

In the Supreme Court of Ohio

STATE OF OHIO EX REL. KATHRYN HUWIG,

Relator,

v.

OHIO DEPARTMENT OF HEALTH, et al.,

Respondents.

Case No. 2023-0936

RESPONDENTS' ANSWER AND DEFENSES TO FIRST AMENDED COMPLAINT

Respondents, Ohio Department of Health (“ODH”); Bruce Vanderhoff, in his official capacity as Director of ODH (“Director”); and Rena Bolar, in her official capacity as State Registrar within the Office of Vital Statistics at ODH,¹ submit the following Answer in response to the First Amended Complaint filed in this case:

1. Respondents deny the allegations set forth in Paragraph 1 of the First Amended Complaint for lack of knowledge or sufficient information to form a belief as to the truth of such allegations.

2. Respondents deny the allegations set forth in Paragraph 2 of the First Amended Complaint for lack of knowledge or sufficient information to form a belief as to the truth of such allegations.

3. Respondents deny the allegations set forth in Paragraph 3 of the First Amended Complaint for lack of knowledge or sufficient information to form a belief as to the truth of such

¹ Rena Bolar is currently the State Registrar of ODH’s Office of Vital Statistics and, by operation of Civ.R. 25(D)(1), is automatically substituted, in her official capacity, in place of Judith Nagy as Respondent.

allegations.

4. With respect to Paragraph 4 of the First Amended Complaint, Respondents admit that ODH maintains data relating to Ohio deaths in the Electronic Death Registration System (“EDRS”), the EnterpriseDataWarehouse Secure database (“Secure Data Warehouse”), which is the information source for the Ohio Public Health Information Warehouse (“Warehouse”). Descriptions of these databases are set forth in the attached affidavits of Devon Priddle and Brian Fowler which are hereby incorporated into Respondents’ Answer. *See* Ex. 1, 2. ODH further admits that it maintains an immunization registry known as the Ohio Impact Statewide Immunization Information System (“ImpactSIIS”) that includes information related to COVID-19 vaccinations. ODH also maintains a public COVID-19 Vaccine Database that provides data regarding administrations of COVID-19 vaccines in Ohio. A description of this database is set forth in the attached affidavit of Brian Napier, which is hereby incorporated into Respondents’ Answer. *See* Ex. 3. Respondents deny the remaining allegations in this Paragraph.

5. With respect to Paragraph 5 of the First Amended Complaint, Respondents state that R.C. 3705.03 speaks for itself and denies the allegations in Paragraph 5 to the extent they contradict that statute.

6. With respect to Paragraph 6 of the First Amended Complaint, Respondents state that R.C. 3701.14 speaks for itself and denies the allegations in Paragraph 6 to the extent they contradict that statute.

7. With respect to Paragraph 7 of the First Amended Complaint, Respondents state that H.B. 90 speaks for itself and denies the allegations in Paragraph 7 pertaining to H.B. 90 to the extent they contradict that bill. Respondents deny the remaining allegations set forth in Paragraph 7 of the First Amended Complaint for lack of knowledge or sufficient information to form a belief

as to the truth of such allegations.

8. Respondents deny the allegations set forth in Paragraph 8 of the First Amended Complaint that ODH “changed the data on its website.” Respondents deny the remaining allegations set forth in Paragraph 8 of the First Amended Complaint for lack of knowledge or sufficient information to form a belief as to the truth of such allegations.

9. With respect to Paragraph 9 of the First Amended Complaint, Respondents admit that Relator requested records from ODH on February 7, 2023, and that ODH provided the requested records on March 15, 2023. Respondents further admit that Exhibits A and B to the First Amended Complaint are copies of the records that ODH provided to Relator on March 15, 2023. Respondents deny the remainder of the allegations in Paragraph 9.

10. With respect to Paragraph 10 of the First Amended Complaint, Respondents admit that Relator requested information from ODH on May 12, 2023. Respondents further admit that Relator initially requested information from 2020 through 2023 (from the “COVID-19 Vaccination Dataset”) and 2017 through 2023 (from the “Mortality Download File”) and that she later narrowed her request for both databases to 2021. The remaining allegations are a description of Exhibit C to the First Amended Complaint, to which no response is required. To the extent a response is required, Respondents state that Exhibit C speaks for itself and denies the allegations to the extent they contradict Exhibit C. Respondents deny any further allegations in this Paragraph.

11. In response to the allegations in Paragraph 11 of the First Amended Complaint regarding ODH’s May 16, 2023 response to Relator, Respondents admit that Exhibit C to the First Amended Complaint contains ODH’s response. To the extent these allegations rely on Exhibit C, Respondents state that Exhibit C speaks for itself and deny the allegations to the extent they contradict Exhibit C.

12. In response to the allegations in Paragraph 12 of the First Amended Complaint regarding Relator's May 17, 2023 communication to ODH, Respondents admit that Exhibit C to the First Amended Complaint contains Relator's communication. To the extent these allegations rely on Exhibit C, Respondents state that Exhibit C speaks for itself and deny the allegations to the extent they contradict Exhibit C.

13. In response to the allegations in Paragraph 13 of the First Amended Complaint regarding ODH's May 17, 2023 response to Relator, Respondents admit that Exhibit C to the First Amended Complaint contains ODH's response. To the extent these allegations rely on Exhibit C, Respondents state that Exhibit C speaks for itself and deny the allegations to the extent they contradict Exhibit C.

14. In response to the allegations in Paragraph 14 of the First Amended Complaint regarding Relator's May 19, 2023 communication to ODH and ODH's May 19, 2023 response to Relator, Respondents admit that Exhibit C to the First Amended Complaint contains the communication and response. To the extent these allegations rely on Exhibit C, Respondents state that Exhibit C speaks for itself and deny the allegations to the extent they contradict Exhibit C.

15. In response to the allegations in Paragraph 15 of the First Amended Complaint regarding the June 6, 2023 communication from Relator's attorney to ODH and ODH's June 6, 2023 response, Respondents admit that Exhibit D to the First Amended Complaint contains the communications. To the extent these allegations rely on Exhibit D, Respondents state that Exhibit D speaks for itself and deny the allegations to the extent they contradict Exhibit D.

16. With respect to Paragraph 16 of the First Amended Complaint, Respondents admit that Lauren Standifer requested a custom death data report from ODH and litigated that request in *Standifer v. Ohio Dep't of Health*, Ct. of Cl. No. 2022-00217PQ. Respondents admit that Exhibit

E to the First Amended Complaint is an accurate copy of the Special Master's Order in Case No. 2022-00217PQ and that Exhibit F to the First Amended Complaint is a true and accurate copy of an affidavit of Devon Priddle that ODH filed in Case No. 2022-00217PQ. The record of *Standifer* speaks for itself and Respondents deny the allegations in this Paragraph to the extent they contradict that record.

