CSTE COVID-19 Consultancy Project

CSTE-CDC Core Epi COVID-19 Mtg Minutes & Action Items:

Date:	**Wednesday April 6, 2022**
Start/End Time:	1-2:30p

CSTE-CDC Core Epi COVID-19 Mtg Minutes & Action Items

#	Topic	Items
1.	Introductions	• Open and Welcome – **Ben Chan (NH)**
2.	CDC COVID-19 Community Levels (CCLs)	• **Discussion on jurisdictional implementation of CDC CCLs - Greta Massetti, Ally Binder, and Arron Maitland, CDC** *1. Updates from CDC:* a) Some counties have had some data reporting issues and CDC is now building in some time to review data before it gets published on the website each Thursday. b) Some counties with true signals, however, and not all changes in levels are due to reporting anomalies. c) Rural county data issues – wants to hear from CSTE members about solutions that can be replicated by other jurisdictions. 2. *Summary of Comments/Discussion* a) Data source quality and timeliness i) MA – could some of the problem be that CDC is continuing to rely on the web scraping data activity. Is CDC beginning to use the data that states are reporting regularly? ii) CDC - Most of county data does come from web scraping, there are a handful of counties that are reporting directly. CDC does handle dumps of data by working with counties to correctly record submissions of data backlogs. Sometimes these slip through like with some counties in GA this week. iii) Date of report vs. date of occurrence – to standardize across the country CDC needed to move to date of report. iv) CDC goal is to move to using NNDS data from all jurisdictions, but it only represents about 80% of data that are reported in aggregate. Some states still have large backlogs and CDC is not yet able to rely upon this data source yet. One jurisdiction has not reported NNDS in over one year. v) Could CDC use NNDS as the best source for states that provide that and continue scraping for others. Maybe CDC could just use the best data source that it has for each jurisdiction whether NNDS or web scraping. (1) CDC would need much more staff to maintain data reporting source that was variable by jurisdiction. There are variations in each data feed and each jurisdiction that need to be understood. (2) Public reporting of data source being used could help put positive pressure on jurisdictions to improve reporting of NNDS data, although concern that this could result in negative impression for public health yet again.

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		vi) Could more of these issues be included in footnotes on the CDC website***. CDC may share a document with all of these footnotes for CSTE to review.*** vii) CDC does review hospital data to determine counties shifting to a higher category of community level. Data processes in place and CDC does reach out to facilities to attempt to resolve issues before anything gets published on Thursday update. Sometimes very small changes can cause a shift in the level. CDC reviewing each week counties that have changes in levels to assess whether it could be a data quality issue. CDC is also reviewing whether they can provide States with data each week that describes the changes occurring in each state. viii) CDC monitoring data quality daily – liaisons reach out to states when facilities are delayed or not reporting. Difficult to fix prior data issues because some facilities don't resubmit corrected data. Will work with state and county health departments to address data quality issues that may be contributing to changes in community levels. (1) ***Can CDC share the list of contacts that they are using in each state to follow-up on data reporting issues?*** Important to loop in public health in each state because CDC appears to be reaching out directly to counties or facilities. States may be able to assist by providing data files that are corrected or help clarify what may be going on. (2) ILI data reporting process shared as an example for a process to use to post data, allow states to review, before making it public. b) Making data behind the community levels more transparent on the website. i) NH- 3 of 12 counties went from low to medium community level but did not appear to have true increases in hospitalizations. Difficult to understand what data was driving change in levels (e.g., did one facility have a data dump or were low numbers the reason for the change?). ii) Which of the metrics is causing the shift in levels is available on COVID data tracker but it could maybe be displayed more clearly or made easier to find. c) Stability of data used in metrics i) Maybe using larger geographic areas such as regions in a state could help make numbers more stable. ii) NM - when you shift to reporting based on NAAT only, some counties don't have any data for percent positivity). Attribution of hospitalizations to small counties can also be a problem and can cause a change in levels when not a true increase in level. ***iii) Request to show CDC community levels at the state level or other larger geographic area in addition to the county level.*** d) Evaluation of data sources such as the data used for community levels as well as wastewater and syndromic surveillance. i) Has there been any assessment of reliability/stability of data sources used for transmission levels (e.g., relative standard error for these metrics being used -and don't report the levels if RSE is too high)? ***ii)*** CDC did do a lot of work to assess different data metrics before settling on the three that were selected. Has not been able to use ED admissions because data quality was not good in some states. ***CDC will see whether Greta and staff could come back for a future call to share more about the work that was done to select these three metrics***

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		iii) Emergence of at home rapid testing contribute to need to evaluate the data being used for community levels iv) Struggle with how community levels are informing individual level recommendations as maybe these are more appropriate for healthcare facility actions. (1) CDC – intention with CCLs is to provide triggers for mitigation actions in the pandemic – targeted to local public health. v) Have heard CDC say "as community levels change – refer to local health guidance…" However, seems that these are changing so rapidly. Very confusing messaging overall. Regionalization may help stabilize these as opposed to county levels and make them less confusing to public. vi) Does CDC-DHQP have any plans to transition from old metrics to new metrics? (1) DHQP is reportedly working on an analysis to see how the new community levels could be used to help predict outbreaks in facilities. Work is ongoing. ***vii) CSTE may provide CDC with some thoughts about key questions that could be asked in an evaluation of the community levels.***
3.	Jurisdictional Experience Sharing & Open Forum Discussion	Dan NM – Shared some graphics. Boosters and vaccine break through cases. Have any jurisdictions looked at populations who get primary series only vs those who get boosters? 1) Seeing different pattern of case data among Omicron surge than with Delta and concerned that VE for population with boosters when you look at incidence by time since primary or booster dose. a. FDA VRBPAC presentation – slides looking at VE by 3 vs 2 doses. Other presentation of VE for 4th vs 3rd dose VE peaks at 4 weeks against infection and then drops off, but VE against severe disease seems to remain higher. b. CSTE - There has been striking data in NYC in this newer mini-wave seems to be concentrated in areas with higher SES. Not what we have seen earlier. They may have higher rate of boosters or less immunity from infection or relaxed protective measures more. c. CDC has been requested to come to Lab/Epi Thought Leaders call to discuss
4.		

Action Items

[From last meetings, until closed]

#	Activities/Deliverables	Action Item/Responsible	Due Date	Status
1.	Community Levels	☐ See bolded comments in notes above for follow-up actions for CDC and CSTE		
2.	Future meetings	☐ CSTE will work with Co-Chairs to finalize agenda for next week's Core Epi WG call ☐ CDC Leads for CDC Surveillance Framework slated to join next week's call ☐ NHSN and HHS Protect data – Seth Kroop from CDC slated to join next week's call ☐ Vaccine guidance and operations for planning for fall	4/12/22 4/13/22 4/13/22 4/20/22 or later	Pending
Next meeting: Wednesday 4/13/22 1-2:30p Eastern				