

Exhibit

8

To: Catherine M. Doherty
Subject: CDC COVID-19 Response Survey Findings - March 2021
Date: March 11, 2021 1:48:00 PM
From: [REDACTED]
[REDACTED]

Hi, Catherine M. Doherty and your regular team would like to setup a meeting to discuss the findings and related plan Headstart. Would you let us know a few days when this would work for you this week?

Best,

Patrick

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Date: Monday, March 15, 2021 at 1:45 PM

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Subject: CDC National Survey Findings - Jan 2021 - Feb 21

Hello CDC team,

We are encouraged, following up on our commitment to share our survey data on existing topics. We are sharing these findings right now looking forward to help inform our findings and strategies. Attached are our findings from January 20 - February 27, 2021. Today, the report will be available online.

Some key highlights of the findings are top 5 critical incident summary findings, and other key findings that help the methodologies, greater detail on state trends, programmatic focus areas, strengths, etc. Importantly, this report works like the survey items and questions within CDC that has fed this data compiled. We're also open to Headstart on the formulation.

Please let us know if you have specific questions about the findings or the report itself, we're happy to break down elements of the findings.

Best,



COVID-19 Symptom Survey

Topline Report on COVID-19 Vaccination in the United States

SURVEY WAVES 6-8

JANUARY 10-FEBRUARY 27, 2021

The Delphi Group at Carnegie Mellon University
in partnership with Facebook

RELEASED ON MARCH 12, 2022

Highlights

This report provides responses submitted by the agency to the January 2022 survey from the Office of Information and Privacy Commissioner of Ontario. The survey was prepared by the Office of Information and Privacy Commissioner of Ontario and is intended to inform its annual report.

1. The percentage of staff who are either required or able to work from home increased significantly & grew rapidly during the initial period. As of July 2021, 70% of staff were working from home full-time. The percentage of staff who have been able to return to work has changed at approximately 17%, with the majority of the remaining unreturned staff continuing to work from home and others continuing to work from home part-time.
2. Staff have been asked to keep a record of the time spent working from home. Working from home is 14 minutes longer on average. The average time of staff who work from home is 10 hours and 45 minutes compared to 8 hours and 55 minutes for staff who do not work from home.
3. Staff who work from home are asked about their privacy under the Act and whether they feel comfortable using their personal devices for government business for conducting work-related tasks. 70% of staff feel comfortable using their personal devices for work-related tasks. 10% feel uncomfortable using their personal devices for work-related tasks.
4. Staff are asked to identify through which channels they communicate with a government official for conducting work-related tasks. 70% of staff feel comfortable identifying any individual, agent, or organization that they communicate with for work-related purposes. 20% feel uncomfortable identifying any individual, agent, or organization that they communicate with for work-related purposes. 10% feel uncomfortable identifying any individual, agent, or organization that they communicate with for work-related purposes.
5. Staff are asked to provide the following report outcome information only if applicable. There are no specific requirements for this section and the results are not used to assess the agency's performance. Staff can also provide feedback on their experience with the agency's OIPPA reporting process. 60% of staff feel that the agency's reporting process is effective. 30% feel that the agency's reporting process is adequate. 10% feel that the agency's reporting process is ineffective.

Executive Summary

（二）施工准备和组织机构

The University of Wisconsin Survey is also strength-impaired because the percentage of people had clearly work over 60.000 US-dollars. Reported child and care, self-control and independence were less often mentioned at higher PPI-PF. Conversely, more family members and communication, teamwork, creativity, team working, social functioning, financial rewards and hope are reported. Higher university strength. The second reason is the observed difference in the mean of various subscales among men and women. Women communicate and communicate more often than men. Therefore, it is difficult to evaluate the strength differences between genders. But we can assume that there is a relationship between gender and the reported ability of communication.

These two new books are excellent additions to the library of any teacher of English literature. It is difficult to overstate the importance of these volumes, and those interested in our rich cultural tradition from a 'postcolonial' perspective should be particularly grateful.

第二章 計算機應用

decreasingly, the former local authority authorities were continuing to offer services and indeed during 2002-03 the new local authorities had implemented substantial cuts, leaving £10m for the former Humberside PCC to manage. It appears that the assumption of a full range of services is no longer sustainable across the country. However, where resources allow, there is a desire to keep the right of local control intact and to continue to offer their communities a degree of autonomy as well as a more integrated model of local control services, continuing to work with the neighbouring cities and towns within the former metropolitan area.

The COVIA® HR Survey provides valuable insights into the challenges facing managers and executives today in the United States. This study may be used by individuals, organizations, and government agencies to better understand the challenges facing U.S. business.

Executive Summary

An analysis of the perspectives of two French dairy farmers following the introduction of organic dairy farming practices on their dairy farms in 1994, has also clearly demonstrated the need for a long-term perspective. Farmers' attitudes were not so much related to the actual organic dairy farming as to the future possibilities of continuing to farm in a sustainable way. The farmers' attitudes were also related to the actual organic dairy farming as to the future possibilities of continuing to farm in a sustainable way. The farmers' attitudes were also related to the actual organic dairy farming as to the future possibilities of continuing to farm in a sustainable way.

It is encouraging that there may be a wider recognition to take a more scientific approach about managing higher education health policy. This will include prioritising evidence-informed, context and context-motivated policy, effectiveness studies, foresight, long-term thinking, intersectoral theory and outcomes. All these should have a firm commitment of attention and analysis committed to the educational system. Learning processes will become increasingly public and accessible, but also a more robust policy-making that can facilitate informed decisions of what and how to bring regard to education and learning. A closer inspection using the integrated approach's effects in the field and the engagement with the public, strengthened by their empirical evidence, will prioritise all aspects of learning, learning theory, educational assessment and teaching methods more based on evidence than the current status.

	Florida	Georgia	Michigan	Penn.	Wisconsin
Received a conviction	71.4%	70.7%	70.7%	70.7%	70.0%
Did not receive a conviction	28.6%	29.3%	29.3%	29.3%	30.0%
Received treatment and conviction about a mile apart	51.1%	51.0%	51.0%	51.0%	50.0%

Executive Summary

III. CENTERS FOR DISEASE CONTROL CRITERIA

30.1 Healthcare Workers

Below the rate of vaccination uptake among healthcare workers reported by the agency, 10% of healthcare workers remain unvaccinated. However, 3% of those individuals positive for the virus receive the vaccine. They will ultimately join the vaccinated cohort after 100 days (approximately 2 months). Current total 100% vaccination probability is 0.99.

30.2 - age

Current availability by age group in the current risk zones of 18-34 years (37%) and 35-64 years (37%) is also shown with areas of high transmission due to a lack of sufficient available vaccines for those that have not yet received a dose of either vaccine.

30.3 - High Risk Facilities

In the most recent week of data, no community-wide activity with significant associated risks were reported across all communities, and 0.0% of these facilities had reported positive infections. Adults with asymptomatic conditions are less likely to be infected. Therefore, despite general projections of 10% transmission probability from among healthcare and medical facilities, they will move away to the next cohort based on this effect. These adults generate transmission 0.8% on average per day (0.00008). This corresponds to 0.00008 asymptomatic cases per day, or 0.00008 cases per day per 1000 individuals.

Key insights for vaccine messaging

1. Use WEFU to engage vaccine hesitancy by addressing concerns about side effects.
2. Channelling communications through local healthcare workers may be a promising way to combat vaccine hesitancy.
3. There may be greater potential to take a state-specific approach about managing against vaccine hesitancy.

Executive Summary

中大-深港产学研合作项目

IV. - Results

an approximate 4000 articles mentioning wild turkey surveys, we provide evidence that fragment analysis increased survey heterogeneity among estimated house- and house-like activity, but decreasing turkey status, survey duration or tract size. Multi-trap surveys were predominantly 'whole' surveys, while single-trap surveys of up to 100 ha were predominantly of 'activity' (predominantly ground-based) and 1000 ha surveys were also 'activity' surveys (Fig. 4). Survey duration was negatively correlated with survey heterogeneity (house activity) (Spearman rank correlation coefficient = -0.2205), while frequency (that is, number of surveys) was positively correlated with survey heterogeneity (turkey status) (Spearman rank correlation coefficient = 0.2185).

The existing requirements for mobile Bay Islands aquatic ecosystems include:

Blank adults have had the
Feverish Response to vaccine
but they have had the highest
concern about side effects.

the individual. Another technique often used is to use the model's own internal process monitoring feature to track and record the flow of the algorithm, which provides the researcher with valuable information about the algorithm's behavior.

As a result of the higher percentage of 17-19 year olds who have never been sexually active, the number of 17-19 year old females who have ever had sex has increased from 2000 to 2005. The number of 17-19 year old males who have ever had sex has increased from 2000 to 2005. The number of 17-19 year old females who have ever had sex has increased from 2000 to 2005. The number of 17-19 year old males who have ever had sex has increased from 2000 to 2005.

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1 Definitions

1.1 COVID-19 Vaccination Uptake and Intent

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

- 1. Adults who received a COVID-19 vaccination:** Respondents who reported "Yes" to the following survey question, which was asked of all respondents: "Q1. Have you received a COVID-19 vaccination? (Please don't know)"
- 2. Adults who did not receive a COVID-19 vaccination and are vaccine hesitant:** Respondents who reported "Yes, definitely" or "Yes, probably" to the following survey question, which was asked only among those who reported "No" or "I don't know" to Q1. "Q3. If it's necessary to prevent COVID-19, more often than not today, would you choose to get vaccinated? (Yes, definitely/Yes, probably/No, probably not/no, definitely not)"
- 3. Adults who did not receive a COVID-19 vaccination and had no intent to get vaccinated:** Respondents who reported "No, probably not" or "No, definitely not" to Q3, which was asked only among those who reported "No" to "Q1. Don't know" to Q1.
- 4. Adults who did not receive a COVID-19 vaccination and had unknown intent:** Respondents who reported "No" or "Don't know" to Q1 and reported Q3.

1.2 Receiving Two COVID-19 Vaccinations

We defined receiving two COVID-19 vaccinations as the weighted percentage of respondents who reported receiving "2 vaccinations or doses" using the following survey question, which was asked only among respondents who reported "Yes" to receiving a COVID-19 vaccination in Q1. "Q2. How many COVID-19 vaccinations have you received? (1 vaccination or dose/2 vaccinations or doses/Don't know)"

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

We defined concerned about experiencing a side effect as the weighted percentage of respondents who reported "Very concerned" or "Moderately concerned" in response to the following survey question, out of all respondents who were vaccine-hesitant. "Q3. How concerned are you that you would experience a side effect from a COVID-19 vaccination? (Very concerned/Moderately concerned/Slightly concerned/Fairly concerned)"

1.4 Influence of Information Sources on Vaccine-Hesitant Adults

We examined the potential influence of information sources on vaccination among vaccine-hesitant adults using the survey question: "Q4. Should you try to get less easily to get a COVID-19 vaccination if it were recommended to you by each of the following: Local healthcare workers/World Health Organization (WHO)/Government

Health officials/Friends and Family/Father/mother)?" For each information source, respondents had the option of answering "More likely", "About the same", "Less likely". We estimated the percentage of individuals who would be more likely to believe a COVID-19 infection given a specific information source using the weighted proportion of respondents who reported "More likely" out of all respondents who were vaccine-hesitant.

2 Detailed Results on COVID-19 Vaccination Uptake and Intent

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

2.1 COVID-19 Vaccination Uptake and Intent: Overall

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

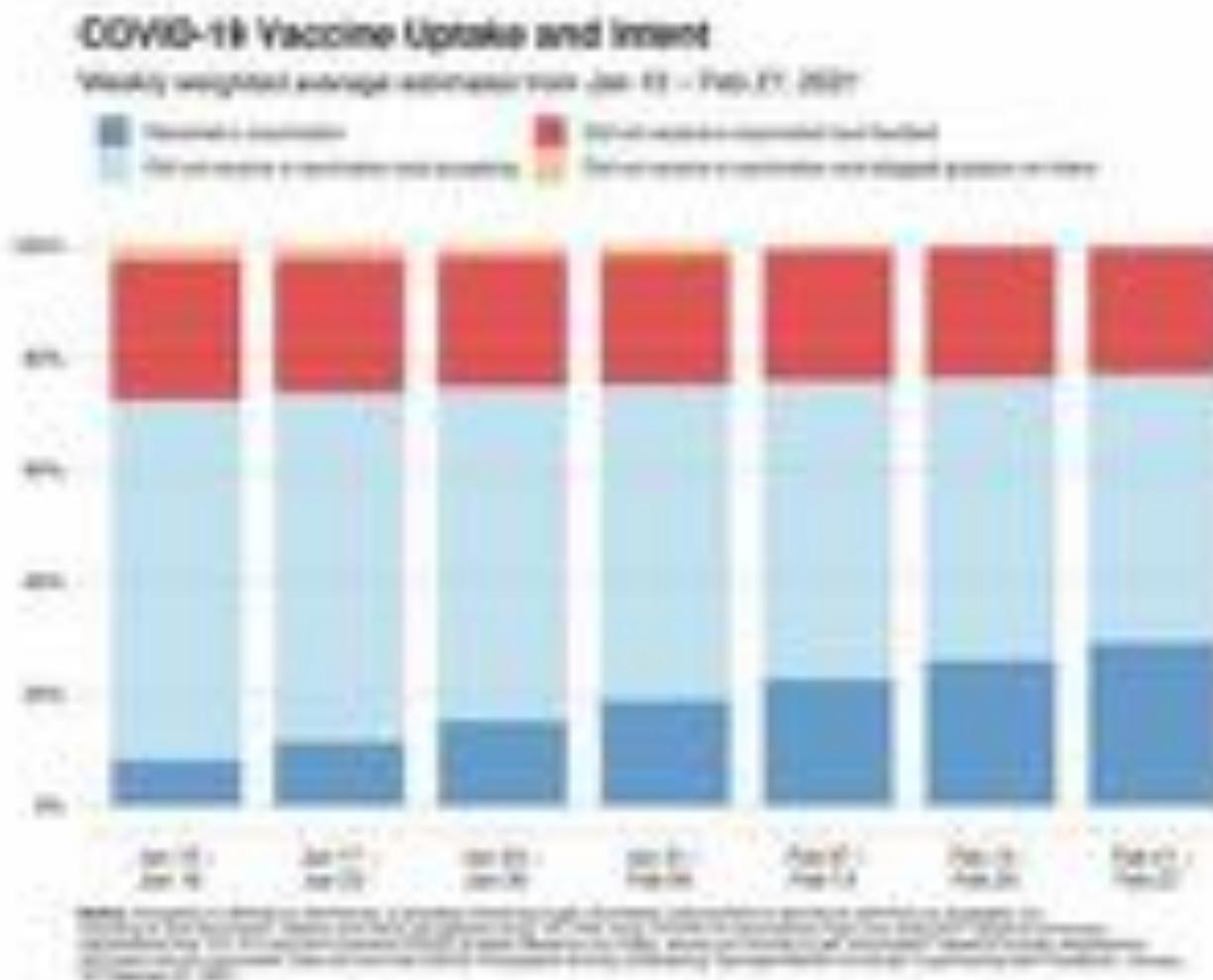


Figure 1: COVID-19 vaccination uptake and intent for the overall group as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table S.1, Appendix S.)

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

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

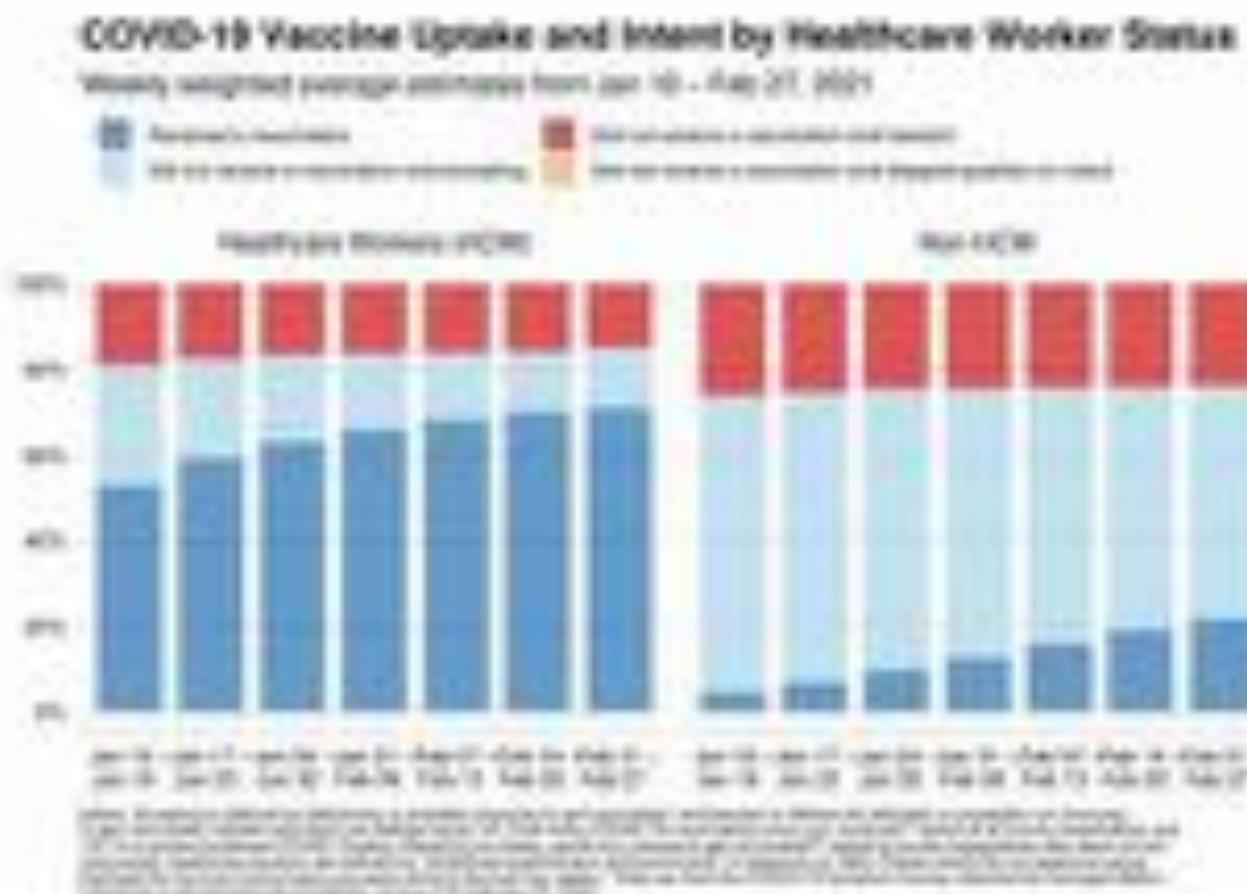


Figure 2: COVID-19 vaccination uptake and intent by healthcare worker status as measured by the COVID-19 Bumprism Survey, July 18 – Feb 27, 2021 (Data are tabulated in Table B-1, Appendix B).

