda, guidance documents and requested forms.

Please reach out if you have any questions to Tina Purnat, purnatt@who.int.

Kind regards,

Tim Nguyen
Unit Head

High Impact Events Preparedness
Global Infectious Hazard Preparedness department
WHO Health Emergencies Programme (WHE)
World Health Organization
Geneva, Switzerland

Attachments:

- Provisional programme - <https://1drv.ms/b/s!AtPoc3YQw0ufgZMbM9espKMITbxmPw?e=8T5iWY>
- Provisional scope and purpose - <https://1drv.ms/b/s!AtPoc3YQw0ufgZMarePTPGQmBGsIEQ?e=Isz6vO>

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Mon, 27 Feb 2023 15:16:35 +0000
To: SANTESSO, Gabriela
Subject: RE: INVITATION / WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management / Belgrade, Serbia, 21-22 March 2023
Attachments: WHO_DOC_CDV 2-27-23.pdf, Declaration of Interests Form CDV 2-27-23.pdf

Here you go! If you need anything else, don't hesitate to reach out. Thanks!

From: SANTESSO, Gabriela <santessog@who.int>
Sent: Sunday, February 26, 2023 4:05 PM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: INVITATION / WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management / Belgrade, Serbia, 21-22 March 2023
Importance: High

Dear Doctor Voegeli,

Following our invitation here below, I would be most grateful if you could kindly confirm if you will attend the technical consultation and the optional workshop.

Should you participate, kindly complete and sign the documents herewith attached and return a complete scanned copy to me as soon as possible.

With many thanks in advance.

Best regards,
Gabriela

From: SANTESSO, Gabriela
Sent: Friday, February 10, 2023 6:04 PM
To: QQO2@cdc.gov
Cc: CAZACU, Ofelia <cazacuo@who.int>
Subject: INVITATION / WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management / Belgrade, Serbia, 21-22 March 2023
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“WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management”

to be held in Belgrade, Serbia, from 21 to 22 March 2023.

The technical consultation will be followed by an optional workshop on designing immersive infodemic management training simulations on 23 March 2023.

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1. Your Invitation Letter
2. Declaration of Interests (DOI) for WHO Experts (deadline for submission Wednesday 15 February)
3. Annex A - Guidance to Experts in Connection with the Completion of WHO DOI Forms
4. Annex B - Code of Conduct for WHO Experts
5. Confidentiality Undertaking (deadline for submission Wednesday 15 February)
6. Concept Note
7. Provisional Agenda
8. WHO Declaration of Consent (deadline for submission Wednesday 15 February)

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We kindly remind you to book your flights and hotel accommodation as soon as possible.

Thank you in advance.

With my best regards,

Gabriela Santesso
Assistant Team
WHO/HQ/WPE/EPP/IEP



Declaration of Consent and Release for Photograph, Video and/or Sound Recordings of Named Subjects

I hereby consent to the worldwide use of my name, likeness, biography, picture and/or clinical details related to my person, as depicted in the following photograph(s), video and/or sound recordings (the “**Media**”) made for or by the World Health Organization (“**WHO**”), 20 Avenue Appia, 1211 Geneva 27, Switzerland, as well as in publicity concerning the same, for the following subject(s):

Description of subject(s): **WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management**

In providing this consent, I declare, acknowledge and agree that:

- I am of the legal age of consent and I have the full legal power and authority to complete this Declaration, or, if I am a minor (below the legal age of consent) or otherwise legally prevented from signing this Declaration, it is made on my behalf by my parent(s) or legal guardian(s) listed below.
- I have read this Declaration in its entirety, or it has been read (or translated) to me in its entirety, and I have had the opportunity to ask questions about it.
- My name will appear in connection with the Media.
- My consent is voluntary. I can withdraw my consent at any time by contacting WHO in writing. Any such withdrawal will not apply to Media that have already been disseminated under this Declaration.
- All rights to the Media are vested in WHO, which for the duration of the applicable rights has the unrestricted, sublicensable and worldwide right to use my name, likeness, biography, picture, and/or clinical details related to my person as depicted in the Media in any manner whatsoever, without any obligation to seek any further authorization from me or inform me thereof. That use may include, without limitation, editing, duplication, licensing to any third party, and distribution in all media now known or later developed including, without limitation, WHO and third-party advocacy materials, publications, television programmes, films, videos and websites.
- I will not receive any payment in consideration for the foregoing.

I agree not to hold WHO, its employees, or its agents liable for any use or dissemination of the Media in accordance with this Declaration.

By signing below, I confirm that I fully understand and accept all of the above.

Signature: Christopher Voegeli -S Date: 2/27/2023.....
Name: Chris Voegeli PhD MPH..... Place: Atlanta, GA, USA.....
Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the subject:
.....

For internal use only: Visual description of the subject for reference



**World Health
Organization**

Explanation that can be provided to subject

WHO uses photos and video to document and promote public health issues. When we take a photo or video of someone, we require you to provide your consent to be photographed or filmed. In signing this consent form, you are agreeing to the use of your likeness and the information that you have provided us, for use by WHO in connection with its work on public health.

DECLARATION OF INTERESTS FOR WHO EXPERTS

WHO's work on global health issues requires the assistance of external experts who **may have interests related to their expertise**. To ensure the highest integrity and public confidence in its activities, WHO requires that experts serving in an advisory role disclose any circumstances that could give rise to a potential conflict of interest related to the subject of the activity in which they will be involved.

All experts serving in an advisory role must disclose any circumstances that could represent a **potential conflict of interest** (i.e., any interest that may affect, or may reasonably be perceived to affect, the expert's objectivity and independence). You must disclose on this Declaration of Interests (DOI) form any financial, professional or other interest relevant to the subject of the work or meeting in which you have been asked to participate in or contribute towards and any interest that could be affected by the outcome of the meeting or work. You must also declare relevant interests of your immediate family members (see definition below) and, if you are aware of it, relevant interests of other parties with whom you have substantial common interests and which may be perceived as unduly influencing your judgement (e.g. employer, close professional associates, administrative unit or department). Please note that not fully completing and disclosing all relevant information on this form may, depending on the circumstances, lead WHO to decide not to appoint you to WHO advisory bodies/functions in the future.

Please complete this form and submit it to WHO Secretariat if possible at least 4 weeks but no later than 2 weeks before the meeting or work. You must also promptly inform the Secretariat if there is any change in this information prior to, or during the course of, the meeting or work. All experts must complete this form before participation in a WHO activity can be confirmed. Please note that not fully completing and disclosing all relevant information on this form may, depending on the circumstances, lead WHO to decide not to appoint you to WHO advisory bodies/functions in the future.

Answering "Yes" to a question on this form does not automatically disqualify you or limit your participation in a WHO activity. Your answers will be reviewed by the Secretariat to determine whether you have a conflict of interest relevant to the subject at hand. One of the outcomes listed in the next paragraph can occur depending on the circumstances (e.g. nature and magnitude of the interest, timeframe and duration of the interest).

The Secretariat may conclude that no potential conflict exists or that the interest is irrelevant or insignificant. If, however, a declared interest is determined to be potentially or clearly significant, one or more of the following three measures for managing the conflict of interest may be applied. The Secretariat (i) allows full participation, with public disclosure of your interest; (ii) mandates partial exclusion (i.e., you will be excluded from that portion of the meeting or work related to the declared interest and from the corresponding decision making process); or (iii) mandates total exclusion (i.e., you will not be able to participate in any part of the meeting or work).

All potentially significant interests will be **disclosed** to the other participants at the start of the activity and you will be asked if there have been any changes. A summary of all declarations and actions taken to manage any declared interests will be **published** in resulting reports and work products. Furthermore, if the objectivity of the work or meeting in which you are involved is subsequently questioned, the contents of your DOI form may be made available by the Secretariat to persons outside WHO if the Director-General considers such disclosure to be in the best interest of the Organization, after consulting with you. Completing this DOI form means that you agree to these conditions.

If you are unable or unwilling to disclose the details of an interest that may pose a real or perceived conflict, you must disclose that a conflict of interest may exist and the Secretariat may decide that you be totally recused from the meeting or work concerned, after consulting with you.

Name: Chris Voegeli, PhD MPH Institution: US Centers for Disease Control and Prevention Email: oqo2@cdc.gov

Date and title of meeting or work, including description of subject matter to be considered (if a number of substances or processes are to be evaluated, a list should be attached by the organizer of the activity):

Please answer each of the questions below. If the answer to any of the questions is "yes", briefly describe the circumstances on the last page of the form.

The term "you" refers to yourself and your immediate family members (i.e., spouse (or partner with whom you have a similar close personal relationship) and your children). "Commercial entity" includes any commercial business, an industry association, research institution or other enterprise whose funding is significantly derived from commercial sources with an interest related to the subject of the meeting or work. "Organization" includes a governmental, international or non-profit organization. "Meeting" includes a series or cycle of meetings.

EMPLOYMENT AND CONSULTING

Within the past 4 years, have you received remuneration from a commercial entity or other organization with an interest related to the subject of the meeting or work?

- 1a Employment Yes ☐ No ☒
- 1b Consulting, including service as a technical or other advisor Yes ☐ No ☒

RESEARCH SUPPORT

Within the past 4 years, have you or has your research unit received support from a commercial entity or other organization with an interest related to the subject of the meeting or work?

- 2a Research support, including grants, collaborations, sponsorships, and other funding Yes ☐ No ☒
- 2b Non-monetary support valued at more than US \$1000 overall (include equipment, facilities, research assistants, paid travel to meetings, etc.) Yes ☐ No ☒

Support (including honoraria) for being on a speakers bureau, giving speeches or training for a commercial entity or other organization with an interest related to the subject of the meeting or work?

INVESTMENT INTERESTS

Do you have current investments (valued at more than US \$5 000 overall) in a commercial entity with an interest related to the subject of the meeting or work? Please also include indirect investments such as a trust or holding company. You may exclude mutual funds, pension funds or similar investments that are broadly diversified and on which you exercise no control.

- 3a Stocks, bonds, stock options, other securities (e.g., short sales) Yes ☐ No ☒
- 3b Commercial business interests (e.g., proprietorships, partnerships, joint ventures, board memberships, controlling interest in a company) Yes ☐ No ☒

INTELLECTUAL PROPERTY

Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the meeting or work?

- 4a Patents, trademarks, or copyrights (including pending applications) Yes ☐ No ☒
- 4b Proprietary know-how in a substance, technology or process Yes ☐ No ☒

PUBLIC STATEMENTS AND POSITIONS (during the past 3 years)

- 5a As part of a regulatory, legislative or judicial process, have you provided an expert opinion or testimony, related to the subject of the meeting or work, for a commercial entity or other organization? Yes ☐ No ☒
- 5b Have you held an office or other position, paid or unpaid, where you represented interests or defended a position related to the subject of the meeting or work? Yes ☐ No ☒

ADDITIONAL INFORMATION

- 6a If not already disclosed above, have you worked for the competitor of a product that is the subject of the meeting or work, or will your participation in the meeting or work enable you to obtain access to a competitor's confidential proprietary information, or create for you a personal, professional, financial or business competitive advantage? Yes ☐ No ☒
- 6b To your knowledge, would the outcome of the meeting or work benefit or adversely affect interests of others with whom you have substantial common personal, professional, financial or business interests (such as your adult children or siblings, close professional colleagues, administrative unit or department)? Yes ☐ No ☒
- 6c Excluding WHO, has any person or entity paid or contributed towards your travel costs in connection with this WHO meeting or work? Yes ☐ No ☒

6d Have you received any payments (other than for travel costs) or honoraria for speaking publicly on the subject of this WHO meeting or work? Yes ☐ No ☒

6e Is there any other aspect of your background or present circumstances not addressed above that might be perceived as affecting your objectivity or independence? Yes ☐ No ☒

7. **TOBACCO OR TOBACCO PRODUCTS** (*answer without regard to relevance to the subject of the meeting or work*)

Within the past 4 years, have you had employment or received research support or other funding from, or had any other professional relationship with, an entity directly involved in the production, manufacture, distribution or sale of tobacco or tobacco products or representing the interests of any such entity?

