# CSTE-CDC COVID-19 Core Epi Workgroup Meeting:

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| Date: | **Wednesday May 18, 2022** |
| Start/End Time: | 1:00-2:30p |

# CSTE-CDC Core Epi COVID-19 WG Meeting Minutes

| # | Topic | Items |
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| 1. | Introductions | **Open and Welcome – Ben Chan, NH** |
| 2. | Announcements | **Announcements – Andrew Adams, CSTE**<br>• CMS NHSN Proposed Rule: COVID-19 Reporting and Reporting during Future Infectious Disease Public Health Emergencies (Fiscal Year 2023 Inpatient Prospective Payment System and Long-term Care Hospital Prospective Payment System (IPPS/LTCH PPS) Proposed Rule (CMS-1771-P)) **– *Listening Session May 24th 3pm ET***<br>  ○ **Please register for this listening session here.**<br>  ○ You are invited to provide feedback on the proposed policy and help inform CMS's approach to these proposed hospital data reporting requirements.<br>  ○ CSTE sent out an email detailing questions for discussion and links.<br>• CSTE guidance documents for review and updates: school outbreak guidance, death classification, non-healthcare, non-residential workplace guidance<br>  • **If interested in participating, please email Andrew Adams (aadams@cste.org) and Marci Layton (mlayton@cste.org)** |
| 3. | CORHA Outbreak Guidance Update | CORHA Outbreak Guidance Update – **Erin Epson, CA and Brad Hutton, Hutton Health Consulting**<br><br>Background:<br>• In Nov 2020, CORHA and CSTE issued thresholds and outbreak definitions for COVID-19 in healthcare settings , including thresholds for when to initiate investigations and thresholds for reporting to PH and definitions of outbreaks for acute care hospitals, long term care facilities, and outpatient settings<br>• In March and April 2022, CSTE convened a workgroup to update this guidance based on the experience of facilities and jurisdictions during the first two years of the pandemic, especially the most recent Omicron variant surge<br>• WG membership included SDOH, LHD, HCF, CDC, and partner organization members (SHEA, APIC, CSTE, ASTHO)<br>• Open to feedback and input to the proposed changes from this workgroup<br><br>Summary of revisions:<br>• Added a reference to newer CMS requirements for LTCFs on testing of staff and residents during COVID-19 outbreak investigations<br>• Expanded thresholds for investigating and reporting and outbreak definitions to include probable cases in patients in inpatient settings, and suspect cases in patients in outpatient settings, healthcare personnel (HCP), and residents of LTCFs, to accommodate the use of POC an at-home testing, which has emerged since the original document was created.<br>• Decreased the number of days from 7 to 4 after admission in the thresholds for investigating and reporting and outbreak definition in inpatient setting due to shorted incubation periods of variants such as Omicron.<br>• Revised reporting threshold section for inpatient setting to include varying thresholds based on the current level of transmission in the community served by the facility. This |

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| | | change was made due to challenges facilities have determining whether cases among HCP were due to transmission in the facility or the community during surges such as when the Omicron variant predominated.<br>• Expanded the definition of an outbreak in an LTCF to include cases in HCPs.<br>• Simplified recommendations by consolidating the sections on outpatient settings into recommendations for ED, UCC, and Primary care, and all other ambulatory specialty settings.<br><br>Discussion:<br>• Discussion re: the level of detail needed at this point in the pandemic<br>• Outpatient settings less detail needed, whereas in the inpatient hospitalization or LTCF settings, thresholds were felt to have value<br>• HAI reporting is likely quite low, so this is one mechanism to understand this burden<br>• Processes will vary from jurisdiction to jurisdiction. Intended to be separate from routine case/ELR reporting. For example, in CA, daily reporting from facilities to PH is being done through an established mechanism.<br>• STLT reports a new surge currently, many cases in HCPs. Most are not facility associated. This led to consideration re: relaxing the HCP reporting requirement?<br>• The one or more HCP cases in LTCF is consistent with CMS requirement and CDC recommendations and will not change in this revision. However, the probable definition is added into definitions.<br>• Having definitions is important, but difficulties with implementing this. For instance, staff/HCPs who are not patient facing, resident facing.<br>• Pushback from acute care is challenging, over COVID-19 - all of the reporting is difficult, they already know how to respond, etc. When does PH need to be involved?<br>• Primary feedback from HC partners was related to the high numbers of HCPs and numerous potential exposures that cannot be figured out. So, that was part of the impetus for these changes. However, there are times when there are more cases among HCP than what was expected, but did not specify a specific threshold for that.<br><br>**Feedback or comments to be sent to Erin Epson: erin.epson@cdph.ca.gov and Brad Hutton: bhuttonhealth@gmail.com by Friday 5/27/22 COB** |
| 4. | National School COVID-19 Prevention Study | **National School COVID-19 Prevention Study (NSCPS) – Sanjana Pampati, CDC**<br>• Describe COVID-19 prevention strategies K-12 schools are implementing nationally (masks, etc.) and how they vary over time<br>• Evaluate the effectiveness of these strategies in preventing transmission of SARS-CoV-2<br>• Characterize ongoing challenges that K-12 schools are experiencing (staff shortages, closures, etc.)<br>• Nationally representative sample, stratified random sample, with three strata: 1). School level (elementary, middle, high school), NCES locale (City, suburb, town, rural), Census region<br>• Series of surveys with five waves of data collection with each waves' survey including questions on schools' Covid-19 prevention measures including: mask requirements, efforts to promote vaccine, Covid screening and diagnostic testing, improved ventilation, CT, Q&I, cleaning disinfection, physical distancing, etc.<br>• Goal is to obtain school-level covid case data for the NSCPS sample of schools from HDs, and link to longitudinal school level survey data to understand how COVID prevention measures are associated with COVID over time.<br>• Proposed approach to acquiring school-level COVID case data for NSCPS sample:<br>o Will reach out to SDOHs about the initiative and with the list of K-12 public schools in the NSCPS sample that reside within their state. |

