CSTE-CDC COVID-19 Core Epi Workgroup Meeting:

Date:	**Wednesday May 11, 2022**
Start/End Time:	1:00-2:30p

CSTE-CDC Core Epi COVID-19 WG Meeting Minutes

#	Topic	Items
1.	Introductions	**Open and Welcome – Ben Chan, NH**

2.	COVID-NET	**COVID-NET Follow-up Discussion to Hospital Surveillance Document Discussion on 5/4/22 – Fiona Havers, CDC**
		• COVID-NET is a large population-based surveillance system with more than 250 hospitals serving 99 counties in 14 states representing 10% of the U.S. population.
		• All 10 EIP sites and four influenza hospital surveillance program sites participate; Began in 3/1/20 and has info on more than 200,000 cases.
		• Population-based for laboratory-confirmed hospitalized cases
		• Current case definition
		  • Reside in surveillance area
		  • Positive test within 14 days prior to or during hospitalization
		• Charts reviews by trained Surveillance Officers using standardized case report form
		• Three primary objectives
		  • Provide timely age-specific rates of COVID-19 associated hospitalizations
		  • Describe clinical characteristics, impact of interventions
		  • Hospitalization rates adjusted for testing practices critical for future burden estimates
		• CDC has been getting a lot of questions recently on the hospitalized 'with' vs. 'for' issue
		  • Has developed an algorithm over time to help establish whether a COVID-19 associated hospitalization based on presenting complaint and other factors
		• Categorizes admissions based on chief complaint including labor and delivery, planned surgery, trauma, psychiatric admission requiring medical care (as examples)
		• Four MMWRs published since January 2022
		• Pre-Omicron a higher % of hospitalizations (90%) due to COVID-19 from 3/20-12/21. During 1/22-3/22 this dropped down to 70-80% of cases being admitted for respiratory illness.
		• More than 90% of older adults are admitted *for* COVID-19 as opposed to *with* COVID-19; children <12 85% admitted *for* COVID-19; 80% among 5-11 yr. olds.
		• Vast majority of laboratory-confirmed COVID-19 have respiratory illness and likely are hospitalized *due* to COVID-19 as opposed to with COVID-19
		• Marci – Framed questions that we have and want your help with.
		  • Mostly uses the COVID-NET time frame but have been wondering if we should still use 14 days before and after hospitalizations. Most jurisdictions are not COVID-NET sites. Are there any data from COVID-NET that could help us decide to shorten that 14-day time frame?
		  • CDC has looked at these data. <0.4% of cases have their positive test >14 days after admission, 0.7% test positive 8-14 days; (very few nosocomial cases, ~200 out of 200K, were >14 days after admission)
		  • ~75% meet case definition because of test day 0-3 before and after admission.
		  • An additional ~13% 4-7 days prior to admission
		  • An additional ~8% 8-14 days prior to admission
		  • ~85%-88% test positive between 7 days prior to admission and up to day 3 after admission
		  • ~96% of cases have their COVID-19 positive test in the first 3 days after admission or within the 14 days prior to admission.

		• For those admitted for other reason (L&D, surgery), they have a similar distribution (i.e., difficult to understand whether the timing of the test is related ot the purpose of the admission). Many of those admitted for another reasons tend to be more tightly clustered around day of admission due to SARS-CoV-2 screening. • Ruth (MN) – Struck by potential for changing epidemiology for more recent hospitalized cases. Vast majority of hospitalizations as defined by COVID-NET in MN are *for* covid. Anecdotally, two healthcare systems in her state recently reported that at this point 60% or more of hospitalizations are occurring for something other than COVID-19 • NH recently began categorizing hospitalizations based on therapies received. Gets data from state hospital association. Hospitals felt that they could track people hospitalized *and treated* for COVID-19 (Remdesivir or dexamethasone) meaning received IV remdesivir or dexamethasone. Out of every 100 hospitalizations recently, only about 20-21 were treated for COVID-19. Both sets of data are available publicly. • Epidemiology is clearly changing, and CDC will be looking at these trends closely. However, not planning on changing case definition currently. • During Omicron, heard anecdotal reports of hospitals accepting results of rapid home tests and CDC does not count those. Has wondered whether changing testing practices could affect trends over time, but thus far it seems that hospitals are still confirming positive results. • NYC – Based on data Fiona provided, reducing time after admission from 14 to 3 days could be a reasonable time frame to use. • UT – also see tests 8-14 days before admission often incidental cases. Most have positive tests <=7 days before admission. • Among people with tests 8-14 days before admission, 93% CDC thought was due to COVID as opposed to incidental admissions. • Decision to revise definition: • Keep definition with time frame of 14 days before admission • Shorten to 3 days after admission
3.	Core Group Call Frequency	**Core Group Call Frequency** • Continue weekly calls or move to biweekly or other time frame? • Marci – CDC is coming next week 5/18 on National School Prevention Study and CORHA Outbreak Guidance document update is slated for next week. CDC Community Level group is also willing to come back but asked for framing questions. If you have thoughts, please let Marci or Andrew know. • Also could shorten calls from 1.5 to 1 hour. • Agreement to move these calls to biweekly soon after these existing commitments.
4.	Future Topics	**Future Call Topics and Tentative Agendas** • *18 May*: o CDC National School COVID-19 Prevention Study o CORHA Guidance Update • (Date TBD) o Long-COVID/Post-COVID Conditions Surveillance Strategies o Vaccine Planning for Fall, including future booster recommendations (CDC VTF) o CDC Center for Forecasting & Outbreak Analytics – data needs, addressing key epi questions; data sources (NSSP, immunization, ELR, etc.) o CDC COVID-19 Community Levels Evaluation (compared to other surveillance indicators) o CSTE Death Classification Guidance Update

Action Items

#	Activities/ Deliverables	Action Item/Responsible	Due Date	Status
1.	Next meeting	☐ National School COVID-19 Prevention Study and CORHA Guidance Update ☐ CSTE will revise schedule for these calls to be biweekly soon after 5/19/22 call	5/18/22	Pending
2.	Hospitalization guidance document	☐ CSTE and HHC will make revisions based on today's discussion	5/18/22	Pending
Next meeting: Wednesday 5/18/22 1-2:30p Eastern				