17. With respect to Paragraph 17 of the First Amended Complaint, Respondents admit that Rosanna Miller requested a customized report from ODH and litigated that request in *Miller v. Ohio Dep't of Health*, Ct. of Cl. No. 2020-00618PQ, *rev'd Miller v. Dep't of Health*, 10th Dist. Franklin No. 21-AP-00267, 2022-Ohio-357. Respondents admit that Exhibit G to the First Amended Complaint is an accurate copy of the Special Master's Order in Case No. 2020-00618PQ and that Exhibit H to the First Amended Complaint is an accurate copy of the affidavit of Karen Sorrell that ODH filed in Case No. 2020-00618PQ. The record of *Miller* speaks for itself, and Respondents deny the allegations in this Paragraph to the extent they contradict that record.

18. With respect to Paragraph 18 of the First Amended Complaint, Respondents admit that ODH maintains the EnterpriseDataWarehouseSecure ("Secure Data Warehouse") database, which is the information source for the Ohio Public Information Warehouse.. To the extent this Paragraph relies on the record of *Standifer*, that record speaks for itself, and Respondents deny the allegations in this Paragraph to the extent they contradict that record.

19. With respect to Paragraph 19 of the First Amended Complaint, Respondents admit that ODH's Secure Data Warehouse includes data that is transferred daily from EDRS. A description of this transfer process is set forth in the attached affidavit of Brian Fowler, which is hereby incorporated into Respondents' Answer. *See* Ex. 2. To the extent this Paragraph relies on Exhibit F to the First Amended Complaint, that exhibit speaks for itself, and Respondents deny

the allegations in this Paragraph to the extent they contradict that exhibit.

20. With respect to Paragraph 20 of the First Amended Complaint, Respondents admit that ODH previously programmed each dataset in the Secure Data Warehouse to export a particular set of variables in fixed positions to users with access to the secure datasets. To the extent this Paragraph relies on Exhibit F to the First Amended Complaint, that exhibit speaks for itself, and Respondents deny the allegations in this Paragraph to the extent they contradict that exhibit.

21. With respect to Paragraph 21 of the First Amended Complaint, Respondents admit that the Ohio Mortality Download File contains a .csv column. Respondents deny the remaining allegations in this Paragraph. Further, to the extent this Paragraph relies on Exhibit A to the First Amended Complaint, that exhibit speaks for itself.

22. With respect to Paragraph 22 of the First Amended Complaint, Respondents deny that Exhibit H to the First Amended Complaint, Responses to Additional Information and Documents Required, ¶ 2, states that “the Death Database” can be downloaded in Excel, PDF, and Word. Respondents admit that data from the Secure Portal and the Public Portal (as set forth in Exhibit H) can be downloaded into Excel, PDF, and Word, if the file does not exceed size limitations.

23. With respect to Paragraph 23 of the First Amended Complaint, Respondents state that this Paragraph relies on Exhibit F to the First Amended Complaint and denies the allegations in this Paragraph to the extent they contradict Exhibit F.

24. With respect to Paragraph 24 of the First Amended Complaint, Respondents admit that its Excel software can be used to open .csv files and Excel files downloaded from the Secure Portal, subject to the software’s size limitations, and can be used redact rows, columns, and cells of such files.

25. With respect to Paragraph 25 of the First Amended Complaint, Respondents admit that Randy Ludlow requested a customized report from ODH and litigated that request in *Ludlow v. Ohio Dep't of Health*, Ct. of Cl. No. 2021-00040PQ, *rev'd Ludlow v. Ohio Dep't of Health*, 10th Dist. Franklin No. 21AP-369, 2022-Ohio-3399, *on appeal Ludlow v. Ohio Dep't of Health*, S. Ct. No. 2022-1391. The record of *Ludlow* speaks for itself and Respondents deny the allegations to the extent they contradict that record.

26. With respect to Paragraph 26 of the First Amended Complaint, Relator's request speaks for itself, and Respondents deny the allegations in this Paragraph to the extent they contradict that request. Respondents further state that the record of *Ludlow* speaks for itself and Respondents deny the allegations to the extent they contradict that record. Respondents admit the remaining allegations of Paragraph 26.

27. With respect to Paragraph 27 of the First Amended Complaint, Respondents deny that the requested records are public records. Respondents admit that the requested records are exempt from disclosure under R.C. 149.43(A)(1)(v). Respondents further state that the requested records are not "public records," as defined by R.C. 149.43(A)(1), kept by ODH.

28. With respect to Paragraph 28 of the First Amended Complaint, Respondents state that R.C. Chapter 3701 speaks for itself and denies the allegations in Paragraph 28 to the extent they contradict that statutory chapter.

29. With respect to Paragraph 29 of the First Amended Complaint, Respondents state that R.C. Chapter 3701 speaks for itself and denies the allegations in Paragraph 29 to the extent they contradict that statutory chapter.

30. With respect to Paragraph 30 of the First Amended Complaint, to the extent this Paragraph relies on Exhibit C to the First Amended Complaint, Respondents state that Exhibit C

speaks for itself and deny the allegations to the extent they contradict Exhibit C. Respondents admit that the data contained in the Secure Data Warehouse could be used to identify individuals and admit that ODH declined to provide Relator with the custom data report she had requested. Respondents deny any remaining allegations in this Paragraph.

31. With respect to Paragraph 31 of the First Amended Complaint, Respondents state that R.C. 3701.03 and R.C. 3701.13(C) speak for themselves and denies the allegations in Paragraph 31 to the extent they contradict those statutes.

32. With respect to Paragraph 32 of the First Amended Complaint, Respondents admit that Exhibit I to the First Amended Complaint is an accurate copy of ODH then-Director Stephanie McCloud's February 12, 2021 Journal Entry "In re COVID 19 Volunteer Vaccine Providers." This exhibit speaks for itself, and Respondents deny the allegations in the Paragraph to the extent they contradict Exhibit I.

33. Respondents admit the allegations in Paragraph 33 of the First Amended Complaint.

34. With respect to Paragraph 34 of the First Amended Complaint, Respondents admit that the "Program" referenced in this Paragraph requires ODH to enhance its ImpactSIIS capabilities, encourage vaccine adverse event reporting ("VAERS"), and monitor VAERS and vaccine safety data. Respondents deny the remaining allegations in Paragraph 34 of the First Amended Complaint.

35. With respect to Paragraph 35 of the First Amended Complaint, ImpactSIIS Functional Standard 13.0 speaks for itself, and Respondent denies the allegations in this Paragraph to the extent they contradict that standard. Respondents deny the remaining allegations in this Paragraph. ImpactSIIS allows clinicians using the system to voluntarily record certain reactions to

particular vaccinations, and that data would then be available for other ImpactSIIS users to access so that clinicians can consider the data in making treatment decisions; however, ImpactSIIS does not store or populate VAERS reports.

36. Respondents admit the allegations in Paragraph 36 of the First Amended Complaint.

37. With respect to Paragraph 37 of the First Amended Complaint, Respondents admit that Exhibit B to the First Amended Complaint is an accurate copy of the DataOhio Data Description for ImpactSIIS COVID-19 Vaccination Data. Respondents admit that ODH worked with the Ohio Department of Administrative Services (“DAS”) to set up the DataOhio Portal and admit that the Portal can access a copy of the dataset from ODH’s ImpactSIIS database. Respondents deny the remaining allegations for lack of knowledge or sufficient information to form a belief as to the truth of such allegations.

