

# CSTE COVID-19 Consultancy Project

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

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|-----------------|--------------------------|
| Date:           | Wednesday March 30, 2022 |
| Start/End Time: | 1-2:30p                  |

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

| #  | Topic                                                                    | Items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| 1. | Introductions                                                            | <ul style="list-style-type: none"><li>Open and Welcome – <b>Ben Chan (NH)</b></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2. | CDC Science Agenda                                                       | <ul style="list-style-type: none"><li><b>SEND ANY EDITS TO MARCI LAYTON (<a href="mailto:MLAYTON@CSTE.ORG">MLAYTON@CSTE.ORG</a>) BY 3/31/22</b></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 3. | COVID-19-associated Hospitalization Surveillance Classification Guidance | <ul style="list-style-type: none"><li>Hospital Surveillance Classification Guidance – Liz Dufort, Hutton Health Consulting</li><li>Data sources and methods being used by STLTs, including syndromic, ELR, direct reporting and special studies – no changes in document</li><li>COVID-19-associated hospitalization definition – hospitalized <math>\geq 1</math> day between admission and discharge, or hospitalized and then death at any time</li><li>Within 14 days before or after a positive test... previously said “during hospitalizations” or “14 days before” – consistent with COVID-NET, however, adjusted to 14 days before or after as most states don’t have discharge date. However, those with it, including COVID-NET jurisdictions, could include patients tested during hospital stay.<ul style="list-style-type: none"><li>Consider edit to “14 days before” or “14 days after” even if redundant, for clarity.</li></ul></li><li>Home rapid testing not included in current draft, consistent with COVID-NET which specifies that home testing only should not be counted in the category.</li><li>Count cases by patient’s residence</li><li>Count case when first admitted to hospital.</li><li>Count cases one time for each case designation.<ul style="list-style-type: none"><li>Will clarify what the case designation date is, whatever date you used to define the case. Check how we mentioned this in death classification document (ie, 1st positive lab test, date of symptom onset or specimen collection date).</li><li>Continue to include more recent updated terminology for numeration rather than the term “reinfection”.</li></ul></li><li>Discussion of the term “COVID-19-associated hospitalization” or “COVID-19 hospitalization”, “associated” has a connotation that may not necessarily be reflected in the definition. How do we best differentiate between the temporally associated hospitalization versus other enhanced surveillance systems or special studies that might differentiate those admission that are due to COVID-19 versus admitted with COVID-19?<ul style="list-style-type: none"><li>We have tended to want to include an additional word like “associated” to try and be more clear that they are only temporally associated.</li><li>It is similar to the term (“associated”) that we chose to use for death surveillance.</li><li>We can add some verbiage or a footnote to indicate that “associated” means that there is a “temporal association”.</li><li>Important to note that we monitor for two different reasons; severity (and you do want to know is hospitalization because of COVID-19) and capacity (associated important too)</li></ul></li></ul> |