Yes ☐ No ☒

EXPLANATION OF "YES" RESPONSES: If the answer to any of the above questions is "yes", check above and briefly describe the circumstances on this page. If you do not describe the nature of an interest or if you do not provide the amount or value involved where relevant, the conflict will be assumed to be significant.

Nos. 1 - 4: Type of interest, question number and category (e.g., Intellectual Property 4.a copyrights) <u>and</u> basic descriptive details.	Name of company, organization, or institution	Belongs to you, a family member, employer, research unit or other?	Amount of income or value of interest (if not disclosed, is assumed to be significant)	Current interest (or year ceased)

Nos. 5-6: Describe the subject, specific circumstances, parties involved, time frame and other relevant details

CONSENT TO DISCLOSURE. By completing and signing this form, you consent to the disclosure of any relevant conflicts to other meeting participants and in the resulting report or work product.

DECLARATION. I hereby declare on my honour that the disclosed information is true and complete to the best of my knowledge.

Should there be any change to the above information, I will promptly notify the responsible staff of WHO and complete a new declaration of interests form that describes the changes. This includes any change that occurs before or during the meeting or work itself and through the period up to the publication of the final results or completion of the activity concerned.

Date: 2/27/2023

Signature Christopher Voegeli -S Digitally signed by Christopher Voegeli -S
Date: 2023.02.27 10:14:44 -05'00'

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Thu, 2 Mar 2023 17:55:52 +0000
To: SANTESSO, Gabriela
Subject: RE: INVITATION / WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management / Belgrade, Serbia, 21-22 March 2023
Attachments: 3. Confidentiality Undertaking_CDV Signed.pdf

I knew I forgot one! Sorry. Here you go.

From: SANTESSO, Gabriela <santessog@who.int>
Sent: Monday, February 27, 2023 11:11 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: INVITATION / WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management / Belgrade, Serbia, 21-22 March 2023
Importance: High

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Could kindly also complete and sign the Confidentiality Undertaking and send it back to me.

With many thanks in advance.

Best regards,
Gabriela

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Cc: CAZACU, Ofelia <cazacuo@who.int>
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Thank you in advance.

With my best regards,

Gabriela Santesso
Assistant Team
WHO/HQ/WPE/EPP/IEP

WORLD HEALTH ORGANIZATION
CONFIDENTIALITY UNDERTAKING

1. The World Health Organization (WHO), through its Department for Epidemic and Pandemic Preparedness and Prevention (EPP), has access to certain Infodemic Management information related to Public Health Emergencies to which it considers to be proprietary to itself or to parties collaborating with it (the “**Information**”).
2. WHO is willing to provide the Information to the Undersigned, or arrange for the provision of the Information to the Undersigned, whether during or in relation to a meeting or a telephone conference, or through an internet-based collaborative workspace, or for a contractual arrangement, or otherwise (the “**Activities**”), for the purpose of the WHO TECHNICAL CONSULTATION ON BUILDING A GLOBAL UNIVERSITY CURRICULUM FOR INFODEMIC MANAGEMENT, BELGRADE, SERBIA, 21-22 MARCH 2023 AND 23 MARCH 2023 (the “**Purpose**”), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, to use the Information only for the aforesaid Purpose and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.
3. The Undersigned undertakes to regard the Information as confidential and proprietary to WHO or parties collaborating with WHO, and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in paragraph 2, except that the Undersigned shall not be bound by any such obligations of confidentiality and restrictions on use, if and to the extent he/she is clearly able to demonstrate that the Information:
 - a. was known to him/her prior to any disclosure by or for WHO to the Undersigned (as evidenced by written records or other competent proof);
 - b. was in the public domain at the time of disclosure by or for WHO to the Undersigned;
 - c. becomes part of the public domain through no fault of the Undersigned; or
 - d. becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality (as evidenced by written records or other competent proof).
4. The Undersigned further undertakes not to use the Information for any benefit, gain or advantage, including but not limited to trading or having others trading in securities on the Undersigned’s behalf, giving trading advice or providing Information to third parties for trade in securities.
5. If requested to do so, the Undersigned agrees to return to WHO any and all copies of the Information.
6. The obligations of the Undersigned shall not cease on termination of the Activities.

7. Any dispute arising from or relating to this Undertaking, including its validity, interpretation, or application, shall, unless amicably settled, be subject to conciliation. In the event the dispute is not resolved by conciliation within thirty (30) days, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the Undersigned and WHO or, in the absence of agreement within thirty (30) days of written communication of the intent to commence arbitration, with the rules of arbitration of the International Chamber of Commerce. The Undersigned and WHO shall accept the arbitral award as final.
8. Nothing in this Undertaking, and no disclosure of Information to the Undersigned pursuant to its terms, shall constitute, or be deemed to constitute, a waiver of any of the privileges and immunities enjoyed by WHO under national or international law, or as submitting WHO to any national court jurisdiction.

Acknowledged and Agreed:

Signature: Christopher Voegeli -S Digitally signed by Christopher Voegeli -
S
Date: 2023.03.02 12:55:23 -05'00'

Name: Chris Voegeli, PhD MPH

Title: Acting Vaccine Confidence and Demand Lead

Date: 3/02/23

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Mon, 20 Mar 2023 19:07:20 +0000
To: PURNAT, Tina
Cc: SANTESSO, Gabriela
Subject: RE: INVITATION / WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management / Belgrade, Serbia, 21-22 March 2023
Attachments: WHO Belgrade IM Meeting 3-21-23.pptx

Tina and Gabriela,
I have no doubt that you sent me an email with the information about who to send my slides to, but I can't find it to save my life. Feel free to let me know who and I will send them, or forward as you see fit.

Note: although there are 21 slides 7-8 of them will take less than a minute.

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Monday, February 27, 2023 10:17 AM
To: SANTESSO, Gabriela <santessog@who.int>
Subject: RE: INVITATION / WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management / Belgrade, Serbia, 21-22 March 2023

Here you go! If you need anything else, don't hesitate to reach out. Thanks!

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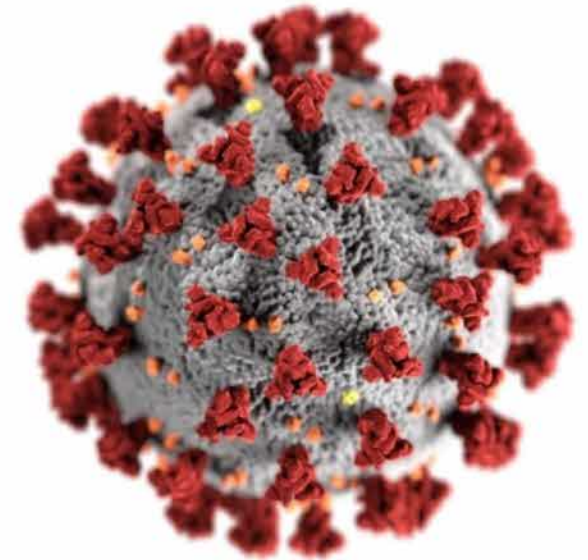
Thank you in advance.

With my best regards,

Gabriela Santesso
Assistant Team
WHO/HQ/WPE/EPP/IEP

Using Insights and infodemic management to Increase Vaccine Confidence

Christopher Voegeli, PhD, MPH
Acting Vaccine Confidence and Demand Lead
March 21, 2023



Vaccinate with **Confidence**

cdc.gov/coronavirus

How we describe the Insights Unit to Leadership

Insights Units are data intelligence units that prioritize data synthesis, utilization, and collaboration.

How we describe the Insights Unit to leadership

- Core Operational Characteristics of Insights Units
Data synthesis
Independence
Integrated planning
Collaboration
Experimentation
Forward-looking orientation
Affinity for action

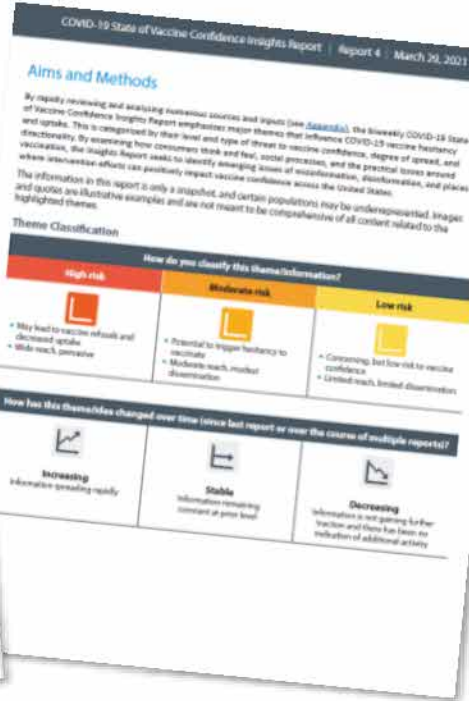
CDC's Insights Unit



Purpose of ISD's Insights Unit

To identify and address the public's questions, concerns, and frustrations in addition to information voids and circulating misinformation that have the potential to impact vaccine confidence, including perceptions that decrease trust in government and science, by disseminating timely information, building partners' capacity, and performing and disseminating relevant research and evaluation findings.

Understanding underlying themes and developing programmatic and communications approaches that address underlying narratives is critical to better addressing the challenges of an infodemic.



About the Reports

- CDC regularly creates reports about the status of vaccine confidence in the United States, emphasizing major themes that influence vaccine confidence and uptake. The reports seek to identify the public's questions, concerns and frustrations and emerging misinformation and places where intervention efforts can positively increase vaccine confidence.