2.3 COVID-19 Vaccination Uptake and Intent: By Age

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

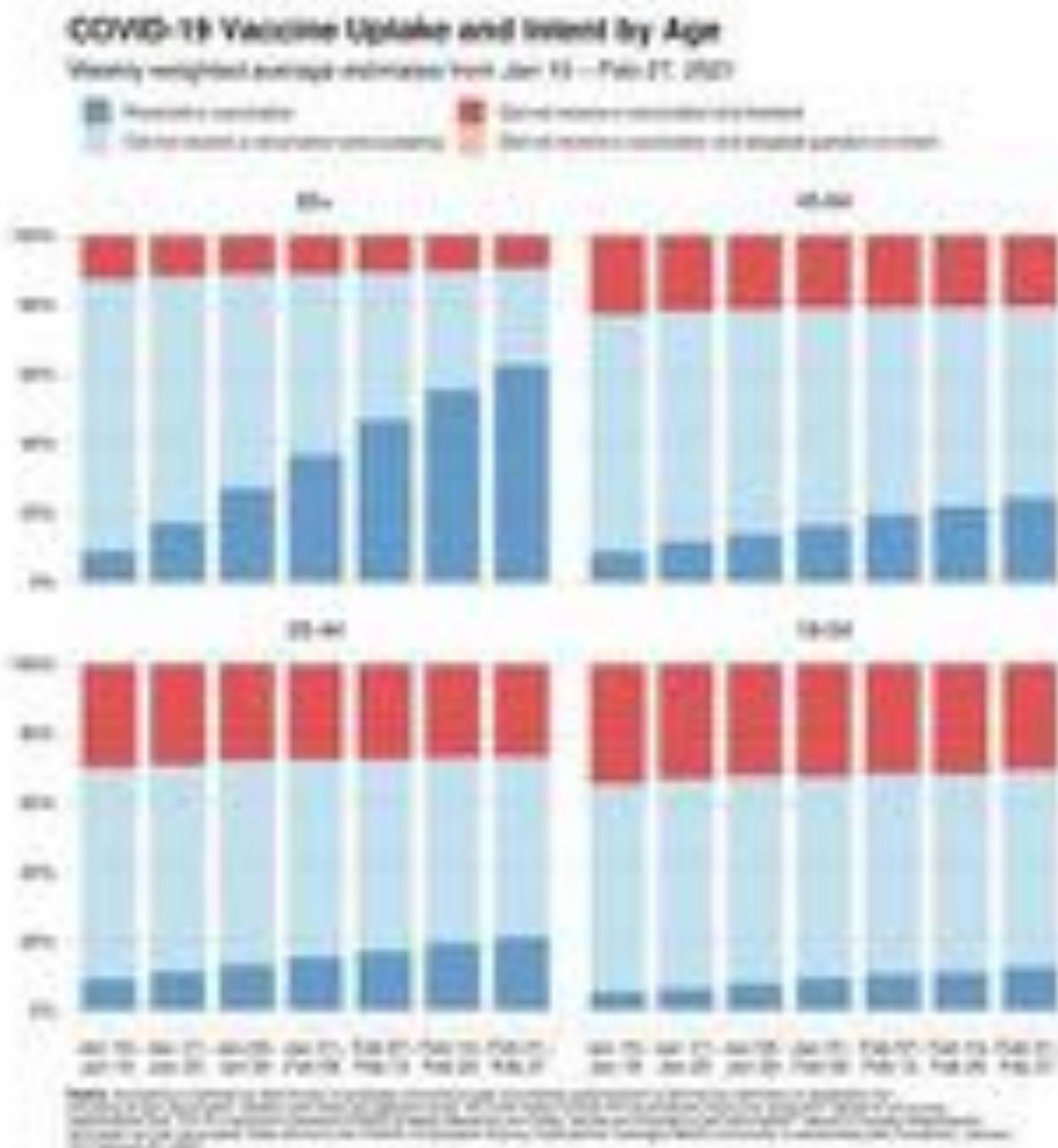


Figure 3: COVID-19 vaccination uptake and intent by age as estimated by the COVID-19 Surveyor Survey, April 15 – Feb 27, 2021 (Data are tabulated in Table 11, Appendix A)

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

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

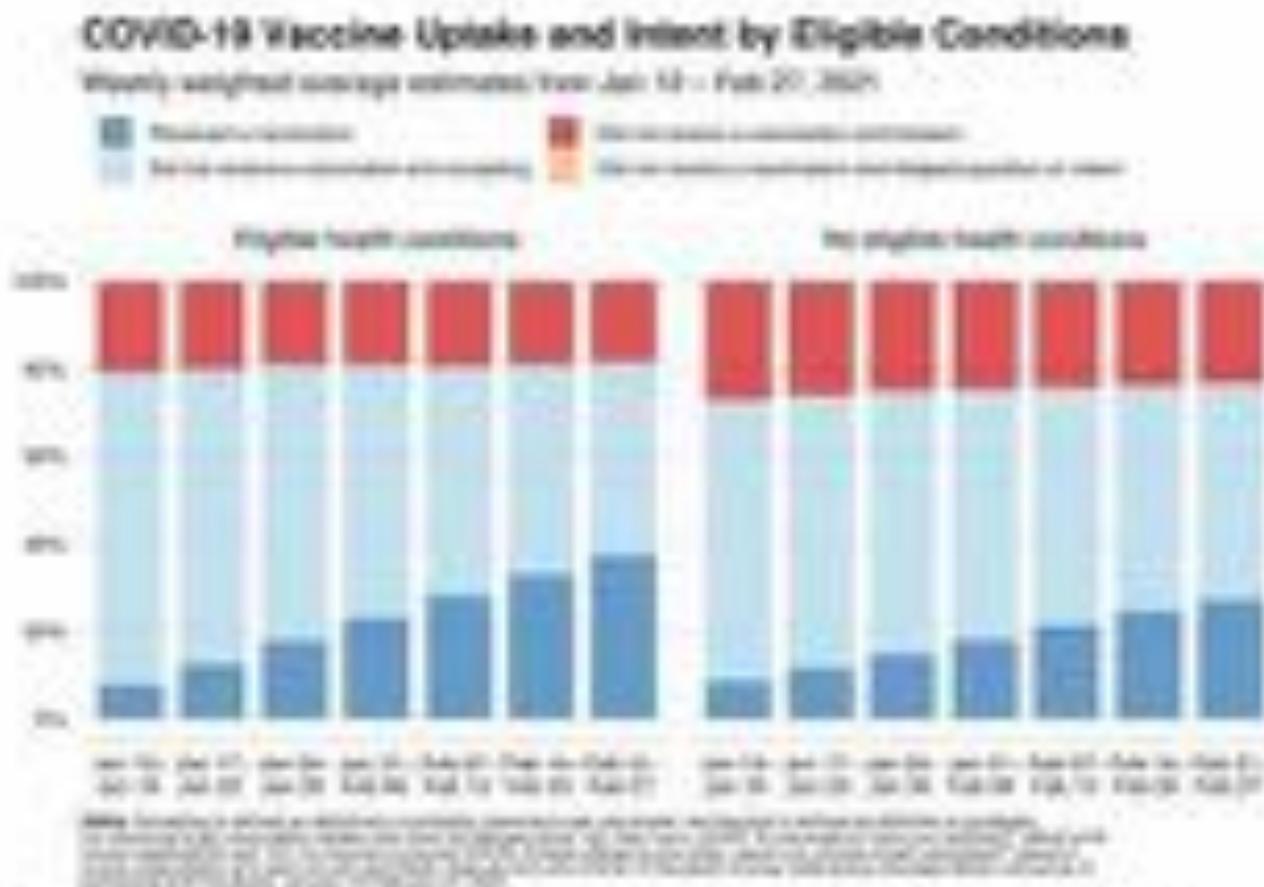


Figure 4: COVID-19 vaccination uptake and intent by eligible health conditions as measured by the COVID-19 Symptom Survey, Jan 12 – Feb 27, 2021 (2021-01-12).

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

Trends by race/ethnicity are summarized in Figure 8 (below) and in Appendix 18.

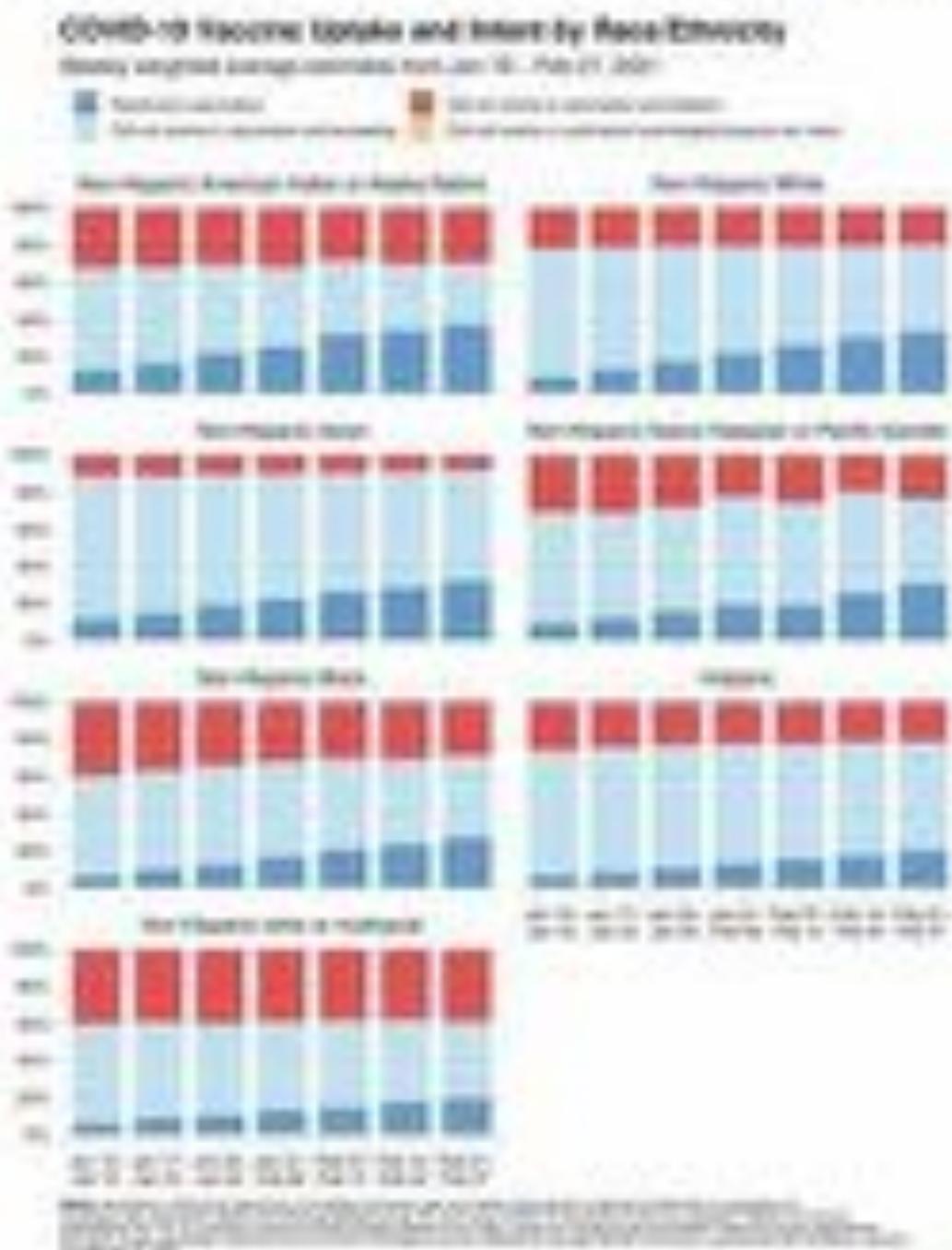


Figure 8: COVID-19 vaccination uptake and intent by race/ethnicity as estimated by the COVID-19 Symponi Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table 18-1, Appendix 18)

2.6 COVID-19 Vaccination Uptake and Intent: By Gender

Trends by gender are summarized in Figure 6 (below) and in Appendix 19.

COVID-19 Vaccination Uptake and Intent By Gender

Weekly weighted average estimates from Jan 10 – Feb 27, 2021

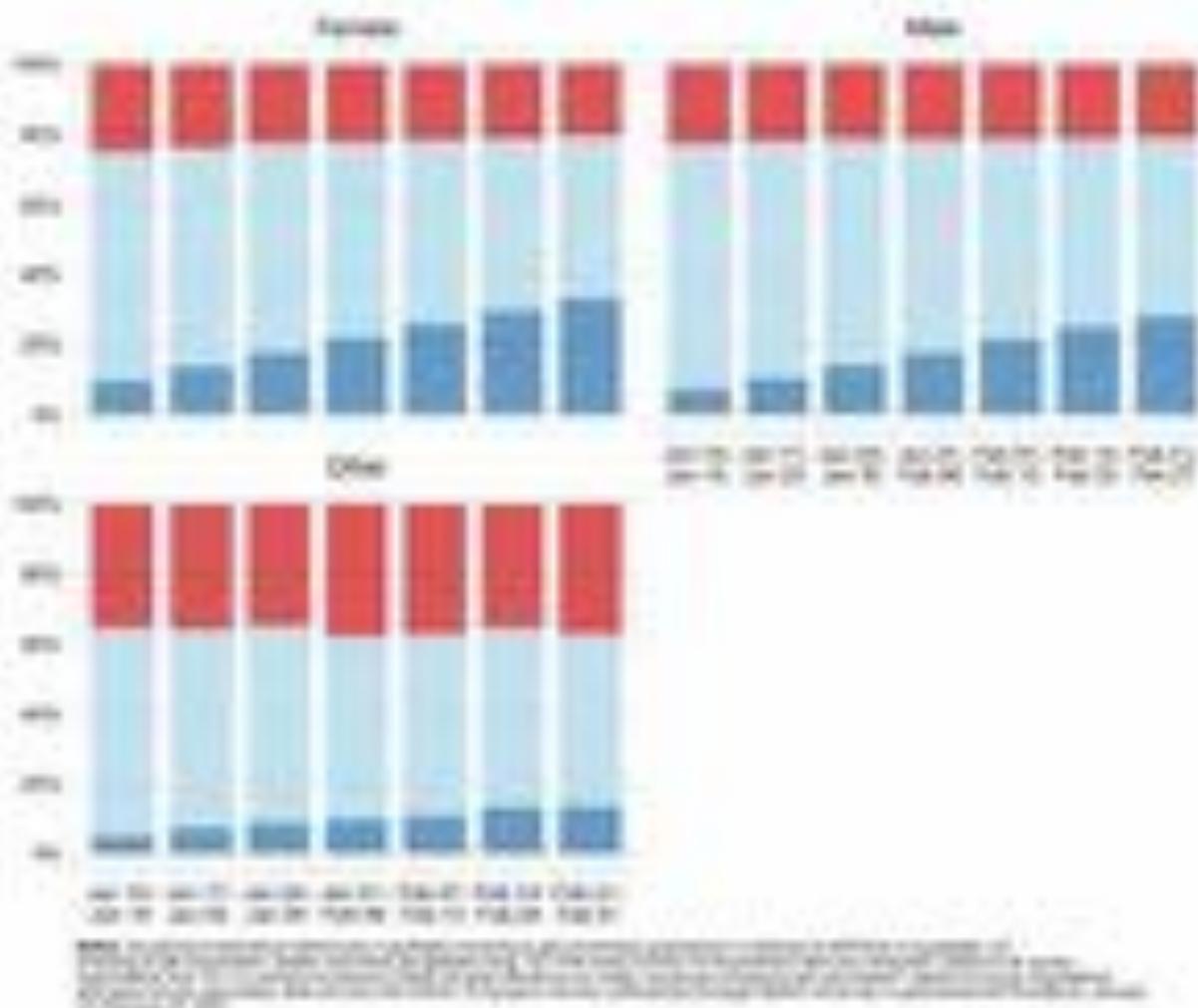


Figure 6: COVID-19 vaccination uptake and intent by gender as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table 19, Appendix 19.)