38. With respect to Paragraph 38 of the First Amended Complaint, Respondents admit that ODH is capable of redacting .csv files. Respondents deny that Exhibit F to the First Amended Complaint, an affidavit of Devon Priddle, pertains to ODH’s ImpactSIIS database.

39. With respect to Paragraph 39 of the First Amended Complaint, Respondents admit that its Excel software can be used to open .csv files up to a certain size and can be used redact rows, columns, and cells of such files. Respondents deny the allegation in this Paragraph that its software can be used to open and redact “the” downloaded .csv files for lack of knowledge or sufficient information to form a belief as to the truth of such allegations.

40. With respect to Paragraph 40 of the First Amended Complaint, to the extent this Paragraph relies on Exhibit C to the First Amended Complaint, Respondents state that Exhibit C speaks for itself and deny the allegations to the extent they contradict Exhibit C. Respondents

admit that ODH's ImpactSIIS database contains information that could be used to identify individuals and admit that ODH declined to provide Relator with the custom data report she had requested. Respondents deny any remaining allegations in this Paragraph.

41. Paragraph 41 of the First Amended Complaint is a description of the First Amended Complaint and its attachments to which no response is required. To the extent a response is required, Respondents deny the allegations for lack of knowledge or sufficient information to form a belief as to the truth of such allegations.

42. Paragraph 42 of the First Amended Complaint is a description of the First Amended Complaint to which no response is required. To the extent a response is required, Respondents incorporate the responses to Paragraphs 1 through 41 of the First Amendment Complaint set forth in this Answer.

43. Paragraphs 43 through 45 of the First Amended Complaint are statements of the relief Relator seeks, and no response is required. To the extent that these paragraphs rely on R.C. 149.43, Respondents state that the statute speaks for itself. Additionally, to the extent these Paragraphs contain conclusions of law, no response is required. To the extent a response is required, Respondents deny the allegations of these Paragraphs.

44. Respondents deny all allegations made in the First Amended Complaint unless expressly admitted herein.

45. None of the foregoing responses constitute an admission regarding the authenticity or admissibility of any of the exhibits attached to the First Amended Complaint. Respondents reserve the right to object to the admission or use of any exhibit.

AFFIRMATIVE DEFENSES

46. The First Amended Complaint fails to state a claim upon which relief can be granted.

47. Relator is not entitled to a peremptory writ of mandamus.
48. Relator is not entitled to an alternative writ of mandamus.
49. Respondents at all times relevant to this case complied with applicable law.
50. Respondents at all times relevant to this case acted lawfully and in good faith.
51. One or more of Relator's claims are moot.
52. One or more of Relator's claims are barred by the doctrine of laches, waiver, estoppel, and/or consent.
53. This action is barred by the doctrine of illegality as it seeks to compel Respondents to act in a manner inconsistent with applicable law.
54. A well-informed public officer or person responsible for the requested public records reasonably would believe that the conduct or threatened conduct of the public office or person responsible for the requested records did not constitute a failure to comply with an obligation under R.C. 149.43(B), and that the conduct or threatened conduct would serve the public policy that underlies the authority that is asserted as permitting that conduct or threatened conduct.
55. The requirements for an award of attorney fees are not met in this action.
56. Attorney's fees and/or statutory damages, if awarded, should be reduced as provided in R.C. 149.43.
57. Respondents reserve the right to assert additional defenses based upon information that may become known after the filing of this Answer.

Respectfully submitted,

**Ohio Attorney General
DAVE YOST (0056290)**

/s/Katherine Bockbrader

Katherine Bockbrader (0066472)*

*Counsel of Record

Theresa Dirisamer (0093374)

Assistant Attorneys General

Health and Human Services Section

30 East Broad Street, 26th Floor

Columbus, OH 43215-3428

Phone: 614-466-8600

Fax: 866-805-6094

Katherine.Bockbrader@OhioAGO.gov

Theresa.Dirisamer@OhioAGO.gov

Counsel for Respondents

CERTIFICATE OF SERVICE

I hereby certify that the foregoing *Answer* was served on March 4, 2024, via email to Thomas Connors, tconnors@warnermendenhall.com, Counsel for Relator.

/s/Katherine Bockbrader

Katherine Bockbrader (0066472)



Huwig v ODH Affidavit of Devon Priddle Final - Exhibit 1.pdf

DocVerify ID: 428AE597-7D67-485D-A30C-A12D86DB3751
Created: March 04, 2024 10:37:55 -8:00
Pages: 6
Remote Notary: Yes / State: OH

This document is a DocVerify VeriVaulted protected version of the document named above. It was created by a notary or on the behalf of a notary, and it is also a DocVerify E-Sign document, which means this document was created for the purposes of Electronic Signatures and/or Electronic Notary. Tampered or altered documents can be easily verified and validated with the DocVerify veriCheck system. This remote online notarization involved the use of communication technology.

Go to www.docverify.com at any time to verify or validate the authenticity and integrity of this or any other DocVerify VeriVaulted document.

E-Signature Summary

E-Signature 1: DEVON PRIDDLE (DP)

March 04, 2024 11:16:24 -8:00 [B6A9AE1CB7AF] [156.63.69.150]
Devon.Priddle@odh.ohio.gov (Principal) (ID Verified)

E-Signature Notary: Joshua Richardson (JR)

March 04, 2024 11:16:24 -8:00 [217D92803B76] [64.128.48.50]
Joshua.Richardson@OhioAGO.gov
I, Joshua Richardson, did witness the participants named above electronically sign this document.



IN THE SUPREME COURT OF OHIO

STATE OF OHIO EX REL.,
KATHRYN HUWIG

Relator,

OHIO DEPARTMENT OF HEALTH,
ET AL.,

Respondents.

:
:
:
:
:
:
:
:
:
:

CASE NO. 2023-0936

AFFIDAVIT OF DEVON PRIDDLE

STATE OF OHIO

COUNTY OF FRANKLIN SS:

Devon Priddle, being first duly sworn, states as follows:

1. I am the Data Administration Manager of the Ohio Department of Health's Bureau of Vital Statistics ("ODH/VS"), 4200 Surface Road, Columbus, Ohio 43228. I have been employed in this capacity since 2016.
2. In my role as the ODH/VS Data Administration Manager, I review reported vital record information for completeness, monitor statistical quality, manage requests for vital record data, and ensure information is protected according to federal and Ohio laws, as well as with ODH policies.
3. I make this Affidavit based on my personal knowledge.
 - A. The Electronic Death Registration System (EDRS) is used to record deaths which occur in the State of Ohio.
 - i. Producing a death certificate is the sole programmed output of EDRS.
 - ii. Ohio death events are reported by funeral directors. The medical cause of death can be added electronically or written onto a printed death certificate by the physician who



pronounced the death. At this time, cause of death reporting is nearly evenly split between electronic and paper.

