

Dear Walter Smith:

I am writing in response to your recent request for records under the Virginia Freedom of Information Act (FOIA), Va. Code § 2.2-3700 et seq., for the following records:

- *In light of today's announcement of required boosters I would like to see the following documents:*
  1. *The "advice" of public health experts and UVA's experts that justified this decision. In lieu of producing a voluminous amount of documents, I would like to start with the summary documents and attachments/links.*
  2. *I would like to know how many students were hospitalized for Covid during the Fall semester. I think this is far more reasonable than asking for the redacted documents of hospitalizations. I just want the number.*
  3. *I would like to see the documents showing the out of pocket cost for each Covid test administered, and, if UVA has it, any documents showing the full cost calculation of administering the Covid tests.*
  4. *I would like to see any records distinguishing between voluntary Covid testing for students and compulsory testing. Again, not each record, but a summary. VCU and JMU have this info. Tech and JMU have the vaxed/unvaxed breakdown of cases. My rough estimation is that about 30,000 tests have been given to students and the vast majority were compulsory to discover perhaps 250 cases, while a much smaller test number uncovered 275 vaxed cases, which I believe points to testing students on a voluntary basis when they feel sick - treating them like adults! It would seem to me that an institution that thinks it is at the cutting edge of the pursuit of truth would keep such statistics and be embarrassed that sister Commonwealth schools do.*
  5. *I would like to see any documents suggesting that the waning vaccine immunity should be required when a student has previously survived Covid. All studies I have seen point to natural immunity being far superior.*
  6. *I would like to see any documents supporting the efficacy of masks for the students.*
  7. *Other than Mark Herring's clearly spurious opinion, I would like to see any documents explaining why (i) the federal supremacy clause for accepting or refusing EUA products does not apply; (ii) the Student Health Patient Rights policy to accept or refuse medical treatment does not apply; (iii) the mandated injection of an EUA product is not a medical experiment in violation of the Nuremberg Code.*

*As time is of the essence in protecting students' rights (which the BOV should be doing!), I would appreciate release of the documents as you gather them, rather than you holding off until all have been gathered. And I already know that neither scholarly research nor working papers would be valid claims for FOIA exceptions here.*

*Thank you.*

Regarding Item 1 of your request, the opinions and statements are based on the professional judgment, formulated through regular monitoring of internal and external sources of information and data sources, of University and public health authorities. It is not practically possible to search for and produce all information and data sources seen or considered; the University has previously provided reasonable and representative responses to you in other FOIA cases. Further, please note that **the** University has worked closely with our public health and infectious disease partners throughout the pandemic to adhere to best medical practices. In deciding to mandate vaccines for students and/or employees, we are following the guidance of the Virginia Department Health (VDH) ([Vaccination FAQ – COVID-19 FAQ \(virginia.gov\)](#)) and CDC ([Frequently Asked Questions about COVID-19 Vaccination | CDC](#)), which clearly state for those who have previously contracted the disease to still be vaccinated. The CDC also discusses the benefits of receiving the vaccine [here](#).

Regarding Item 2 of your request, the University has no records responsive to your request. Va. Code §2.2-3704(B)(3). There are no documents that would link hospitalization to student status.

Regarding Item 3 of your request, under FOIA, a request shall identify requested records with reasonable specificity. Va. Code § 2.2-3704(B). As currently worded, your request lacks reasonable specificity and does not provide me with sufficient detail to know which records you are seeking – the out of pocket cost to the University or the patient? Further, the out-of-pocket cost may vary depending on the patient, insurance or other factors. The University has no records responsive to the portion of your request seeking “*the full cost calculation of administering the Covid tests.*”

Regarding Item 4 of your request, the University has no records responsive to your request. Va. Code §2.2-3704(B)(3).

Regarding Items 5 and 6 of your request, our Health System epidemiology professionals have provided the information attached on page 3.

Regarding Item 7 of your request, the University has no records responsive to your request. Va. Code §2.2-3704(B)(3). This item is a request for information, not records, and we have no legal obligation to respond.

You may also login to the University of Virginia Public Records Center to view and download the records at any time: <https://foia.virginia.edu/request-records>. Your username is wattedog@msn.com. If you are a first-time user, you will need to setup your password. Thank you for contacting this office.