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| | | ○ Send a standardized data collection form (e.g. an excel file) for HDs to input COVID case data for each school in their state and provide a short survey to characterize the data being shared.<br>○ CDC aims to make this process: low burden, user friendly, efficient, suitable across states, and scientifically rigorous.<br>○ Complete data collection by next Fall.<br>○ Aiming to receive data for the 2021-2022 school year, over time, over the entire school year, as there are multiple waves of survey data from this school year<br>○ Though one wave of survey data was from 2020-2021 school year. CDC would be interested in getting data from this school year as well, if feasible.<br>○ Would like feedback on feasibility of data frequency (daily, weekly, monthly)?<br>▪ Likely weekly is feasible<br>▪ Key question is regarding completeness of data and how it may have changed over the school year<br>○ Discussed whether in some scenarios/some STLTs schools may have more complete data.<br>▪ CDC asked for the COVID case data in the survey, but there is higher missingness with that question and it increased over time. They are stating that they send this data to HDs and HDs may be more equipped to assist.<br>○ Discussed that in some states, schools may have been counting or taking actions based on at-home rapid testing, however, these would not be counted in the routine ELR HD case counts. This needs to be considered.<br>○ Some states discussed that they don't often have data from individual schools at all, while others had it before the Omicron wave, but relaxed reporting burden for schools during the Omicron wave, including not needing to report at-home testing results.<br>○ CDC requested feedback on feasibility with a brief survey re: are you able to report cases associated with schools - daily, weekly, monthly? Are you able to stratify by students, staff, etc.?<br>○ Some states had legislation passed that schools had to report weekly and it is publicly posted. In this situation, data is available and can be shared.<br>○ Recommended - in the initial survey to HDs, ask about changes over time in the school year, where it may not be available early on in the school year, may be available subsequently, or may have changed over Omicron. Also, it is important to inquire about how at-home testing is approached.<br>○ Some STLTs have publicly reported school data in their jurisdiction, but HD may have very little involvement, it crosses different agencies, and validation of the data is not performed by the HD.<br>○ Discussion around where to start - Does it make the most sense to start with SDOHs? Generally, yes, start with SDOHs, and states can help coordinate with LHDs, if they have more complete data.<br>○ Some STLT did analyses comparing school-aged children and school data. There was a definite difference in the numbers, again suggesting that the school data may have different characteristics, validation processes, etc.<br>○ NYC School Data: https://www.schools.nyc.gov/school-life/health-and-wellness/covid-information/daily-covid-case-map<br>○ CDC is exploring different data collection systems (customized excel, etc.) and would like feedback on what would work best based on how data is currently stored. |