- iii. ODH/VS and local health department “Issuance staff” will fulfill requests for death certificates by searching the EDRS application for the decedent’s specific information as provided by the requester. When located, staff will print the death certificate from EDRS.
- iv. As of August 24, 2021, and to the present, the Electronic Death Registration System (EDRS) does not offer an export or report function for the full data contents of the death dataset in any format. EDRS is programmed to print certificates of death but does not produce spreadsheets or similar files. EDRS was developed and configured by an external vendor who requires payment for the development of any technical function such as data reporting. When purchased, EDRS was only programmed to print death certificates.

B. Most, but not all, EDRS data is transferred daily to the ODH EnterpriseDataWarehouseSecure database, which is the information source for the Deceased Ohioans Report and the Ohio Public Health Information Warehouse (“Warehouse”). The Warehouse is created using a specially created software “bridge” (a/k/a “translation box”) programmed to solely perform this specific task. The data in the Warehouse can be accessed through a secure version (“Secure Portal”) as well as a public version (“Public Portal”). The Warehouse is contained in a protected State of Ohio network space. Access to the Secure Portal is controlled and limited through administrative and technical means. Access to the secure mortality dataset is limited to State of Ohio and local health department employees with an ODH/VS approved need for access.

- i. The Secure Portal contains line-item entries for each decedent entered into the EDRS application, as well as additional entries for Ohio residents whose deaths occurred in another state. There are approximately 148,000 entries (one line per each decedent) in



the Warehouse for deaths in 2021. There are multiple fields of data for each decedent, and the fields include Protected Health Information (PHI) such as the cause of death and conditions contributing to death, along with personal identifiers such as the decedent's name, address, date of birth, race, etc.

- ii. The Secure Portal does not include functionality to redact or obscure data fields for a particular custom data request. State technical staff had previously programmed each dataset (mortality, natality, fetal death, etc.) to export a particular set of variables in fixed positions to users with access to the Secure Portal. The data can be exported as a spreadsheet, but the variables cannot be changed within the Secure Portal because the software is not programmed to perform that function. The spreadsheet would include the data for all the established variables for a particular year. There is no ability to select certain fields that a requestor seeks, or to exclude names, addresses, or other PHI from the output. Redactions would need to be performed manually after the spreadsheet was created.

C. The ODH Public Portal can be accessed at the following link: <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality> It allows the public to access de-identified, aggregate mortality data fields.

1. The data in the Public Portal is displayed in an aggregated table form. The Public Portal will not display record level data (i.e., an individual row of data relating to a single decedent); it was programmed to provide counts in a table format. The public can choose from canned reports (such as "Number of resident deaths by year in Ohio") or build custom reports, choosing the row and column variables from a list of 50 available variables (cause of death category, county, age, race, ethnicity, sex, education, year, month, disposition, etc.). The public can view, download or print reports from the Public Portal. If members of the public have questions about how to create reports on the Public Portal, they can contact ODH. I often assist members of the public with these types of



questions.

2. Attached as Exhibit 1A is a “screenshot” showing an example of available information on the Public Portal. I created the table displayed in the screenshot through the Public Portal by selecting COVID-19 as the cause of death, and selecting “County” and “Sex” as variables to display. The left side of the screenshot shows the selections I made, and the right side of the screenshot shows the top portion of the table that was created.
3. The Public Portal uses a filtering algorithm that suppresses rates if counts are less than ten or where population counts are not available. The algorithm is based on the ODH “Small Numbers Policy”, which is intended to frustrate “triangulation.” In this context, triangulation refers to overlapping different data points until the identity of the subject of the information is revealed to a reasonable level of confidence.
4. The Public Portal uses the same information that is used in the Secure Portal but the Public Portal produces only aggregate data and prevents the disclosure of PHI.

- D. The Deceased Ohioans Report is a programmed extract of specific fields that is routinely created from the EnterpriseDataWarehouseSecure database. The Deceased Ohioans Report is created by a scheduled data query that was programmed by technical developer staff to be made available in a Microsoft Excel format in the Secure Portal. The Deceased Ohioans Report contains fifteen (15) data fields and contains, among other information, the names and dates of death of Ohioans whose death certificate was filed in the previous month. It does not contain the cause of death or other PHI as defined in section 3701.17 of the Revised Code. The data fields in the Deceased Ohioans Report were chosen to meet reporting requirements set forth in section 3503.18 of the Revised Code.
- E. None of the available data systems are programmed to create a report containing the specific compilation of information requested by Huwig.
- F. To provide the report requested by Huwig, ODH/VS would be required to use additional licensed



software such as “SAS” (SAS Institute Inc. Statistical Analysis System (SAS) software) or “SSMS” (Microsoft SQL Server Management Studio) to extract and organize information from the secure database or from the Secure Portal mortality dataset, selecting only the fields requested by Ms. Huwig, and excluding PHI. Then the Bureau would be required to transfer this data to another format, such as Microsoft Excel, before providing the report to Huwig. Due to the size of the requested report, ODH/VS would need to transfer the file to a secure server, and Ms. Huwig would need a login and password to access and download the file. The report requested by Huwig does not exist and if created solely for Huwig would have no operational or administrative value for ODH/VS as it does not document the organization, functions, policies, decisions, procedures, and essential transactions of ODH/VS.

- i. SAS and SSMS are specialized software programs licensed for use by ODH at considerable expense. SAS and SSMS are standalone software programs which are not attached to any existing database or data system.
- ii. Data from an existing data source (database or data system) must be exported to a separate file outside the original or native data source. The file is opened using SAS or SSMS so the user may perform the desired analytics to produce a custom report. The analytical results must be translated to a third format (e.g., Microsoft Excel) for a non-SAS or non-SSMS user to view the results.
- iii. SAS and SSMS require specialized training to use.

G. To assist the Court, I have attached as Exhibit 1B a document that contains a simplified visual description of the transfer of the mortality data that ODH receives.



FURTHER AFFIANT SAYETH NAUGHT

DEVON PRIDDLE

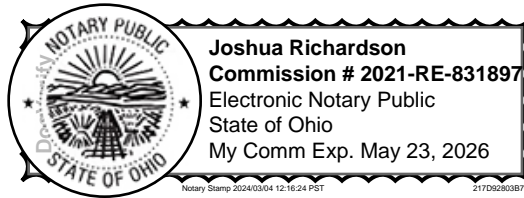
Signed on 2024/03/04 11:16:24 -8:00

Devon Priddle

Sworn and subscribed in my presence this 4th day of March 2024.

Joshua Richardson

Signed on 2024/03/04 11:16:24 -8:00



Notarial act performed by audio-visual communication



Mortality

Description:

The Mortality dataset contains information regarding deaths of Ohio residents from 2007 to present.

Category:

Death Data

Last Updated:

3/1/2024

Contact:

VitalData@odh.ohio.gov

Details

Charts

Reports

Deaths that Occurred in Ohio - Report Builder

Filter Variables

Category

Variable

Values

Time/Location

Year

2021 **

* All Categories

Leading Cause of Death (

COVID-19 (U071)

+

Select Row and Column Variables

Rows

Category

Variable

Demographics

County

Optionally Select...

