

**From:** (b) (6)  
**Sent:** Wed, 11 Mar 2020 06:15:22 -0400  
**To:** NIAID Public Inquiries  
**Subject:** Fwd: Prevalence of smoking, and reported mortality rates in COVID-19

Sent from my iPhone

Begin forwarded message:

**From:** Charles Knight (b) (6)  
**Date:** March 10, 2020 at 10:40:45 PM EDT  
**To:** "Fauci, Anthony (NIH/NIAID) [E]" (b) (6) >  
**Subject:** Prevalence of smoking, and reported mortality rates in COVID-19

To whom it may concern:

I assert that the frequency of clinically significant disease, as well as severe disease and mortality of COVID-19 is much higher in smokers, as is the case with any pulmonary infection, such as influenza, or bacterial pneumonia.

This is clearly in addition to that due to the prevalence of elderly and immunocompromised patients; but smoking status overall may be a more significant risk factor for clinically significant disease.

In listening to the news media, smoking has not been addressed as a significant risk factor for disease.

I would suspect that smoking is at least one reason that such a high mortality has recently been seen in Italy, and China, and I expect that mortality rates, as well as rates of clinically significant cases, will also be increased in other populations with increased prevalences of smokers, and strongly associated with the prevalence of smoking in the given population.

Of course, the reporting of severe disease will be modulated by the effectiveness of the given population in containing the virus, as well as the effective reporting of clinical disease within the community, whether severe or not.

In listening to the news media, smoking has not been addressed as a significant risk factor for disease. I think that it should be addressed.

One wonders if it could be a modifiable risk factor, at least in certain patients (such as those who have not smoked for very long).