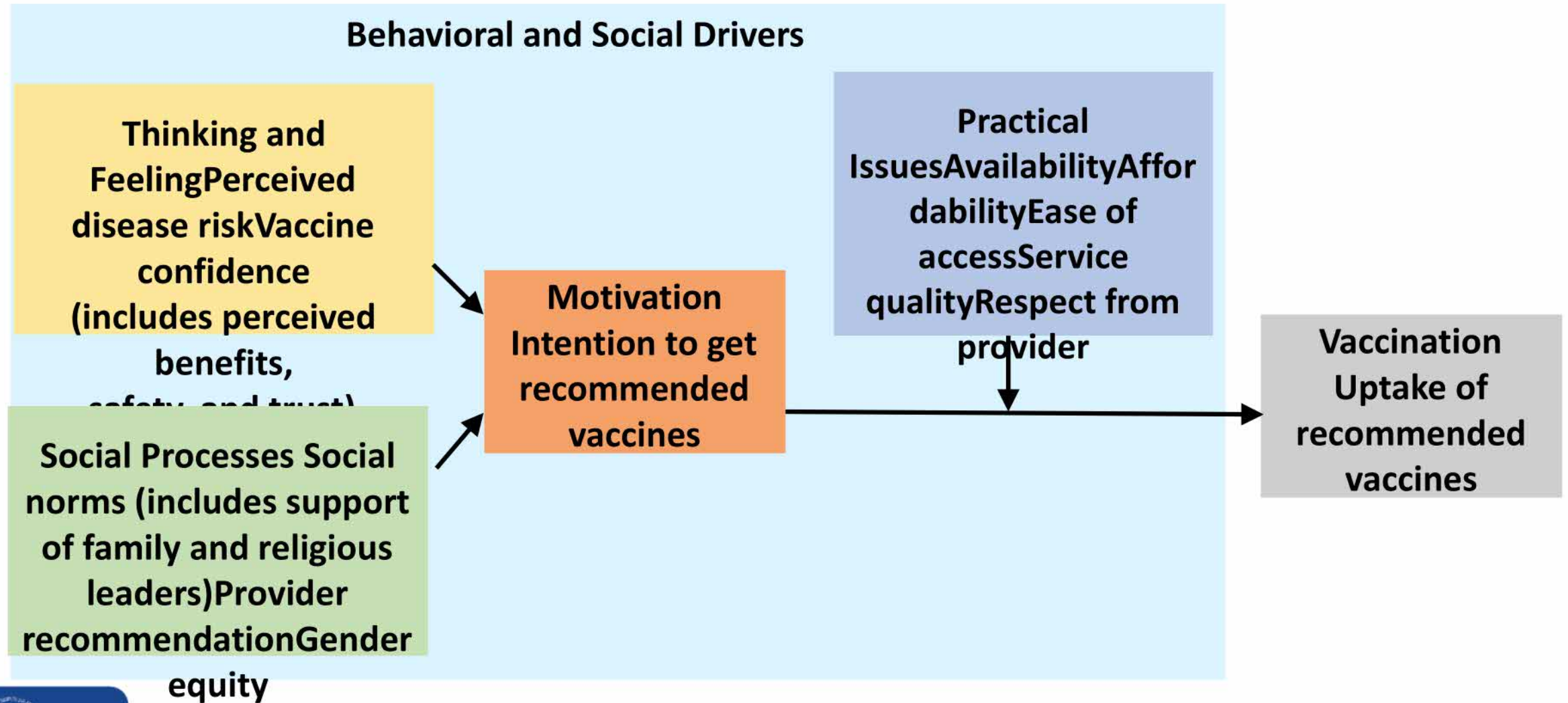


Data Sources

- Collects data from over 24 quantitative and qualitative data sources: Themes identified using integrated and thematic analysis

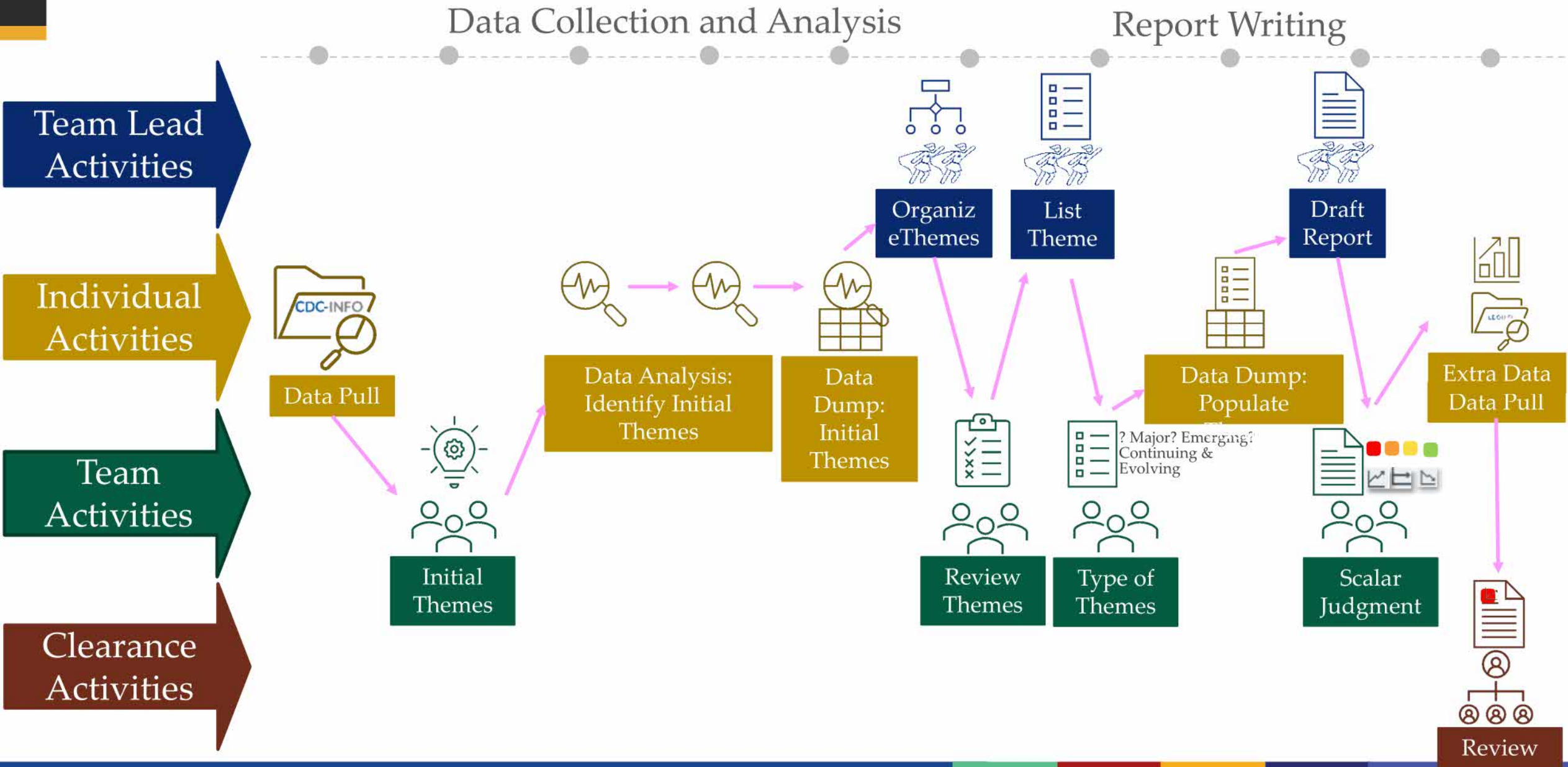
Type	Input	Cadence	Sources	Tactics for Utilization
Social Media Listening & Media Monitoring	Communication Surveillance Report	Daily on weekdays	- Google news - Meltwater - CrowdTangle - Native platform searches	- Share of voice topic analysis to identify themes - Emerging topics
	Meltwater	Daily	- Facebook, Twitter, Instagram - Blogs - News media - Online forums	- Share of voice topic analysis - Emerging theme topics - Identify high reach/velocity topics
	OADC Channel Comment Analysis	Daily on weekdays	Native platform searches	- Sentiment analysis - Identify message gaps/voids
Direct Reports	CDC-INFO Metrics	Weekly	- CDC-INFO inquiry line list - Prepared response (PR) usage report	- Cross-compare PR usage with inquiry theme analysis - Sentiment analysis - Identify information gaps/voids
	VTF Media Requests	Weekly	Media request line list	- Leading indicator for news coverage - Identify information gaps/voids
	Web Metrics	Weekly	- Top pages - Google search queries - Top FAQs - Referring domains	- Identify information gaps/voids, - Identify keywords/search terms, changes in web traffic
Research	Poll Review	Weekly	- Harris Poll, PEW research, Gallup Poll, KFF - New data related to vaccine hesitancy	Identify socio-behavioral indicators related to motivation and intention to vaccinate
	Literature Review	Weekly	- PubMed, LitCovid, ProQuest Central - New data related to vaccine hesitancy	- Identify current vaccination intention - Identify barriers to vaccination
Third Party Reports	Tanaq Social Listening +Media Monitoring Report	Weekly	- Meltwater - Sprout Social - First Draft - Native platform searches	- Trending topics - Demographic and geographic conversation monitoring
	CrowdTangle content insights report	Biweekly	Facebook	- Top pages (voices), groups - General trends/sentiment analysis - News analysis through posts
	First Draft News Vaccine Misinformation Insights Report	Monthly	Proprietary methods	- Media trends analysis - Emerging threats and data deficits - Online vaccine narratives
	Project VCTR	Weekly	Proprietary methods	- National and regional trends in negative attitudes toward vaccination - Conversations around Legislation

The Behavioral and Social Drivers (BeSD) Framework



Source: The WHO BeSD working group. Based on Increasing Vaccination Model (Brewer et al., 2017)

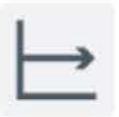
State of Vaccine Confidence Report Process



Type	Input	Cadence	Sources	Tactics for Utilization
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Third Party Reports	Tanaq Social Listening +Media Monitoring Report	Weekly	• Meltwater • Sprout Social • First Draft • Native platform searches	• Trending topics • Demographic and geographic conversation monitoring
	CrowdTangle content insights report	Biweekly	• Facebook	• Top pages (voices), groups • General trends/sentiment analysis • News analysis through posts
	First Draft News Vaccine Misinformation Insights Report	Monthly	• Proprietary methods	• Media trends analysis • Emerging threats and data deficits • Online vaccine narratives
	Project VCTR	Weekly	• Proprietary methods	• National and regional trends in negative attitudes toward vaccination • Conversations around Legislation

Synthesizing multiple inputs and identifying themes through a consensus-building process.

How do you classify this theme/information?			
High risk	Moderate risk	Low risk	Positive sentiment
 ▪ May lead to vaccine refusals and decreased uptake ▪ Wide reach, pervasive	 ▪ Potential to trigger hesitancy to vaccination ▪ Moderate reach, modest dissemination	 ▪ Concerning, but low risk to vaccine confidence ▪ Limited reach, limited dissemination	 ▪ Could increase vaccine confidence, intent, or motivation ▪ Variable reach and dissemination

How has this theme/idea changed over time (since last report or over the course of multiple reports)?		
 Increasing Information spreading rapidly	 Stable Information remaining constant at prior level	 Decreasing Information is not gaining further traction and there has been no indication of additional activity

From reporting to action



Parents expressed concern, confusion, and frustration as children return to school.

With K-12 schools and institutions of higher education either already in session or about to open, the safety and well-being of students, faculty, and staff—as well as of their families and communities—once again is the subject of debate. This debate threatens to harden the views of consumers who are unvaccinated and erode vaccine confidence generally.^{74,75,76} While some parents continue to favor reopening K-12 schools in person and at capacity, parental views regarding appropriate mitigation strategies and mask or vaccine mandates track with political affiliation and vaccination status.^{75,76,77} Anxious parents of young children are impatient that COVID-19 vaccines are not yet authorized for children younger than 12 years old. They are also slightly more likely to favor school mask requirements than those whose children are eligible to be vaccinated.^{78,79}

Vocal vaccine deniers continued to amplify misinformation on social media about supposed dangers that masking and vaccination pose for children. This is fueling conflict between COVID-19 skeptics and parents and school administrators who support masks, vaccination, and other mitigation strategies.^{80,81,82,83,84,85} Clashes over masks in schools suggest that vaccination mandates, especially for younger children, will be difficult to implement, especially given that some politicians, faith leaders, and school administrators are already coaching skeptical parents on how to circumvent mask and vaccine requirements.^{86,87}

Ways to act:

- Develop and disseminate messages about the risk of COVID-19 for children. Highlight the increasing case numbers among children and the increasing number of children hospitalized with severe COVID-19. Remind consumers about the role that children play in spreading the virus.
- Continue to amplify messages that vaccination for children 12 years and older is the best way to protect them from illness, clarifying that the risk for severe COVID-19 or complication caused by illness is higher than the risk of an adverse event from vaccination.
- Partner with school administrators and support them to promote messages about the benefits of vaccination or connect them to other trusted messengers. Also, help them promote mitigation measures for children, parents, school staff, and the broader community. Remind them to connect unvaccinated staff and families to vaccination information and events.