+

Columns

Category

Variable

Demographics

Sex

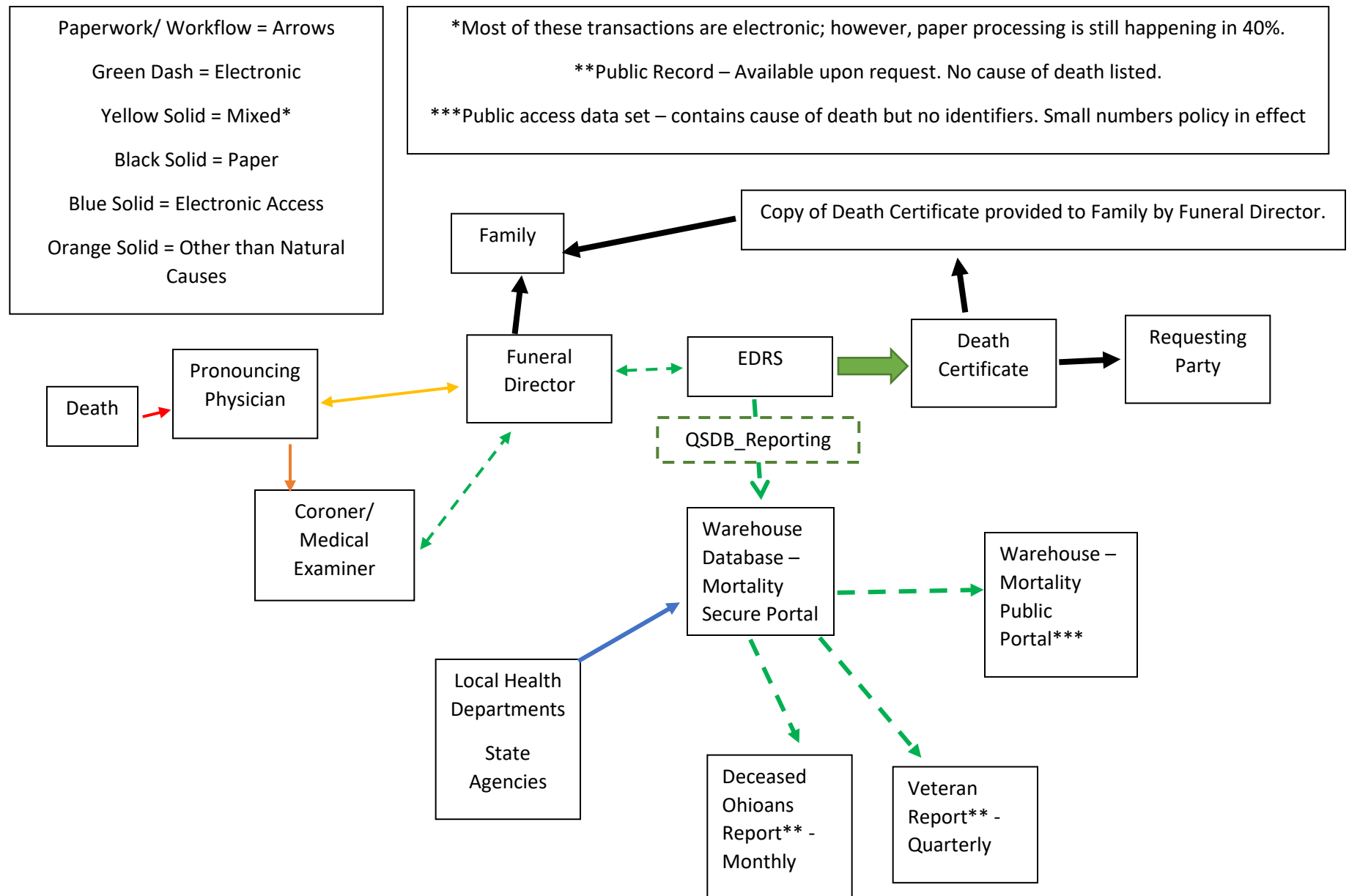
Deaths that Occurred in Ohio

List of data filters applied in this report:
for Year = (2021 **) , Leading Cause of Death (113) = (COVID-19 (U071)) , Occ State = (OH)

Sex
County of Residence

Sex	Female		Male		Unknown		Total	
County	Death Count	Age Adjusted Rate	Death Count	Age Adjusted Rate	Death Count	Age Adjusted Rate	Death Count	Age Adjusted Rate
Adams	44	222.6	43	258.4	0	N/A	87	235.1
Allen	100	143.8	115	193.1	0	N/A	215	164.6
Ashland	43	105.5	58	169.8	0	N/A	101	132.7
Ashtabula	80	110.4	137	215.3	0	N/A	217	156.4
Athens	28	79.1	46	164.2	0	N/A	74	114.4
Auglaize	42	108.0	43	150.2	0	N/A	85	127.6
Belmont	35	56.9	39	98.2	0	N/A	74	74.9
Brown	39	128.9	65	231.6	0	N/A	104	175.4
Butler	237	94.9	295	152.8	0	N/A	532	119.8
Carroll	43	180.6	38	199.4	0	N/A	81	188.5
Champaign	34	113.4	43	173.5	0	N/A	77	143.0
Clark	100	97.4	133	158.5	0	N/A	233	123.1
Clermont	145	102.3	141	120.1	0	N/A	286	109.3
Clinton	42	138.6	42	168.4	0	N/A	84	152.4
Columbiana	101	116.8	125	188.7	0	N/A	226	149.2
Coshocton	37	129.1	60	279.0	0	N/A	97	196.4
Crawford	45	123.0	53	193.9	0	N/A	98	154.6
Cuyahoga	792	77.5	876	123.5	0	N/A	1,668	98.8
Darke	52	120.8	44	127.2	0	N/A	96	122.8
Defiance	23	79.6	30	122.0	0	N/A	53	97.6
Delaware	60	49.4	70	68.3	0	N/A	130	58.2
Erie	41	65.0	69	127.3	0	N/A	110	93.1
Fairfield	98	92.5	122	142.5	0	N/A	220	112.5
Fayette	32	153.9	32	187.8	0	N/A	64	167.0
Franklin	470	63.8	579	105.6	0	N/A	1,049	81.3
Fulton	47	152.4	53	196.6	0	N/A	100	172.6
Gallia	18	94.1	30	170.3	0	N/A	48	124.7
Geauga	50	59.2	58	87.0	0	N/A	108	72.6
Greene	107	95.5	140	159.9	0	N/A	255	114.2

Ohio Death Reporting Process





Huwig Ex. 2 - Affidavit of Brian Fowler.pdf

DocVerify ID: 89D26294-5DA4-41C0-B95E-9376CDEC1F44
Created: March 04, 2024 08:15:19 -8:00
Pages: 5
Remote Notary: Yes / State: OH

This document is a DocVerify VeriVaulted protected version of the document named above. It was created by a notary or on the behalf of a notary, and it is also a DocVerify E-Sign document, which means this document was created for the purposes of Electronic Signatures and/or Electronic Notary. Tampered or altered documents can be easily verified and validated with the DocVerify veriCheck system. This remote online notarization involved the use of communication technology.

Go to www.docverify.com at any time to verify or validate the authenticity and integrity of this or any other DocVerify VeriVaulted document.