2.7 COVID-19 Vaccination Uptake and Intent: By State

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



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



Figure 8: Adults who did not receive a COVID-19 vaccination and are vaccine-naïve by state as estimated by the COVID-19 Symptom Survey, Feb 21 - Feb 27, 2021 (Data are tabulated in Table S11, Appendix E)



Figure 9: Adults who did not receive a COVID-19 vaccination and are vaccine-naïve by state as estimated by the COVID-19 Symptom Survey, Feb 21 - Feb 27, 2021 (Data are tabulated in Table S11, Appendix E)

3 Detailed Results on Receiving Two COVID-19 Vaccinations

3.1 Receiving Two COVID-19 Vaccinations: Overall

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

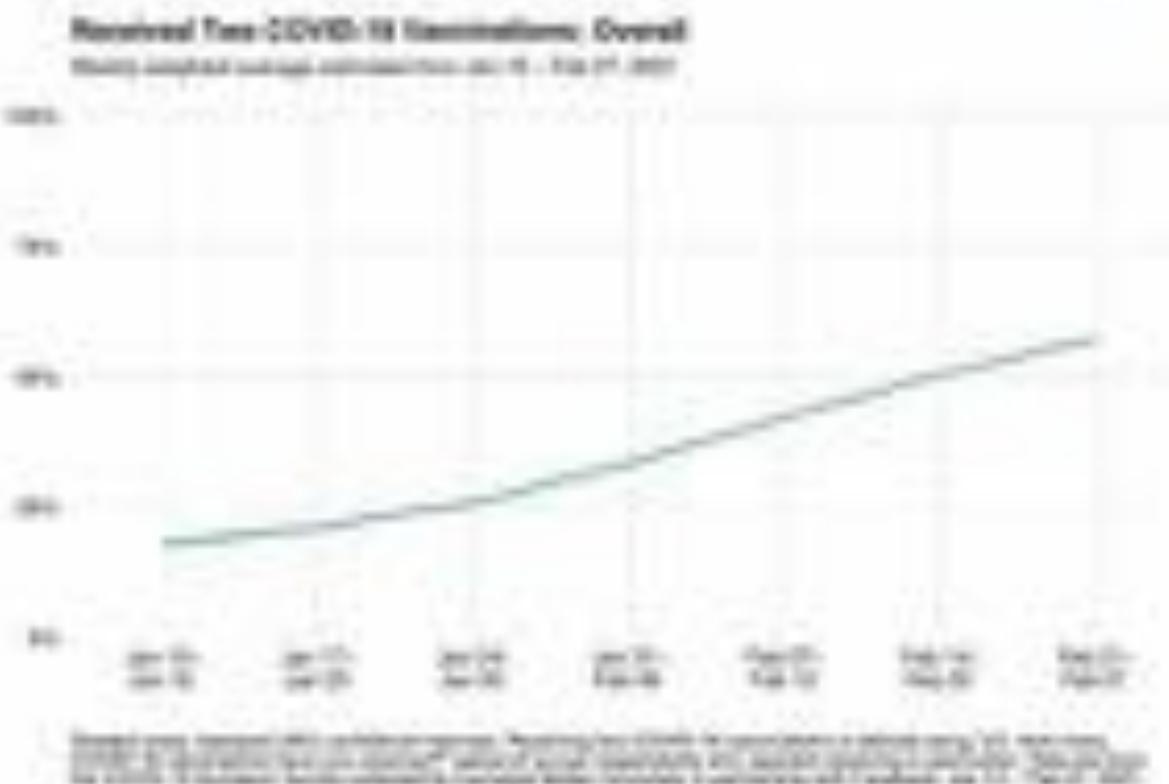


Figure 10: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination as estimated by the COVID-19 Vaccination Survey, Jan 10 – Feb 27, 2021. (Data are tabulated in Table C-1, Appendix C.)

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

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

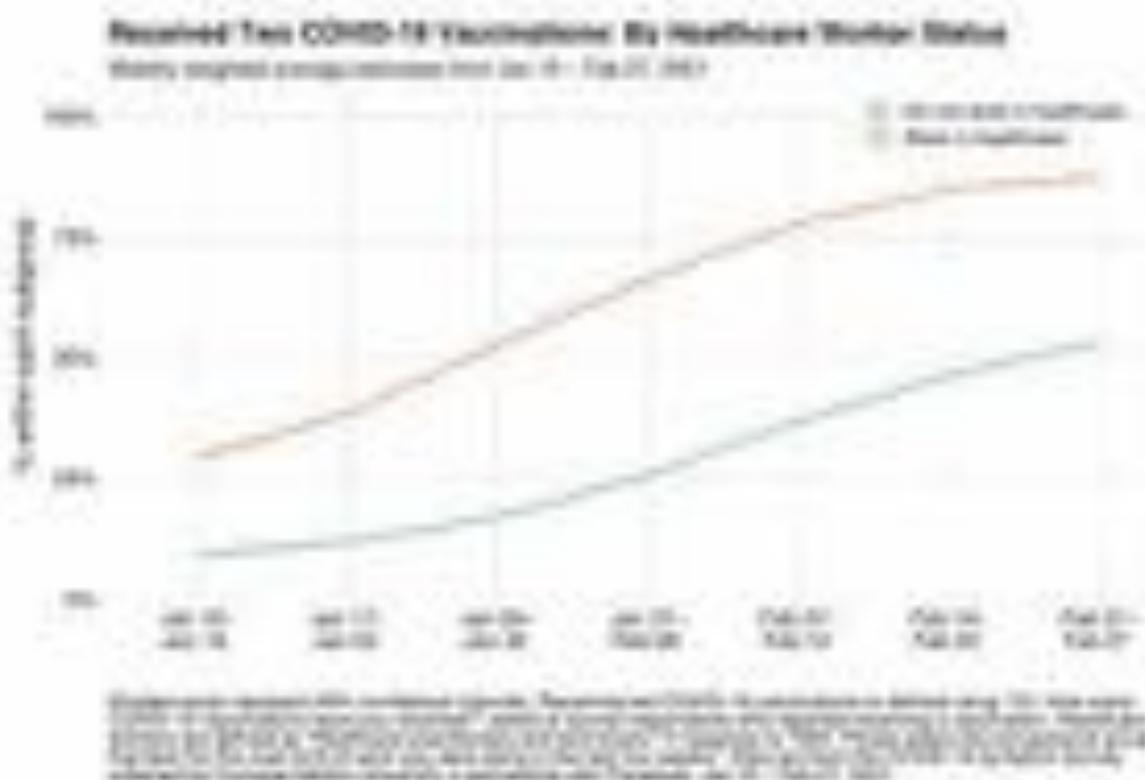


Figure 11: Percent of adults and adolescents COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by healthcare worker status, as estimated by the COVID-19 Symptom Survey, Jan 11 – Feb 21, 2021 (n=93,894), tabulated in Table C-1, Appendix C.

3.3 Receiving Two COVID-19 Vaccinations: By Age

Trends by site are summarized in Figure 12 (Sect. 4) and in Appendix D.

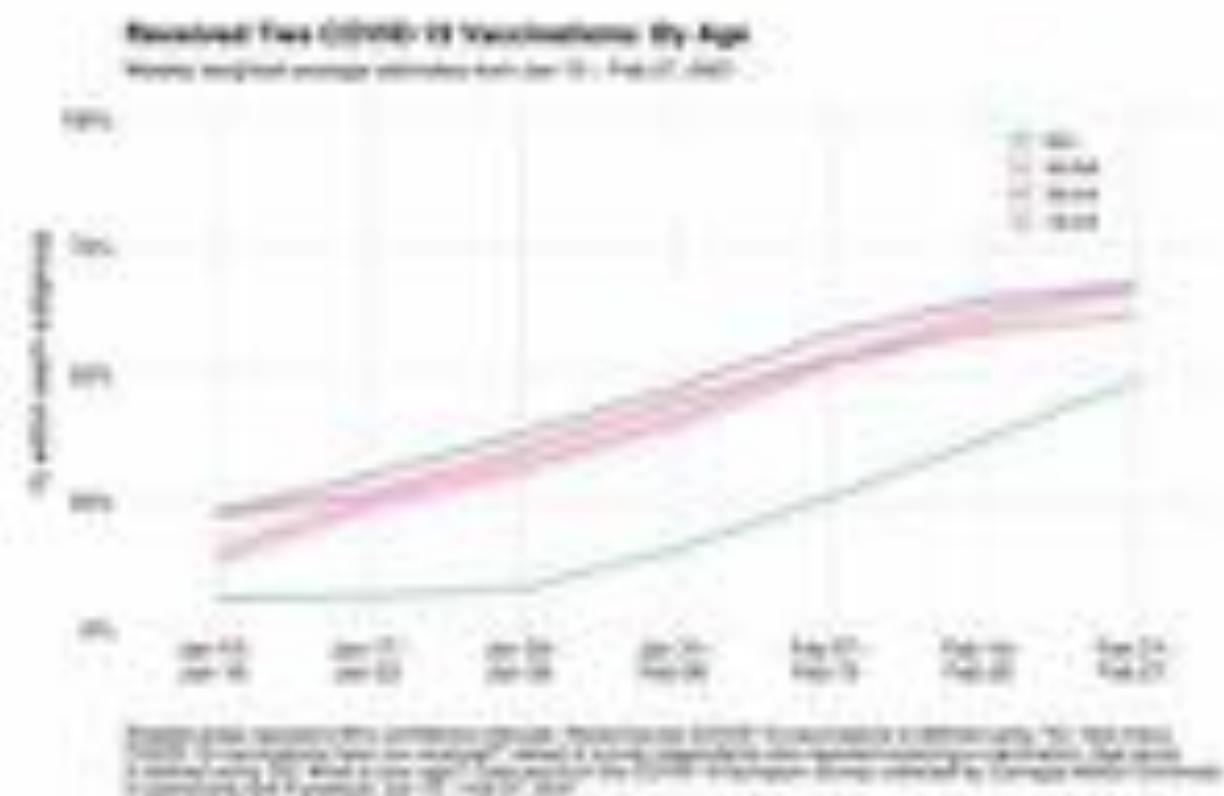


Figure 13 (Percent) of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination. By age, as estimated by the COVID-19 Prevention Survey, Jan 18 – Feb 27, 2021. Data are included in Table C-1, Appendix C.

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

Trends by eligible health conditions are summarized in Figure F3 (below) and in Appendix E.

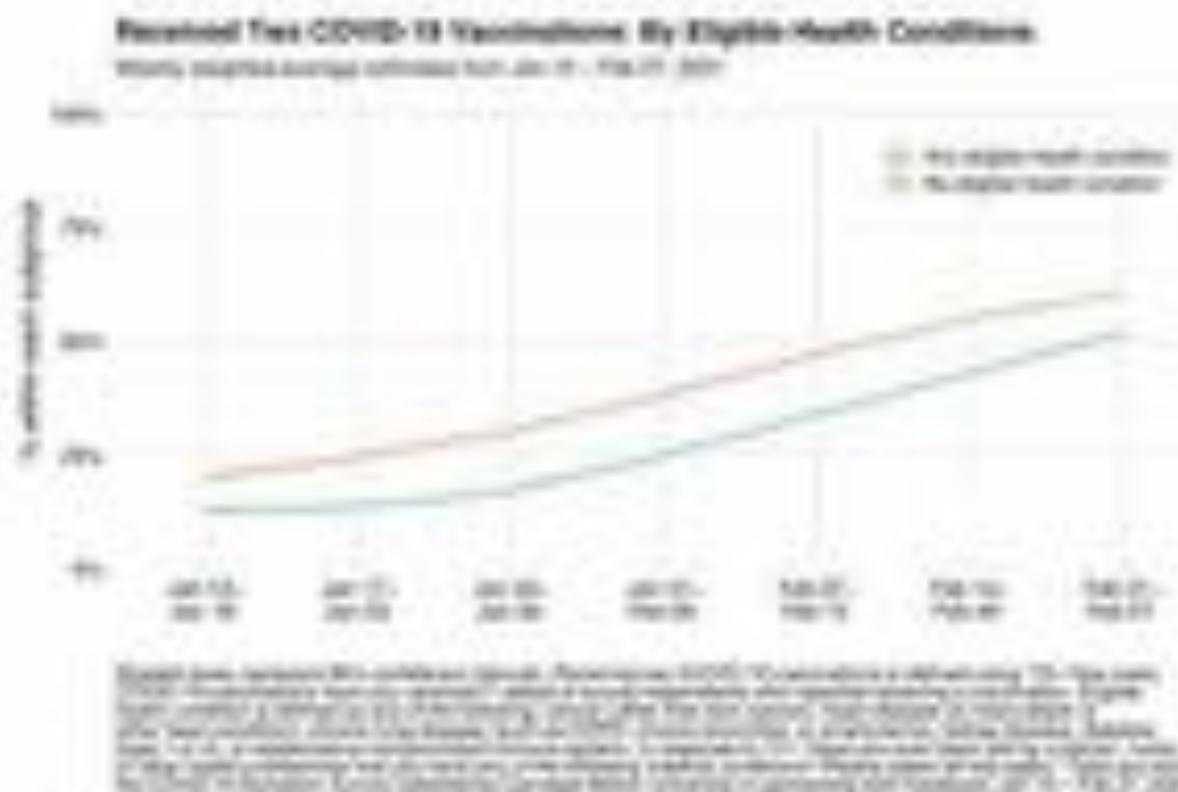


Figure F3: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by eligible health conditions. As estimated by the COVID-19 Symptom Survey, Jan 18 – Feb 27, 2021 (Data are tabulated as of Feb 1, 2021, Appendix E)

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

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

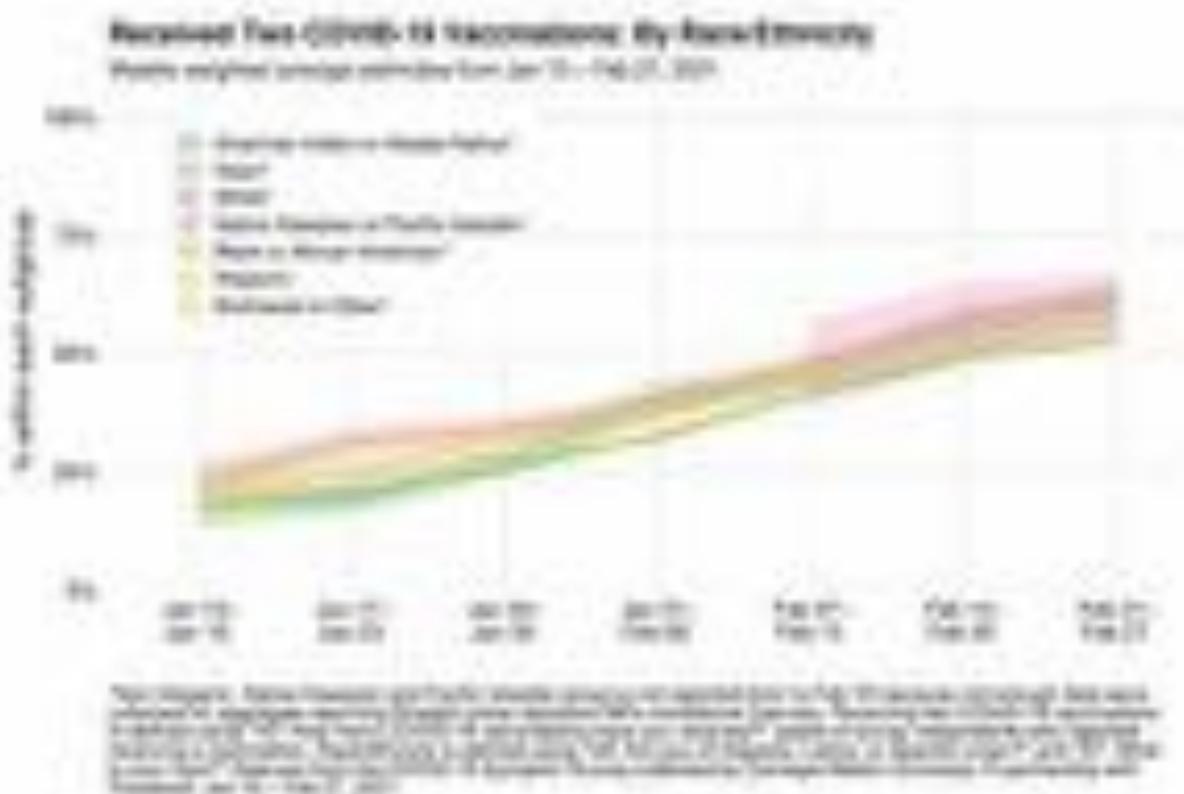


Figure 14: Percent of adults who received their COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by race/ethnicity, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are calculated in Table C-1, Appendix C.)

