

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 1 Feb 2020 22:58:32 +0000
To: Grigsby, Garrett (HHS/OS/OGA); Harrison, Brian (HHS/IOS)
Cc: Kerr, Lawrence (HHS/OS/OGA); Kadlec, Robert (OS/ASPR/IO); Collins, Francis (NIH/NHGRI) [E]
Subject: follow up

Folks:

The call with Jeremy Farrar (Wellcome Trust) (b) (5)
(b) (5)
on the call (b) (5) One point to make clear, (b) (5)
Most of the (b) (5)
All of the (b) (5)
That is not what they (b) (5) They were
(b) (5)
(b) (5)
(b) (5)
(b) (5)
(b) (5)
(b) (5)
(b) (5)
(b) (5)
They felt that it was (b) (5)
The reasons
for each side of the argument (b) (5)
(b) (5)
After some discussion they all felt that (b) (5)
(b) (5)
will
contact (b) (5) and ask (b) (5) They hope to (b) (5) in the next (b) (5)
They pass (b) (5) and feel (b) (5)
(b) (5)
In this way, there is no (b) (5)
(b) (5)
(b) (5) Happy to chat with any of you about this.

Best regards,
Tony

From: Grigsby, Garrett (HHS/OS/OGA) [REDACTED] (b) (6)

Sent: Saturday, February 1, 2020 2:29 PM

To: Harrison, Brian (HHS/IOS) [REDACTED] (b) (6)

Cc: Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6); Kerr, Lawrence (HHS/OS/OGA)

[REDACTED] (b) (6)

Subject: follow up

Brian,

Sorry it's been so hard to connect...

Been on many calls w/ Dr F, Stew & Larry, but things have evolved throughout the day – see articles attached from around the world on issue being discussed. It's now very much in the public domain so it would appear to make the imperative of what we were discussing moot because others will certainly get the ball rolling on examination of data.

I know Dr F was speaking with Jeremy of Wellcome Trust this afternoon, so he may have more perspective to add...

Happy to connect on this or anything else at your convenience...

Garrett Grigsby
Director for Global Affairs
Office of the Secretary
U.S. Department of Health & Human Services

[REDACTED] (b) (6)

From: Haskins, Melinda (NIH/NIAID) [E]
Sent: Mon, 27 Jan 2020 23:54:37 +0000
To: Routh, Jennifer (NIH/NIAID) [E]
Cc: Selgrade, Sara (NIH/NIAID) [E]; Crawford, Chase (NIH/NIAID) [E]
Subject: Re: For review (due to HHS for White House by 8:30 tonight): press conference talking points

Thx

Sent from my iPhone

On Jan 27, 2020, at 6:29 PM, Routh, Jennifer (NIH/NIAID) [E] [REDACTED] (b) (6) wrote:

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News and Science Writing Branch
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Sent: Monday, January 27, 2020 6:25 PM
To: Routh, Jennifer (NIH/NIAID) [E] [REDACTED] (b) (6); Fauci, Anthony (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: Billet, Courtney (NIH/NIAID) [E] [REDACTED] (b) (6); Stover, Kathy (NIH/NIAID) [E] [REDACTED] (b) (6); Conrad, Patricia (NIH/NIAID) [E] [REDACTED] (b) (6); Marston, Hilary (NIH/NIAID) [E] [REDACTED] (b) (6); Lerner, Andrea (NIH/NIAID) [E] [REDACTED] (b) (6)
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Also --- when talking about CoV (not necessarily in this venue) we have on our team (Vincent and folks we fund, Peter Daszak, Ralph Baric, Ian Lipkin, etc.) probably the world's experts non-human coronaviruses.

From David M -- EcoHealth group (Peter Daszak et al), has for years been among the biggest players in coronavirus work, also in collaboration with Ralph Baric, Ian Lipkin and others.

NIAID has funded Peter's group for coronavirus work in China for the past 5 years through R01 1R01AI110964: "Understanding the Risk of Bat Coronavirus Emergence". That's now been renewed, with a specific focus to identify cohorts of people highly exposed to bats in China, and work out if they're getting sick from CoVs. Erik Stemmy is the Program Officer. Collaborators include Wuhan Institute of Virology (currently working on the nCoV), and Ralph Baric. The results of the work to date include:

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- Discovered closest relative to Wuhan nCoV (92% homology)
- Discovered Swine Acute Diarrheal Syndrome Virus (SADS-CoV) killing >25,000 pigs in Guangdong Province (Published in *Nature*)
- Found SARS-related CoVs that can bind to human cells (Published in *Nature*), and that cause SARS-like disease in humanized mouse models.
- Found that clinical signs of bat SARSr-CoVs in mice were not prevented with a vaccine candidate against SARS-CoV, and were not treatable with most monoclonal therapies being developed
- Found serological evidence that 3% of people living at the wildlife-human interface in rural China are being exposed to these bat SARS-related coronaviruses

Also – prior to the above R01, Peter's folks worked under an R01 with Eun-Chung Park as Program Officer on viral discovery in bats, and originally identified SARS-CoV as having a likely origin in bats (published in *Science*)

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Thanks,
Jen

**Talking Points for NIAID Director Anthony S. Fauci, M.D.
HHS Press Conference on Coordinated Public Health Response to 2019 Novel Coronavirus**