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| | | **CDC to start a pilot testing on different approaches, if there are any STLTs interested in participating, providing feedback on the data collection tool, etc.** |
| 5. | Revised COVID-19 Associated Hospitalizations Definition | **Revised CSTE Interim Classification of COVID-19 Associated Hospitalizations – Marci Layton, CSTE**<br>• Revisions made based on prior discussions with this group from last week's meeting and based on data and information provided by COVID-NET<br>• Documents were attached to the meeting information (with edits in track changes and clean version)<br>• We will revise wording for clarity and to be consistent with COVID-NET definition: Residents of the surveillance catchment area who received positive molecular or rapid antigen detection test results for SARS-CoV-2 during hospitalization or within 14 days before admission were classified as having COVID-19–associated hospitalizations.<br>• Something based around the testing rather than around the hospitalization may provide clarity such as: Patients who test positive within (and including) 14 days preceding admission or within (and including) 3 days of hospital admission<br>• We will send out the revised draft tomorrow<br>• Rapid poll: 10/10 agree with these revisions re: timeframes surrounding hospitalization (test positive 14 days before hospitalization and up to 3 days after hospitalization)<br><br>**Please send any further edits to Marci Layton (mlayton@cste.org) by *COB 25 May*** |
| 6. | Open Discussion | **Core Group Feedback for Upcoming CDC Listening Session Vaccine Planning for the Under 5 Population, Marci Layton, CSTE**<br>• Call with ASTHO, NACCHO, APHL, CSTE to receive feedback on planning for vaccinating children under 5 years old<br>• Operational issues? Messaging issues? School clinics and pharmacies will be used less for this age group.<br>• STLTs may promote through child care agencies and schools and CDC could provide flyers/infographics to promote vaccine by these partners.<br>• Barriers:<br>  ○ The complexity of the COVID-19 vaccination guidance, so some providers don't want to offer vaccines because they don't understand the guidance, they haven't been involved in the last 1.5 years, different dosages, time intervals, different products. Anything we can do to simplify the vaccine recommendations and guidance would be helpful.<br>  ○ Lack of single dose vaccine vials is a challenge, because of inability to use the doses and concerns over wastage.<br>  ○ Data reporting is a challenge in some STLTs with data administrative reporting requirements.<br>  ○ Emphasize: Counterproductive for the federal government to not use their advisory committees. While it may improve rapidity of an approval in the short-term, when you skip the advisory expert committee, it impacts vaccinations in the long-term. Should always use the routine process and go through the advisory committees. Without this, can increase hesitancy.<br>  ○ Emphasize: The importance of CDC meeting ahead of time with STLTs to plan with individuals who know about the implementation challenges, and who have other important overall population health implementation views.<br>• The updated guide has been posted here: COVID-19 Vaccination for Children \| CDC<br>• The direct link to the PDF of the guide is here: Pediatric-Planning-Guide.pdf (cdc.gov)<br>• CDC will join Core Epi WG and ASE calls in late June to July to discuss Fall vaccine planning. |

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| 7. | Future Topics | **Future Call Topics and Tentative Agendas** (to transition to biweekly)<br>• (Date TBD)<br>○ Long-COVID/Post-COVID Conditions Surveillance Strategies<br>○ Vaccine Planning for Fall, including future booster recommendations (CDC VTF)<br>○ CDC Center for Forecasting & Outbreak Analytics – data needs, addressing key epi questions; data sources (NSSP, immunization, ELR, etc.)<br>○ CDC COVID-19 Community Levels Evaluation (compared to other surveillance indicators)<br>○ CSTE Death Classification Guidance Update |

## Action Items

| # | Activities/ Deliverables | Action Item/Responsible | Due Date | Status |
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| 1. | CMS NHSN Proposed Rule: COVID-19 Reporting and Reporting during Future Infectious Disease Public Health Emergencies | ☐ **Register for the CMS NHSN *Listening Session May 24th 3pm ET* here.** | 5/24/22 | Pending |
| 2. | CSTE guidance documents for review and updates: school outbreak guidance, death classification, non-healthcare, non-residential workplace guidance | ☐ **If interested in participating, please email Andrew Adams (aadams@cste.org) and Marci Layton (mlayton@cste.org)** | 5/27/22 | Pending |
| 3. | CORHA Outbreak Guidance Update | ☐ **Feedback or comments to be sent to Erin Epson (erin.epson@cdph.ca.gov) and Brad Hutton (bhuttonhealth@gmail.com)** | 5/27/22 | Pending |
| 4. | National School COVID-19 Prevention Study | ☐ **CDC to start a pilot testing on different approaches, if there are any STLTs interested in participating, providing feedback on the data collection tool, etc.** | 5/25/22 | |
| 5. | Revised COVID-19 Associated Hospitalizations Definition | ☐ CSTE will make revisions based on today's discussion and send revised version tomorrow<br>☐ **Please send any further edits or comments to Marci Layton (mlayton@cste.org) by COB 5/25/22** | 5/19/22<br>5/25/22 | Pending |