3.6 Receiving Two COVID-19 Vaccinations: By Gender

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

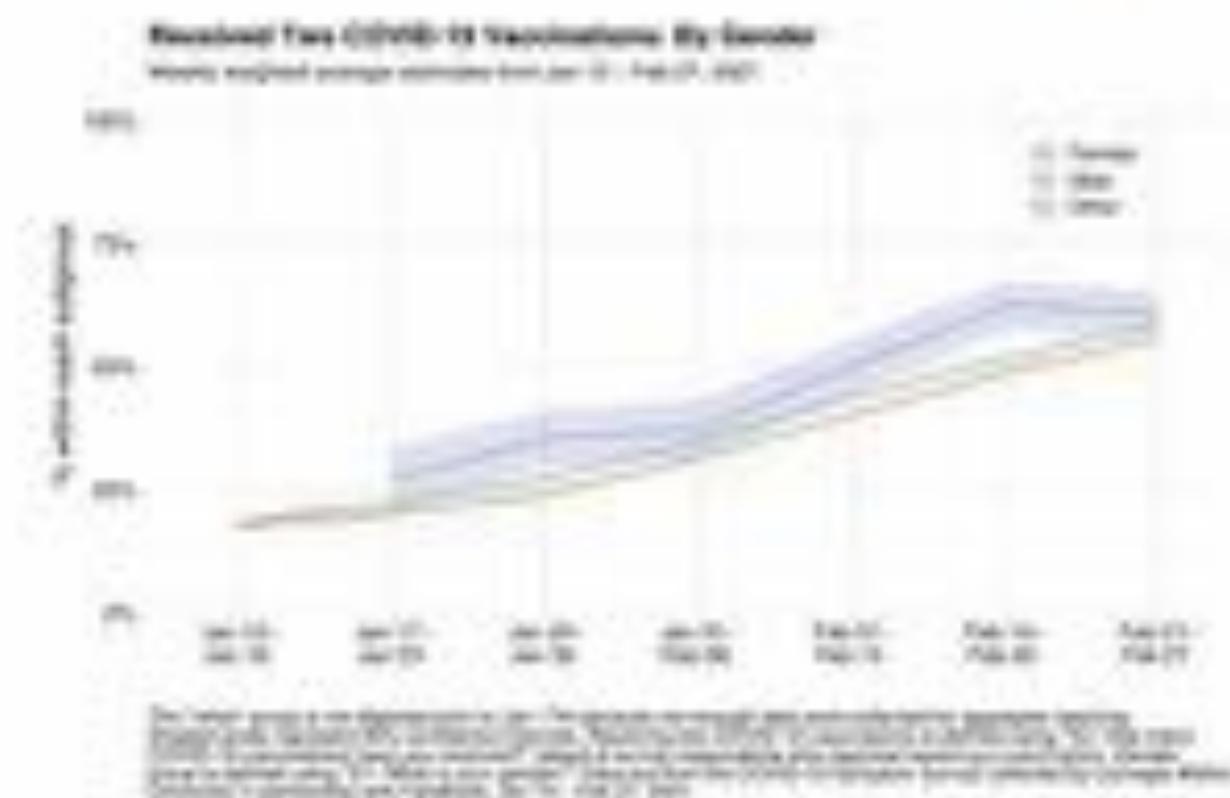


Figure 15. Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by gender, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C-1, Appendix C.)

3.7 Receiving Two COVID-19 Vaccinations: By State

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



Figure 16: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by state, as estimated by the COVID-19 Symptom Survey, Feb 21 – Feb 27, 2021 (Data and calculated in Table C.4, Appendix C)

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

4.1 Concerned about a Side Effect: Overall

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

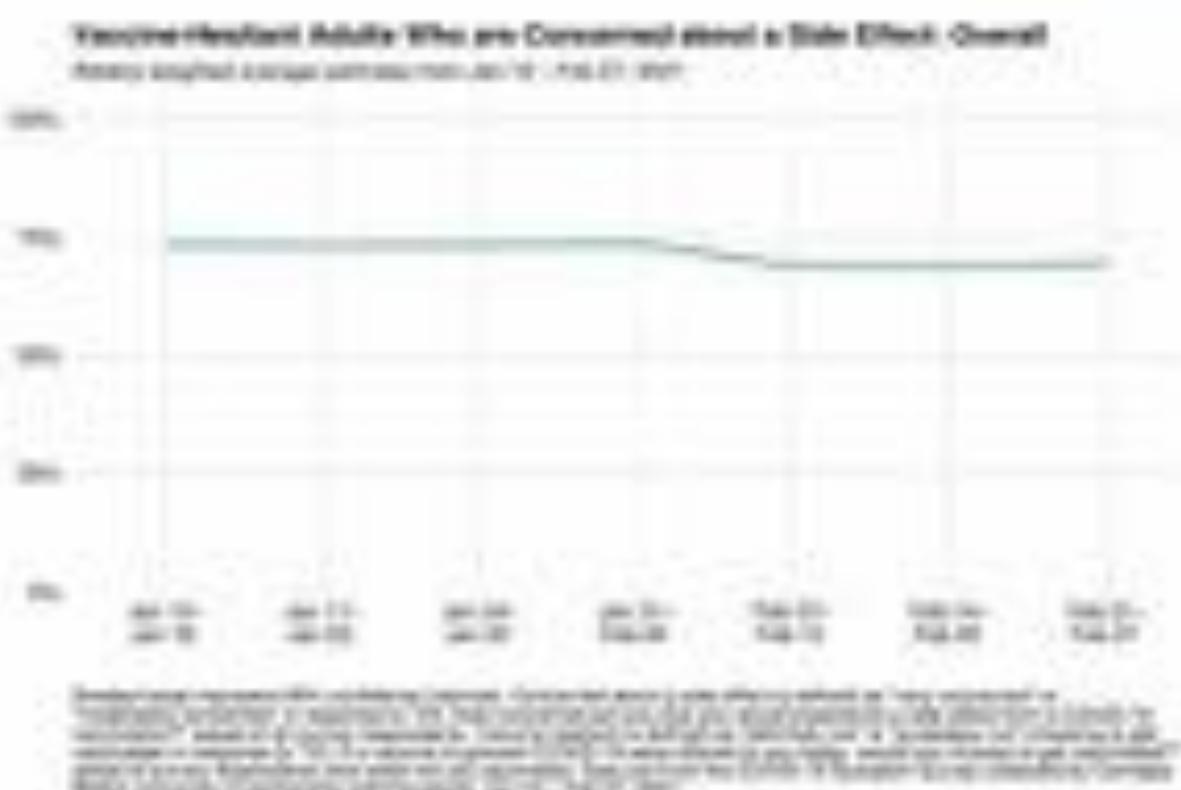


Figure 17. Vaccine-hesitant adults who are concerned about a side effect as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 21, 2021 (Data are tabulated in Table D-1, Appendix D).

4.2 Concerned about a Side Effect: By Healthcare Worker Status

Trends by Healthcare worker status are summarized in Figure 18 (below) and in Appendix 7.

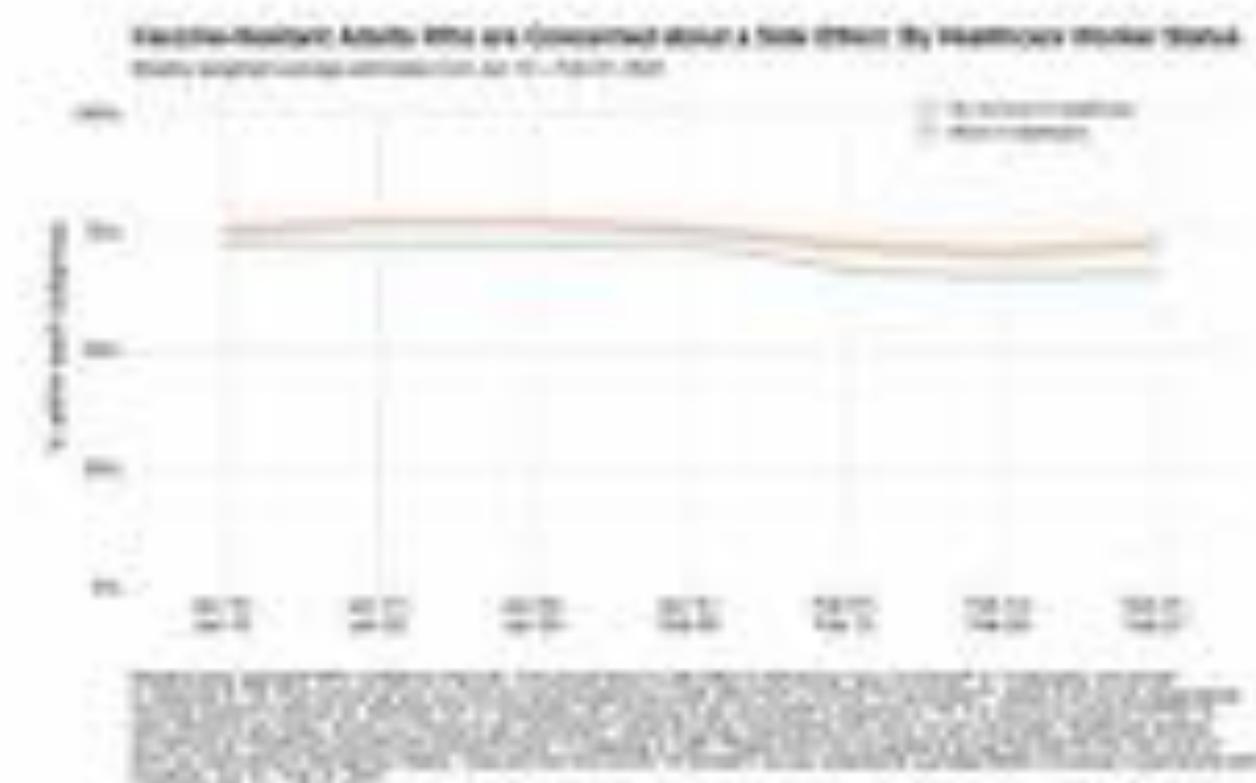


Figure 18. Vaccine-hesitant adults who are concerned about a side effect by healthcare worker status. (a) Estimated by the COVID-19 Symptom Survey, Jan 19 – Feb 27, 2021 (Data are tabulated in Table 13.1, Appendix 7)

4.3. Concerned about a side effect: by Age

Trends by age are summarized in Figure 118 (below) and in Appendix D.

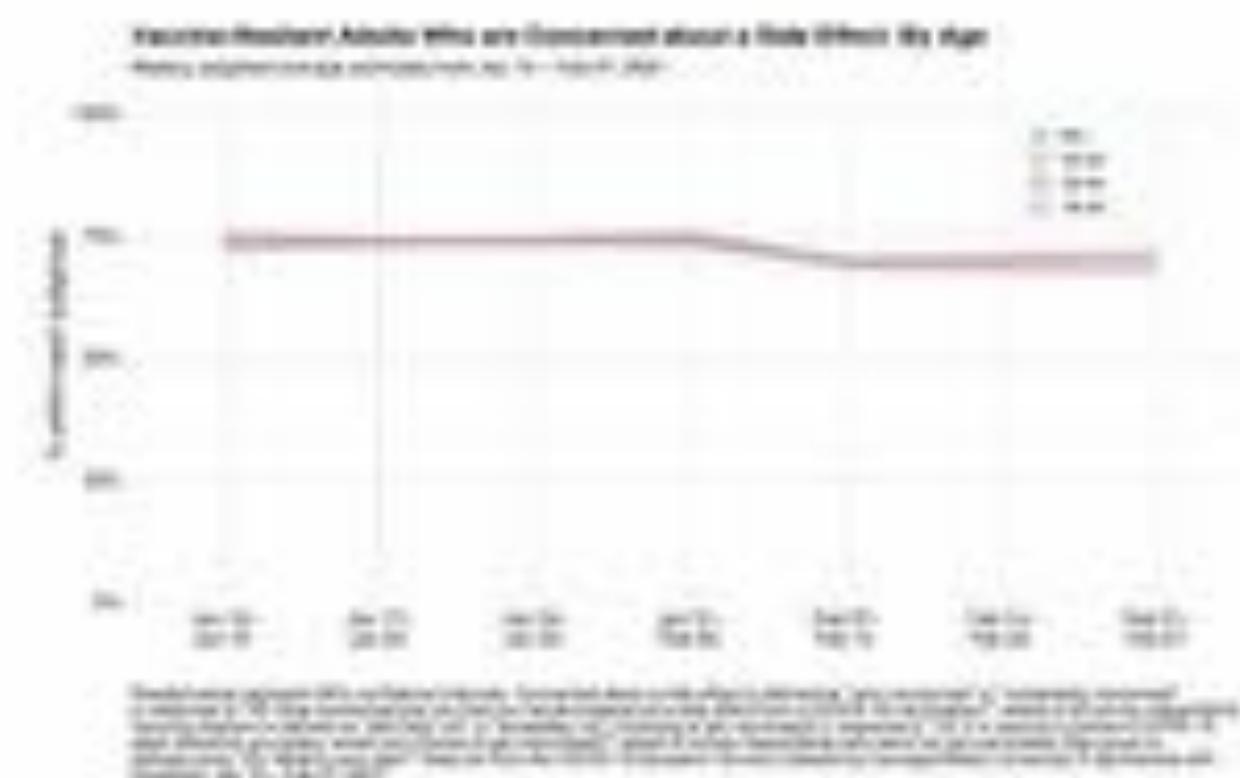


Figure 118. US adult adults who are concerned about a side effect by age, as measured by the COVID-19 Symptom Survey, Jan 13 – Feb 27, 2021 (data are tabulated in Table D-1, Appendix D).

4.4 Concerned about a Side Effect: By Eligible Health Conditions

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

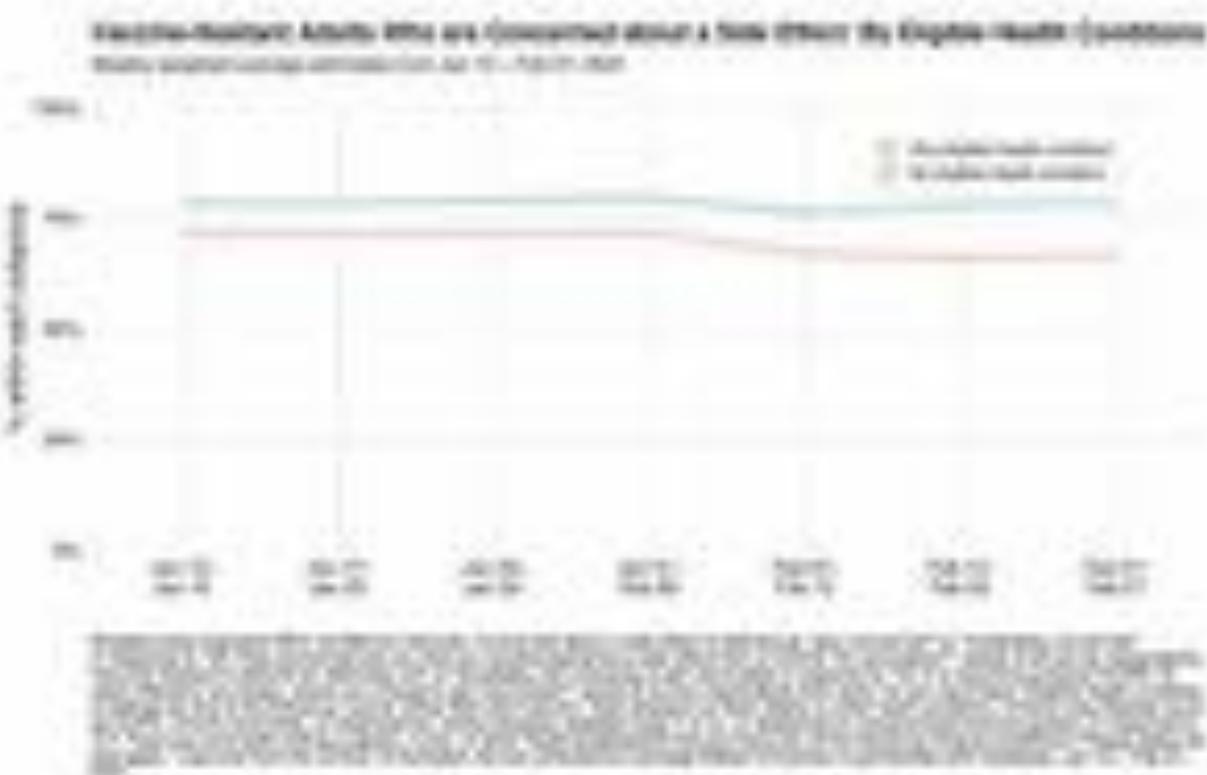


Figure 20: Vaccine-hesitant adults who are concerned about a side effect by eligible health conditions, as estimated by the COVID-19 Symptom Survey (Jan 01 – July 27, 2021) (Data are tabulated in Table D.7, Appendix C)