| #  | Topic                                              | Items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|    |                                                    | <ul style="list-style-type: none"> <li>• ICU or critical care – some jurisdictions receive this data, and some do not. Added a “where available”. <ul style="list-style-type: none"> <li>○ Important, but many jurisdictions aren’t able to collect this. Where available seems appropriate for this document.</li> <li>○ This could be a whole separate document if going into details on definitions.</li> <li>○ This is one of the purposes of COVID-NET or sentinel sites to do a deeper dive.</li> </ul> </li> <li>• Will do a poll to see how many jurisdictions will implement the definition based on surveillance methods – as we could provide more granular guidance, the reality is that it might not be implemented. <ul style="list-style-type: none"> <li>○ Would like this presented on an All State Epi call but wanted to get feedback on this document from Core Epi group first in preparation for that discussion. CSTE is working on how best to poll jurisdictions on these calls. Will plan on presenting this document at one of the April ASE calls.</li> </ul> </li> <li>• Some jurisdictions don’t quite have the ability to collect hospitalization data but are working in this direction and the definition is helpful in that process.</li> <li>• This document is useful but wonder if it could be more helpful to standardize methods across jurisdictions. If this is the objective, would need to add different content. <ul style="list-style-type: none"> <li>○ These standardizations don’t exist for flu surveillance, challenging to achieve.</li> <li>○ Would make document more complicated, but open to working on it, if helpful.</li> <li>○ Currently, this document stands alone. Useful as is.</li> <li>○ This is a common challenge for CSTE - guidance on definitions vs. operational guidance. Could consider an appendix/companion document with operational information.</li> </ul> </li> <li>• <b>Please provide comments or edits to Marci by Tuesday, April 5, 2022</b></li> </ul> |
| 4. | Evaluation of CDC COVID-19 Community Levels (CCLs) | <p><b>Discussion on jurisdictional implementation and evaluation of CDC CCLs:</b></p> <ul style="list-style-type: none"> <li>• Possibly poll Monday (4/4/22) for the All State Epi call on this topic.</li> <li>• CDC is interested in jurisdictional implementation of CDC CCLs. CDC will join the Core Epi WG for further discussion on the implementation and evaluation of the CDC CCLs. This planning discussion will help shape and guide the discussion on Core Epi WG call (4/13).</li> <li>• There are two areas of information that would be helpful:</li> <li>• The first is learning more about what jurisdictions are doing to contextualize the CCLs (like the example Missouri shared on the ASE call last week, where they used county CCLs to produce regional maps). CDC is interested in engaging with CSTE and members to compile examples, approaches, methodologies, of implementation of CCLs from states and local jurisdictions with potential evaluation in an MMWR.</li> <li>• The second area to discuss is related any challenges in the implementation of the data. CSTE would like to understand if there is a pattern with these challenges or whether any issues may be individual differences based on jurisdiction. This would be helpful to get a better sense and a bigger picture of the implementation and challenges of CCLs for jurisdictions. CSTE will organize any issues into themes to share back in advance of the next discussion.</li> </ul> <p>Understand how STLTs are using and adapting the CCLs:</p> <ul style="list-style-type: none"> <li>• Potential to write up some models or examples with CDC.</li> <li>• NH is not using CCLs to implement statewide mitigation measures, rather to encourage individuals to go there to the CDC CCLs website to highlight one helpful data point to inform individual choice and decision making in regard to mitigation such as mask use.</li> </ul>                                                                                       |

| # | Topic | Items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|   |       | <ul style="list-style-type: none"> <li>• NYC DOHMH created their own levels tied with specific actions which includes the CCLs and has additional metrics: <a href="https://www1.nyc.gov/site/doh/covid/covid-19-alert-levels.page">https://www1.nyc.gov/site/doh/covid/covid-19-alert-levels.page</a>. 4 levels and tie each level to action for individuals (see PDF) <a href="https://www1.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-alert-levels.pdf">https://www1.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-alert-levels.pdf</a></li> <li>• Missouri made regional levels, as noted above.</li> <li>• Idaho made their own levels, in addition to CDC CCLs, due to a backlog issue, which caused data differences between state and CDC numbers. They are hoping to stop the state data once this data issue is resolved.</li> <li>• NC dashboard leads with wastewater and CLI in public data but also include CDC CCLs primarily because it is already public and because they come with clear individual guidance: <a href="https://covid19.ncdhhs.gov/dashboard">https://covid19.ncdhhs.gov/dashboard</a>.</li> <li>• Some STLTs are piloting regional data reports.</li> <li>• Other jurisdictions are interested in taking similar approaches, but haven't yet implemented it.</li> </ul> <p>Understand any concerns about differences in data between STLT data and CDC HHS Protect data presented on the CCLs website:</p> <ul style="list-style-type: none"> <li>• <i>CDC collaboration with jurisdictions:</i> <ul style="list-style-type: none"> <li>○ It can be challenging because it is not easily apparent why the levels are changing.</li> <li>○ CDC is using state level data, not NYC, so this was problematic with some data issues. NYC DOHMH asked to see any changes in advance of CCL changes in levels being shared publicly but were not yet given this level of information.</li> <li>○ Some jurisdictions are having issues with HHS CCLs not matching local transmission metrics right now. LTCFs in areas with low transmission by state calculation are frustrated as they are held accountable by HHS for continuing weekly screening testing throughout their facilities. Is there a way to have states post these, rather than CDC or at least agree on a common methodology. If not, is there a way to make these less volatile and more transparent?</li> <li>○ Influenza has outpatient ILI and other state generated maps. Not unprecedented to have different maps.</li> <li>○ Could the center for forecasting come up with a risk indicator across the country but also let state's develop their own metrics, and work on whether they could be harmonized?</li> </ul> </li> <li>• <i>Small or rural counties:</i> <ul style="list-style-type: none"> <li>○ Issue with small changes leading to changes in CDC CCL levels.</li> <li>○ The impact of small numbers of incident cases on rate determination in smaller counties has been impactful.</li> <li>○ NH had 3/12 counties went from low to medium, due to increase to above 10/100K hospitalizations, but the NH data did not reflect an increase in hospitalizations. These are rural counties, so perhaps small changes led to changes in CDC levels or was unclear whether it is how the data is presented.</li> <li>○ For a small state with rural counties, with variability with how these metrics perform, consider reporting out at a state level for more stability in numbers?</li> <li>○ An issue with influenza for years, and is why we don't report out county level metrics for flu. Rather, states report out increased flu by region for masking, etc.</li> <li>○ Needs to be a regional approach, guided by states.</li> </ul> </li> <li>• <i>Apportioning hospitalization data equally to all counties in the HSA:</i> <ul style="list-style-type: none"> <li>○ Apportioning of hospitalization data within the entire HSA catchment area can be problematic – the hospitalization data is being equally apportioned to all counties</li> </ul> </li> </ul> |

