CSTE COVID-19 Consultancy Project

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

Date:	**Wednesday April 13, 2022**
Start/End Time:	1-2:30p

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

#	Topic	Items
1.	Introductions	• Open and Welcome – **Katie Brown (MA)**

2.	CDC COVID-19 Surveillance Framework	• **CDC COVID-19 Surveillance Framework – Stephanie Bialek and Paula Yoon (CDC)**
		• Context and purpose of the document: (shared draft with this group - **CLOSE HOLD)**
		  • Complex surveillance landscape has not been summarized in a single document
		  • This is about current approaches (not where we want to go in the future)
		  • Useful to have a document that can evolve as SARS-CoV-2 epidemiology, testing strategies, surveillance objectives, and response has evolved (living document)
		  • Sustaining and expanding gains of the longer-term Data Modernization Initiative but those details will be in a companion piece/separate document
		  • This information will be posted on a surveillance webpage, like the influenza surveillance and objectives webpage
		• Two primary proposed changes to case surveillance:
		  • Two-tiered notifiable disease reporting
		  • Tier 1: Core ~10 variables, timely NNDSS
		  • Tier 2: Select cases with more information where available
		  • Report aggregate daily case and hospitalization data with a weekly cadence, but still need this as the NNDSS is still not timely enough or complete from some jurisdictions
		• Proposed adjustments for genomic surveillance:
		  • Core Surveillance
		  • Adjust the number of sequencing contracts to focus on commercial lab networks with high sequencing capacity and broad geographic representation
		  • Continue promoting tagging of sequencing as 'baseline surveillance' by partners in public repository
		  • Sustain the NS3 program (unchanged)
		  • CDC is aware that it is becoming increasingly challenging to get specimens during lower prevalence and increased at-home testing
		  • Develop and expand sentinel approaches to optimize representativeness by capturing data from a variety of HC settings associated with varying degrees of illness severity
		  • Add additional layered approaches
		  • Routinely monitor gene targets in molecular tests (S gene target failure) as a proxy, leading indicator
		  • Promote, expand, and refine wastewater surveillance methods for detection of local transmission
		  • Expand, airport screening at major ports of entry for international travelers
		  • Leverage existing surveillance platforms and EHRs to assess clinical and epidemiologic characteristics of variants
		• Discussion:

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		• How do we address workplaces in layered activities? Potentially in Tier 2, collecting information on occupation and workplace/industry
		  • CDC is interested in planning for this moving forward in NNDSS
		• How many jurisdictions are sending data in a timely manner through NNDSS? Can we use NNDSS for those with timely submission rather than also sending aggregate counts?
		  • CDC is looking at the timeliness and completeness of NNDSS versus aggregate data
		• Concerns raised that web scraping using 'report counts' *appears* timely but it is not *actually* timely compared to NNDSS. This is especially important when shifting to weekly reporting.
		  • CDC reports using what was on the state's websites re: using report date
		• Need to consider what is 'case counting'? What do these numbers mean and how are we using them to drive policy? Are we taking all of the limitations into account?
		• Discussed sentinel surveillance approaches for Post-COVID-19 Conditions
		• Percent positivity can be more useful than described in the document, if done well. Although other jurisdictions think it is not useful due to changes in the denominator.
		• Is there a way to get better data on at-home testing?
		  • CDC is working with companies on this.
		• Genomic data linked to epidemiologic data:
		  • Ability to report a sequence ID is added to CDC submission process so cases can be linked to genomic publicly reported sequences
		  • CDC reports there are some EHR data sources able to link the sequence data
		  • Will discuss further during the next Lab/Epi Thought Leaders WG Call (4/19)
		• Is there a plan to ensure academics upload to publicly, rather than holding data for research? Such as considering an NIH requirement to do so, etc.
		  • CDC reports that academics are encouraged to add to public repository, working on this topic.

3.	CSTE Surveillance Framework	• **CSTE Surveillance Framework – Marci Layton and Liz Dufort, CSTE**
		• Marci gave overview of Surveillance Framework Document (SFD) on last week's ASE call and sent it out to all State Epis
		  • 10 jurisdictions sent in comments – all great contributions
		  • ASTHO, APHL, NACCHO and Big Cities provided comments
		  • CSTE is incorporating all of these into document
		  • A few issues need input from Core Epi WG today
		  • Plan is to send it to the CSTE Executive Board and will share with partner organizations to see if they want to be part of co-branding
		• Feedback needed on a few aspects of the SFD
		  • Syndromic surveillance - some jurisdictions are using to monitor hospitalizations
		  • NYC DOHMH made syndromic mandatory during H1N1 and gets identifying information (and can match to ELR) as well as disposition
		  • Some receive disposition and can use for hospitalizations but cannot match with ELR as it is deidentified data
		  • Utility of syndromic CLI for community trends was mixed– some said useful for monitoring trends, some feel it needs further evaluation
		  • Document can be modified to indicate it is a model for one possible use
		  • Health equity – how can we bolster attention and add detailed actions on this topic in the SFD? First priority is including completeness of race/ethnicity data in public health

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		surveillance systems. We will share the recently published CSTE report on race/ethnicity COVID-19 surveillance data gaps and recommendations. What about beyond R/E data in surveillance? Anyone else have any other models/examples to share? • Large rural areas, important to address improving equity by reaching people who are hard-to-reach, don't have access to internet or phone • Collecting occupational data is part of health equity – help understand disproportionate effects – some jobs higher risk for transmission or for severe disease • Non-English speakers should be added to the list • Acknowledge need for additional funding to support data collection for these additional items to get high quality data. We cannot get these types of data from ELR, we need funding for sampling surveillance for high touch encounters to have high quality data on a subset • Helpful to have CSTE statement on the types of data that should be prioritized so that surveillance data can inform inequity and efforts to correct it. Share insights on how best to collect these data and what sources should be prioritized as accurate over others (e.g., health records are probably not the best source of race/ethnicity, even if they are the most accessible. • Long COVID – surveillance should be accomplished through combination of sentinel surveillance, academic partnerships, and special studies. Any other ways to address this in the document? • How about adding ICD-10 codes for long COVID. • CDC is funding 8 different sites for Long COVID – can try to get that group to come talk to this Core Epi WG • We need to address Long COVID in this document, but hard to go into a great amount of detail. We also need funding to address this correctly. • Investment needed moving forward to support interjurisdictional data transfers – additional considerations? • Maybe better to briefly mention all Data Modernization Initiative needs as opposed to focusing on this one • Goal was initially to provide a resource for all jurisdictions to support transitions to future surveillance. However, members also want to highlight what we would like to do better if we had the resources, so the document is also serving an advocacy role. • Next week speakers invited to address transition from HHS Protect to NHSN

Action Items

[From last meetings, until closed]

#	Activities/Deliverables	Action Item/Responsible	Due Date	Status
1.	Next meeting 4/20	☐ NHSN and HHS Protect data – Seth Kroop from CDC slated to join next week's call	4/20/22	Pending

#	Activities/Deliverables	Action Item/Responsible	Due Date	Status
2.	Surveillance Framework Document	☐ CSTE will include your contributions in the document (THANK YOU!)	4/14/22	Pending
3.	Future meetings	☐ Vaccine guidance and operations for planning for fall	4/27/22	Pending
Next meeting: Wednesday 4/20/22 1-2:30p Eastern				