E-Signature Summary

E-Signature 1: Brian Fowler (BF)

March 04, 2024 08:50:00 -8:00 [88FEE6D5C2F1] [75.76.243.61]
Brian.Fowler@odh.ohio.gov (Principal) (ID Verified)

E-Signature Notary: Joshua Richardson (JR)

March 04, 2024 08:50:00 -8:00 [105A1A18DD66] [64.128.48.50]
Joshua.Richardson@OhioAGO.gov
I, Joshua Richardson, did witness the participants named above electronically sign this document.



IN THE SUPREME COURT OF OHIO

STATE OF OHIO EX REL.	:	
KATHRYN HUWIG	:	CASE NO. 2023-0936
	:	
Relator,	:	
	:	
	:	
OHIO DEPARTMENT OF HEALTH,	:	
et al.,	:	
	:	
Respondents.	:	

AFFIDAVIT OF BRIAN FOWLER

STATE OF OHIO
COUNTY OF FRANKLIN SS:

Brian Fowler, being first duly sworn, states as follows:

- I am the Chief of Public Health Informatics at the Ohio Department of Health (“ODH”), 246 North High Street, Columbus, Ohio 43215. I have been employed in this capacity and in various other roles in the Department since 2000.
- In my role as the Chief of Public Health Informatics, I work across the agency on initiatives related to public health informatics and data governance. One of the projects I oversaw until June 30,2023 was the Ohio Public Health Information Warehouse.
- I make this Affidavit based on my personal knowledge.
- In regards to death data maintained by ODH, the Affiant states:
 - The Electronic Death Registration System (EDRS) is used to record deaths which occur in the State of Ohio. If an Ohio resident dies in another state, that information is transferred to ODH.
 - Most, but not all, EDRS data, as well as out of state mortality data, is transformed through specially created programming and transferred daily to the ODH



EnterpriseDatawarehouseSecure database. This database is the information source for the Ohio Public Health Information Warehouse (“Warehouse”).

- C. After the data is transformed and transferred, the Warehouse contains individual-level data with multiple fields for each person whose death is reported through EDRS or from another state. The fields include multiple pieces of identifying information including, but not limited to, name, race, date of birth, and cause of death.
- D. The Warehouse is contained in a protected State of Ohio network space. Access to the secure module is controlled and limited through administrative and technical means.
- E. The Warehouse is accessed through a secure version (“Secure Portal”) and a public version (“Public Portal”). Access to the Secure Portal is limited to State of Ohio and local health department employees/contractors with an ODH/VS approved need for access.
- F. Access to the Secure Portal is also granted to researchers and other entities who have a legitimate need for the identifiable data when approved by the ODH Data Governance Council and/or Institutional Review Board (IRB). A legal agreement outlining parameters for the use of the data between ODH and the requesting entity must also be signed before access is granted.
- G. The “Public Portal” allows the public to access non-identifying, aggregated mortality data from EDRS data and data received from other states.
- H. Through the Public Portal, the public can select pre-determined categories that filter the accessible data to create tables and charts containing the number of individuals that fall within the pre-determined categories in a specific time period, geographic area, or demographic characteristic.
- I. The data in the Public Portal is displayed only in aggregated table or chart form. The data in the Secure Portal can be displayed as “line-level” data or in aggregate table or chart form.
- J. The Public Portal uses a filtering algorithm that suppresses counts and rates to the public when



certain conditions are met to protect the privacy of the individuals contained in the tables and charts using specially created programming to solely perform this specific task. The algorithm is based on the ODH Disclosure Limitation Standard, which is also known as the “Small Numbers Policy”.

K. The Disclosure Limitation Standard is attached to this affidavit as Exhibit 2A.

L. The attached Disclosure Limitation Standard is a true and accurate copy of the original which is maintained in the ordinary course of ODH business.

M. The Disclosure Limitation Standard and algorithm is intended to prevent “triangulation.” In this context, triangulation refers to overlapping different data points until the identity of the subject of the information is revealed to a reasonable level of confidence. The following are three published articles that illustrate how triangulation operates.

- i. L. Sweeney, “Simple Demographics Often Identify People Uniquely”. Carnegie Mellon University, Data Privacy Working Paper 3. Pittsburgh 2000.

<https://dataprivacylab.org/projects/identifiability/paper1.pdf>

- ii. B. Hayes, “Uniquely Me! How much information does it take to single out one person among billions?” American Scientist, March-April 2014, Vol 102, Issue 2,

<https://www.americanscientist.org/article/uniquely-me>

- iii. Latanya Sweeney. 2013. “Matching Known Patients to Health Records in Washington State Data.” Data Privacy Lab, IQSS, Harvard University.

<https://privacytools.seas.harvard.edu/publications/matching-known-patients-health-records-washington-state-data>

N. The programmed data suppression rule created in the Public Portal uses the following algorithm:

- i. The algorithm will find or calculate all totals related to the current cell – for each requested dimension – regardless of whether the displayed information is a column or



row arrangement.

- ii. If the cell value (numerator) is less than 25 then the cell is evaluated against each total following the “Denominator minus numerator is less than 10” formula.
- iii. If any one of the cells is less than 10, than the cell and all directly related subtotal and total locations are also suppressed.
- iv. “Zero” cell values are not suppressed.

O. The ODH Disclosure Limitation Standard has been in effect for 20 years.

P. The disclosure limitation is based on this concept: information is the meaningful organization of data. Individual data fields are meaningless. Data only becomes information when two or more data fields (or data points) are combined or “related.” Only when data becomes information can it be evaluated for confidentiality and other concerns. For example:

- i. “Bob” and “42” are data, but “Bob is 42” is information.
- ii. Similarly, “Bob” “HIV” and “positive” are meaningless as three individual datum (or data points), but “Bob is HIV positive” is PHI.
- iii. However, “Bob is positive” or “Bob is HIV” are incomplete and vague. It requires an ability to add the third element.
- iv. Finally, “HIV positive” is not PHI without the ability to link it to Bob.

Q. The identities of individuals with sensitive health data may inadvertently be discovered when small numbers within specific geographies and other demographic information are obtained and combined. For example:

- i. If an AIDS case data indicated there was one (1) Asian female between the ages of 30 and 35 in Noble County, Ohio, it might be calling out the only Asian female in Noble County.
- ii. While this example is simple, it illustrates the concern and the need to apply algorithms to suppress potentially identifiable results, particularly when releasing data publicly.



R. Because access to the Secure Portal is limited, it has not been programmed with software that applies a filtering algorithm such as the one applied to data in the Public Portal. New software and/or programming would be required to apply the filtering algorithm to the Secure Portal.

FURTHER AFFIANT SAYETH NAUGHT

Brian Fowler

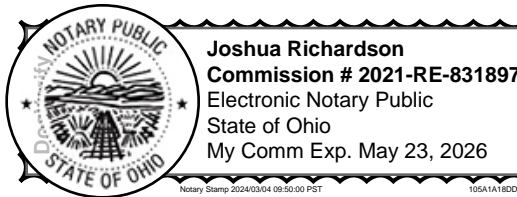
Signed on 2024/03/04 08:50:00 -8:00

Brian Fowler

Sworn and subscribed in my presence this 4th day of March 2024.