4.5 Concerned about a Side Effect: By Race/Ethnicity

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

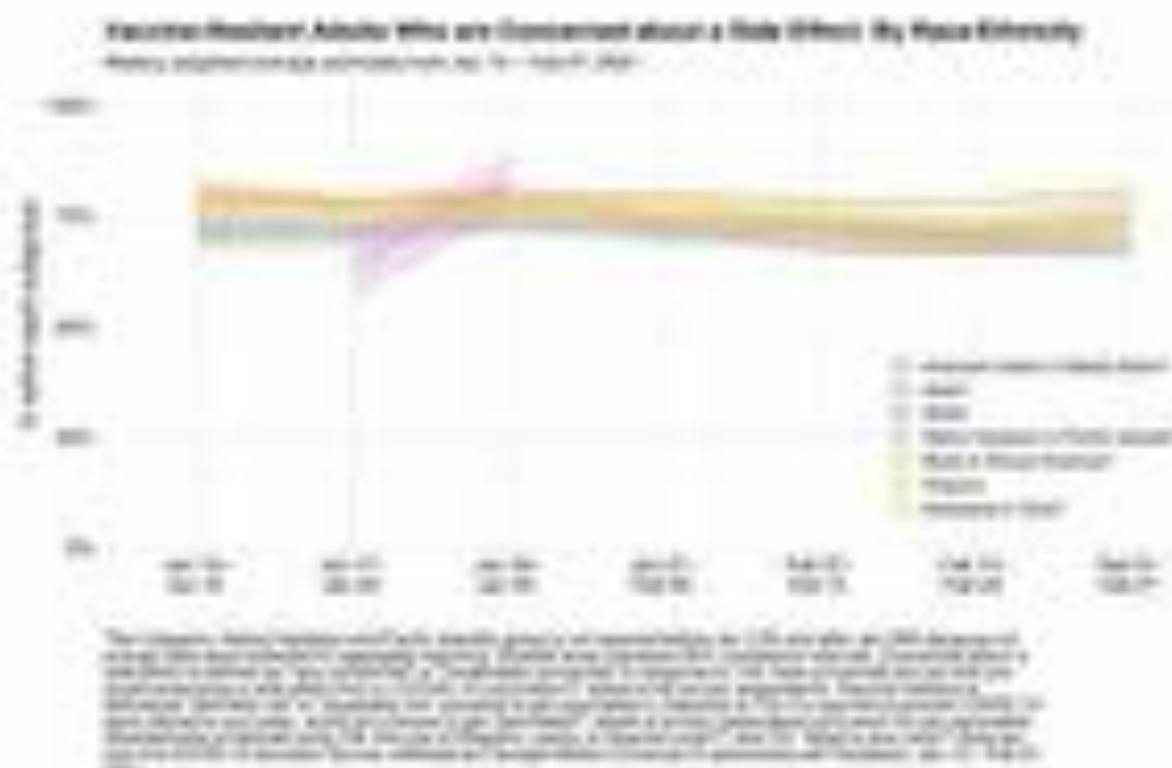


Figure 21. Vaccine-hesitant adults who are concerned about a side effect: by race/ethnicity as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021. (Data are tabulated in Table D.1, Appendix D)

4.6 Concerned about a side effect: By Gender

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

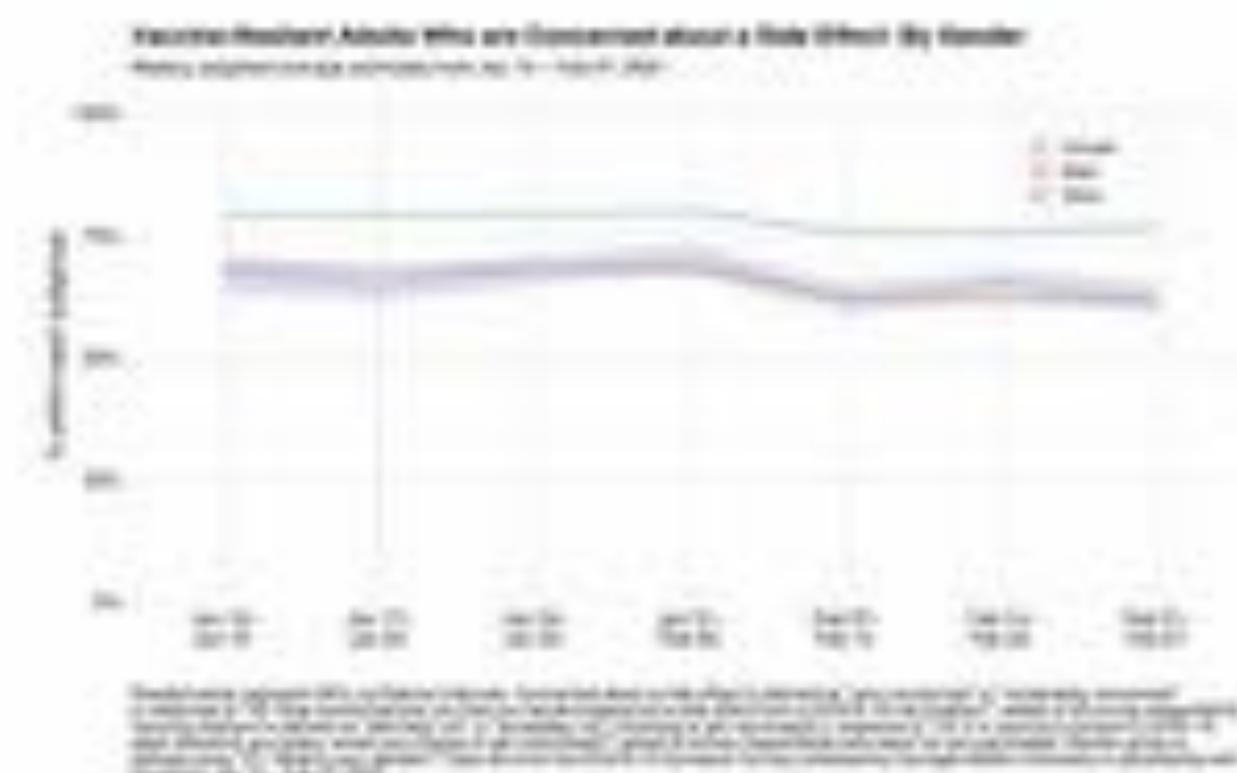


Figure 23: Vaccine-recipient adults who are concerned about a side effect by gender
Data estimated by the COVID-19 Symptom Survey, Jan 13 - Feb 27, 2021 (Data are tabulated in Table D-1, Appendix D)

4.3 Concerned about a Side Effect: By State

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



Figure 23: Vaccinated healthcare adults who are concerned about a side effect, by state, as estimated by the COVID-19 Symponi Survey, Jan 18 – Feb 27, 2021 (data and calculated in Table D.3, Appendix D)

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

5.1 Influence of Information Sources: Overall

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

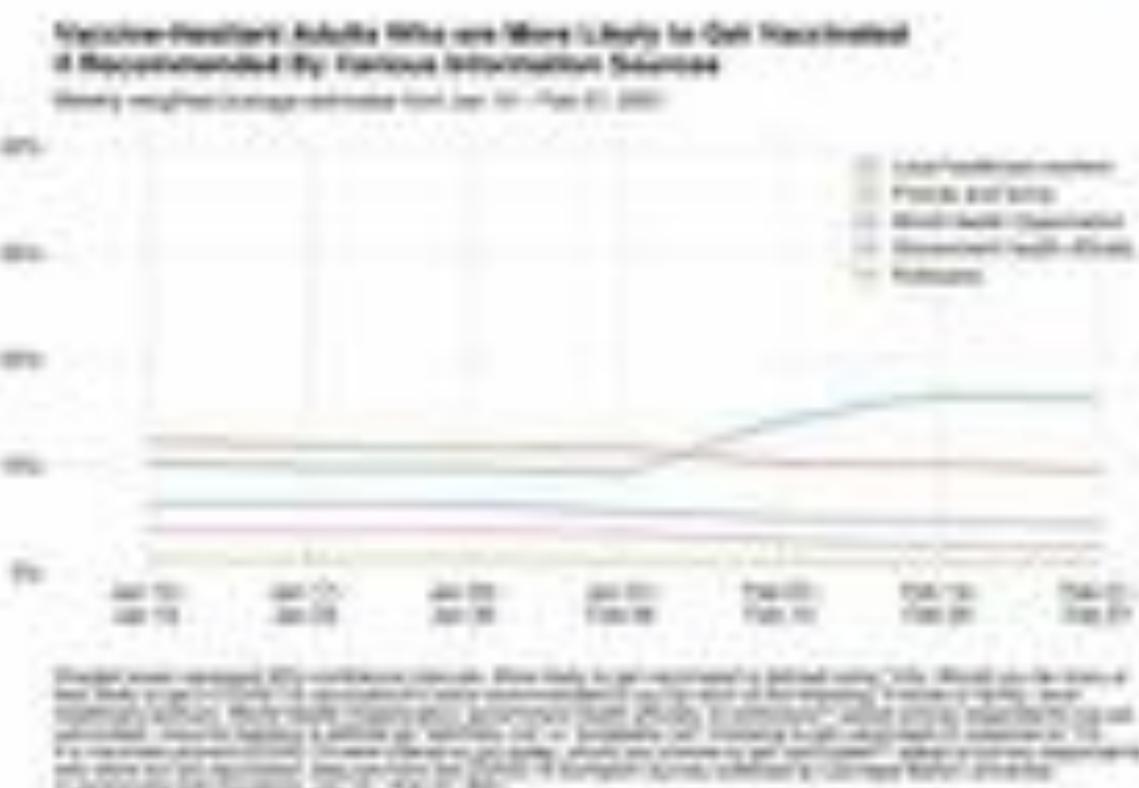


Figure 24. Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021. Data are tabulated on Table 5 in Appendix F.

5.2 Influence of Information Sources: By Healthcare Worker Status

Trends by healthcare worker status are summarized in Figure 25 (below) and in Appendix 3.



Figure 25: Vaccine-treated adults who are more likely to get vaccinated if recommended by various information sources, by healthcare worker status, as estimated by the COVID-19 Symptom Survey (Jan 18 – Feb 27, 2021 estimates tabulated in Table 5.1, Appendix 3)

5.3: Influence of Information Sources: By Age

Trends by age are summarized in Figure 24 (below) and in Appendix E.



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

5.4 Influence of Information Sources: by Eligible Health Conditions

Trends by eligible health conditions are summarized in Figure 27 (below) and in Appendix 1.



Figure 27. Vaccine-resistant adults who are more likely to get vaccinated if recommended by various information sources, by eligible health conditions, as estimated by the COVID-19 Sympon survey, Jan 13 – Feb 27, 2021 (data are tabulated in Table 5.1, Appendix 1)

4.5 Influence of Information Sources: By Race/Ethnicity

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

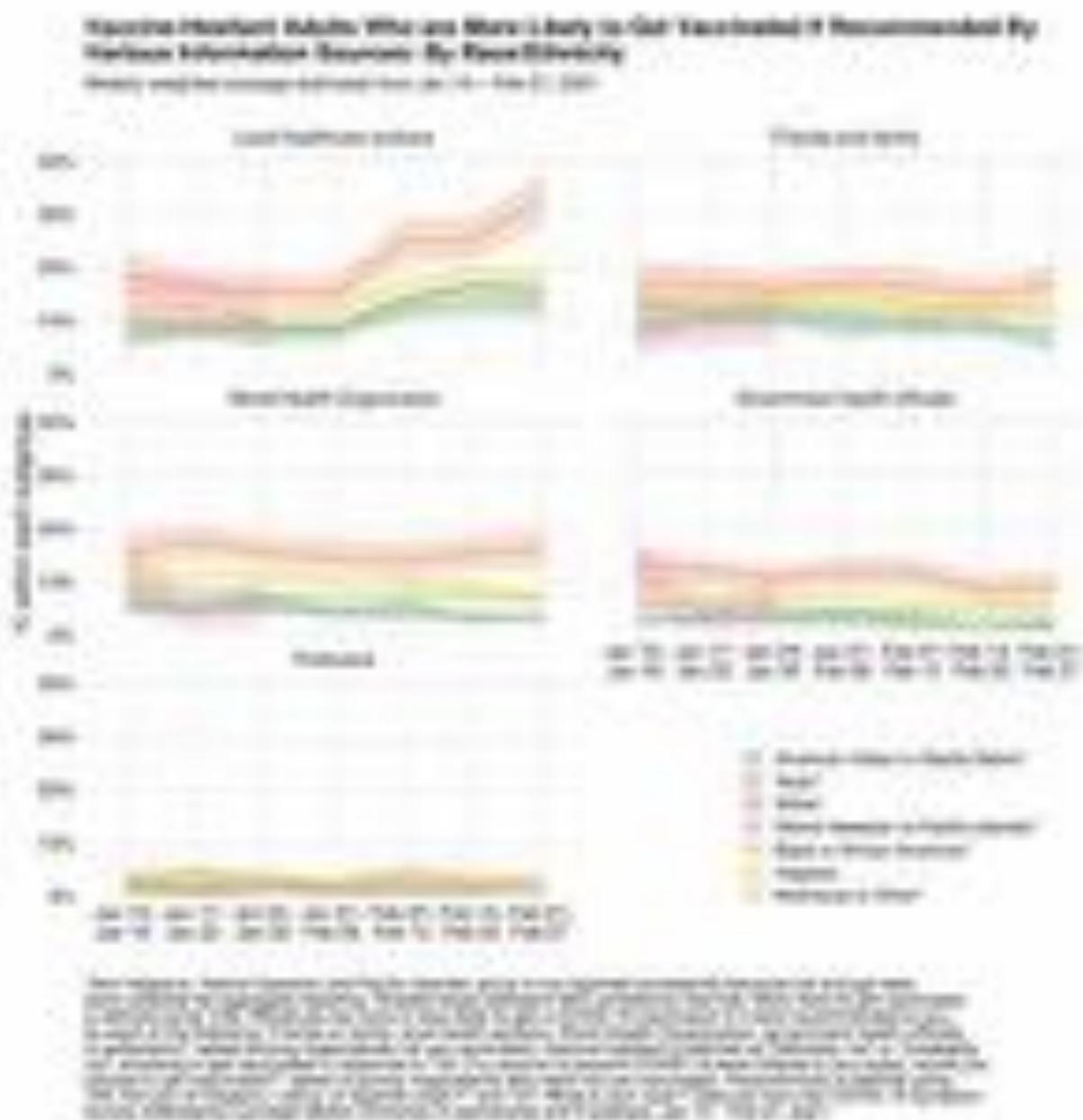


Figure 28: Vaccination-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by race/ethnicity, as measured by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2022† (Data are tabulated in Table E-1, Appendix E).

5.6. Influence of Information Sources: By Gender

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



Figure 29. Vaccine hesitant adults who are more likely to get vaccinated if recommended by various information sources, by gender, as assessed by the COVID-19 Symptom Survey, Jan 16 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E).

5.7 Influence of Information Sources: By State

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



Figure 30: Vaccination-hesitant adults who are more likely to get vaccinated if recommended by various information sources. As estimated by the COVID-19 Symptom Survey, Jan 10 - Feb 27, 2021. (Data are calculated in Table E7, Appendix E.)

Appendices

A. Overview and Methods

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

Currently, Facebook users in the United States are invited daily to take a survey overseen by the Delphi Group. This is the largest ongoing COVID-19 survey in the United States (and likely the largest real-time survey ever conducted), with over 30,000 responses collected daily and over 18 million total responses collected since its launch in April 2020. The survey is also conducted jointly by faculty at the University of Maryland (UMD) Joint Program in Survey Methodology (JPSM) in partnership with Facebook, and the 180+ currently invited Facebook users in more than 200 countries and territories (likely to take the survey). Respondents see the invitation at the top of their News Feed, but the surveys are conduct off the Facebook platform and the Facebook company does not collect or receive survey responses.

A.2 About the Researchers

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

A.3 Survey Information

- Real-time aggregate survey results for the United States are available at <https://delphi.cmu.edu/us-daily-survey-results>.
- Documentation about the United States survey and procedures is online at <https://cmu-delphi.github.io-delphi-epidemic-symptom-survey/>.
- The aggregate data underlying this report is available for download at <https://cmu-delphi.github.io-delphi-epidemic-symptom-survey/contingency-tables.html>.
- Academic and nonprofit researchers may request access to the public, non-aggregated data for their research.
- More details about data access can be found here: <https://datadengland.s3.amazonaws.com/covid-19-symptom-survey-request-for-data-access/>.