- NIAID has a dual mandate to not only pursue a robust research portfolio in the areas of microbiology, infectious diseases and immunology, but also to quickly launch a research response to newly emerging and reemerging infectious diseases.
- When MERS, another coronavirus, emerged in 2012, NIAID researchers mobilized rapidly to characterize the virus and develop diagnostics, treatments and vaccines.
- NIAID’s research response to this novel coronavirus will build on our experience with SARS and MERS. This will include continuing basic or fundamental research to better understand the virus as well as developing and testing rapid, point-of-care diagnostics, vaccines, and treatments, including broad-spectrum antivirals and antibody therapies.
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- We anticipate the vaccine will be ready for clinical testing in the coming months, which would be a record turnaround. This first phase of clinical testing will involve giving the vaccine to healthy adults in the United States to see if it is safe and if it can induce an immune response in recipients.
- Scientists in our laboratories and at institutions that we fund across the U.S. are working on additional vaccine candidates.
- We have mobilized a rapid research response to quickly develop effective countermeasures for the novel coronavirus. However, we will not have a vaccine ready to distribute for some time as it will require numerous clinical trials to ensure a vaccine is safe and effective. Right now, the outbreak response remains focused on the proven public health practices of identifying cases, isolating patients and tracing contacts.

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<Talking Points for NIAID Director Dr. Fauci.docx>

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To: Routh, Jennifer (NIH/NIAID) [E]
Cc: Billet, Courtney (NIH/NIAID) [E]; Stover, Kathy (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]
Subject: RE: For review (due to HHS for White House by 8:30 tonight): press conference talking points
Attachments: Talking Points for NIAID Director Dr. Fauci - press conference - 01-28-2020.docx

Here it is with my minor edits. Thanks!

Anthony S. Fauci, MD
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National Institutes of Health
Bethesda, MD 20892-2520
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HHS Press Conference on Coordinated Public Health Response to 2019 Novel Coronavirus

- NIAID has a dual mandate to not only pursue a robust research portfolio in the areas of microbiology, infectious diseases and immunology, but also to quickly launch a research response to newly emerging and reemerging infectious diseases.
- When MERS, another coronavirus, emerged in 2012, NIAID researchers mobilized rapidly to characterize the virus and develop diagnostics, treatments and vaccines.
- NIAID's research response to this novel coronavirus will build on our experience with SARS and MERS. This will include continuing basic or fundamental research to better understand the virus as well as developing and testing rapid, point-of-care diagnostics, vaccines, and treatments, including broad-spectrum antivirals and antibody therapies.
- NIAID is collaborating with the biotechnology company Moderna and the Coalition for Epidemic Preparedness Innovation (CEPI) to develop what is known as a "messenger RNA" vaccine for the novel coronavirus.
- This type of gene-based vaccine does not contain live or inactivated virus. Our scientists took what they knew about the structure of the related SARS and MERS coronaviruses to quickly develop this novel vaccine.
- We anticipate the vaccine will be ready for clinical testing in the coming months, which would be a record turnaround. This first phase of clinical testing will involve giving the vaccine to healthy adults in the United States to see if it is safe and if it can induce an immune response in recipients.
- Scientists in our laboratories and at institutions that we fund across the U.S. are working on additional vaccine candidates.
- We have mobilized a rapid research response to quickly develop effective countermeasures for the novel coronavirus. However, we will not have a vaccine ready to distribute for some time as it will require numerous clinical trials to ensure a vaccine is safe and effective. Right now, the outbreak response remains focused on the proven public health practices of identifying cases, isolating patients and tracing contacts.

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HHS Press Conference on Coordinated Public Health Response to 2019 Novel Coronavirus

- NIAID has a dual mandate to not only pursue a robust research portfolio in the areas of microbiology, infectious diseases and immunology, but also to quickly launch a research response to newly emerging and reemerging infectious diseases.
- When SARS, another coronavirus, emerged in 2002, NIAID researchers mobilized rapidly to characterize the virus and develop diagnostics, treatments and completed a Phase 1 clinical trial of a vaccine.
- NIAID's research response to this 2019 novel coronavirus will build on our experience with SARS and MERS, another coronavirus that jumped species from animals to man. This will include continuing basic or fundamental research to better understand the virus as well as developing and testing rapid, point-of-care diagnostics, vaccines, and treatments, including broad-spectrum antivirals and antibody therapies.
- NIAID is collaborating with the biotechnology company Moderna and the Coalition for Epidemic Preparedness Innovation (CEPI) to develop what is known as a "messenger RNA" vaccine for the novel coronavirus.
- This type of gene-based vaccine does not contain live or inactivated virus. Our scientists took what they knew about the structure of the related SARS and MERS coronaviruses to quickly develop this novel vaccine.
- We anticipate the vaccine will be ready for clinical testing within 3 months, which would be a record turnaround. This first phase of clinical testing will involve giving the vaccine to healthy adults in the United States to see if it is safe and if it can induce an immune response in recipients. It will take an additional 3 months to show preliminary safety and some ability to induce the desired response. After that, if the outbreak is not ended, NIAID will rapidly proceed to a Phase 2 trial with the expectation of emergency use within 1 year.
- Scientists in our laboratories and at institutions that we fund across the U.S. are working on additional vaccine candidates.
- In summary, we have mobilized a rapid research response to quickly develop effective countermeasures for the novel coronavirus. Right now, the outbreak response remains focused on the proven public health practices of identifying cases, isolating patients and tracing contacts.

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