Joshua Richardson

Signed on 2024/03/04 08:50:00 -8:00



Notarial act performed by audio-visual communication



OHIO DEPARTMENT OF HEALTH DATA METHODOLOGY STANDARDS FOR PUBLIC HEALTH PRACTICE

Disclosure Limitation Standard:

Tabulations of confidential Ohio Department of Health data shall be suppressed when the table denominator value minus the table numerator value is less than 10.

A. Overview/Summary of Standard

The standard is adopted to limit disclosure of confidential personal information when tabulating confidential information for the public. A table generally includes the following components: a numerator, a denominator and a rate calculated from these two quantities. The numerator is usually a count of persons with some trait or condition. The denominator represents the population of persons from which the numerator was drawn and may or may not be shown in the table. The table rate allows for comparison across denominator populations. The key feature of the standard that allows public release of tables is the existence of a critical minimum number of persons (10) without the trait or condition among the population of interest. If the denominator minus numerator is at least 10, then we judge the likelihood of identity disclosure to be sufficiently small so as to allow for publication of the table. Non-confidential information need not hold to the standard. The standard is not a test of statistical reliability.

B. Rationale/Description of Problem

This standard has been developed to protect the confidentiality of personal health information released by ODH. As public health workers we have an ethical and legal obligation to provide such protection. This protection will help to ensure that providers of these data continue to participate in these data collection activities.

The disclosure limitation issue is one of numerators and denominators, or of cells in a table. Numerators are typically the cases in a public health statistic and denominators are the population from which the cases arise. In tabular data, one can think of a specific cell as the numerator and the row total as the denominator. The characteristic defining the frequency cells or defining the case is often confidential. The risk of disclosure is greatest when the denominator is small and the ratio of numerator to denominator is high. Small denominators are common in tabulations for smaller geographic areas and for subpopulations (e.g., narrow age ranges, race groups, ethnic groups, small geographic areas). In situations with many cases drawn from a large pool of potential cases the risk of disclosure is small.

We usually report data for fairly large populations (e.g., County). Sometimes we need to report data for smaller areas such as census tracts or neighborhoods or for subpopulations (e.g., race groups). These data for small populations are often exactly what data users need to do their public health work of preventing disease and injury. With this standard, ODH has balanced disclosure limitation objectives against a responsibility to disseminate public health information to a wide variety of users and at a geographic and subpopulation level that supports public health work. In developing a disclosure limitation strategy, ODH has balanced the benefits and risks of cautious vs. liberal approaches to data release. On one hand, a cautious approach would suppress more tables based on small numbers and prevent misuse of the data. On the other hand, a liberal approach would disseminate more tables for the widest possible use at greater risk. The standard ODH has chosen for disclosure limitation is a result of how it weighs the relative benefits of (i) preventing misuse of data and (ii) disseminating data to users.

Local health departments, as the principal public health practitioners in the field, have greater access to detailed confidential information than other users. Tabulations compiled for Local Health Departments and for other program-approved users need not abide by the data suppression methodology outlined in this standard. Those approved users must, however, abide by the ODH standard when they re-release

ODH tabulations to the public. Granting greater access to these users presents an added concern of preserving disclosure limitation at a level removed from ODH, and over which ODH has limited control.

The standard has been extensively discussed in the Data and Research Policy Committee of ODH. The standard applies to all tabulations of departmental confidential data, including those produced automatically over the internet in the Information Warehouse. The standard does not apply to the release of observation-level datasets to approved users, except that those users may be expected to adhere to the tabulation standard when producing public reports.

C. Guidelines for Implementation of the Standard

Understand what is confidential A complete and up-to-date listing of confidential datasets and data elements is an important component of this disclosure limitation standard. Research staff must understand which data elements in each dataset are protected by this standard. The standard does not apply to non-confidential datasets, although ODH may at times wish to prevent disclosure of sensitive information from the non-confidential datasets.

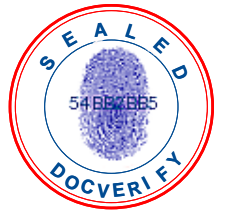
Define the numerator(s) and denominator(s) Clear understanding and definition of the numerators and denominators in a table is critical for correct application of this standard. Program research staff must determine in advance which elements of a table represent numerators and which represent denominators. For example, a county low birth weight rates table is a series of 88 low birth weight numerators and total birth denominators (one set for each county). A table of pre-term babies by age is a series of age-specific counts of pre-term birth numerators and age-specific total birth denominators (one set for each county). Some indicator tables don't have clear single numerators. For example, in a county table of mother's marital status one must specify whether the married count or the unmarried count or both counts represent numerators. A different sort of numerator/denominator pair occurs when the very existence of a person in a database is confidential. An example of this is the induced terminations registry. A table of abortion rates by county would have abortion counts as the numerator and the population of women as the denominator.

Assess the impact of applying the standard to a table Once the numerator and denominator are defined, researchers should determine which rows in a table will be suppressed based on the standard. If no suppression is dictated then a single table will meet all needs for the table. If suppression is required the researcher may need to maintain a public version of the table as well as a confidential version for approved users. Researchers should also assess whether suppressed numbers in a table can be calculated from unsuppressed numbers in the same table. Also, researchers need to be aware of other tables already published that may be used to determine suppressed values by subtraction.

Consider changes to tables to increase dissemination of public information There are several strategies available to reduce data suppression in tables. Since disclosure risk is highest when tables include small denominators, researchers should consider aggregating smaller denominators into fewer and larger denominators. For example, researchers might combine multiple years of data together to increase the counts in table cells. A similar strategy would be to group geographic areas together. For example, if a census tract table is overly suppressed perhaps a zip code table would be adequate to represent the geographic variation in a health indicator. Another example in an age-specific table would be to re-define age into broader categories.

Release data in multiple customized formats when necessary Some population groups are important to public health but inherently small in size. For example, teen mothers or Hispanic mothers as denominator groups often lack sufficient observations to pass the standard for County level or City level tables. Researchers should consider special reports to allow for release of important public health statistics for smaller groups that are overly suppressed in automated tabulation systems.

Reference: The "denominator – numerator at least 10" rule was originated by Garland Land, Missouri Dept. Health. He presented the rule at the NAPHSIS/CDC Assessment Initiative Conference in January, 2002 at Minneapolis.



Huwig v ODH Affidavit of Brian Napier Final.pdf

DocVerify ID: 54BB2BB5-7C58-49C7-8D6F-46263CA10E36
Created: March 04, 2024 10:39:04 -8:00
Pages: 4
Remote Notary: Yes / State: OH

This document is a DocVerify VeriVaulted protected version of the document named above. It was created by a notary or on the behalf of a notary, and it is also a DocVerify E-Sign document, which means this document was created for the purposes of Electronic Signatures and/or Electronic Notary. Tampered or altered documents can be easily verified and validated with the DocVerify veriCheck system. This remote online notarization involved the use of communication technology.