Consumers expressed frustration and confusion about updated guidance for fully vaccinated individuals.

CDC's update to the Interim Public Health Recommendations for Fully Vaccinated People generated confusion and exasperation among many consumers.^{88,89,90} Initial confusion about the updated guidance—particularly around when and where indoor

masking for vaccinated individuals would be required—drove social media users to express frustration both with the updated guidance and with unvaccinated consumers. Many people saw consumers who are unvaccinated as responsible for the Delta surge and associated return of restrictions.^{91,92,93}

The reimposition of mitigation strategies that equally affected people who are vaccinated and unvaccinated was amplified on both news media and social media.^{94,95,96,97} This, in turn, spawned opinion pieces chiding the frustrated for their pettiness and warning that openly shaming people who are unvaccinated could depress vaccine acceptance by driving some in the “moveable middle” into outright vaccine refusal.^{98,99,100}

Renewed political and social clashes over mitigation measures could have further undermined vaccine confidence. Mask skeptics and vocal vaccine deniers seized upon the uncertainties that inform CDC's updated guidance to disparage vaccines, sow doubt about the efficacy of vaccination, and create suspicion about the motives of public and private entities advocating vaccination.^{101,102,103}

Ways to act:

- Disseminate messages that provide clarity around guidance for people who are fully vaccinated. Remind people that both being vaccinated and wearing masks in public places can help protect people who are too young to be vaccinated, unable to be vaccinated, or at high risk for serious illness.
- Continue to amplify messages that asymptomatic or mild breakthrough cases of COVID-19 are expected and are a normal occurrence with many vaccines, such as influenza vaccination. Reassure consumers that even high numbers of breakthrough infections align with projected vaccine effectiveness and that breakthrough cases are likely much less severe than they would have been had the person not been vaccinated.

re: A new mask mandate signals failure of The Biden Administration

New “mask mandate” is about:

1. Punishing red states living their lives and economically and culturally destroying blue states
2. Extending eviction moratorium and unemployment benefits to further delay an economic collapse until midterms
3. Just because it makes us mad

MASKS: DON'T DO ANYTHING

How our readers are using the State of Vaccine Confidence Reports:



Inform communication strategies (e.g., including vaccine messaging, tailoring vaccine information) Improve personal understanding of vaccine confidence issues Inform partnerships with other groups/organizations Improve understanding of vaccine hesitancy and access issues across special populations Inform prioritization of vaccine confidence issues based on themes in the State of Vaccine Confidence Report



Insights Unit's Additional Work Streams



Three Streams of Work

1. Report writing and promoting use of the findings
Providing support to internal and external partners
Research and evaluation

Providing Partner Support

- Developing systems and protocols to support local, state, and federal partners
Provide partners with technical assistance and consultations on data sources for social listening, mitigating mis and disinformation, and building trust
Build the capacity of partners by performing trainings on SoVC methodology, integrated analysis, and thematic analysis, and addressing mis and disinformation
Support partner activities by serving as SME on working groups

Perform, publish and disseminate research and evaluation related to insights activities

- Funded research: Increasing Vaccine Confidence and Building Community Trust Using a CBPR Approach Development and Evaluation of an Online Parent-Champion Based Intervention to Increase COVID-19 Vaccine Confidence on Social Media Platforms Developing a Public Health Tool to Predict the Virality of Vaccine Misinformation Narratives Virtual training, real results: Developing a virtual reality training for clinical providers to build skills and confidence in promoting patient vaccination Development of a vaccine resource scorecard to support continuous quality improvement in health departments and healthcare settings I will do my best to do my duty to get vaccinated: Creation of an official vaccine champion scouting merit badge Building Vaccine Confidence and resiliency to inaccurate vaccine

Perform, publish and disseminate research and evaluation related to insights activities

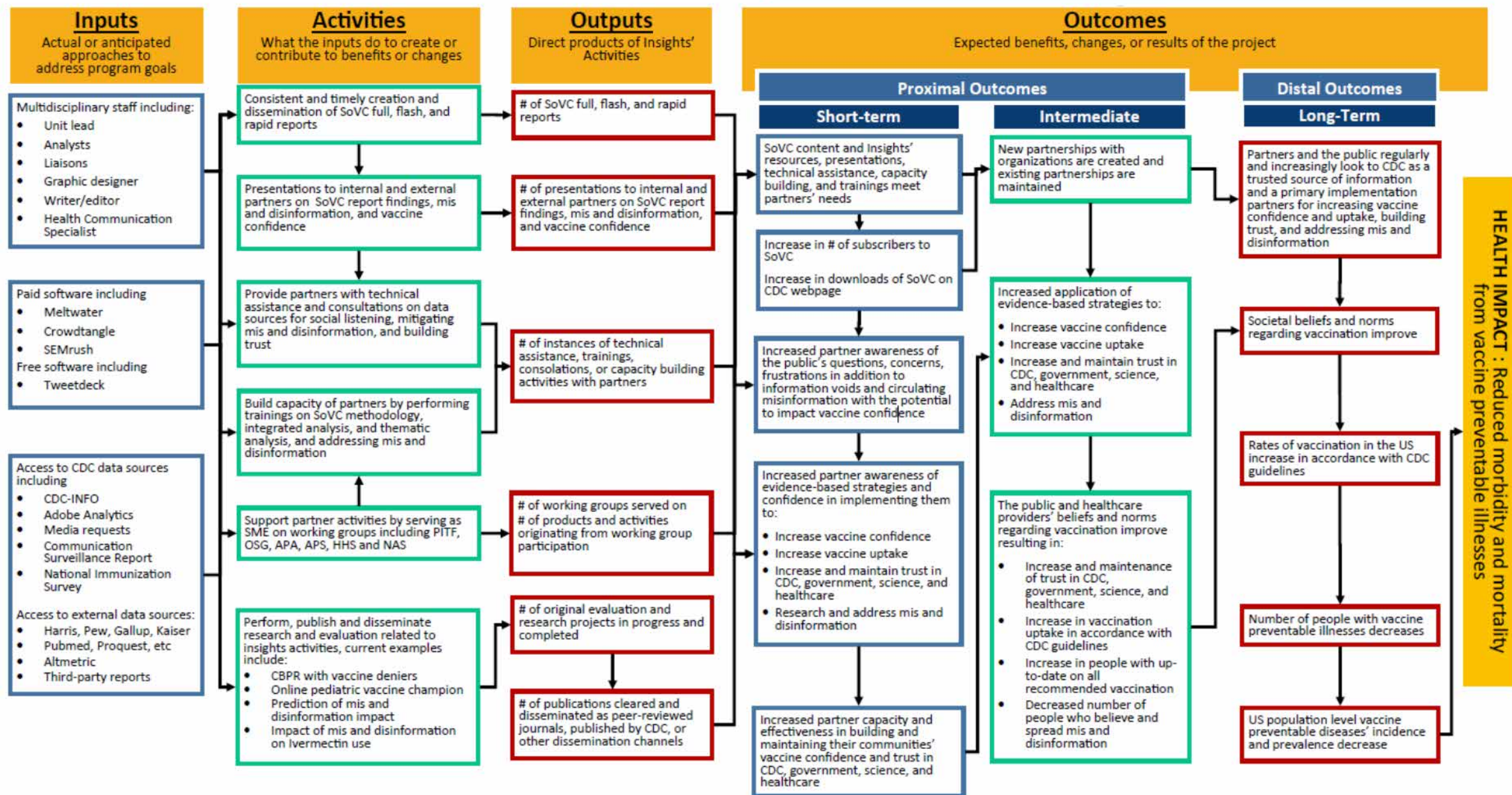
- Unfunded research: Utilizing qualitative thematic analysis to diagnose and address COVID-19 vaccine confidence issues
Tracking Medical Misinformation Promoting Ivermectin as COVID-19 Treatment and Its Impact on Information and Health-Seeking Behavior by Consumers
The impact of message modality on the trustworthiness of vaccine messages
Experiences, perceptions, and concerns of government employees' experiences with misinformation-related workplace intimidation



Vaccinate with Confidence ISD/VcD's Insights Unit

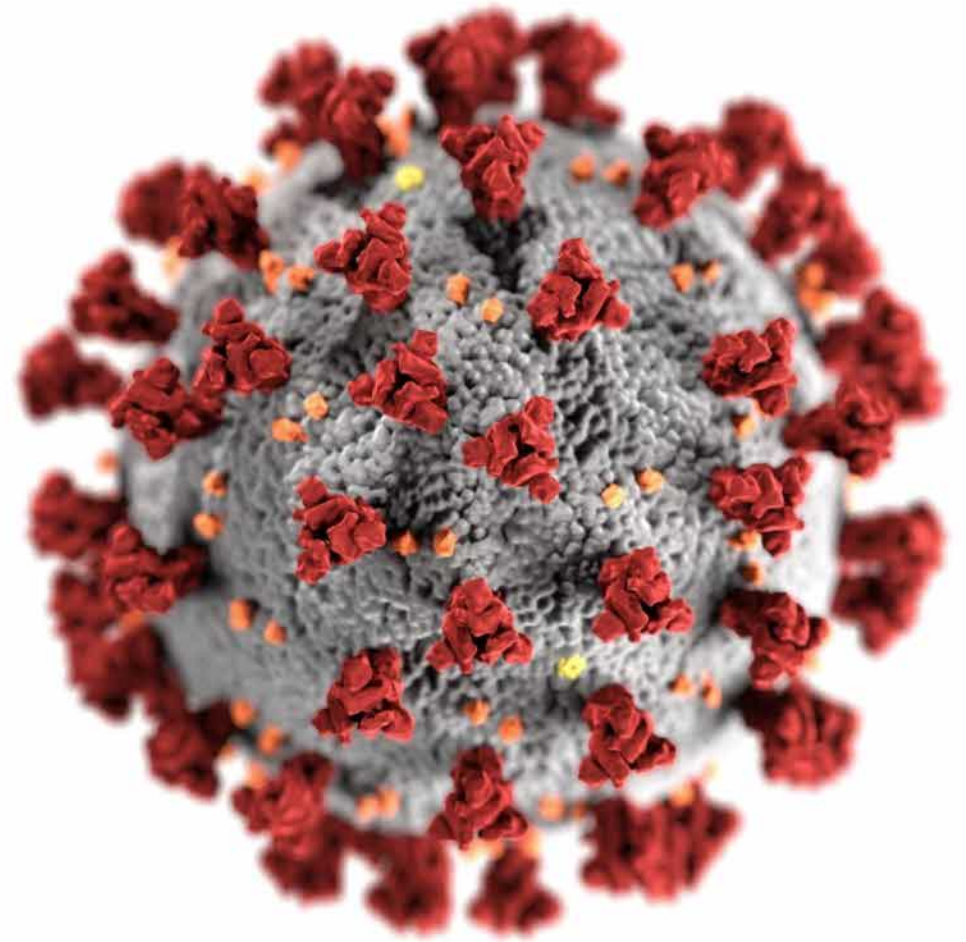
Strategy to Reinforce Confidence in Covid-19 Vaccines

Purpose: To identify and work to address the public's questions, concerns, frustrations in addition to information voids and circulating misinformation that have the potential to impact vaccine confidence, including perceptions that decrease trust in government, science, and health behaviors, by disseminating timely information, building partners' capacity, and performing and disseminating relevant research and evaluation findings.



