From: Andy <abostom@cox.net>
Sent: Monday, September 4, 2023 8:12 AM
To: 'Lopes, Pamela (RIDOH)' <Pamela.Lopes@health.ri.gov>
Cc: 'gregory@splawri.com' <gregory@splawri.com>; 'Michael Chippendale' <mike@repchip.com>
Subject: re: APRA request elaborating on the information contained in this published report in the September 2021 issue of the Rhode Island Medical Society Journal by RIDOH investigators.

Pamela L. Lopes
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Rhode Island Department of Health
3 Capitol Hill, Room 404
Providence, Rhode Island 02908
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Pamela.lopes@health.ri.gov

9/4/23

Dear Ms. Lopes,

c.c: Representative Mike Chippendale, Gregory Piccirilli

re: APRA request elaborating on the information contained in this published report in the September 2021 issue of the Rhode Island Medical Society Journal by RIDOH investigators.

The following was published in the September 2021 issue of the Rhode Island Medical Society Journal: "***Monitoring Vaccine Adverse Event Reporting System (VAERS) Reports Related to COVID-19 Vaccination Efforts in Rhode Island***." ***R I Med J.*** 2021 Sep 1;104(7):64-66. PMID: 34437669. Karayeva E, Kim HW, **Bandy U [=current acting RIDOH Director]**, Clyne A, Marak TP.

The RI Med J report describes how a RIDOH "vaccine surveillance team" meets regularly (i.e., each week) to review CDC VAERS data from RI residents categorizing the severity, and updating the frequency, of adverse events associated with covid 19 vaccination. These efforts are geared, allegedly, toward identifying, "**cases of significant interest and respond to media and data requests in a timely manner**."

> *"The CDC sends Rhode Island VAERS reports in an excel format to the RIDOH. The vaccine surveillance team at* ***RIDOH maintains an internal cumulative spreadsheet of all the VAERS reports pertaining to RI residents****.* ***The clinical staff on the team review the VAERS report details and classify the reported event. Classification of VAERS reports into specific categories helps the team summarize adverse events following AEFIs to identify cases of significant interest and respond to media and data requests in a timely manner****…Due to the nature of a passive surveillance system, not all VAERS reports received will have complete information and may be missing individual patient identifiers, vaccine and dose information, or have incomplete descriptions of the reaction.* ***The epidemiologist and nurses on the team utilize additional data sources and outreach to the patient or adverse event reporter to obtain more detailed information when appropriate. For example, the team can leverage resources like the state's immunization registry to confirm vaccine date and dose information if the patient identifiers are shared in the VAERS report. Other reports may require additional follow-up with the reporting physician or hospital for medical records to gain a clearer understanding of the significance of the event. These types of outreach efforts are focused on reported cases of deaths and other events of interest****. The cumulative list is analyzed to produce a weekly VAERS report describing the outcomes and trends seen in the VAERS data.* ***The COVID-19***

***vaccine surveillance team meets weekly to review new reports and trends in the volume and types of reports received**."*

I am requesting the following DE-IDENTIFIED (if not already so, in its original form, with the EXCEPTION of item #1) data/information as alluded to in the published report, "***Monitoring Vaccine Adverse Event Reporting System (VAERS) Reports Related to COVID-19 Vaccination Efforts in Rhode Island***." :

1) The names of all the public service staff on the "RIDOH vaccine surveillance team," their titles, a brief synopsis of their responsibilities, and a date log indicating the "weekly meetings" conducted, and the specific surveillance team members in attendance at each of those meetings.
2) The "***internal cumulative spreadsheet of all the VAERS reports pertaining to RI residents***"
3) Any existing "***Classification of VAERS reports into specific categories helps the team summarize adverse events"***
4) DE-IDENTIFIED evidence (correspondence, etc.) that the "RIDOH vaccine surveillance team" indeed sought "***to identify cases of significant interest AND respond(ed) to media and data requests in a timely manner***"
5) DE-IDENTIFIED evidence of alleged "***outreach efforts...focused on reported cases of deaths and other events of interest,"*** such as DE-IDENTIFIED examples of:
    a. "***The epidemiologist and nurses on the team utilize(ing) additional data sources and outreach to the patient or adverse event reporter to obtain more detailed information when appropriate."***
    b. "***leverag(ing) resources like the state's immunization registry to confirm vaccine date and dose information if the patient identifiers are shared in the VAERS report."***
    c. ***"additional follow-up with the reporting physician or hospital for medical records to gain a clearer understanding of the significance of the event."***
6) DE-IDENTIFIED evidence/examples of the **"*weekly VAERS report(s) describing the outcomes and trends seen in the VAERS data.*"**
7) DE-IDENTIFIED evidence/examples of "***additional follow-up with the reporting physician or hospital for medical records to gain a clearer understanding of the significance of the event."***

The time period in question for items 1), 2), 3), 4), 5), 6), and 7) should cover December 1, 2020, through September 1, 2023.

Sincerely,

Andrew Bostom, MD, MS
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The Warren Alpert Medical School of Brown University
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