A.4 Questionnaire

The survey instrument is maintained by Data2, which partners with the broader public health community. The survey asks users about any current symptoms as well as other factors related to their experience during the pandemic. The instrument is translated

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

8.2 Recovery Windows

The Facebook company provides sample weights that adjust for both response and coverage losses. By non-response bias, we mean that some sampled users are more likely to respond to the survey than others. Facebook calculates the inverse probability that sampled users complete the survey using their self-reported age and gender as well as other characteristics to create weights with non-response. We then use these inverse probabilities to create weights for responses, after which the survey sample reflects the active adult user population on the Facebook app. By coverage bias, we mean that not everyone in every country has a Facebook app account or uses their account regularly. To adjust for this, Facebook adjusts the weights created in the first step even further so that the distribution of age, gender, and state of residence in the survey sample reflects that of the general population. Making adjustments using this weight ensures that the sample more accurately reflects the characteristics of the target population represented. More details can be found in the weighting documentation from: <https://research.fb.com/publications/weights-and-methodology-making-the-2018-sympson-survey-fairer-and-more-representative/>.

A.3 Linearization

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

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

Table 10: Coverage of various topics and levels

Table B.1. Average annual price realizations (in CNY) from 1990 to 1999 under various exchange rate regimes.

Asymptomatic carriers of hepatitis C virus have been reported in the United States.

the first time in history that the United States has been involved in a war of aggression.

the first time in history that the United States has been compelled to make a formal declaration of war.

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Category	Sub-category	Definition	Example	Notes
Geographic	Location	Exact location where the event occurred.	Location: 123 Main Street, Anytown, USA	Geographic coordinates are not included in this field.
	Region	Geographic area where the event occurred.	Region: North America	Geographic coordinates are not included in this field.
Temporal	Date	Exact date and time when the event occurred.	Date: 2023-10-15T10:00:00Z	Time zone information is included in this field.
	Duration	Length of time between two events.	Duration: P1D	Time zone information is included in this field.
Event Type	Incident	Any event that is considered an incident.	Incident: Car accident	Incident type codes are not included in this field.
	Crime	Any event that is considered a crime.	Crime: Murder	Crime type codes are not included in this field.
Severity	Minor	Event with low severity.	Severity: Minor	Severity codes are not included in this field.
	Major	Event with high severity.	Severity: Major	Severity codes are not included in this field.
Source	News	Event source is news media.	Source: News	Source codes are not included in this field.
	Official	Event source is official government agency.	Source: FBI	Source codes are not included in this field.
Status	Active	Event is still ongoing.	Status: Active	Status codes are not included in this field.
	Resolved	Event has been resolved.	Status: Resolved	Status codes are not included in this field.
Details	Description	Textual description of the event.	Description: A car accident occurred on Main Street at 123 Main Street, Anytown, USA, at 10:00 AM on October 15, 2023.	Textual descriptions are included in this field.
	Attachments	Any files or images related to the event.	Attachments: [Image of accident scene]	Attachments are included in this field.

COVID-19 DATA

STATE	TESTING	DEATHS	ICU	ICU %	HOSPITAL	HOSPITAL %	ICU & HOSPITAL	ICU & HOSPITAL %
Alabama	1,000,000	10,000	1,000	10%	10,000	10%	11,000	11%
Alaska	100,000	100	10	10%	100	10%	110	11%
Arizona	1,000,000	10,000	1,000	10%	10,000	10%	11,000	11%
Arkansas	1,000,000	1,000	100	10%	1,000	10%	110	11%
California	10,000,000	100,000	10,000	10%	100,000	10%	110,000	11%
Colorado	1,000,000	1,000	100	10%	1,000	10%	110	11%
Connecticut	1,000,000	1,000	100	10%	1,000	10%	110	11%
Delaware	100,000	100	10	10%	100	10%	110	11%
Florida	10,000,000	100,000	10,000	10%	100,000	10%	110,000	11%
Georgia	1,000,000	1,000	100	10%	1,000	10%	110	11%
Hawaii	100,000	100	10	10%	100	10%	110	11%
Idaho	1,000,000	1,000	100	10%	1,000	10%	110	11%
Illinois	10,000,000	100,000	10,000	10%	100,000	10%	110,000	11%
Indiana	1,000,000	1,000	100	10%	1,000	10%	110	11%
Iowa	1,000,000	1,000	100	10%	1,000	10%	110	11%
Kansas	1,000,000	1,000	100	10%	1,000	10%	110	11%
Louisiana	1,000,000	1,000	100	10%	1,000	10%	110	11%
Maine	100,000	100	10	10%	100	10%	110	11%
Maryland	1,000,000	1,000	100	10%	1,000	10%	110	11%
Massachusetts	1,000,000	1,000	100	10%	1,000	10%	110	11%
Michigan	1,000,000	1,000	100	10%	1,000	10%	110	11%
Minnesota	1,000,000	1,000	100	10%	1,000	10%	110	11%
Mississippi	1,000,000	1,000	100	10%	1,000	10%	110	11%
Missouri	1,000,000	1,000	100	10%	1,000	10%	110	11%
Montana	100,000	100	10	10%	100	10%	110	11%
Nebraska	1,000,000	1,000	100	10%	1,000	10%	110	11%
Nevada	1,000,000	1,000	100	10%	1,000	10%	110	11%
New Hampshire	100,000	100	10	10%	100	10%	110	11%
New Jersey	1,000,000	1,000	100	10%	1,000	10%	110	11%
New Mexico	1,000,000	1,000	100	10%	1,000	10%	110	11%
New York	10,000,000	100,000	10,000	10%	100,000	10%	110,000	11%
North Carolina	1,000,000	1,000	100	10%	1,000	10%	110	11%
North Dakota	100,000	100	10	10%	100	10%	110	11%
Oklahoma	1,000,000	1,000	100	10%	1,000	10%	110	11%
Oregon	1,000,000	1,000	100	10%	1,000	10%	110	11%
Pennsylvania	1,000,000	1,000	100	10%	1,000	10%	110	11%
Rhode Island	100,000	100	10	10%	100	10%	110	11%
South Carolina	1,000,000	1,000	100	10%	1,000	10%	110	11%
South Dakota	100,000	100	10	10%	100	10%	110	11%
Tennessee	1,000,000	1,000	100	10%	1,000	10%	110	11%
Texas	10,000,000	100,000	10,000	10%	100,000	10%	110,000	11%
Utah	1,000,000	1,000	100	10%	1,000	10%	110	11%
Vermont	100,000	100	10	10%	100	10%	110	11%
Virginia	1,000,000	1,000	100	10%	1,000	10%	110	11%
Washington	1,000,000	1,000	100	10%	1,000	10%	110	11%
West Virginia	1,000,000	1,000	100	10%	1,000	10%	110	11%
Wisconsin	1,000,000	1,000	100	10%	1,000	10%	110	11%
Wyoming	100,000	100	10	10%	100	10%	110	11%

Source: <https://www.covid19.az/usa/covid-19-data.html>

Disclaimer: This data is incomplete and subject to change.

Source: <https://www.covid19.az/usa/covid-19-data.html>

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Disclaimer: This data is incomplete and subject to change.

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COVID-19

income and other socio-economic variables (see below) were included in the model, while the effect of the number of children was tested by adding this variable to the model.

Table of Authors Index Received Testa (COHQ-11) 7/26/2004

Table 2.1. Primary standard parameters [mean \pm COV] of the CQD at the production site

COVID-19 Pandemic Planning

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B. Test of "second-hand" effects with the two-stage Effect

Table B.1. Recently completed percentages (unadjusted) (sum) of patients hospital admissions due to second-hand smoke

	Age 18- 49 years	Age 50- 64 years	Age 65- 74 years	Age 75- 84 years	Age 85+ years
Overall (1998-2001 total)	79.4 (5.2)	79.1 (5.3)	79.7 (5.3)	79.4 (5.3)	80.7 (0.0)
Control: about a non-smoker					
By education					
Education primary	79.8 (2.9)	77.1 (3.8)	78.9 (0.7)	79.4 (3.6)	79.1 (0.0)
Control: about a non-smoker					
By income					
Income < 10000	79.5 (6.4)	79.3 (6.8)	79.5 (0.0)	79.4 (6.8)	80.4 (0.0)
Control: about a non-smoker					
By age					
65 years: Total (adults)	79.8 (0.7)	79.1 (0.6)	79.9 (0.0)	79.7 (0.0)	79.4 (0.0)
Control: about a non-smoker					
45-64 years: Total (adults)	79.4 (1.4)	79.1 (0.8)	79.3 (0.2)	79.1 (0.2)	79.3 (0.0)
Control: about a non-smoker					
25-44 years: Total (adults)	79.4 (0.6)	79.1 (0.6)	79.3 (0.0)	79.4 (0.0)	79.4 (0.0)
Control: about a non-smoker					
15-24 years: Total (adults)	79.5 (0.0)	79.4 (0.0)	79.5 (0.0)	79.5 (0.0)	79.5 (0.0)
Control: about a non-smoker					

By income income categories

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新嘉坡小印度之南，有大佛堂，即天主堂也。堂宇甚宏，可容千人。

年份	地区	产量(万吨)	占全国比例
1949	华东区	11.43	1.4%
1950	华东区	12.05	1.5%
1951	华东区	13.25	1.7%
1952	华东区	14.5	1.9%
1953	华东区	15.5	2.1%
1954	华东区	16.5	2.3%
1955	华东区	17.5	2.5%
1956	华东区	18.5	2.8%
1957	华东区	19.5	3.1%
1958	华东区	20.5	3.3%
1959	华东区	21.5	3.5%
1960	华东区	22.5	3.8%
1961	华东区	23.5	4.2%
1962	华东区	24.5	4.6%
1963	华东区	25.5	4.9%
1964	华东区	26.5	5.2%
1965	华东区	27.5	5.5%
1966	华东区	28.5	5.8%
1967	华东区	29.5	6.1%
1968	华东区	30.5	6.4%
1969	华东区	31.5	6.7%
1970	华东区	32.5	7.0%
1971	华东区	33.5	7.3%
1972	华东区	34.5	7.6%
1973	华东区	35.5	7.9%
1974	华东区	36.5	8.2%
1975	华东区	37.5	8.5%
1976	华东区	38.5	8.8%
1977	华东区	39.5	9.1%
1978	华东区	40.5	9.4%
1979	华东区	41.5	9.7%
1980	华东区	42.5	10.0%
1981	华东区	43.5	10.3%
1982	华东区	44.5	10.6%
1983	华东区	45.5	10.9%
1984	华东区	46.5	11.2%
1985	华东区	47.5	11.5%
1986	华东区	48.5	11.8%
1987	华东区	49.5	12.1%
1988	华东区	50.5	12.4%
1989	华东区	51.5	12.7%
1990	华东区	52.5	13.0%
1991	华东区	53.5	13.3%
1992	华东区	54.5	13.6%
1993	华东区	55.5	13.9%
1994	华东区	56.5	14.2%
1995	华东区	57.5	14.5%
1996	华东区	58.5	14.8%
1997	华东区	59.5	15.1%
1998	华东区	60.5	15.4%
1999	华东区	61.5	15.7%
2000	华东区	62.5	16.0%
2001	华东区	63.5	16.3%
2002	华东区	64.5	16.6%
2003	华东区	65.5	16.9%
2004	华东区	66.5	17.2%
2005	华东区	67.5	17.5%
2006	华东区	68.5	17.8%
2007	华东区	69.5	18.1%
2008	华东区	70.5	18.4%
2009	华东区	71.5	18.7%
2010	华东区	72.5	19.0%
2011	华东区	73.5	19.3%
2012	华东区	74.5	19.6%
2013	华东区	75.5	19.9%
2014	华东区	76.5	20.2%
2015	华东区	77.5	20.5%
2016	华东区	78.5	20.8%
2017	华东区	79.5	21.1%
2018	华东区	80.5	21.4%
2019	华东区	81.5	21.7%
2020	华东区	82.5	22.0%

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Country	Population in 2000	Population in 2005	Population in 2010	Population in 2015	Population in 2020	Population in 2025	Population in 2030	Population in 2035	Population in 2040	Population in 2045	Population in 2050	Population in 2055	Population in 2060	Population in 2065	Population in 2070	Population in 2075	Population in 2080	Population in 2085	Population in 2090	Population in 2095		
China	1313000000	1323000000	1333000000	1343000000	1353000000	1363000000	1373000000	1383000000	1393000000	1403000000	1413000000	1423000000	1433000000	1443000000	1453000000	1463000000	1473000000	1483000000	1493000000	1503000000	1513000000	
United States	285000000	287000000	289000000	291000000	293000000	295000000	297000000	299000000	301000000	303000000	305000000	307000000	309000000	311000000	313000000	315000000	317000000	319000000	321000000	323000000	325000000	
India	1040000000	1070000000	1100000000	1130000000	1160000000	1190000000	1220000000	1250000000	1280000000	1310000000	1340000000	1370000000	1400000000	1430000000	1460000000	1490000000	1520000000	1550000000	1580000000	1610000000	1640000000	1670000000
Indonesia	200000000	205000000	210000000	215000000	220000000	225000000	230000000	235000000	240000000	245000000	250000000	255000000	260000000	265000000	270000000	275000000	280000000	285000000	290000000	295000000	300000000	
Pakistan	140000000	145000000	150000000	155000000	160000000	165000000	170000000	175000000	180000000	185000000	190000000	195000000	200000000	205000000	210000000	215000000	220000000	225000000	230000000	235000000	240000000	
Bangladesh	100000000	105000000	110000000	115000000	120000000	125000000	130000000	135000000	140000000	145000000	150000000	155000000	160000000	165000000	170000000	175000000	180000000	185000000	190000000	195000000	200000000	
United Kingdom	58000000	59000000	60000000	61000000	62000000	63000000	64000000	65000000	66000000	67000000	68000000	69000000	70000000	71000000	72000000	73000000	74000000	75000000	76000000	77000000	78000000	
Germany	80000000	79000000	78000000	77000000	76000000	75000000	74000000	73000000	72000000	71000000	70000000	69000000	68000000	67000000	66000000	65000000	64000000	63000000	62000000	61000000	60000000	
Japan	125000000	123000000	121000000	119000000	117000000	115000000	113000000	111000000	109000000	107000000	105000000	103000000	101000000	99000000	97000000	95000000	93000000	91000000	89000000	87000000	85000000	
Canada	34000000	33000000	32000000	31000000	30000000	29000000	28000000	27000000	26000000	25000000	24000000	23000000	22000000	21000000	20000000	19000000	18000000	17000000	16000000	15000000	14000000	
Australia	21000000	21500000	22000000	22500000	23000000	23500000	24000000	24500000	25000000	25500000	26000000	26500000	27000000	27500000	28000000	28500000	29000000	29500000	30000000	30500000	31000000	
Spain	42000000	41000000	40000000	39000000	38000000	37000000	36000000	35000000	34000000	33000000	32000000	31000000	30000000	29000000	28000000	27000000	26000000	25000000	24000000	23000000	22000000	
Italy	55000000	54000000	53000000	52000000	51000000	50000000	49000000	48000000	47000000	46000000	45000000	44000000	43000000	42000000	41000000	40000000	39000000	38000000	37000000	36000000	35000000	
Portugal	10000000	9800000	9600000	9400000	9200000	9000000	8800000	8600000	8400000	8200000	8000000	7800000	7600000	7400000	7200000	7000000	6800000	6600000	6400000	6200000	6000000	
Greece	10000000	9800000	9600000	9400000	9200000	9000000	8800000	8600000	8400000	8200000	8000000	7800000	7600000	7400000	7200000	7000000	6800000	6600000	6400000	6200000	6000000	
Netherlands	16000000	15800000	15600000	15400000	15200000	15000000	14800000	14600000	14400000	14200000	14000000	13800000	13600000	13400000	13200000	13000000	12800000	12600000	12400000	12200000	12000000	
Belgium	10000000	9800000	9600000	9400000	9200000	9000000	8800000	8600000	8400000	8200000	8000000	7800000	7600000	7400000	7200000	7000000	6800000	6600000	6400000	6200000	6000000	
Switzerland	7000000	6900000	6800000	6700000	6600000	6500000	6400000	6300000	6200000	6100000	6000000	5900000	5800000	5700000	5600000	5500000	5400000	5300000	5200000	5100000	5000000	
Austria	8000000	7900000	7800000	7700000	7600000	7500000	7400000	7300000	7200000	7100000	7000000	6900000	6800000	6700000	6600000	6500000	6400000	6300000	6200000	6100000	6000000	
Slovenia	1500000	1480000	1460000	1440000	1420000	1400000	1380000	1360000	1340000	1320000	1300000	1280000	1260000	1240000	1220000	1200000	1180000	1160000	1140000	1120000	1100000	
Croatia	4000000	3900000	3800000	3700000	3600000	3500000	3400000	3300000	3200000	3100000	3000000	2900000	2800000	2700000	2600000	2500000	2400000	2300000	2200000	2100000	2000000	
Hungary	9000000	8900000	8800000	8700000	8600000	8500000	8400000	8300000	8200000	8100000	8000000	7900000	7800000	7700000	7600000	7500000	7400000	7300000	7200000	7100000	7000000	
Poland	37000000	36000000	35000000	34000000	33000000	32000000	31000000	30000000	29000000	28000000	27000000	26000000	25000000	24000000	23000000	22000000	21000000	20000000	19000000	18000000	17000000	
Ukraine	48000000	47000000	46000000	45000000	44000000	43000000	42000000	41000000	40000000	39000000	38000000	37000000	36000000	35000000	34000000	33000000	32000000	31000000	30000000	29000000	28000000	
Romania	22000000	21500000	21000000	20500000	20000000	19500000	19000000	18500000	18000000	17500000	17000000	16500000	16000000	15500000	15000000	14500000	14000000	13500000	13000000	12500000	12000000	
Yugoslavia	10000000	9800000	9600000	9400000	9200000	9000000	8800000	8600000	8400000	8200000	8000000	7800000	7600000	7400000	7200000	7000000	6800000	6600000	6400000	6200000	6000000	
Macedonia	1500000	1480000	1460000	1440000	1420000	1400000	1380000	1360000	1340000	1320000	1300000	1280000	1260000	1240000	1220000	1200000	1180000	1160000	1140000	1120000	1100000	
Bosnia and Herzegovina	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	680000	660000	640000	620000	600000	
Croatia	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	680000	660000	640000	620000	600000	
Moldova	3000000	2950000	2900000	2850000	2800000	2750000	2700000	2650000	2600000	2550000	2500000	2450000	2400000	2350000	2300000	2250000	2200000	2150000	2100000	2050000	2000000	
Montenegro	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	680000	660000	640000	620000	600000	
Albania	3000000	2950000	2900000	2850000	2800000	2750000	2700000	2650000	2600000	2550000	2500000	2450000	2400000	2350000	2300000	2250000	2200000	2150000	2100000	2050000	2000000	
North Macedonia	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	680000	660000	640000	620000	600000	
Yugoslavia	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	680000	660000	640000	620000	600000	
Montenegro	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	680000	660000	640000	620000	600000	
North Macedonia	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	680000	660000	640000	620000	600000	
Albania	3000000	2950000	2900000	2850000	2800000	2750000	2700000	2650000	2600000	2550000	2500000	2450000	2400000	2350000	2300000	2250000	2200000	2150000	2100000	2050000	2000000	
North Macedonia	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	680000	660000	640000	620000	600000	
Montenegro	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	680000	660000	640000	620000	600000	
North Macedonia	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	680000	660000	640000	620000	600000	
Albania	3000000	2950000	2900000	2850000	2800000	2750000	2700000	2650000	2600000	2550000	2500000	2450000	2400000	2350000	2300000	2250000	2200000	2150000	2100000	2050000	2000000	
North Macedonia	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	680000	660000	640000	620000	600000	
Montenegro	1000000	980000	960000	940000	920000	900000	880000	860000	840000	820000	800000	780000	760000	740000	720000	700000	68					