**Thank you! Christopher
Voegeli, PhD, MPH Acting
Vaccine Confidence and
Demand Lead Centers for
Disease Control and
Prevention**

For more information, contact us at
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Mon, 27 Feb 2023 13:51:24 +0000
To: SANTESSO, Gabriela
Subject: Re: INVITATION / WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management / Belgrade, Serbia, 21-22 March 2023

Morning Gabriela!

I will be attending both. I will return these copies to you soon. Thanks!

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)
Behavioral Scientist | Acting Vaccine Confidence and Demand Lead
Email: OQO2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: SANTESSO, Gabriela <santessog@who.int>
Sent: Sunday, February 26, 2023 4:04 PM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: INVITATION / WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management / Belgrade, Serbia, 21-22 March 2023

Dear Doctor Voegeli,

Following our invitation here below, I would be most grateful if you could kindly confirm if you will attend the technical consultation and the optional workshop.

Should you participate, kindly complete and sign the documents herewith attached and return a complete scanned copy to me as soon as possible.

With many thanks in advance.

Best regards,

Gabriela

From: SANTESSO, Gabriela
Sent: Friday, February 10, 2023 6:04 PM
To: OQO2@cdc.gov
Cc: CAZACU, Ofelia <cazacuo@who.int>
Subject: INVITATION / WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management / Belgrade, Serbia, 21-22 March 2023
Importance: High

Dear Doctor Voegeli,

The World Health Organization Epidemic and Pandemic Preparedness and Prevention Department, and the WHO Regional Office for Europe, have pleasure in inviting you to participate in the

“WHO Technical Consultation on Building a Global University Curriculum for Infodemic Management”

to be held in Belgrade, Serbia, from 21 to 22 March 2023.

The technical consultation will be followed by an optional workshop on designing immersive infodemic management training simulations on 23 March 2023.

To this purpose, kindly find herewith attached:

1. Your Invitation Letter
2. Declaration of Interests (DOI) for WHO Experts (deadline for submission Wednesday 15 February)
3. Annex A - Guidance to Experts in Connection with the Completion of WHO DOI Forms
4. Annex B - Code of Conduct for WHO Experts
5. Confidentiality Undertaking (deadline for submission Wednesday 15 February)
6. Concept Note
7. Provisional Agenda
8. WHO Declaration of Consent (deadline for submission Wednesday 15 February)

Participants are expected to arrive in Belgrade a day before the consultation (March 20) and leave a day after (March 23), if they will only be participating in the technical consultation.

Optional workshop participants are expected to leave on March 24.

Please be informed that costs related to your participation in this technical consultation will be at your own expense.

We kindly remind you to book your flights and hotel accommodation as soon as possible.

Thank you in advance.

With my best regards,

Gabriela Santesso
Assistant Team
WHO/HQ/WPE/EPP/IEP

From: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP)
Sent: Tue, 22 Feb 2022 22:47:12 +0000
To: Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Fogarty, Hannah (CDC/DDNID/NCIPC/DOP); Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR); Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP); Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR); ISHIZUMI, Atsuyoshi
Subject: Re: Ivermectin Coding Assignment

Hey Hannah,
i don't know how I missed this email, but yes I think that would an example of a general consumer.
Chris

-
Christopher Voegeli, Ph.D., MPH
Behavioral Scientist
Email: QQQ2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
Insights Team | Lead
Vaccine Implementation and Evaluation | Vaccine Confidence and Demand Team
COVID-19 Emergency Response | Vaccine Taskforce
Centers for Disease Control and Prevention

From: Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS) <qqq1@cdc.gov>
Sent: Wednesday, February 16, 2022 4:01 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>; Fogarty, Hannah (CDC/DDNID/NCIPC/DOP) <otz7@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR) <qrx5@cdc.gov>; Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP) <ouv8@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR) <psv2@cdc.gov>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>
Subject: RE: Ivermectin Coding Assignment

If a blog has a really low potential reach, like 0, and it looks like there is very little engagement (likes, comments, etc.) would we characterize them as a general consumer?

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Sent: Wednesday, February 16, 2022 2:32 PM
To: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>; Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS) <qqq1@cdc.gov>; Fogarty, Hannah (CDC/DDNID/NCIPC/DOP) <otz7@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR) <qrx5@cdc.gov>; Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP) <ouv8@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR) <psv2@cdc.gov>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>
Subject: RE: Ivermectin Coding Assignment

Hi everyone,

As promised, here is the recording from today's walkthrough:  [Walk through Ivermectin codebook-20220216_130304-Meeting Recording.mp4](#) (Atsu, let me know if you want it and I can send separately but it's a big file.)

And here is the updated Excel with fixed headers attached for Atsu. (Everyone else,  [go here!](#))

Thanks! As a reminder, hit reply all here if you have questions like Hannah—it's likely someone else will too!

We'll check in with y'all next week. Thanks for joining in on the fun!

Sincerely,

Elisabeth Wilhelm

she/her/hers

Health Communication Specialist

p: +1 404.444.9310

e: nla5@cdc.gov

Demand for Immunization Team
Global Immunization Division
US Centers for Disease Control and Prevention

From: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>

Sent: Wednesday, February 16, 2022 2:44 PM

To: Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS) <qqq1@cdc.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Fogarty, Hannah (CDC/DDNID/NCIPC/DOP) <otz7@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR) <grx5@cdc.gov>; Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP) <ouv8@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR) <psv2@cdc.gov>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>

Subject: Re: Ivermectin Coding Assignment

Fun! This is a great one because it is a request for data but I would say because the tone of "Supporters say it is backed up by human trials. So let's have a look at these trials" that it reads like they are channeling the Effectiveness/Safety – negative category. To me it reads like they are trying to call pro ivermectin people's bluff.

Chris

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Behavioral Scientist

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Work Phone: (404) 498-0176

Cell Phone: (b) (6)

Insights Team|Lead

Vaccine Implementation and Evaluation|Vaccine Confidence and Demand Team

COVID-19 Emergency Response|Vaccine Taskforce

Centers for Disease Control and Prevention

From: Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS) <qqq1@cdc.gov>

Sent: Wednesday, February 16, 2022 1:50 PM

To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>; Fogarty, Hannah (CDC/DDNID/NCIPC/DOP) <otz7@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR) <grx5@cdc.gov>; Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP) <ouv8@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR) <psv2@cdc.gov>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>

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How would you code a post where someone is asking for more data or more legitimate studies to be done?

Examples: RT @marqdmartian: Ivermectin for COVID-19? Supporters say it is backed up by human trials. So let's have a look at these trials

@Tipuncho @PrLantern @Medecinmadd @ansm le Japon qui utilise depuis juin 2020 ne comprends pas trop non plus... If regulators argue that studies of this magnitude are inadequate to allow the clinical use of ivermectin in COVID-19, then legitimate and compelling explanations for such judgements should be required. <https://t.co/g7l3CdpmZy>

Thanks!

Hannah Tice

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>

Sent: Tuesday, February 15, 2022 1:51 PM

To: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>; Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS) <qqq1@cdc.gov>; Fogarty, Hannah (CDC/DDNID/NCIPC/DOP) <otz7@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR) <grx5@cdc.gov>; Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP) <ouv8@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR) <psv2@cdc.gov>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>

Cc: Renfro, Kaytlin (CDC/DDID/NCHHSTP/DSTDP) <oud5@cdc.gov>

Subject: Ivermectin Coding Assignment

Hi everyone,

Apologies for the delay! As promised, in follow up to our meeting last week, you have all chosen to take on helping with this  [ivermectin paper](#) by coding the content, being listed as co-author and achieving epic victory in Jess's absence on this paper! This is how we'll do it:

Get ready with snacks and caffeine. The total time commitment of this should be 5-6 hours tops per person. People will have roughly 2,500 posts to code. Jess has given us a running start and so some of you may have less.

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2. **Attend the codebook walkthrough tomorrow at 1-1:30 PM** (or watch recorded video)
3. Review the code book  [here](#) or attached in PPT
4. Then, go to  [this Excel spreadsheet](#), where I made a tab for each of you where you can code each entry according to the code book. (Atsu, see zipped file)
 - a. Review the tab that says "Dropdowns" to see list of available options
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 - i. You are coding for the following fields:
 1. Theme of mention
 2. Type of author
 - ii. When in doubt, select "Flagged for discussion" and we'll discuss at our next meeting
 - iii. If there is content already coded (either by Jess or Lis) just validate or change fields to appropriate values and move on.

Deadline: March 3, which will be our next meeting where we will be generating themes. 😊 See separate invite for details.

The next steps:

1. Chris + Lis will recode 20% (4,000 posts) of a random sampling of your coded posts
2. Lis + Chris to qual code 3% of media mentions (1003 media items)

(We may need volunteers for above if you can't get enough!)

3. Start drafting paper (already been submitted through STARS)

Goal: Drafted paper by end of March!

Any questions?

Sincerely,

Elisabeth Wilhelm
she/her/hers

Health Communication Specialist

p: +1 404.444.9310
e: nla5@cdc.gov

Demand for Immunization Team
Global Immunization Division
US Centers for Disease Control and Prevention

From: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP)
Sent: Wed, 16 Feb 2022 19:43:55 +0000
To: Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Fogarty, Hannah (CDC/DDNID/NCIPC/DOP); Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR); Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP); Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR); ISHIZUMI, Atsuyoshi
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Behavioral Scientist

Email: OOQ2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

Insights Team | Lead

Vaccine Implementation and Evaluation | Vaccine Confidence and Demand Team

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Cc: Renfro, Kaytlin (CDC/DDID/NCHHSTP/DSTDP) <oud5@cdc.gov>

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Elisabeth Wilhelm

she/her/hers

Health Communication Specialist

p: +1 404.444.9310

e: nla5@cdc.gov

Demand for Immunization Team
Global Immunization Division
US Centers for Disease Control and Prevention

From: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP)
Sent: Mon, 28 Feb 2022 20:22:17 +0000
To: Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Fogarty, Hannah (CDC/DDNID/NCIPC/DOP); Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR); Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP); Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR); ISHIZUMI, Atsuyoshi
Cc: Renfro, Kaytlin (CDC/DDID/NCHHSTP/DSTDP)
Subject: Re: Ivermectin paper theme generation meeting

Hannah, I could definitely use some help! I couldn't get through nearly as many as I wanted to this weekend because i was under the weather. So if you have time that would be great. Just let me know which ones you are comfortable getting through, and I will keep working on the rest.
Chris

-
Christopher Voegeli, Ph.D., MPH
Behavioral Scientist
Email: OOO2@cdc.gov
Work Phone: (404) 498-0176
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Insights Team | Lead
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COVID-19 Emergency Response | Vaccine Taskforce
Centers for Disease Control and Prevention

From: Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS) <qqq1@cdc.gov>
Sent: Monday, February 28, 2022 3:17 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>; Fogarty, Hannah (CDC/DDNID/NCIPC/DOP) <otz7@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR) <qrx5@cdc.gov>; Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP) <ouv8@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR) <psv2@cdc.gov>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>
Cc: Renfro, Kaytlin (CDC/DDID/NCHHSTP/DSTDP) <oud5@cdc.gov>
Subject: RE: Ivermectin paper theme generation meeting

Don't know if this would mess up planning or anything but I got done with my posts today and had planned to code pretty much all day tomorrow, so if anyone needs help with their section (and that won't mess up any methodology or anything) I can help out! Just let me know 😊

Best,
Hannah

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Sent: Monday, February 28, 2022 1:12 PM
To: Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP) <oqo2@cdc.gov>; Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS) <qqq1@cdc.gov>; Fogarty, Hannah (CDC/DDNID/NCIPC/DOP) <otz7@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR) <qrx5@cdc.gov>; Kocer, Irma

(CDC/DDID/NCHHSTP/DSTDP) <ouv8@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR)
<psv2@cdc.gov>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>
Cc: Renfro, Kaytlin (CDC/DDID/NCHHSTP/DSTDP) <oud5@cdc.gov>
Subject: RE: Ivermectin paper theme generation meeting

This is a rah-rah we are cheerleading for you email and gentle reminder we'll be seeing each other again on Thursday! (Also, I need to get pumped to do like another 1,200 lines of coding tonight.)

