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CSTE-CDC COVID-19 Core Epi Workgroup Meeting:

Date:	**Wednesday June 1, 2022**
Start/End Time:	1:00-2:30p

CSTE-CDC Core Epi COVID-19 WG Meeting Minutes

#	Topic	Items
1.	Introductions	**Open and Welcome – Katie Brown, MA**

2.	Under-5 Vaccine Planning	Under-5 Vaccine Planning – **Kevin Chatham-Stephens, CDC**
		• FDA VRBPAC date on 6/ 15th to review Pfizer (3-dose primary series for 6 mos through 4 yrs (under 5 yrs)) and Moderna (2-dose series for 6 mos through 5 yrs (under 6 yrs))
		• ~20M children in this age group nationally
		• Trends expected (KFF data): Some parents will get children vaccinated right away
		• For 5-11 years - ~1/3rd given in pharmacies, some in school clinics
		• For this age, less vaccine admin expected in those areas, more with trusted HCPs
		• Pharmacies will still play a critical role, esp for evening appts
		• ~22,000 facilities willing to administer vaccine to this age group, which will cover ~85% of children <5 years living - within five miles of a vaccine provider
		• Early childhood education are critical partners for dissemination of vaccine messaging and for linkage to vaccine providers and may co-host a vaccine clinic along with vaccine provider partners, similar to schools
		• WIC and SNAP are key partners as well
		• CDC published an operational planning guide ~2 wks ago and will publish an updated version re: ordering when appropriate
		  ○ Operational planning guide: https://www.cdc.gov/vaccines/covid-19/downloads/Pediatric-Planning-Guide.pdf
		• CDC has also sent out a 'dear colleague letter' to VFC providers
		• CDC has produced communications materials for vaccine providers
		  ○ Quick conversation guide: https://www.cdc.gov/vaccines/covid-19/hcp/pediatrician/quick-guide.html
		  ○ A shift in messaging from 'don't waste a dose' to 'don't waste an opportunity'
		• CDC has developed vaccine confidence bootcamps for schools nurses, and other HCPs
		• Discussion:
		  ○ STLTs need messaging re: Pfizer 3-dose versus Moderna 2-dose primary series with potential booster later to assist vaccine providers in roll-out (for instance, which should HCPs recommend?)
		  • The VRBPAC and ACIP discussions and recommendations are pending
		  ○ HCPs need single dose vials
		  • Continue to message need. Hoping for single dose vials in the future.
		  • Part of the normalization of the COVID-19 vaccine program.
		  ○ Some STLTs can't vaccinate in this age group, therefore, messaging needs to be directed to HCPs. Some HCPs aren't comfortable given the complexity. The more we can decrease barriers to vaccinate in HCP settings, the better.

		• CDC surveyed VFC providers and relaxed reporting requirements on inventory from daily to weekly. • Continuing to work on other tools for clinicians, such as the quick communication guide. ○ Many parents may take the 'wait and see approach' or wait until the Fall/school, as COVID-19 surges. Should develop messagin for when pts go to WCC visits, flu vaccine to align messaging and recommendations with annual flu vaccines, for the second wave of getting young children vaccinated. ○ Add messaging re: likely a booster will be needed later to set expectations ○ Recommend packaging of doses with messaging for HCPs: • "Don't waste a dose" vs. "don't waste an opportunity." • CDC has started and it is included in the operational guide • STLTs report saying this for some time, but HCPs still hesitant to waste vaccine • "Jurisdictions and providers should not miss any opportunities to vaccinate every eligible person who presents at a vaccination site, even if it means puncturing a multidose vial to administer vaccine without having enough people available to receive each dose." ○ Normalizing is more complicated for COVID-19 vaccination which has the distinctive social/political overlay of resistance in a large proportion of the population. State school vaccination recommendations have avoided including COVID-19 out of concern that adding this vaccine could create pressure to roll-back other required vaccinations. ○ Feedback: • Acceptance rates decreased as age decreases • Approving both Moderna (<6/2 doses) and Pfizer (<5/3 doses) will be confusing but overall, having choice is beneficial • Loss of HRSA funding will make vaccine access more challenging • Less programmatic enthusiasm re: the benefit of the vaccines in light of new variants – need as clear a picture of this as possible • Children this age are getting a lot of other vaccines ○ Sharing survey results performed in NYC: • More than half of respondents with children ages 6 mos to 17 yrs said they trust their child's pediatrician/HCP a great deal (62%) to provide information about COVID-19 vaccines for children. • Schools and daycares were felt to be a reliable source of information • Half of parents with children ages 6 mos to 4 yrs wanted their children to get a COVID-19 vaccine when it becomes available (52%). • 50% of parents with children ages 6 mos to 4 yrs said they would prefer to get their child vaccinated at a HCP's office. ○ This is a link to a NM survey on vaccination https://csp.unm.edu/covid-19/nm-parent-vaccination-survey-exec-summary.pdf
3.	COVID-19 Community Level Reports & Proposed Changes to Reporting Schedule	COVID-19 Community Level Reports & Proposed Changes to Reporting Schedule – **Steve Terrell-Perica and Adam Langer, CDC** • Received responses generally *not* in favor of changing schedule from being calculated and updated on Thursday weekly to Wednesday