Go to www.docverify.com at any time to verify or validate the authenticity and integrity of this or any other DocVerify VeriVaulted document.

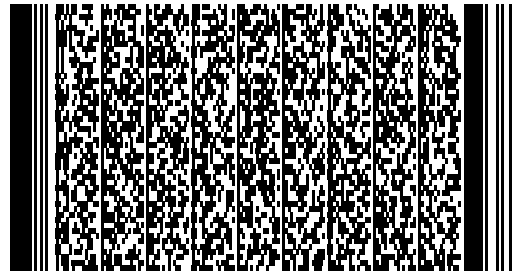
E-Signature Summary

E-Signature 1: Brian Jackson Napier (BN)

March 04, 2024 11:20:39 -8:00 [1B7866806309] [156.63.69.80]
brian.napier@odh.ohio.gov (Principal) (ID Verified)

E-Signature Notary: Joshua Richardson (JR)

March 04, 2024 11:20:39 -8:00 [894C8D99306B] [64.128.48.50]
Joshua.Richardson@OhioAGO.gov
I, Joshua Richardson, did witness the participants named above electronically sign this document.



IN THE SUPREME COURT OF OHIO

EXHIBIT

3

STATE EX REL. KATHRYN HUWIG :
 :
 Relator, : CASE NO. 2023-0936
 :
 v. :
 :
 OHIO DEPARTMENT OF HEALTH, :
 ET AL., :
 :
 Respondents. :

AFFIDAVIT OF BRIAN NAPIER

STATE OF OHIO

COUNTY OF FRANKLIN SS:

Brian Napier, being first duly sworn, states as follows:

1. I am the Immunization Information System Manager of the Ohio Department of Health's Bureau of Infectious Disease ("ODH/BID"), 246 North High Street, Columbus, Ohio 43215. I have been employed in this capacity since 2012.
2. In my role as the ODH/BID Immunization Information System Manager, I manage staff coordinating use of the system and ensure information is protected according to federal and Ohio laws, as well as with ODH policies.
3. I make this Affidavit based on my personal knowledge.
 - A. The Ohio immunization registry, known as Ohio Impact Statewide Immunization Information System (ImpactSIIS), is a voluntary, person-based, system designed to serve the citizens of Ohio.
 - i. Healthcare providers may enter immunization data into ImpactSIIS with the patient's consent.
 - ii. The system then serves as a convenient record for the patient to use with providers, schools, WIC, and managed care organizations.
 - iii. The records are organized by the patient's name.
 - iv. The immunization records contained in ImpactSIIS are created by providers related to

54BB2BB5-7C58-49C7-8D6F-46263CA10E36 --- 2024/03/04 10:39:04 -8:00 --- Remote Notary



the health condition of the patient (immunized) and to assist in their continuity of care, which benefits patients.

- B. ImpactSIIS is designed and programmed to solely provide access these immunization records.
- i. Access to ImpactSIIS is controlled and limited through administrative and technical means.
 - ii. Access to ImpactSIIS is limited to authorized State of Ohio and local health department employees.
 - iii. Non-public health individuals with access are healthcare providers, pharmacists, and school nurses.
 - iv. ImpactSIIS does not have a “report building” function.
 - v. ImpactSIIS does not have a public interface or portal.
- C. Through August 2023, all COVID-19 vaccines were provided by the United States government free of charge.
- i. The United States government required COVID-19 vaccine providers report patient information for administered COVID-19 vaccines.
 - ii. ODH used ImpactSIIS to capture the patient information required by the federal government.
 - iii. Once captured, ODH transferred deidentified information to the United States Centers for Disease Control and Prevention (CDC). Patients consented to this reporting when they consented to administration of the vaccine.
 - iv. Specialized software was used to write Structured Query Language queries to extract relevant information for CDC, transform the data into the format requested by CDC, and export a daily file.
 1. Nearly 16 million doses of COVID-19 vaccine have been reported to ODH as administered in Ohio in 2021.
 2. As many as 37 fields of data for each dose of COVID-19 vaccine administered in Ohio are provided to the CDC. The fields include Protected Health Information such as a personal identification number. The fields included in the CDC reports do not include the patient’s name, address, or zip code.
 3. Beginning December 2020 until June 2022, the transfer occurred daily per CDC requirement.
 - v. Vaccine providers in Ohio are not required to report other vaccinations to the state system.



- vi. Beginning September 2023, COVID-19 vaccines have been made available through the commercial marketplace.
 - vii. The federal reporting mandate was lifted with the commercialization of COVID-19 vaccinations.
- D. ImpactSIIS is not programmed to create a report containing the information requested by Huwig.
- i. The data in ImpactSIIS is maintained and organized in relation to each patient.
 - ii. The reports provided to the CDC are automatically generated and do not contain nine of the fields that Ms. Huwig requested, such as patient's zip code and patient's date of death.
 - iii. Ms. Huwig's May 2023 public records requests sought data that constitutes Protected Health Information, such as a personal identification number and health conditions that made the individual eligible to receive the vaccine in early distribution phases. The administration of the COVID-19 vaccine itself is a treatment that constitutes Protected Health Information.
- E. To provide the report requested by Huwig, ODH/BID would be required to use specialized software such as "SQL" (Oracle SQL Developer software) to extract and organize information and exclude Protected Health Information from ImpactSIIS.
- i. The file would be so large that the query could not be run against the registry as it would negatively affect the users of the system while the program was running. Instead, ODH would be required to pull the information from a recent copy of the data on the State's servers. SQL software would then be used to program a query to create the customized report. For the data to be readable to a non-SQL user, the Bureau would then be required to transfer this data to another format, such as a .csv file (similar to a Microsoft Excel spreadsheet).
 - ii. Due to the size of the file, it would likely be too large to be transferred to a Microsoft Excel document, and would be too large to email. The file would need to be transferred to a secure server, and Ms. Huwig would need to obtain a login and password to download the report from that server.
- G. The report requested by Huwig does not exist and if created solely for Huwig would have no operational or administrative value for ODH/BID as it does not document the organization, functions, policies, decisions, procedures, and essential transactions of ODH/BID.
- H. ODH also maintains a COVID-19 Vaccine Dashboard that is available to the public at the following link: <https://data.ohio.gov/wps/portal/gov/data/view/archived-covid-19-reporting>.



- i. This dashboard provides de-identified and aggregate data relating to COVID-19 vaccinations administered in Ohio. Members of the public can select different variables, such as counties, dates or demographic categories, to view different sets of data including the number of people who have had at least one dose of COVID-19 vaccine, completed a second dose, or received booster doses.
- ii. Members of the public can also download a document from the COVID-19 Vaccine Dashboard that shows the raw data underlying the charts and tables on the Dashboard. The document is an Excel spreadsheet that contains over 95,000 line items with seven columns, listed in order by County and then date.

FURTHER AFFIANT SAYETH NAUGHT

Brian Jackson Napier

Signed on 2024/03/04 11:20:39 -8:00

Brian Napier

Sworn and subscribed in my presence this 4th day of March 2024.

Joshua Richardson

Signed on 2024/03/04 11:20:39 -8:00



Notarial act performed by audio-visual communication