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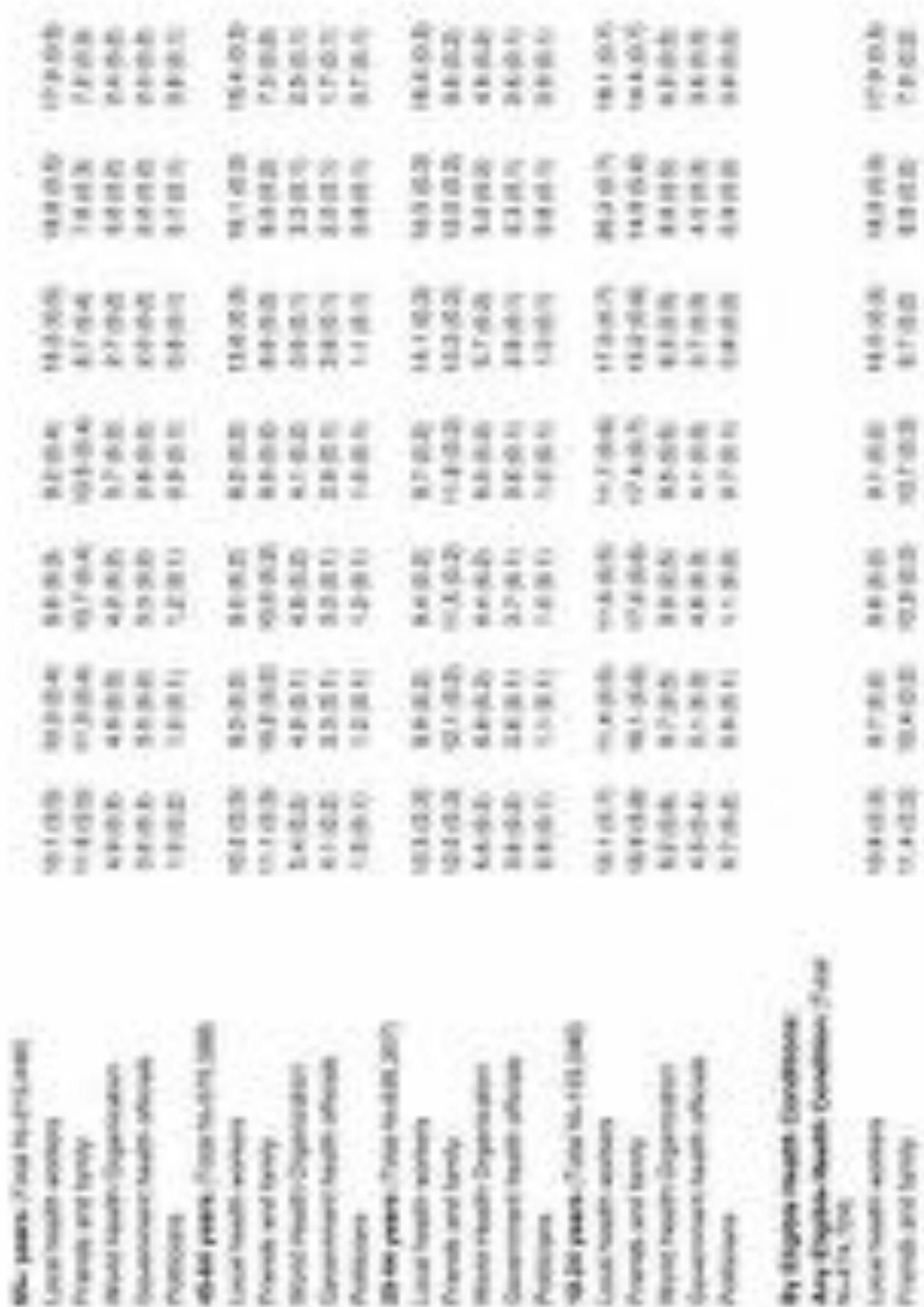
E. Tests of Influence of Intervention Sources on Vaccination-Nonvaccination Adults

Table E.1. Unanalyzed (unadjusted) percentages of nonvaccinated patients who are more likely to get vaccinated if influenced by various intervention sources, June 19 - Feb 17, 2020.

	June 19 - Jan 17					
Outcome from July 1, 2019 survey						
Local health authority	80.4 (8.4)	80.3 (8.4)	80.7 (8.1)	80.7 (8.0)	80.3 (8.0)	80.3 (8.0)
Friends and family	82.4 (8.0)	82.4 (8.0)	82.4 (8.0)	82.4 (8.0)	82.4 (8.0)	82.4 (8.0)
World Health Organization	80.6 (8.1)	80.6 (8.1)	80.7 (8.1)	80.7 (8.1)	80.6 (8.1)	80.6 (8.1)
Community health workers	80.6 (8.1)	80.6 (8.1)	80.6 (8.1)	80.6 (8.1)	80.6 (8.1)	80.6 (8.1)
Physicians	81.7 (8.6)	81.7 (8.6)	81.7 (8.6)	81.7 (8.6)	81.7 (8.6)	81.7 (8.6)
By outcome measure source						
Nonintervention (July 1, 2019)	81.4 (8.6)	81.4 (8.6)	81.4 (8.6)	81.4 (8.6)	81.4 (8.6)	81.4 (8.6)
Local health authority	80.7 (8.5)	80.7 (8.5)	80.7 (8.5)	80.7 (8.5)	80.7 (8.5)	80.7 (8.5)
Friends and family	82.4 (8.0)	82.4 (8.0)	82.4 (8.0)	82.4 (8.0)	82.4 (8.0)	82.4 (8.0)
World Health Organization	81.8 (8.3)	81.8 (8.3)	81.8 (8.3)	81.8 (8.3)	81.8 (8.3)	81.8 (8.3)
Community health workers	82.0 (8.2)	82.0 (8.2)	82.0 (8.2)	82.0 (8.2)	82.0 (8.2)	82.0 (8.2)
Physicians	81.2 (8.2)	81.2 (8.2)	81.2 (8.2)	81.2 (8.2)	81.2 (8.2)	81.2 (8.2)
Nonintervention outcome, June 19 - Jan 17, 2020						
Local health authority	80.7 (8.2)	80.6 (8.2)	80.7 (8.2)	80.7 (8.2)	80.7 (8.2)	80.7 (8.2)
Friends and family	82.4 (8.3)	82.4 (8.3)	82.4 (8.3)	82.4 (8.3)	82.4 (8.3)	82.4 (8.3)
World Health Organization	81.8 (8.3)	81.8 (8.3)	81.8 (8.3)	81.8 (8.3)	81.8 (8.3)	81.8 (8.3)
Community health workers	82.0 (8.2)	82.0 (8.2)	82.0 (8.2)	82.0 (8.2)	82.0 (8.2)	82.0 (8.2)
Physicians	81.7 (8.6)	81.7 (8.6)	81.7 (8.6)	81.7 (8.6)	81.7 (8.6)	81.7 (8.6)

by Age

卷之三



项目	总需求量	总供给量	缺口量	缺口率	缺口率
居民生活	1000000	1000000	0	0%	0%
商业批发	1000000	1000000	0	0%	0%
商业零售	1000000	1000000	0	0%	0%
工业生产	1000000	1000000	0	0%	0%
政府机构	1000000	1000000	0	0%	0%
其他	1000000	1000000	0	0%	0%
总计	5000000	5000000	0	0%	0%

卷之三

卷之三

卷之三

年	月	日	天候	風向	風速	水位	潮汐	水温	水深	水質	魚類	漁獲量	漁獲額
1986	10	1	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	2	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	3	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	4	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	5	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	6	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	7	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	8	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	9	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	10	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	11	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	12	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	13	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	14	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	15	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	16	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	17	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	18	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	19	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	20	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	21	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	22	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	23	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	24	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	25	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	26	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	27	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	28	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	29	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	30	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100
1986	10	31	晴	東	10	1.5	落潮	17.5	1.5	良	鰯	100	100