Sincerely,

Freedom of Information Act Officer

University of Virginia  
[www.virginia.edu/foia](http://www.virginia.edu/foia)

There is ongoing interest in vaccination vs infection induced immunity. I'd conclude that this remains an area of study that continues to evolve with new variants, vaccine schedules, and combinations of infection and vaccination. A CDC scientific brief provides thoughtful analysis of this (link below). Although debated, it's incorrect to state that all studies suggest that natural immunity is far superior to vaccine induced immunity. Most (but not all) studies suggest vaccination is equivalent or superior to post-infection induced immunity. Moreover, there is compelling evidence that the best immune responses occur in those who are vaccinated after infection.

CDC Scientific Brief: <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html>

CDC Scientific Brief, Comparison of Infection- and Vaccine-induced Immune Responses: [https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html#anchor\\_1635540449320](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html#anchor_1635540449320). Particularly relevant sections in Red highlighted text:

A systematic review and meta-analysis including data from three vaccine efficacy trials and four observational studies from the US, Israel, and the United Kingdom, found no significant difference in the overall level of protection provided by infection as compared with protection provided by vaccination; this included studies from both prior to and during the period in which Delta was the predominant variant [79]. In this review, the randomized controlled trials appeared to show higher protection from mRNA vaccines whereas the observational studies appeared to show protection to be higher following infection.

A more recent analysis of data from a network of 187 hospitals in the United States found that, among more than 7,000 COVID-19–like illness hospitalizations whose prior infection or vaccination occurred 90–179 days beforehand, there was a 5.5 times higher odds of laboratory-confirmed COVID-19 among previously infected patients than among fully vaccinated patients [80]. This study included data on persons more recently infected and/or vaccinated than the studies in the systematic review, though the authors noted one limitation of the design was the potential of missing testing that may have occurred outside of the healthcare network.

The Office of National Statistics in the United Kingdom used data from a large-scale longitudinal community survey of COVID-19 to compare the risk of infection among fully vaccinated, partially vaccinated, unvaccinated/previously infected, and unvaccinated/uninfected persons during two different periods 1) when Alpha was the predominant variant (December 2020–May 2021) and 2) when Delta was the predominant variant (May–August 2021) [81]. Based on results that included over 26,000 RT-PCR positive tests, they found full vaccination to provide the greatest protection during the Alpha predominant period (79% vs. 65% reduction in risk), but equivalent protection from full vaccination and infection during the Delta predominant period (67% vs. 71% reduction in risk).

There are data to suggest that vaccination *after* infection provides the best immunological responses, as noted by the CDC: [https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html#anchor\\_1635540493225](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html#anchor_1635540493225)

Although there appears to be varying evidence regarding the relative protection that occurs after surviving COVID-19 as compared with completing vaccination, there is substantial immunologic and increasing epidemiologic evidence that vaccination following infection further increases protection against subsequent illness among those who have been previously infected. {laboratory study discussion omitted}

In studies directly comparing risk of reinfection among previously infected individuals who were never vaccinated versus individuals who were vaccinated after infection, most, but not all, studies show a benefit of vaccination. One retrospective cohort study described risk of reinfection from

December 2020–May 2021 among 2,579 US-based healthcare users previously infected with SARS-CoV-2, about 47% of whom were vaccinated over the course of the study. Investigators did not detect any cases of reinfection, regardless of vaccination status during 5 months of observation and so could not detect a benefit of vaccination [91]. In contrast, a case-control study conducted among 738 residents of Kentucky with reported infection during March–December 2020 found that previously infected persons who were unvaccinated had 2.3 times greater odds of reinfection during May–June 2021 than previously infected but vaccinated individuals [92]. Both studies occurred before Delta became the dominant variant in the United States.

More recent observational cohort studies including over 700,000 health system users in Israel and over 11,000 healthcare workers in India reported that history of prior infection provided greater protection from subsequent infection than vaccination alone, but overall risk of infection was lowest among those that were vaccinated following infection during periods of Delta predominance [93, 94]. In the systematic review described above, a pooled analysis across seven studies showed a modest but significant increase in protection from infection when previously infected individuals were vaccinated [79].

Efficacy of masking, CDC scientific brief (long discussion of mask efficacy – red highlights efficacy in K-12 classrooms):

<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html>

A study examining SARS-CoV-2 secondary attack rates among eight public K-12 school districts in Massachusetts (70 schools with >33,000 enrolled students) during the 2020–21 school year found an unadjusted secondary attack rate of 11.7% for unmasked versus 1.7% for masked interactions.<sup>40</sup>

Narrative reviews

<https://www.pnas.org/content/118/4/e2014564118>

<https://jamanetwork.com/journals/jama/fullarticle/2776536>