Activate coding muscles!



Sincerely,

Elisabeth Wilhelm

she/her/hers

Health Communication Specialist

p: +1 404.444.9310

e: nla5@cdc.gov

Demand for Immunization Team
Global Immunization Division
US Centers for Disease Control and Prevention

-----Original Appointment-----

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)

Sent: Tuesday, February 15, 2022 2:52 PM

To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP); Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS); Fogarty, Hannah (CDC/DDNID/NCIPC/DOP); Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR); Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP); Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR); ISHIZUMI, Atsuyoshi

Cc: Renfro, Kaytlin (CDC/DDID/NCHHSTP/DSTDP)

Subject: Ivermectin paper theme generation meeting

When: Thursday, March 3, 2022 10:00 AM-11:00 AM (UTC-05:00) Eastern Time (US & Canada).

Where: Microsoft Teams Meeting

Microsoft Teams meeting

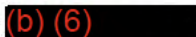
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From: Voegeli, Christopher (CDC/DDID/NCIRD/OD)
Sent: Tue, 1 Mar 2022 16:55:17 +0000
To: Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS); Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Fogarty, Hannah (CDC/DDNID/NCIPC/DOP); Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR); Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP); Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR); ISHIZUMI, Atsuyoshi
Cc: Renfro, Kaytlin (CDC/DDID/NCHHSTP/DSTDP)
Subject: Re: Ivermectin paper theme generation meeting

I would agree with coding as an academic.
Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist

Email: OOO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

Insights Team | Lead

Vaccine Implementation and Evaluation | Vaccine Confidence and Demand Team

COVID-19 Emergency Response | Vaccine Taskforce

Centers for Disease Control and Prevention

From: Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS) <qqq1@cdc.gov>
Sent: Tuesday, March 1, 2022 11:47 AM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; Fogarty, Hannah (CDC/DDNID/NCIPC/DOP) <otz7@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR) <qrx5@cdc.gov>; Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP) <ouv8@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR) <psv2@cdc.gov>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>
Cc: Renfro, Kaytlin (CDC/DDID/NCHHSTP/DSTDP) <oud5@cdc.gov>
Subject: RE: Ivermectin paper theme generation meeting

On their website they say: I'm an Associate Professor in the life sciences, with a longstanding interest in hearing myself talk. Usually I keep it short and sweet on [Twitter](#), but I have started this blog as an outlet for more bloated discursions.

So I guess maybe?

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Sent: Tuesday, March 1, 2022 10:45 AM
To: Voegeli, Christopher (CDC/DDID/NCIRD/OD) <oqo2@cdc.gov>; Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS) <qqq1@cdc.gov>; Fogarty, Hannah (CDC/DDNID/NCIPC/DOP) <otz7@cdc.gov>; Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR) <qrx5@cdc.gov>; Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP) <ouv8@cdc.gov>; Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR) <psv2@cdc.gov>; ISHIZUMI, Atsuyoshi <ishizumia@who.int>

Cc: Renfro, Kaytlin (CDC/DDID/NCHHSTP/DSTDP) <oud5@cdc.gov>

Subject: RE: Ivermectin paper theme generation meeting

I thought I'd share my late-night current coding conundrum—should this person be coded as an academic?

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open probe into possible
crimes in Ukraine

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Los Angeles Times

Putin's fears of a unified
stronger Europe are finally
becoming a self-fulfilling
prophecy. Here's how the
invasion of Ukraine could
change things

Trending in United States

End Times

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A mock-up of a TIME
magazine cover featuring Putin as Hitler
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says

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Chingy

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at Estée Lauder, has been
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to CNN reports

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Sincerely,

Elisabeth Wilhelm

she/her/hers

Health Communication Specialist

p: +1 404.444.9310

e: nla5@cdc.gov

Demand for Immunization Team
Global Immunization Division
US Centers for Disease Control and Prevention

-----Original Appointment-----

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)

Sent: Tuesday, February 15, 2022 2:52 PM

To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID); Voegeli, Christopher (CDC/DDID/NCHHSTP/DHP); Tice, Hannah (CDC/DDPHSIS/CSTLTS/DPIFS); Fogarty, Hannah (CDC/DDNID/NCIPC/DOP); Gazy, Michael (CDC/DDID/NCIRD/OD) (CTR); Kocer, Irma (CDC/DDID/NCHHSTP/DSTDP); Verma, Anisha (CDC/DDID/NCIRD/OD) (CTR); ISHIZUMI, Atsuyoshi

Cc: Renfro, Kaytlin (CDC/DDID/NCHHSTP/DSTDP)

Subject: Ivermectin paper theme generation meeting

When: Thursday, March 3, 2022 10:00 AM-11:00 AM (UTC-05:00) Eastern Time (US & Canada).

Where: Microsoft Teams Meeting

Microsoft Teams meeting

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From: Wardle, Claire
Sent: Tue, 23 May 2023 10:10:01 -0400
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Cc: Fullenwider, Kyla (OS/OASH)
Subject: Re: Join us?!

Sounds perfect.

Claire Wardle, PhD

Professor of the Practice
Co-Director, Information Futures Lab
Department of Health Services, Policy and Practice | Brown University
School of Public Health



(609) 906-3377



claire_wardle@brown.edu



121 South Main St, Providence,
RI 02903



On Tue, May 23, 2023 at 9:26 AM Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

Unfortunately, I am not. It looks like it will be a blast. I will just circle back with you in the middle of next month when I start the new gig since a lot of my time is dedicated to the fun that is transition work, ha!

Chris

Christopher Voegeli, Ph.D., MPH (he/him)
Behavioral Scientist | Acting Vaccine Confidence and Demand Lead
Email: OQO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Wardle, Claire <claire_wardle@brown.edu>

Sent: Tuesday, May 23, 2023 8:11 AM

To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Cc: Fullenwider, Kyla (OS/OASH) <Kyla.Fullenwider@hhs.gov>
Subject: Re: Join us?!

Hi Chris

This sounds so interesting. I don't suppose you happen to be in DC this week. Kyla and I are going to this NAS/Nobel thing, which I'm just using as an excuse to see people.

If not, let's find a time to catch up on the phone soon.

Best wishes

Claire

Claire Wardle, PhD

Professor of the Practice

Co-Director, Information Futures Lab

Department of Health Services, Policy and Practice | Brown University
School of Public Health



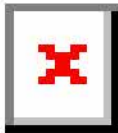
(609) 906-3377



claire_wardle@brown.edu



121 South Main St, Providence,
RI 02903



On Mon, May 22, 2023 at 3:02 PM Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

My pleasure, Kyla!

and Claire, right?! I love that name. You and I should touch base once I start my new role (June 12). I'm sure we would have lots to discuss, but one thing that might be especially relevant to you is that we are considering setting up a fellowship across federal health agencies to build agencies' capacity to work in this space and better support interagency collaboration in this space where fellows would have dual roles at different federal health agencies. The overlap with your fellowship seems obvious, and it makes me wonder if there is a way we can either provide more opportunities to your fellows, cost-share some fellowship positions, or, heck, just hear lessons learn from your experience with your fellows. If you're interested, let me know!

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: OQO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Wardle, Claire <claire_wardle@brown.edu>

Sent: Monday, May 22, 2023 2:00 PM

To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>

Cc: Fullenwider, Kyla (OS/OASH) <Kyla.Fullenwider@hhs.gov>

Subject: Re: Join us?!

I love this title: Inaccurate Health Information Mitigation Team!!!!

Claire Wardle, PhD

Professor of the Practice

Co-Director, Information Futures Lab

Department of Health Services, Policy and Practice | Brown University

School of Public Health



(609) 906-3377



claire_wardle@brown.edu



121 South Main St, Providence,
RI 02903



On Mon, May 22, 2023 at 1:52 PM Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

Indeed! and this made me realize I needed to update my bio since Ill be in my new role by then. I have a bio that's a little longer as well or feel free to slice and dice this as you see fit. See below:

Dr. Chris Voegeli is the acting lead of the Inaccurate Health Information Mitigation Team in the Office of Communication in the Office of the Director at the US Centers for Disease Control and Prevention. In this role, he coordinates CDC's portfolio of work to address and build resilience to inaccurate health information. Before taking this role, Chris was the Acting Vaccine Confidence and Demand lead, where he led CDC's domestic efforts to build the public's confidence and demand for all vaccines. Additionally, he led the Insights Unit, which worked to monitor and mitigate the spread of misinformation and produces the CDC's State of Vaccine Confidence Report.

Before moving to NCIRD, Chris worked in the Division of HIV Prevention, where he led the evaluation of their national prevention messaging campaigns to address the HIV epidemic. Chris came to CDC in 2018 as a PPEO evaluation fellow and worked in CSESL's Division of Public Health Information Dissemination (DPHID) where he presented around the agency on the current state of trust in CDC's health information and the factors that influence trust.

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: OQO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Fullenwider, Kyla (OS/OASH) <Kyla.Fullenwider@hhs.gov>

Sent: Monday, May 22, 2023 11:01 AM

To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>

Cc: Claire Wardle <claire_wardle@brown.edu>

Subject: Re: Join us?!

Fantastic!!

As an immediate next step, can you send me your bio today so that we can include it in our panel description?

I will follow up soon with an email connecting all of the panelists and we can find a time for a call from there...

Thanks!

Kyla

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>

Sent: Thursday, May 18, 2023 3:20 PM

To: Fullenwider, Kyla (OS/OASH) <Kyla.Fullenwider@hhs.gov>

Cc: Claire Wardle <claire_wardle@brown.edu>

Subject: Re: Join us?!

Heck, yes! I couldn't turn down the opportunity to be on a panel with you wonderful folks. ☐

Happy to hop on a call. This week and Wednesday to Friday next week are really doable but outside of that would be great.

Chris

-

Christopher Voegeli, Ph.D., MPH (he/him)

Behavioral Scientist | Acting Vaccine Confidence and Demand Lead

Email: OQO2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: Fullenwider, Kyla (OS/OASH) <Kyla.Fullenwider@hhs.gov>

Sent: Thursday, May 18, 2023 3:13 PM

To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <ogo2@cdc.gov>

Cc: Claire Wardle <claire_wardle@brown.edu>

Subject: Join us?!

Hi Chris,

We wanted to see if you would be interested in joining the panel we are pulling together for the CDC conference this summer. Here is a "draft" description of the panel as we are currently envisioning it:

In this era of historically low institutional trust, we want to explore how governments can adapt and better communicate to build trust with the public on critical health and science related topics.

The panel will specifically explore how to engage and communicate to build trust with the public including navigating adversarial info environments, creating a networked and participatory communication response, addressing power differentials and letting go of "the message", building mutually beneficial partnerships, and listening to the real information needs of communities.