		• Requesting feedback on changing the schedule and in what ways CDC can improve local agency involvement and awareness - at both local and SDOH? • STLTs previously updated SDOH websites every Wednesday for CDC to update on Thursday. Now STLTs would need to move to Tuesday for CDC to update Wednesday. • Draft report would be sent out to states and LHDs on Wednesday for Thursday updates, with 24 hours' notice, but would then need to evaluate data Wednesday. Majority of feedback thus far were not in favor. • Some STLTs report not synchronizing reporting with this report. At this point in the pandemic, these metrics are having less effect on behavior or policy. Although STLTs support making data available and CDC has evolved data tools in constructive ways. • Some STLTs are moving to work to weekly dashboard updates but will not synchronize with CDC. • Therefore, given feedback, likely CDC will keep reporting on Thursdays. • Some STLTs report that they would like CDC to use the most current case information possible, so let STLTs know when it is needed and they accommodate. • Discussion re: whether this needs more discussion to solicit further feedback. • CSTE sent an email to State Epis/CLUE last wk (5/24) for feedback to Steven/CDC. • Also, CDC is interested in feedback on the CCL reports that they have started to send out on Thursdays weekly on how to improve and make them more useful ○ Generally positive feedback thus far

4.	Revised CSTE Interim Classification of COVID-19 Associated Hospitalizations	Revised CSTE Interim Classification of COVID-19 Associated Hospitalizations – **Liz Dufort, Hutton Health Consulting and Marci Layton, CSTE**
		• Surveillance Framework document was approved by the Executive Board and was sent out to partner organizations, awaiting feedback. Hoping to post it soon. CDC document is complementary and will not be conflicting.
		• Received a few last-minute comments on the Hospitalization document and finalizing this document as well.
		• Few final questions and reviewed current definition for COVID-19-associated hospitalizations:
		  ○ *A patient with a positive SARS-CoV-2 laboratory test* specimen collection date** within the time period that begins 14 days before and ends 3 days after the hospital admission date.****
		  ▪ **Evidence of a positive SARS-COV-2 test by at least one of the following methods:*
		  • *Nucleic acid amplification test (NAAT)*
		  • *Antigen detection testing*
		  ▪ ***The specimen collection date should be of the SARS-CoV-2 test used to define the case.*
		  ▪ ****Where available, STLTs may include patients who have a positive SARS-CoV-2 test anytime during hospitalization.*
		  ○ Discussion of at-home testing:
		  ▪ STLTs wanted consistency on whether we include those with at-home testing who are then hospitalized or not. One STLT reports only a few hospitals have not repeated SARS-CoV-2 testing and have used the at-home test as evidence of infection. Some STLTs count these cases

		in their state and some do not. If not counted, would need to match with ELR and removed them from direct hospital reporting. ▪ Some STLTs are concerned we could undercount COVID-19 hospitalizations if at-home testing is not included. ▪ STLTs are in favor of consistency in both places with case definition and hospitalization definition. ▪ If not changed, it is guidance, and STLTs can always do more or less. ▪ Consensus is to not change it and to leave the definition as it is. ○ There are three different hospitalization metrics for COVID-19. Feedback that currently the document mentions all three of these, but this can be confusing to the audience. We could add a statement mentioning that we know there are three definitions out there and acknowledge and explain why there are three. Discussed whether the document should state which STLTs should use on their public dashboard or not cite a preference. ▪ Feedback that this document should not cite a preference but rather state that the document should recommend STLTs make clear which definition is being used on dashboards. Since this is not a position statement, more flexibility for jurisdictions may be appropriate, but at least recommend clarity on what is being posted. ▪ Some STLTs feel case incidence level reporting is more useful than facility-level reporting. ▪ Additionally, some STLTs display multiple metrics, so agreement that the document should not express a preference. ▪ Consensus that CSTE can clarify that there are different metrics and add, if reporting publicly, the definition used should be included as a footnote to the dashboards. Which definition to use should be up to each jurisdiction.
5.	Vaccine Breakthrough Data	Vaccine Breakthrough Data • Vaccine breakthrough data by vaccination booster dose status versus unvaccinated case rates are unexpected and likely impacted by confounding or bias in data that we are unable to control for • Poll for STLTs on how STLTs have addressed this issue: A explanatory disclaimer, removed data from public dashboards given data confounders/bias issues, or added modifiers/adjustments to address confounding or bias • Some STLTs have seen this issue in the data since mid-March and addressed questions when raised, but still post it online • STLTs report confusion on how 'up-to-date' vaccination status is interpreted. • Quick review of STLTs approaches on this issue: ○ 13% of STLTs never posted case rates by vaccination status ○ 13% post case rates by vaccination status and added a disclaimer regarding inaccuracy or difficult in interpreting data ○ 25% stopped reporting some or all data for case rates by vaccination status ○ 50% 'other' ▪ No change, report case rates by vaccination status. ▪ A comment in technical notes, but not with figure. ▪ Continue to report, had questions about it, and addressed them.

6.	Future Topics	**Future Call Topics and Tentative Agendas** (to transition to biweekly)
		• 6/15: CDC Center for Forecasting & Outbreak Analytics (CFA) – data needs, addressing key epi questions; data sources (NSSP, immunization, ELR, etc.)
		• (Date TBD)
		  ○ Long-COVID/Post-COVID Conditions Surveillance Strategies
		  ○ Vaccine Planning for Fall, including future booster recs (CDC VTF)
		  ○ CDC CCLs Evaluation (compared to other surveillance indicators)
		  ○ CSTE Death Classification Guidance Update

Action Items

#	Activities/ Deliverables	Action Item/Responsible	Due Date	Status
1.	Revised COVID-19 Associated Hospitalizations Definition	☐ CSTE will make revisions based on today's discussion ☐ **Please send any further edits or comments to Marci Layton (mlayton@cste.org)**	6/15/22	Pending
Next meeting: Wednesday 6/15/22 1-2:30p Eastern				