| #  | Topic                                                     | Items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|    |                                                           | <p>in the HAS area, even if a county has a smaller population. For example, Michigan, the HSA assignment is impacting smaller counties and checking the data identified at least one area where HSAs were combined without clear reason.</p> <ul style="list-style-type: none"> <li>○ NM has significant rural areas and a few HSAs that cross state lines, so the CCLs can be less accurate. NM links to the CDC CCLs map, but trying to refine them for residents.</li> <li>• <i>Case report date rather than date of symptom onset or specimen collection:</i> <ul style="list-style-type: none"> <li>○ Web scraping methods may lead to challenges, as CDC is using report date, rather than specimen collection date as the jurisdictions use. Why does CDC need to do web scraping rather than getting data from state reporting to CDC?</li> <li>○ Entry of backlog of cases by jurisdictions (as they are catching up during slower phases) could be an issue and this is particularly an issue because the date of report is used by CDC, rather than the date of the specimen collection or symptom onset. By report, CDC has challenges getting the date of specimen collection routinely and therefore, this can lead to the differences.</li> </ul> </li> <li>• <i>Dual metrics:</i> <ul style="list-style-type: none"> <li>○ It can be confusing that Community Transmission is still being reported for HCFs, particularly since the CCLs are intending to reflect hospital capacity challenges.</li> <li>○ Dual metrics are problematic, confusing to health facilities.</li> <li>○ Some hospitals are telling staff to follow healthcare practices based on old transmission levels, and to follow community practices based on the new community levels.</li> </ul> </li> <li>• <i>Multiple data sources:</i> <ul style="list-style-type: none"> <li>○ How to use CCL indicators alongside other data (e.g., wastewater and syndromic) to make decisions. Jurisdictions need an approach. CDC suggests jurisdictions should use multiple data sources if they have them, but looking for guidance on how to use them together.</li> </ul> </li> <li>• <i>Messaging to the public:</i> <ul style="list-style-type: none"> <li>○ Interested to hear more about models for messaging on what the new levels mean in comparison to the old levels for decision-making. Explaining take off masks as hospital capacity won't be reached soon versus taking off masks for your own protection against infection, which is an important distinction.</li> </ul> </li> </ul> |
| 5. | Jurisdictional Experience Sharing & Open Forum Discussion | <p>Consider methods of collecting workplace setting and occupational information, Letitia Davis.</p> <ol style="list-style-type: none"> <li>1) Standardized occupational health classifications: <ol style="list-style-type: none"> <li>a. The occ health committee (CSTE) and in the occ health world are looking at different outbreak reports in publications and from states, but there is no standard way of categorizing workplace settings. It would be great to standardize for if/when we need to do this again:</li> <li>b. Two papers out of LA and Canada used the North American Industry classification system.</li> <li>c. Committee wants to join with ID Epi folks to look at this going forward.</li> <li>d. Agreement generally on goal of standardized occupational categories, which would improve Occ ID data. There isn't currently a good method with the exception of a few categories (long term care).</li> </ol> </li> <li>2) None of current case surveillance systems report workplace outbreaks. Not case surveillance, not COVID-NET not wastewater, not syndromic. So, how do we get this information moving forward? <ol style="list-style-type: none"> <li>a. TB programs have done some work on this in the past.</li> <li>b. NYC DOHMH:</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|   |       | <ul style="list-style-type: none"> <li>i. Use building identification numbers to link cases and identify outbreaks, reach out to facilities to support outbreak response.</li> <li>ii. Or they report to NYC DOHMH using a REDCap survey. Reported, but can't respond to each of these.</li> <li>iii. Schools – DOE has set up a system to report all cases in schools – separate operation.</li> </ul> <ul style="list-style-type: none"> <li>c. PA: Would find occupation through CI. With this decreasing, this information will be unavailable. Though do address matching with healthcare facilities/LTCFs, etc.</li> <li>d. HI: Still getting basic occ data on cases reached, though this may phase out. Otherwise, get cluster investigation information from schools, corrections, workplaces, reporting directly. Considering a randomized sample in each county to continue getting race/ethnicity/occupation, etc.</li> <li>e. Moving forward, with CDC, discussion about COVID-NET to continue getting employer information from administrative data. For evaluating which worker groups are at risk.</li> <li>f. Standardized list of occ can be diff to use in a CI due to them being very long. But, there is work to do on how to implement this.</li> <li>g. Note: occupation is different than workplace. How to capture at the point of care, when they come for care, to be transmitted with electronic surveillance data streams?</li> <li>h. There are well studied ways in narrative form to ask questions about occupation and workplace, used in census, ACS, and BRFSS. There are ways to simplify it that have been worked on in the past.</li> <li>i. Supportive of occupational categories.</li> <li>j. Next steps: A small group discussion off line, and bring back to this group.</li> </ul> <p>3) Future topics:</p> <ul style="list-style-type: none"> <li>a. Booster dose might be recommended for everyone. Feedback from CDC re science and thinking re; addl booster dose for everyone? Or annual booster? VRBPAC is meeting April 6th re: goals of boosters.</li> <li>b. CDC has updated clinical considerations fro COVID vaccines.<br/> <a href="https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html">https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html</a> <ul style="list-style-type: none"> <li>i. Currently four different time frames for boosters. Feedback from HCFs/HCPs is it is too complex. Not being incorporated into the standing orders.</li> </ul> </li> </ul> |