The other speakers will be Claire, Dave, hopefully someone from Fair Count... and you?!

Let me know if this is of interest... we can hop on a quick call to discuss.

Also, we need to get back to the organizers by Monday :) to confirm participants so apologies for the late request!

Cheers,

Kyla

--

Kyla Fullenwider

Senior Advisor

Office of the Surgeon General, Dr. Vivek Murthy

US Department of Health and Human Services

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Sat, 19 Nov 2022 17:40:38 +0000
To: PURNAT, Tina
Subject: Re: just saw this lancet article on CDC

Afternoon Tina!

Yes, I am glad CDC is looking into this. I continue to be concerned that they think this is solely a communication problem and that it can be fixed by just better messages. I think we are getting there but until I see some real action with funding behind it, I will be skeptical. Im usually a glass-half-full kind of person, but after fighting these battles, Im not my usually optimistic self.
Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Acting Vaccine Confidence and Demand Lead
Email: OQO2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
National Center for Immunization and Respiratory Diseases | Immunization Services Division
Centers for Disease Control and Prevention

From: PURNAT, Tina <purnatt@who.int>
Sent: Friday, November 18, 2022 2:12 PM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: just saw this lancet article on CDC

Dear Chris,

I just came across this article
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02354-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02354-6/fulltext)

Two out of the four recommendations of the report are related to the infodemic. I am glad that CDC is taking this on. I hope that solutions are sensible and work – when a big institution takes on such structural issues, it's bound to be a challenging task.

I'm glad this is being raised. WHO would benefit from the same self reflection on our own structural challenges. I think they'd be similar.

Best regards,

Tina

Tina D Purnat
Team Lead for Infodemic Management
High Impact Events Preparedness Unit

Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Health Emergencies Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

puernatt@who.int | WhatsApp/Signal: (b) (6) www.linkedin.com/in/tinadpuernat | @tdpuernat |

Sign up for the WHO infodemic management News Flash: <https://bit.ly/flashsubscribe>

From: Jon Roozenbeek
Sent: Tue, 6 Feb 2024 14:58:59 +0000
To: Voegeli, Chris (CDC/IOD/OC)
Subject: RE: Lisbon Follow-up

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Chris,

Thanks for that! That'd work v well; the week after (Mon/Tues) would also work for me. I'm trying to schedule things in such a way that I can also visit NY during the same trip (I have some colleagues there).

About the talks: I think it'd make sense to discuss the upcoming book, which was written with an audience such as CDC employees in mind, the goal being to give a good and comprehensive overview of the science of misinformation without using technical language. The consensus report is a useful part of this of course; so perhaps we can do two talks, 1) problems and 2) solutions?

Cheers

From: Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov>
Sent: Tuesday, February 6, 2024 2:56 PM
To: Jon Roozenbeek <jjr51@cam.ac.uk>
Subject: Re: Lisbon Follow-up

I just sent those days forward. Also, is there something specific that you would want to talk about for the podcast and a presentation or two? I was thinking about your review of the effectiveness of mis/dis interventions presentation, but I didn't know if there is something new or just something else you think the bosses here should hear about.

Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist | Health Information Integrity Team Lead

Email: oqo2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

Division for Communication Science and Services

Office of Communications, CDC

From: Jon Roozenbeek <jjr51@cam.ac.uk>
Sent: Tuesday, February 6, 2024 9:29 AM
To: Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov>
Subject: RE: Lisbon Follow-up

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

No worries, thanks!! Around 11/12 March would work well for instance?

From: Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov>
Sent: Tuesday, February 6, 2024 1:31 PM
To: Jon Roozenbeek <jjr51@cam.ac.uk>
Subject: Re: Lisbon Follow-up

Thanks for following up, sir! Let me send the boss an email now and I will get back to you post haste.

Chris

-

Christopher Voegeli, Ph.D., MPH

Behavioral Scientist | Health Information Integrity Team Lead

Email: oqo2@cdc.gov

Work Phone: (404) 498-0176

Cell Phone: (b) (6)

Division for Communication Science and Services

Office of Communications, CDC

From: Jon Roozenbeek <jjr51@cam.ac.uk>
Sent: Tuesday, February 6, 2024 6:46 AM
To: Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov>
Subject: RE: Lisbon Follow-up

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Chris,

Hope you're well! Checking in on the below; I'm quite flexible for my visit dates between 28-ish February and 23 March, so please let me know what works!

All the best,
Jon

From: Jon Roozenbeek <jjr51@universityofcambridgecloud.onmicrosoft.com>
Sent: Friday, January 26, 2024 9:00 AM
To: Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov>
Subject: RE: Lisbon Follow-up

Hi Chris,

Aah that's fair enough! That makes sense; I'm finalising my booking now for Feb 23-March 23. I'm happy to be flexible with my visit to DC, so please let me know what dates might work.

And sure, that'd be great, happy to help!

Cheers
Jon

From: Voegeli, Chris (CDC/IOD/OC) <oqo2@cdc.gov>
Sent: Wednesday, January 10, 2024 5:38 PM
To: Jon Roozenbeek <jjr51@universityofcambridgecloud.onmicrosoft.com>
Subject: Re: Lisbon Follow-up

Afternoon sir!

Hey, so I just got off the phone with the travel folks, and apparently, the turnaround to get everything booked, regardless of who is paying, would be too tight for them. We can plan something in the future, but instead, my director wants to spend more time planning your visit here and making sure it is a good use of your time.

In that vein, would you be interested in being interviewed for one of the CDC's podcasts? It would probably be about mis/dis interventions, and we would share the questions with you ahead of time.

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Health Information Integrity Team Lead
Email: oqo2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
Division for Communication Science and Services
Office of Communications, CDC

From: Jon Roozenbeek <jjr51@universityofcambridgecloud.onmicrosoft.com>
Sent: Wednesday, January 10, 2024 6:27 AM
To: Voegeli, Chris (CDC/NCIRD/ISD) <oqo2@cdc.gov>
Subject: RE: Lisbon Follow-up

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Howdy,

Great! That's wonderful; you're very welcome to come visit us early Feb. Easiest is to fly to London Heathrow and take the Elizabeth line (metro/subway) to Farringdon, and from there the train to Cambridge. Alternatively you could take the Piccadilly line to King's Cross/St Pancras and take the train to Cambridge from there. Please let me know if you need help w/accommodation and so on, but I can recommend this: <https://www.universityrooms.com/en-GB/city/cambridge/home/>. It's pretty cheap & the rooms are good, plus you get to eat with the students etc.

I'm still waiting for my visa to come back (it's with the embassy now) and when it does I'll be able to plan my flights/travel etc within the US. Will come back to you with dates! Thank you so much; much obliged re: train travel.

Cheers
Jon

From: Voegeli, Chris (CDC/NCIRD/ISD) <oqo2@cdc.gov>
Sent: Monday, January 8, 2024 1:35 PM
To: Jon Roozenbeek <jjr51@universityofcambridgecloud.onmicrosoft.com>
Subject: Re: Lisbon Follow-up

Morning sir!

I heard back from the travel folks, and it sounds like early February is doable. They just asked if we can give them a 35 day lead time to get the paperwork organized and let the embassy know....because that's a thing that happens for some reason.

My boss thought that we could absolutely pay for a train ticket. Just let me know when works best for you and we will make it happen!

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Health Information Integrity Team Lead
Email: oqo2@cdc.gov
Work Phone: (404) 498-0176
Cell Phone: (b) (6)
Division for Communication Science and Services
Office of Communications, CDC

From: Jon Roozenbeek <jjr51@universityofcambridgecloud.onmicrosoft.com>
Sent: Friday, January 5, 2024 3:59 AM
To: Voegeli, Chris (CDC/NCIRD/ISD) <oqo2@cdc.gov>
Subject: RE: Lisbon Follow-up

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Chris,

Ha thanks! I'm really looking forward to it, my remit is psychology and security, so I basically get to do whatever I want, ha.

That sounds good; I'm planning on leaving Feb 25th to have a few days to acclimatise (and I'm giving a talk at the Harvard Ukrainian Studies dept on the 26th from the looks of it). Would a visit sometime early Feb also work, by any chance? I have to finalise a few things in my schedule but should be around for most of Feb. (it's a bit tricky with the scheduling but we'll work something out). I will check with Katie (our administrator) if we have a budget for travel left on our IRIS grant.

About the flight: that's incredibly nice! Thank you so much; it'd be incredibly useful, but I was wondering, would it be possible also to take the train down? I know the connections between DC and NY and NY and Boston are pretty good, and I'm trying to avoid flying as much as possible (hence the long trip to the US so I only have to go once). No worries if this isn't covered by the travel budget, of course.

And yes that sounds great re: the research agenda, looking forward.

Cheers!
Jon

From: Voegeli, Chris (CDC/NCIRD/ISD) <oqo2@cdc.gov>
Sent: Thursday, January 4, 2024 12:50 PM
To: Jon Roozenbeek <jjr51@universityofcambridgecloud.onmicrosoft.com>
Subject: Re: Lisbon Follow-up

Jon!

Congratulations, sir! King's College is lucky to have you, and I have no doubt great things will come from your time there.

I was thinking of visiting in February or March, as after that, we have a lot of site visits planned to the sentinel sites for the [CDC-NIH national misinformation monitoring system](#). Since you'll be here in March, maybe late February? However, that is just a preference, so it's flexible depending on what is convenient for you, just let me know. Additionally, being in this new role, I have a nice travel budget, but I remember you insisting that you all had money you needed to spend down before April, so if that is still the case, cool, but if not, it's not a problem either as CDC can pay for it.

As for visiting CDC, of course! Let me know if it would help to have CDC pay for the flight from DC or NYC, and I can look into it. I think folks here would really benefit from hearing your perspective on interventions as a lot of leadership continues to think that there are "silver bullet" messages that can debunk misinformation on a national scale.

As for the research agenda, I actually just got a few comments and edits from internal folks yesterday, so once I make those I will send it over, and like I said, if you have time, great, but no worries if you can't get to it.

Chris

-

Christopher Voegeli, Ph.D., MPH
Behavioral Scientist | Health Information Integrity Team Lead
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Work Phone: (404) 498-0176
Cell Phone: (b) (6)
Division for Communication Science and Services
Office of Communications, CDC

From: Jon Roozenbeek <jjr51@universityofcambridgecloud.onmicrosoft.com>
Sent: Thursday, January 4, 2024 4:50 AM
To: Voegeli, Chris (CDC/NCIRD/ISD) <oqo2@cdc.gov>
Subject: RE: Lisbon Follow-up

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Chris!

Happy new year, may it bring you many joys. I'm back to work now, with a bit of news: I took a new job at King's College London's Department of War Studies as an assistant professor. I'll be starting April 1st from the looks of it. Very exciting & the department has been amazing.

My apologies for not responding earlier! Of course it'd be great to have you over in Cambridge; what would be a suitable time? London and Cambridge are about an hour from each other so even if I'll already be in London by the time you visit it'll be easy for me to pop over. Also, some useful info: I'll be in the US for all of March (I'm visiting Elena Savoia at Harvard). I'll come down to DC and NY a few times as well from the looks of it; would it be an option for me to visit the CDC and give a presentation, or something along those lines?

Also, yes, happy to review the research agenda of course. Is there a link of some kind I could look at?

Best!