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Section	Text								
1.0	1.0.1	1.0.2	1.0.3	1.0.4	1.0.5	1.0.6	1.0.7	1.0.8	1.0.9
2.0	2.0.1	2.0.2	2.0.3	2.0.4	2.0.5	2.0.6	2.0.7	2.0.8	2.0.9
3.0	3.0.1	3.0.2	3.0.3	3.0.4	3.0.5	3.0.6	3.0.7	3.0.8	3.0.9
4.0	4.0.1	4.0.2	4.0.3	4.0.4	4.0.5	4.0.6	4.0.7	4.0.8	4.0.9
5.0	5.0.1	5.0.2	5.0.3	5.0.4	5.0.5	5.0.6	5.0.7	5.0.8	5.0.9
6.0	6.0.1	6.0.2	6.0.3	6.0.4	6.0.5	6.0.6	6.0.7	6.0.8	6.0.9
7.0	7.0.1	7.0.2	7.0.3	7.0.4	7.0.5	7.0.6	7.0.7	7.0.8	7.0.9
8.0	8.0.1	8.0.2	8.0.3	8.0.4	8.0.5	8.0.6	8.0.7	8.0.8	8.0.9
9.0	9.0.1	9.0.2	9.0.3	9.0.4	9.0.5	9.0.6	9.0.7	9.0.8	9.0.9
10.0	10.0.1	10.0.2	10.0.3	10.0.4	10.0.5	10.0.6	10.0.7	10.0.8	10.0.9
11.0	11.0.1	11.0.2	11.0.3	11.0.4	11.0.5	11.0.6	11.0.7	11.0.8	11.0.9
12.0	12.0.1	12.0.2	12.0.3	12.0.4	12.0.5	12.0.6	12.0.7	12.0.8	12.0.9
13.0	13.0.1	13.0.2	13.0.3	13.0.4	13.0.5	13.0.6	13.0.7	13.0.8	13.0.9
14.0	14.0.1	14.0.2	14.0.3	14.0.4	14.0.5	14.0.6	14.0.7	14.0.8	14.0.9
15.0	15.0.1	15.0.2	15.0.3	15.0.4	15.0.5	15.0.6	15.0.7	15.0.8	15.0.9
16.0	16.0.1	16.0.2	16.0.3	16.0.4	16.0.5	16.0.6	16.0.7	16.0.8	16.0.9
17.0	17.0.1	17.0.2	17.0.3	17.0.4	17.0.5	17.0.6	17.0.7	17.0.8	17.0.9
18.0	18.0.1	18.0.2	18.0.3	18.0.4	18.0.5	18.0.6	18.0.7	18.0.8	18.0.9
19.0	19.0.1	19.0.2	19.0.3	19.0.4	19.0.5	19.0.6	19.0.7	19.0.8	19.0.9
20.0	20.0.1	20.0.2	20.0.3	20.0.4	20.0.5	20.0.6	20.0.7	20.0.8	20.0.9
21.0	21.0.1	21.0.2	21.0.3	21.0.4	21.0.5	21.0.6	21.0.7	21.0.8	21.0.9
22.0	22.0.1	22.0.2	22.0.3	22.0.4	22.0.5	22.0.6	22.0.7	22.0.8	22.0.9
23.0	23.0.1	23.0.2	23.0.3	23.0.4	23.0.5	23.0.6	23.0.7	23.0.8	23.0.9
24.0	24.0.1	24.0.2	24.0.3	24.0.4	24.0.5	24.0.6	24.0.7	24.0.8	24.0.9
25.0	25.0.1	25.0.2	25.0.3	25.0.4	25.0.5	25.0.6	25.0.7	25.0.8	25.0.9
26.0	26.0.1	26.0.2	26.0.3	26.0.4	26.0.5	26.0.6	26.0.7	26.0.8	26.0.9
27.0	27.0.1	27.0.2	27.0.3	27.0.4	27.0.5	27.0.6	27.0.7	27.0.8	27.0.9
28.0	28.0.1	28.0.2	28.0.3	28.0.4	28.0.5	28.0.6	28.0.7	28.0.8	28.0.9
29.0	29.0.1	29.0.2	29.0.3	29.0.4	29.0.5	29.0.6	29.0.7	29.0.8	29.0.9
30.0	30.0.1	30.0.2	30.0.3	30.0.4	30.0.5	30.0.6	30.0.7	30.0.8	30.0.9
31.0	31.0.1	31.0.2	31.0.3	31.0.4	31.0.5	31.0.6	31.0.7	31.0.8	31.0.9
32.0	32.0.1	32.0.2	32.0.3	32.0.4	32.0.5	32.0.6	32.0.7	32.0.8	32.0.9
33.0	33.0.1	33.0.2	33.0.3	33.0.4	33.0.5	33.0.6	33.0.7	33.0.8	33.0.9
34.0	34.0.1	34.0.2	34.0.3	34.0.4	34.0.5	34.0.6	34.0.7	34.0.8	34.0.9
35.0	35.0.1	35.0.2	35.0.3	35.0.4	35.0.5	35.0.6	35.0.7	35.0.8	35.0.9
36.0	36.0.1	36.0.2	36.0.3	36.0.4	36.0.5	36.0.6	36.0.7	36.0.8	36.0.9
37.0	37.0.1	37.0.2	37.0.3	37.0.4	37.0.5	37.0.6	37.0.7	37.0.8	37.0.9
38.0	38.0.1	38.0.2	38.0.3	38.0.4	38.0.5	38.0.6	38.0.7	38.0.8	38.0.9
39.0	39.0.1	39.0.2	39.0.3	39.0.4	39.0.5	39.0.6	39.0.7	39.0.8	39.0.9
40.0	40.0.1	40.0.2	40.0.3	40.0.4	40.0.5	40.0.6	40.0.7	40.0.8	40.0.9
41.0	41.0.1	41.0.2	41.0.3	41.0.4	41.0.5	41.0.6	41.0.7	41.0.8	41.0.9
42.0	42.0.1	42.0.2	42.0.3	42.0.4	42.0.5	42.0.6	42.0.7	42.0.8	42.0.9
43.0	43.0.1	43.0.2	43.0.3	43.0.4	43.0.5	43.0.6	43.0.7	43.0.8	43.0.9
44.0	44.0.1	44.0.2	44.0.3	44.0.4	44.0.5	44.0.6	44.0.7	44.0.8	44.0.9
45.0	45.0.1	45.0.2	45.0.3	45.0.4	45.0.5	45.0.6	45.0.7	45.0.8	45.0.9
46.0	46.0.1	46.0.2	46.0.3	46.0.4	46.0.5	46.0.6	46.0.7	46.0.8	46.0.9
47.0	47.0.1	47.0.2	47.0.3	47.0.4	47.0.5	47.0.6	47.0.7	47.0.8	47.0.9
48.0	48.0.1	48.0.2	48.0.3	48.0.4	48.0.5	48.0.6	48.0.7	48.0.8	48.0.9
49.0	49.0.1	49.0.2	49.0.3	49.0.4	49.0.5	49.0.6	49.0.7	49.0.8	49.0.9
50.0	50.0.1	50.0.2	50.0.3	50.0.4	50.0.5	50.0.6	50.0.7	50.0.8	50.0.9
51.0	51.0.1	51.0.2	51.0.3	51.0.4	51.0.5	51.0.6	51.0.7	51.0.8	51.0.9
52.0	52.0.1	52.0.2	52.0.3	52.0.4	52.0.5	52.0.6	52.0.7	52.0.8	52.0.9
53.0	53.0.1	53.0.2	53.0.3	53.0.4	53.0.5	53.0.6	53.0.7	53.0.8	53.0.9
54.0	54.0.1	54.0.2	54.0.3	54.0.4	54.0.5	54.0.6	54.0.7	54.0.8	54.0.9
55.0	55.0.1	55.0.2	55.0.3	55.0.4	55.0.5	55.0.6	55.0.7	55.0.8	55.0.9
56.0	56.0.1	56.0.2	56.0.3	56.0.4	56.0.5	56.0.6	56.0.7	56.0.8	56.0.9
57.0	57.0.1	57.0.2	57.0.3	57.0.4	57.0.5	57.0.6	57.0.7	57.0.8	57.0.9
58.0	58.0.1	58.0.2	58.0.3	58.0.4	58.0.5	58.0.6	58.0.7	58.0.8	58.0.9
59.0	59.0.1	59.0.2	59.0.3	59.0.4	59.0.5	59.0.6	59.0.7	59.0.8	59.0.9
60.0	60.0.1	60.0.2	60.0.3	60.0.4	60.0.5	60.0.6	60.0.7	60.0.8	60.0.9
61.0	61.0.1	61.0.2	61.0.3	61.0.4	61.0.5	61.0.6	61.0.7	61.0.8	61.0.9
62.0	62.0.1	62.0.2	62.0.3	62.0.4	62.0.5	62.0.6	62.0.7	62.0.8	62.0.9
63.0	63.0.1	63.0.2	63.0.3	63.0.4	63.0.5	63.0.6	63.0.7	63.0.8	63.0.9
64.0	64.0.1	64.0.2	64.0.3	64.0.4	64.0.5	64.0.6	64.0.7	64.0.8	64.0.9
65.0	65.0.1	65.0.2	65.0.3	65.0.4	65.0.5	65.0.6	65.0.7	65.0.8	65.0.9
66.0	66.0.1	66.0.2	66.0.3	66.0.4	66.0.5	66.0.6	66.0.7	66.0.8	66.0.9
67.0	67.0.1	67.0.2	67.0.3	67.0.4	67.0.5	67.0.6	67.0.7	67.0.8	67.0.9
68.0	68.0.1	68.0.2	68.0.3	68.0.4	68.0.5	68.0.6	68.0.7	68.0.8	68.0.9
69.0	69.0.1	69.0.2	69.0.3	69.0.4	69.0.5	69.0.6	69.0.7	69.0.8	69.0.9
70.0	70.0.1	70.0.2	70.0.3	70.0.4	70.0.5	70.0.6	70.0.7	70.0.8	70.0.9
71.0	71.0.1	71.0.2	71.0.3	71.0.4	71.0.5	71.0.6	71.0.7	71.0.8	71.0.9
72.0	72.0.1	72.0.2	72.0.3	72.0.4	72.0.5	72.0.6	72.0.7	72.0.8	72.0.9
73.0	73.0.1	73.0.2	73.0.3	73.0.4	73.0.5	73.0.6	73.0.7	73.0.8	73.0.9
74.0	74.0.1	74.0.2	74.0.3	74.0.4	74.0.5	74.0.6	74.0.7	74.0.8	74.0.9
75.0	75.0.1	75.0.2	75.0.3	75.0.4	75.0.5	75.0.6	75.0.7	75.0.8	75.0.9
76.0	76.0.1	76.0.2	76.0.3	76.0.4	76.0.5	76.0.6	76.0.7	76.0.8	76.0.9
77.0	77.0.1	77.0.2	77.0.3	77.0.4	77.0.5	77.0.6	77.0.7	77.0.8	77.0.9
78.0	78.0.1	78.0.2	78.0.3	78.0.4	78.0.5	78.0.6	78.0.7	78.0.8	78.0.9
79.0	79.0.1	79.0.2	79.0.3	79.0.4	79.0.5	79.0.6	79.0.7	79.0.8	79.0.9
80.0	80.0.1	80.0.2	80.0.3	80.0.4	80.0.5	80.0.6	80.0.7	80.0.8	80.0.9
81.0	81.0.1	81.0.2	81.0.3	81.0.4	81.0.5	81.0.6	81.0.7	81.0.8	81.0.9
82.0	82.0.1	82.0.2	82.0.3	82.0.4	82.0.5	82.0.6	82.0.7	82.0.8	82.0.9
83.0	83.0.1	83.0.2	83.0.3	83.0.4	83.0.5	83.0.6	83.0.7	83.0.8	83.0.9
84.0	84.0.1	84.0.2	84.0.3	84.0.4	84.0.5	84.0.6	84.0.7	84.0.8	84.0.9
85.0	85.0.1	85.0.2	85.0.3	85.0.4	85.0.5	85.0.6	85.0.7	85.0.8	85.0.9
86.0	86.0.1	86.0.2	86.0.3	86.0.4	86.0.5	86.0.6	86.0.7	86.0.8	86.0.9
87.0	87.0.1	87.0.2	87.0.3	87.0.4	87.0.5	87.0.6	87.0.7	87.0.8	87.0.9
88.0	88.0.1	88.0.2	88.0.3	88.0.4	88.0.5	88.0.6	88.0.7	88.0.8	88.0.9
89.0	89.0.1	89.0.2	89.0.3	89.0.4	89.0.5	89.0.6	89.0.7	89.0.8	89.0.9
90.0	90.0.1	90.0.2	90.0.3	90.0.4	90.0.5	90.0.6	90.0.7	90.0.8	90.0.9
91.0	91.0.1	91.0.2	91.0.3	91.0.4	91.0.5	91.0.6	91.0.7	91.0.8	91.0.9
92.0	92.0.1	92.0.2	92.0.3	92.0.4	92.0.5	92.0.6	92.0.7	92.0.8	92.0.9
93.0	93.0.1	93.0.2	93.0.3	93.0.4	93.0.5	93.0.6	93.0.7	93.0.8	93.0.9
94.0	94.0.1	94.0.2	94.0.3	94.0.4	94.0.5	94.0.6	94.0.7	94.0.8	94.0.9
95.0	95.0.1	95.0.2	95.0.3	95.0.4	95.0.5	95.0.6	95.0.7	95.0.8	95.0.9
96.0	96.0.1	96.0.2	96.0.3	96.0.4	96.0.5	96.0.6	96.0.7	96.0.8	96.0.9
97.0	97.0.1	97.0.2	97.0.3	97.0.4	97.0.5	97.0.6	97.0.7	97.0.8	97.0.9
98.0	98.0.1	98.0.2	98.0.3	98.0.4	98.0.5	98.0.6	98.0.7	98.0.8	98.0.9
99.0	99.0.1	99.0.2							

Local health authority	Private and family	Health and personal care services	Health and personal care services	Local health authority	Private and family	Health and personal care services	Health and personal care services
Essex	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Greater Manchester	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Hampshire	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Highland	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Isle of Wight	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
London	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Merseyside	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Newcastle upon Tyne	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Nottinghamshire	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
North East	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
North West	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
North Yorkshire	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Outer London	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Outer Scotland	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Outer Wales	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Shropshire	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
South East	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
South West	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Staffordshire	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Teesside	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Wales	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
West Midlands	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
West Yorkshire	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Worcestershire	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%
Yorks and Humber	10.4%	10.3%	10.3%	10.4%	10.3%	10.3%	10.3%

Local health jurisdiction	French and family	Health Sector Organization	Community Health Services	Pharmacy	Total local health jurisdiction
Franklin County	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Franklin County Health Department	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Franklin County Health Sector Organization	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Franklin County Pharmacy	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Franklin County Total Local Health Jurisdiction	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
French and family	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Health Sector Organization	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Community Health Services	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Pharmacy	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
West Virginia Total Local Health Jurisdiction	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Local health jurisdiction	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
French and family	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Health Sector Organization	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Community Health Services	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Pharmacy	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
West Virginia Total Local Health Jurisdiction	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Local health jurisdiction	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
French and family	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Health Sector Organization	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Community Health Services	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
Pharmacy	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010
West Virginia Total Local Health Jurisdiction	\$1,010	\$1,010	\$1,010	\$1,010	\$1,010

CIVICO IN BORGHESE 10

FACEBOOK

Wayne Sorenson & Sonnenfels
100% Renewable
Facebook

To:
Cc:
Subject:
Date:

Re: [REDACTED]
[REDACTED] (mailto:[REDACTED])
[REDACTED] (mailto:[REDACTED])
Re: [REDACTED] Survey Findings, Jan 10 - Feb 07
Tuesday, March 16, 2021 8:11:11 AM

Thank you. You will all have been there to understand the space prior. We need to allow for the placement of the Office survey.

Best,

Karen

From: Catherine Abbott <kat@unitedmethodist.org>

Date: Tuesday, March 16, 2021 at 10:43 AM

To: Karen Abbott <kat@unitedmethodist.org>; John Eason <jean@umc.org>; Julia

Gordon <jugordon@umc.org>

Subject: Re: [REDACTED] Survey Findings, Jan 10 - Feb 07

In Happy and kind,

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

With love,

Catherine

Associate Vice President

Research-Intended & Demographic Information

UMC Business Area, Area Vice Presidents

United Methodist [REDACTED]

From: Karen Abbott <kat@unitedmethodist.org>

Date: Tuesday, March 16, 2021 at 10:43 AM

To: "Cronquist, David F." <DHC000/DA0002> <dcf@umc.org>

Re: [REDACTED] Survey Findings, Jan 10 - Feb 07

Karen Abbott <kat@unitedmethodist.org>; John Eason <jean@umc.org>;

Julia Gordon <jugordon@umc.org>; John Eason <jean@umc.org>

Subject: Re: [REDACTED] Survey Findings, Jan 10 - Feb 07

Thank you,

Catherine

Identified uses for the research paper as well?

Best,

Patricia

Our Questions 10.06

From: Crawford, Carol A. (DCDC/DOHHS) craigdc@doeh.hhs.gov

Date: Tuesday, March 16, 2021 11:03:28 AM

To: Payne, Patricia pmpatricia@hhs.gov

elizabeth.murphy@doeh.hhs.gov; karen.kirby@doeh.hhs.gov; karen.kirby@doeh.hhs.gov; karen.kirby@doeh.hhs.gov; karen.kirby@doeh.hhs.gov; karen.kirby@doeh.hhs.gov

Subject: DCDC/DOHHS Survey Findings - Jan 10- Feb 17

Hi - I am writing back to you to follow up on our previous discussion regarding the survey findings that might make for good findings material to share with the team.

From: Payne, Patricia pmpatricia@hhs.gov

Date: Monday, March 15, 2021 1:26:49 PM

To: Crawford, Carol A. (DCDC/DOHHS) craigdc@doeh.hhs.gov; karen.kirby@doeh.hhs.gov; karen.kirby@doeh.hhs.gov

elizabeth.murphy@doeh.hhs.gov; karen.kirby@doeh.hhs.gov; karen.kirby@doeh.hhs.gov; karen.kirby@doeh.hhs.gov

Subject: DCDC/DOHHS Survey Findings - Jan 10- Feb 17

Hi, Katherine Murphy and our regional team are trying to set up a meeting to discuss the findings and review your feedback. Should you set aside a few days from this week/next for you to do so?

Best,

Patricia

From: Payne, Patricia pmpatricia@hhs.gov

Date: Monday, March 15, 2021 at 1:14:49 PM

To: Crawford, Carol A. (DCDC/DOHHS) craigdc@doeh.hhs.gov

karen.kirby@doeh.hhs.gov; karen.kirby@doeh.hhs.gov

elizabeth.murphy@doeh.hhs.gov; karen.kirby@doeh.hhs.gov

Subject: DCDC/DOHHS Survey Findings - Jan 10- Feb 17

more CDR users.

As we discussed, following up on our commitment to share and survey data on existing systems, we are sharing these findings regularly through several formats (internal reports and strategies, described are our findings from January 16 – February 17, 2022). Today, this report will be available online.

Brief highlights of the findings are up now, a robust interactive summary follows, and there is always more to do (including greater detail on more topics, incorporating learning to accomplish this). Hopefully, this turned some of the initial feedback provided to CDC that may feel this data valuable. We're also open to feedback on the formatting.

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

Best,

FACEBOOK

Pearson Home and Community Health
N.C. Public Health
[Facebook](#)

ANSWER
The answer is C. *Acute appendicitis*.
Appendicitis is a common cause of abdominal pain in children.
It is characterized by pain in the right lower quadrant, which may be associated with nausea, vomiting, fever, and constipation.
Treatment typically involves surgery to remove the appendix.

100

10

10 of 10

Revised: December 18, 2006 (ODH/ODDC) / odh@ohio.gov
Review Approved: February 14, 2007, at 5:29 PM
Re: Hospital Name - (000-000-0000), Carol Crawford - (012-000-0000), "Leslie, Kathleen" - (000-000-0000) / kathleen.leslie@odh.state.oh.us
Ref: 1014 - <https://oehha.cdph.ca.gov/1014.aspx>, Electronic Actions - <https://oehha.cdph.ca.gov/1014.aspx>, Facility Profile - facilityprofile@cdph.ca.gov, Workforce Training Requests - workforce@cdph.ca.gov
Submitted By: ODH/ODD/1014-District/1014-communitystaff-permitable

[View Details](#) | [Edit](#) | [Delete](#)

[View Details](#)

We're grateful for the work you and your administration have done toward meeting the urgent worldwide challenge to prevent and contain the COVID-19 pandemic and protecting our citizens. We thank you.

general during the pandemic. More details are at <https://www.cdc.gov/covid-19/vaccine-eligibility-and-access.html>.

Helping People Find Where and When They Can Get Vaccinated

- During this week, isn't it easier to be in the COVID-19 Information Center to find information about where you can get vaccinated rather than trying to get vaccinated and how to do it.
- And in the coming weeks, as more information becomes available, we'll continue to improve this feature, making it easier for people to see where and when they can get vaccinated for free.

Sharing Available Information About COVID-19 Vaccines

- You're working with health organizations and community leaders to let passengers on their planes know what information about COVID-19 vaccinations and encouraging people to get vaccinated.
- You're giving over 2000 doses in 40 countries to help health ministries, NGOs and UN agencies reach billions of people around the world with COVID-19 vaccines and preventive health information.
- At OAG HQ, we're partnering with the Flying Doctors Foundation to help minority Native American communities, Black communities and Latinx communities, among others, with critical and accessible health support that addresses the questions and concerns these communities have.
- You're also working with health-care USA Americans over 300 flight attendant partners about COVID-19 vaccines, including Spanish-language content developed just for our communities.

Disseminating Vaccine Information

- We're increasing our efforts to provide flight crews information and integrate about COVID-19/Covid-19 vaccines and vaccines required during the pandemic. Since December, we've disseminated over 10000+ PDFs across 100+ countries that have been distributed by public-health experts.
- Today, following consultations with leading health organizations, including the World Health Organization, we are preparing the list of languages we will use to include additional document items placed the continental partnerships. We expect publication within 4 weeks.
- Screens, flags and pictures on Facebook and Instagram that visually show these documents may be removed altogether. We are also returning some graphics for greater use without members who have unvaccinated COVID-19 vaccines to forward onto all other unvaccinated group.
- When people search for vaccine or COVID-19-related content on Facebook, we promote relevant, authoritative results and provide first-party treatments for trusted people to expert information about vaccines. On Instagram, in addition to upfacing authoritative results on

months, in the coming weeks we're making it harder for bad actors to exploit that encourage people from getting vaccinated.

- **Facebook's COVID-19 Response**: In response to guidance from the Copyright Board, we've committed to prioritizing those measures to protect these patients. You can read the detailed update on Facebook's COVID-19 Response and its key findings.

Providing Data to Inform Effective Vaccine Delivery

- **COVID-19 Vaccine Data**: In partnership with Carnegie Mellon University, Bright Research Group and the University of Maryland on COVID-19 surveys about vaccination status and vaccination, most accurate information and access for over 100 million Americans via data, this survey project is one of the largest ever conducted and has helped health issuers track better results and reverse the trend of COVID-19.
- **Fairness Guide**: As the effective delivery of COVID-19 vaccines, the vaccine data will provide a better understanding of who gets it, where, when, how, who gets what, race, gender, age, and more. This sort of fine-grained data will allow the Biden administration to make sure all an effective vaccine rollout is going well. [Learn more](#). California is a good example of how insights from vaccine rollout efforts can share their best insights involving vaccine distribution across the state [here](#).

These new policies and programs will help us continue to take appropriate action against misbehavior, abuse, fraud, and wrongdoing, just like people find where and when they can get vaccinated. You can read more about how we're supporting COVID-19 relief efforts and keeping people informed at our [COVID-19 website](#).

As always, please follow us on:

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