## Action Items

[From last meetings, until closed]

| #  | Activities/Deliverables                                      | Action Item/Responsible                                                                                                                                                                                                                                                                | Due Date                | Status  |
|----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------|
| 1. | CDC Science Agenda                                           | <input type="checkbox"/> <b>SEND ANY EDITS TO MARCI LAYTON (MLAYTON@CSTE.ORG) BY 3/31/22</b>                                                                                                                                                                                           | 3/31/22                 | Pending |
| 2. | COVID-19-assoc Hospital Surveillance Classification Guidance | <input type="checkbox"/> <b>Core Epi WG members to send edits to Marci Layton (mylaton@cste.org) by Tuesday 4/5/22.</b><br><input type="checkbox"/> Hutton Health Consulting will revise the draft guidance document based on the Core Epi WG discussion and any other edits received. | <b>4/5/22</b><br>4/4/22 | Pending |

| #                                      | Activities/Deliverables      | Action Item/Responsible                                                                                                                                                                                                                                                                                 | Due Date          | Status  |
|----------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|
|                                        |                              | <input type="checkbox"/> HHS Protect/NHSN to present at a future meeting to discuss any plans moving forward.<br><input type="checkbox"/> CSTE to evaluate survey tools either during ASE call or outside of ASE call or both to best understand jurisdiction methods for hospitalization surveillance. | 4/6/22<br>4/6/22  |         |
| 3.                                     | Evaluation of CDC CCLs       | <input type="checkbox"/> Marci to provide these preliminary discussion points to CDC for feedback<br><input type="checkbox"/> CDC to discuss further with Core Epi WG at a next meeting                                                                                                                 | 4/4/22<br>4/13/22 | Pending |
| 4.                                     | Occupational Health          | <input type="checkbox"/> A small group to discuss occupational health efforts with the CSTE occupational health subcommittee and report back to this group                                                                                                                                              | 4/6/22            | Pending |
| 5.                                     | Vaccines – COVID-19 Boosters | <input type="checkbox"/> Request CDC to join to discuss boosters after the 4/6/22 VRBPAC meeting                                                                                                                                                                                                        | 4/13/22           | Pending |
| 6.                                     | Future meetings              | <input type="checkbox"/> CSTE will work with Co-Chairs to finalize agenda for next week's Core Epi WG call                                                                                                                                                                                              | 4/6/22            | Pending |
| Next meeting: Wednesday 4/6/22 1-2:30p |                              |                                                                                                                                                                                                                                                                                                         |                   |         |