

Dr. Susan Monarez, Acting Director
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA 30329

April 4, 2025

Re: Seeking Radical Transparency in VAERS

Dear Acting Director Monarez:

In light of this Administration's dual commitment to radical transparency and effective vaccine safety monitoring, we urge the CDC to take all steps necessary to bring full transparency to the Vaccine Adverse Events Reporting System.

VAERS is currently shrouded in secrecy, and this secrecy has devastating consequences, including—among other things—lost opportunities for real-time, independent analysis of vaccine safety; loss of public faith in federal public health agencies; and lack of critical information necessary for individuals to make fully informed medical decisions.

We applaud the Administration's commitment to improving vaccine safety surveillance, and urge you to implement any contemplated improvements as soon as possible. In the meantime, however, bringing real transparency to the existing VAERS is a simple yet significant step in the right direction, at virtually no cost to the Government.

To achieve such transparency, the CDC should immediately take the following steps:

- Eliminate the non-public-facing VAERS;
- In real time, post all adverse-event reports on the public-facing VAERS, de-identified but otherwise unmodified;
- In real time, post all updates and subsequent reports on the public-facing VAERS;
- When a report is deleted from the public-facing VAERS, indicate that the deletion has taken place, and explain why the report has been deleted;
- In real time, publicize all CDC data analyses of VAERS, including but not limited to PRR analysis, follow-up investigations, and reports;
- Publicize all protocols and procedures for VAERS-management and VAERS analysis.

The problem: the public-facing VAERS obscures the true reporting profile for a given vaccine at any moment and also over time.

Although the CDC touts VAERS as the nation’s “early warning system” for vaccine safety issues, VAERS suffers from serious problems that render the system practically useless to any scientist, healthcare professional, or member of the public who has a genuine interest in vaccine safety. These problems are wholly avoidable; all it will take to solve them is genuine transparency.

Essentially, the problems are these: VAERS is a system with two, contrasting faces: internal and external.¹ The internal face—not accessible to the public—appears to be fully populated in close to real-time with original, updated, and follow-up adverse event reports received by VAERS. In contrast, the external face—accessible to the public through the CDC’s Wonder website²—is populated at varying degrees of time-lag;³ with some but not all adverse event reports;⁴ some of which have been modified;⁵ with no updates or follow-up reports;⁶ and with periodic deletions of reports without warning or explanation.⁷

¹ The differences between the adverse-event information possessed by the CDC and what is posted to the public-facing VAERS is glaringly apparent from the “Daily Priority Reports” emailed by the VAERS contractor to the CDC in connection with COVID-19 shots between February 2021 and July 2022, which Children’s Health Defense (CHD) obtained from the CDC pursuant to a FOIA request. *See* CDC FOIA Request #22-02151. The Daily Priority Reports include the VAERS ID numbers for each day’s reports of deaths, serious, and non-serious adverse events reported after COVID-19 vaccination. CHD compared the information in the Daily Priority Reports with historical records of reports accessible through the CDC’s public-facing VAERS website during the same timeframe (*see* <https://wonder.cdc.gov/vaers.html>), and discovered significant discrepancies.

² <https://wonder.cdc.gov/vaers.html>.

³ For example, comparison of the dates that specific VAERS ID numbers appeared in the Daily Priority Reports with the dates those VAERS IDs appeared in the public facing system reveals large variability, with some reports taking several weeks to appear and sizable fractions taking several months.

⁴ For example, from the analysis of the Daily Priority Reports, CHD learned that during the relevant timeframe, 5,037 adverse event reports were never released, of which 795 indicated death, 2,067 serious, and 2,175 non-serious.

⁵ For example, from the analysis of the Daily Priority Reports, CHD learned that during the relevant timeframe, the severity of the reports that were released to the public did not always correlate with the public facing system; e.g., thousands of Priority Report records marked as “serious” did not have a corresponding flag on VAERS to indicate a “serious” outcome, such as LIFE_THREATENING, DISABLED, HOSPITAL, ER visit, OFFICE VISIT.

⁶ See <https://www.cdc.gov/vaccine-safety-systems/vaers/access-use.html?utm>.

⁷ For example, from the analysis of the Daily Priority Reports, CHD learned that during the relevant timeframe, 31,864 reports were released, but later deleted from the public facing

As far as we are aware, the CDC has not publicly shared protocols or other materials that describe the substance or process used to decide critical aspects about how VAERS is managed, including

- How quickly after receipt a report should be posted to the public-facing VAERS;
- Whether and under what circumstances posting of a report to the public-facing VAERS is delayed;
- Whether and under what circumstances a report is modified before public posting;
- Whether and under what circumstances a report is withheld from the public-facing VAERS;
- Whether and under what circumstances a report is deleted from the public-facing VAERS;
- Whether follow-up reports and updates are ever posted on the public-facing VAERS.

As a result of this arrangement, it is impossible for an external reviewer of VAERS to determine, as of a particular date, which adverse events have been reported for a particular vaccine, and by how many individuals. Additionally, it is impossible to know the extent to which individuals who reported adverse events subsequently reported worsened conditions or additional adverse events. **Thus, the external-facing VAERS obscures the true adverse event reporting profile for a given vaccine at any moment and also over time.**⁸

The solution: bring genuine transparency to the the public-facing VAERS.

The public pays for VAERS through taxes, and in all fairness, should have meaningful access to the information paid for by those taxes. But the benefits of making the suggested changes to VAERS go far beyond mere fairness. Indeed, by putting all adverse event reports into a public-facing VAERS—rather than maintaining a separate system that is hidden from the public—the CDC can simultaneously enhance transparency, improve vaccine safety monitoring, and enhance public trust in and willingness to rely on the CDC, all at virtually no cost.

The improvements to transparency and trust will be fully realized if the CDC endeavors to keep the public-facing system fully updated in timely fashion, with both original and follow-up reports; and to provide notice when when a report is deleted, including the reason for the deletion.

The public will know it can trust the public-facing VAERS when the CDC publishes both a full VAERS-management protocol, detailing all of the above and setting forth the CDC's

VAERS system without explanation.

⁸ In addition to suffering from a lack of transparency, VAERS also suffers from significant under-reporting, with as few as 1% of adverse events actually being reported. This underreporting undermines the usefulness of VAERS as an early warning system, and the CDC's vaccine safety-monitoring enhancements will obviously need to address this problem. *See Electronic Support for Public Health – Vaccine Adverse Events Reporting System*, Grant ID: R18 HS 017045, at

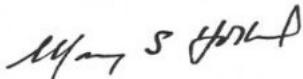
<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>.

commitment to managing VAERS so as to maximize transparency; and all protocols for the CDC's own VAERS-related data-monitoring and analysis.

Finally, in addition to taking these steps to enhance public knowledge and confidence, the CDC can enhance VAERS' utility as an "early warning system" by sharing the results of its data mining and other VAERS analyses in as close to real time as possible, to enable independent scientists to conduct their own reviews.

We are happy to discuss, or to provide other information that would helpful as you put the CDC's commitment to transparency into action.

Sincerely,



Mary Holland, Esq.
CEO, CHD



Brian Hooker, Ph.D.
Chief Scientific Officer, CHD

cc: Hon. Robert F. Kennedy, Jr., U.S. Secretary of Health and Human Services
Sen. Ron Johnson
Rep. Jim Jordan