

An Information Quality Request for Correction is Being Submitted

A. **Responsibility of the Complainant** To seek a correction of information disseminated by the agency, individuals must follow the procedures described below:

1. complaints or requests for review and correction of information must be in written (hard copy or electronic) form;
2. requests shall be sent to CDC by mail at CDC/ATSDR, Attn: MASO, MS-E11, 1600 Clifton Road, N.E.; Atlanta, GA 30333 or by e-mail at: InfoQuality@cdc.gov; and
3. requests shall state that an information quality request for correction is being submitted.

The complaint must contain:

4. a detailed description of the specific information that needs to be corrected including where the information is located, i.e. the publication title, date, and publication number, if any, or the Website and Web page address (url), or the speech title, presenter, date and place of delivery;

The CDC needs to acknowledge that natural immunity to SARS-CoV-2 is at least as effective as vaccine-induced immunity to reduce the risk of subsequent infection especially if “there is neither any FDA-authorized or FDA-approved test nor any other scientifically validated strategy that providers or the public can use to reliably determine whether a person is protected from infection”

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html

5. the specific reasons for believing the information does not comply with OMB, HHS or CDC guidelines and is in error and supporting documentation, if any;

The CDC contradicts itself. It claims that there is no scientifically validated strategy that providers or the public can use to reliably determine whether a person is protected from infection. Yet the CDC keeps referring to the presence of antibodies as a sign of protection from SARS-CoV-2 infection. For example; “antibodies developed from

mRNA COVID-19 vaccination were present in umbilical cord blood, indicating the potential for protection against COVID-19 for neonates and infants.”, “Recent reports have shown that the antibodies developed from mRNA COVID-19 vaccination were present in breastmilk samples. More data are needed to determine if these antibodies convey protection against SARS-CoV-2 infection for neonates and infants.”, “Administration of an antiviral drug at any interval before or after vaccination with any of the currently FDA-approved or FDA-authorized COVID-19 vaccines, including the adenovirus vector Janssen COVID-19 Vaccine, is unlikely to impair development of a protective antibody response”, “For a given COVID-19 primary vaccine series, heterologous boosters elicited similar or higher antibody responses as compared to their respective homologous booster responses.”, “For people receiving antibody products not specific to COVID-19 treatment (e.g., intravenous immunoglobulin, RhoGAM), administration of COVID-19 vaccines either simultaneously with or at any interval before or after receipt of an antibody-containing product is unlikely to substantially impair development of a protective antibody response. Thus, there is no recommended minimum interval between antibody therapies not specific to COVID-19 treatment and COVID-19 vaccination.”

The CDC needs to review the quality (including the objectivity, utility, and integrity) of information before it is disseminated and treat information quality as integral to every step of the development of information, including its creation, collection, maintenance and dissemination.

The document supporting natural immunity can be accessed with this hyperlink:
<https://1drv.ms/b/s!Aq5IK3SLnSHR2xJ4BEVoReNFD597?e=eArmYE>

6. the specific recommendations for correcting the information;

The CDC needs to acknowledge that natural immunity to SARS-CoV-2 is at least as effective as vaccine-induced immunity to reduce the risk of subsequent infection. The CDC also needs stop misleading citizens with misinformation that vaccinations will somehow provide even more protection to someone with natural immunity. A study of a few studies' negligible correlation between vaccinating previously COVID-19 infected patients and heightened immunity to COVID-19 does not mean causality. Can the CDC explain the mechanism of causality? Can the CDC rule out reinfection or exposure as the mechanism of negligibly increased immunity?

7. a description of how the person submitting the complaint is affected by the information error; and

Because the CDC is ignoring the effectiveness of naturally acquired SARS-CoV-2 antibodies and publishing guidelines that tell others to ignore natural immunity as well, then states and others in authoritative positions can use the CDC's inaccurate information in authentic publications, like the CDC's website, to create policies that discriminate against citizens that are not direct threats to themselves or others. This happens because courts keep using rational basis review to simply claim that those in power, who use the CDC's inaccurate data are doing so for rational reasons. The courts then never make it to strict scrutiny. To withstand strict scrutiny, the government must show that its policy is necessary to achieve a compelling state interest. If this is proved, the state must then demonstrate that the legislation is narrowly tailored to achieve the intended result. Treating people with natural immunity as if they have no immunity is unconstitutional and that unequal treatment is only happening because the CDC has disseminated inaccurate information in its publications.

8. the name, mailing address, telephone number, e-mail address, and organizational affiliation, if any, of the individual making the complaint.

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Complainants should be aware that they bear the 'burden of proof' with respect to the necessity for correction as well as with respect to the type of correction they seek.