To date, the University of Florida (UF) and the College of Medicine (COM) have maintained that Dr. Joseph Ladapo's actions and statements as Surgeon General are independent of his role as a tenured professor of medicine at UF COM. While Dr. Ladapo has the right and responsibility to develop public health policy as the state Surgeon General, he must simultaneously uphold the expectations and responsibilities of a tenured professor. All UF COM faculty, regardless of other positions, are bound by UF Regulation 1.0101, Research Integrity (UF Research Integrity Policy). At the request of COM faculty and with the support of the UF COM Faculty Council, a committee was formed to determine if Dr. Ladapo has violated principles of research integrity according to UF standards.

The general principles of the UF research integrity policy are set forth in Section 3.B. Notably, Section 3.B.3 notes that "careless, irregular, or contentious research practices... may not meet the standard for research misconduct but may be a research integrity violation."

On October 7, 2022, Dr. Joseph Ladapo, announced new guidance from the Florida Department of Health (FDOH) recommending against vaccination with COVID-19 mRNA vaccines for males aged 18-39 years of age. As a basis for this recommendation, Dr. Ladapo put forward an analysis of FDOH surveillance data suggesting an increase in cardiac death risk amongst males aged 18-39 who had received the COVID-19 mRNA vaccine. The process of releasing this non-peer-reviewed, unauthored report, which Dr. Ladapo notes served as a key driver for his accompanying COVID-19 vaccine guidance, may have violated Section 3B.3 of the UF Research Integrity Policy for the following reasons:

- Reports the relative incidence (RI) estimate for cardiac death among males, ages 18-39, as statistically significant, when the estimate would likely be non-significant if routine, standard corrections for multiple tests were used. (The lower bound of the confidence interval for RI is 1.05; it is highly likely that this confidence interval would include 1.00 if standard statistical practice were followed and corrections for multiple tests were done.) Using such a tenuous finding ("as such" in the guidance) as a basis for major public policy guidance is careless, irregular and contentious.

- Uses a method that cannot usefully inform public policy. This is because policy recommendations must be based not only on the risks of public health programs like vaccination, but also its benefits. The fundamental problem with his using the Self-Controlled Case Series (SCCS) method as a basis for recommending against vaccinating a specific age/sex group is that it only estimates the risk of vaccine-associated mortality without estimating the benefit of vaccination due to averted mortality from COVID-19.

- While Dr. Ladapo’s guidance refers to "available data," implying the possibility that additional data were used besides his non-peer-reviewed analysis, no references to published or unpublished reports are given which show the risks of adverse outcomes
from COVID-19 vaccination that are greater than the benefit of averted COVID-19 resulting from vaccination. It is careless and irregular to refer to "available data" as supporting a research conclusion without providing references to the evidence.

- The analysis appears to have engaged in cherry picking. It is statistically dangerous to create a hypothesis based on retrospective analysis of a dataset and then test it on the very same data, as this presents a major risk of selection bias. Unbiased analysis would require the prospective creation of a hypothesis, and testing it on a totally independent dataset that was not used in the creation of the hypothesis. The analysis as reported is careless and irregular in this regard.
- Even taking the reported statistical results on face value, the finding of an increase in cardiac mortality is emphasized by Dr. Ladapo as evidence of vaccine-induced mortality risk, without highlighting that there is no increase in all-cause mortality following vaccination. This is careless and contentious research practice.

In summary, our committee has found that Dr. Ladapo's guidance is based on a finding that is likely insignificant once appropriate statistical corrections are made for multiple tests, fails to compare risks of vaccination with its benefits in terms of averted COVID-19 deaths, and fails to acknowledge generally the societal benefit of reduced illnesses, hospitalizations, and deaths provided by vaccination for all eligible Floridians. Indeed, based on an analysis that is seriously flawed for the reasons enumerated above, Dr. Ladapo makes policy recommendations that are in direct conflict with those of every other major U.S. scientific and public health organization, which are based on published studies that contradict his finding.

The committee has concerns that Dr. Ladapo may have violated the Section 3.B.3 of the UF faculty policy on research integrity and has asked the University of Florida College of Medicine Faculty Council to refer the matter to the University of Florida Research Integrity Officer (RIO).

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