Jon

From: Voegeli, Chris (CDC/NCIRD/ISD) <oqo2@cdc.gov>

Sent: Tuesday, January 2, 2024 6:39 PM

To: Jon Roozenbeek <jjr51@universityofcambridgecloud.onmicrosoft.com>; Jon Roozenbeek <jjr51@cam.ac.uk>

Subject: Re: Lisbon Follow-up

Afternoon John!

I hope your holidays went well. I know you were also taking time to recover from authoring the two books. Here's hoping you got some much-needed relaxation.

Although I am curious if you all would still be interested in having us out there to talk, as mentioned in my previous email, I would also be curious if you would be interested in reviewing the draft of the CDC's misinformation research agenda. It has a particular focus on gathering more evidence that would be especially helpful to government and public health agencies. Your vast understanding of the literature base would be very helpful in identifying questions already answered and things we just haven't considered.

No pressure on either of these points, but I thought it was worth an email.

All the best!

PS I might have sent the original email to the wrong address. If so, my bad, and hopefully this other one works.

Chris

-

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From: Jon Roozenbeek <jjr51@universityofcambridgecloud.onmicrosoft.com>
Sent: Thursday, October 26, 2023 12:54 PM
To: Voegeli, Chris (CDC/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Automatic reply: Lisbon Follow-up

Hello,

I am currently on leave and am not actively monitoring this email address. I will do my best to respond to your query when I'm back, but please feel free to send a reminder.

All the best,

Jon Roozenbeek

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Mon, 9 Jan 2023 15:08:07 +0000
To: Hill, Ashley
Subject: Re: Making a connection

Morning Ashley!

Yes, Im still free and looking forward to it.

Chris

-

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From: Hill, Ashley <ashley_hill1@brown.edu>
Sent: Monday, January 9, 2023 10:01 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Re: Making a connection

Hi Chris,

Apologies, I was traveling last week and got behind on email. If you're still free this afternoon at 4:30, that works for me. I just sent a Zoom invite. If that no longer works, let me know and we can change to a different time this week.

Looking forward to the conversation!

Ashley

On Thu, Jan 5, 2023 at 1:43 PM Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

Oh great! Matt and I are thick as thieves, so Im always happy to present with him., and here are the times Im free.

- Monday, January 9, 2:30-3 PM or 4:30-5 PM
- Tuesday, January 10, between 9:30-10, 10:30-11 AM
- Wednesday, January 11, between 9:30-11 AM or 4-5 PM

Chris

-

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From: Hill, Ashley <ashley_hill1@brown.edu>
Sent: Thursday, January 5, 2023 11:18 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Re: Making a connection

Excellent, thanks, Chris! I forgot to mention that we'll also have Matt Kreuter from the iheard St. Louis program speaking, so it's shaping up to be a great session. I just sent you the calendar invite for 1/17; let me know if you didn't get it.

Would any of the following dates/times work for you for a quick pre-call about the session so I can fill you in about the audience and flow, and collect some details about your work for our facilitator? This will just be ~20 minutes.

- Monday, January 9, 2:30-3 PM or 4-5 PM
- Tuesday, January 10, between 9:30-11 AM or 4-5 PM
- Wednesday, January 11, between 9:30-11 AM or 4-5 PM

Thanks!

Ashley

On Wed, Jan 4, 2023 at 8:30 AM Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov> wrote:

Good morning, Ashley! That sounds right up my alley. I would be more than happy to talk about our work dealing with and monitoring misinformation. If you shoot me the invite, then I will be there. Thank you.

Chris

-

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From: Hill, Ashley <ashley_hill1@brown.edu>
Sent: Tuesday, January 3, 2023 3:17 PM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Re: Making a connection

Thanks for the introduction, Stefanie! Moving you to bcc.

Chris - It's nice to e-meet you! I hope you're having a happy new year. Yes, as Stefanie has outlined, our network of state and territorial health department leaders for COVID-19 is holding a session on **Tuesday, January 17 from 12 - 1 pm ET** on what state health departments can do to understand and combat mis- and disinformation. We would love to have you or someone from your team join to share about your work at CDC. I'm happy to say more about the group and the

tone of our sessions in a quick call sometime this week or next. Any chance you're available to join us?

Thanks so much for considering,

Ashley



Ashley Hill, MPH, MBA (she/her/hers)
Associate Director
STAT: State & Territory Alliance for Testing
Brown University School of Public Health
ashley_hill1@brown.edu | 989-860-0270

On Tue, Jan 3, 2023 at 9:28 AM Friedhoff, Stefanie C. EOP/WHO

(b) (6) @who.eop.gov> wrote:

Hi Chris,

I'd like to introduce you to Ashley Hill, one of the directors of the STAT network, which convenes state and territorial health department Covid-19 leads in weekly peer network calls to problem-solve pandemic challenges. On an upcoming meeting in January, the network will host a conversation on how health departments can get better at incorporating misinformation and information surveillance and build misinformation resilience. I thought it would be terrific for the people in this network to hear from you. The calls are very conversational – 3-4 minute low-key presentations (no slides or just 2-3 slides) followed by a conversation, so not a big lift and more an opportunity to engage.

Ashley can take it from here to share timing and more content details. I know the two of you will enjoy meeting each other!

Best,
Stefanie

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Fri, 17 Feb 2023 00:10:52 +0000
To: PURNAT, Tina
Subject: RE: meeting on sidelines of the Serbia meeting

Thank ya, Tina! The offer to meet with your colleagues is one I would definitely take you up on. I just sent off an email to the higher powers about adding a day to the trip. I should be able to let you know soon.

Chris

-

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From: PURNAT, Tina <burnatt@who.int>
Sent: Wednesday, February 15, 2023 8:58 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: meeting on sidelines of the Serbia meeting

Dear Chris,

I have several items that I will be discussing with the infodemiology lab in Belgrade on the day after the meeting we are organizing 21-23 March.

Would you be able to stay behind for the full day 24? It will be good to touch base with the partners in country and also the infodemiology lab. Your participation would be very useful and I think you and I could also discuss separately our collaborations for this year.

Best regards,

Tina

Tina D Purnat
Team Lead for Infodemic Management
High Impact Events Preparedness Unit
Department for Epidemic and Pandemic Preparedness and Prevention (EPP)
Preparedness Division, WHO Health Emergencies Programme (WPE/WHE)
World Health Organization, Geneva, Switzerland

burnatt@who.int | WhatsApp/Signal: (b) (6)

[LinkedIn profile](#) | [Google Scholar profile](#) | **@tdpurnat** |

Sign up for the WHO infodemic management News Flash: <https://bit.ly/flashsubscribe>

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Fri, 18 Nov 2022 16:32:06 +0000
To: Jon Roozenbeek
Subject: Re: Misinfo interventions overview

John,

I don't know what their deal is. I sent another email after our last exchange and I've heard nothing back. I don't understand this at all because it was their idea, so their lack of communication is baffling. I will keep trying. Sorry, sir...

Chris

-

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From: Jon Roozenbeek <jjr51@cam.ac.uk>
Sent: Monday, October 24, 2022 10:22 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: RE: Misinfo interventions overview

Thank you kindly, much appreciated!

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Sent: 24 October 2022 15:11
To: Jon Roozenbeek <jjr51@cam.ac.uk>
Subject: Re: Misinfo interventions overview

Morning sir!

I met with folks on our side, and everyone loved the idea. We were looking into a funding mechanism, but I hadn't heard anything back on that. I just sent a follow-up email, and I will definitely keep you posted when i hear back.

Chris

-

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From: Jon Roozenbeek <jjr51@cam.ac.uk>
Sent: Monday, October 24, 2022 6:54 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: RE: Misinfo interventions overview

Hi Chris,

Hope all is well! Just checking; have there been any updates w.r.t. the below?

Cheers!
Jon

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Sent: 26 September 2022 13:40
To: Jon Roozenbeek <jjr51@cam.ac.uk>
Subject: Re: Misinfo interventions overview

Sounds like a plan! I will circle back the moment I know more. Thanks, sir!

Chris

-
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From: Jon Roozenbeek <jjr51@cam.ac.uk>
Sent: Monday, September 26, 2022 5:39 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: RE: Misinfo interventions overview

Great! Thanks, please do. I've asked my colleagues Jane and Eileen and they're happy to write a brief as well. Looking forward!

All the best,
Jon

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Sent: 24 September 2022 16:18
To: Jon Roozenbeek <jjr51@cam.ac.uk>
Subject: Re: Misinfo interventions overview

Perfect! and thank you for sharing the preprint. I was holding back on sharing the version you sent, but I have forwarded that link far and wide.

I look forward to hearing back about the brief. It is needed.

Chris

-

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From: Jon Roozenbeek <jjr51@cam.ac.uk>

Sent: Thursday, September 22, 2022 3:51 AM

To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <ooo2@cdc.gov>

Subject: RE: Misinfo interventions overview

Hi Chris,

Great to hear! Hope the flight back wasn't too bad :) I'm back in Cambridge as well, students are arriving in 2 weeks or so so I have a bit of time left before it kicks off.

Great to hear about the paper! That'd be great; let me also check with my co-authors from Dublin. As it happens, the paper was accepted not too long ago: <https://psyarxiv.com/b52um>. I've uploaded a preprint of the final version (the paper itself won't come out until 2023 because it's part of a special issue), but the text won't change much if at all.

Cheers!

Jon

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <ooo2@cdc.gov>

Sent: 22 September 2022 01:04

To: Jon Roozenbeek <jjr51@cam.ac.uk>

Subject: Re: Misinfo interventions overview

Evening, sir!

I hope your travels home were uneventful. My masks managed to make it home safe.

Sir, this is a phenomenal paper! I know you told me, but any idea when this will be published? One of my colleagues here at CDC wanted to fund an evidence review on mis/dis interventions. I noted such a paper was forthcoming, and they suggested funding the creation of a brief for US federal agencies. I

can't promise anything but I've already pushed to pay to pull you into. I don't have dates or amounts yet, but I figured I would reach out and see if you're interested before I push again.

Chris

From: Jon Roozenbeek <jjr51@cam.ac.uk>
Sent: Friday, September 16, 2022 3:05:19 AM
To: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>
Subject: Misinfo interventions overview

Hi Chris,

Here's the review paper about misinformation interventions that is now basically accepted for publication in *European Psychologist*.

Cheers!
Jon

From: Voegeli, Chris (CDC/DDID/NCIRD/ISD)
Sent: Tue, 20 Dec 2022 14:57:53 +0000
To: Zesiger, Heather (CDC acha.org); Nguyen, Giang T.; Keddy, Sara C
Cc: PURNAT, Tina; Trevor-Wright, Claudia (CDC acha.org)
Subject: Re: Moderator Script for May Webinar

No edits from me. Thanks!

Chris

-

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From: Heather Zesiger <Hzesiger@acha.org>
Sent: Thursday, December 15, 2022 10:16 AM
To: Nguyen, Giang T. <gnguyen@huhs.harvard.edu>; Keddy, Sara C <skeddy@huhs.harvard.edu>
Cc: Voegeli, Chris (CDC/DDID/NCIRD/ISD) <oqo2@cdc.gov>; PURNAT, Tina <punatt@who.int>; Trevor-Wright, Claudia (CDC acha.org) <claudiatw@acha.org>
Subject: Moderator Script for May Webinar

Greetings Giang,

Please find the script attached for your role as moderator in May.

Dr. Voegeli and Tina, if you have any edits to your bios, please advise Claudia and Dr. Nguyen asap.

Thank you all!

Heather



Heather A. Zesiger

DEPUTY DIRECTOR, Campus COVID-19 Vaccination & Mitigation Initiative (CoVAC)

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