

# CSTE COVID-19 Consultancy Project

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

|                 |                                 |
|-----------------|---------------------------------|
| Date:           | <b>Wednesday March 23, 2022</b> |
| 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>Katie Brown (MA)</b></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2. | CDC Science Agenda                                                       | <ul style="list-style-type: none"><li>CDC Science Agenda - <b>Marci Wright (CDC)</b></li><li>3<sup>rd</sup> revision, 7 topic areas<ul style="list-style-type: none"><li>1). Health Equity, 2). Vaccines, 3). Variants, 4). Prevention Strategies, 5). Testing, 6). National history, transmission, breakthrough infections, and reinfections, and 7). Post-COVID-19 conditions and other health impacts</li></ul></li><li>Major change is the inclusion of health equity.</li><li>Led by the CDC Chief Science Officer. Last updated Oct. 2021.</li><li>Please look at version attached to invite/agenda and provide proposed edits/comments, consolidated CSTE response. Comment on any gaps or issues to be addressed.</li><li>ASTHO, NACCHO, APHL, and the Big Cities Health Coalition are also asked for feedback.</li><li><b>Edits/comments to be sent to Marci Layton by 3/31/22.</b></li><li>Feedback provided during the meeting by a CSTE Core Epi WG member - Include long lasting monoclonal antibodies for prevention</li><li>Request made to CDC to provide a document on what has been addressed previously.<ul style="list-style-type: none"><li>All versions are online and Marci Wright can send links to archived versions.</li></ul></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3. | COVID-19-associated Hospitalization Surveillance Classification Guidance | <ul style="list-style-type: none"><li>Hospital Surveillance Classification Guidance – <b>Liz Dufort, Hutton Health Consulting</b></li><li>This document aims to provide a standardized definition (non-binding guidance) for <i>incident</i> case level classification of COVID-19-associated hospitalization which can be used on a population level. This will assist jurisdictions which have the ability to receive line level data on a standardized approach to categorizing them. Once counted once, case would not be counted again unless met the definition of a new case/reinfection.<ul style="list-style-type: none"><li>This data would be useful to monitor severity, match with vaccine data for breakthrough infections, and assess risk of reinfections.</li></ul></li><li>This document would <i>not</i> address COVID-19 related healthcare capacity (daily hospital beds occupied, such as the aggregate data provided with HHS Protect/NHSN) nor hospitalization length of stay (LOS) (such as with enhanced surveillance, COVID-NET).<ul style="list-style-type: none"><li>As HHS Protect/NHSN may be entering a period of updates moving forward, we will request a speaker for one of our upcoming Core Epi WG meetings, to understand the specifics of and plans for this program to ensure we are complementary and not contradictory or redundant in our efforts.</li><li>For NHSN, is there a plan to collect information such as race/ethnicity, age, ICU?</li></ul></li><li>Discussed need for situational awareness of jurisdictions and whether receiving individual level hospitalization data and could benefit from this definition?<ul style="list-style-type: none"><li>We could pose this question during next ASE call? And CSTE to figure out how to best poll during ASE calls as well as outside of those calls. Specifically, to poll how many receive this information via HHS Protect (aggregate only), direct reporting from hospitals (line level or aggregate), versus ELR matching with syndromic surveillance, EHR/eCR, Health information exchanges (HIE).</li></ul></li></ul> |

| #  | Topic                     | Items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|    |                           | <ul style="list-style-type: none"> <li>• Ideally, this pandemic will transform eCR use in surveillance as ELR was after H1N1.</li> <li>• This document will not address MIS-C as MIS-C has a separate syndrome -based surveillance system, however, ~50% of MIS-C cases may be included in this categorization based on meeting the definition of positive lab results and admission to the hospital.</li> <li>• Discussed definition of hospitalization: <ul style="list-style-type: none"> <li>• Challenging to establish admission (inpt vs obs vs ED), limited data and resources for evaluation of LOS, and often do not receive discharge dates.</li> <li>• However, felt a simple definition would be helpful for those who receive some of this information.</li> <li>• Consider admission for <math>\geq 1</math> calendar day between admission and discharge dates.</li> <li>• NYC DOHMH: Hospitalization 14 d before or after a positive SARS-CoV-2 test.</li> <li>• COVID-NET: Positive SARS-CoV-2 test during hospitalization or positive SARS-CoV-2 test within 14 days before hospitalization.</li> <li>• DIFFERENCE: The difference between the two would include those who may be hospitalized for a non-covid reason, are inpatient for a prolonged period (&gt;14 days), then positive while still inpatient. Concerning for Hospital onset-COVID-19 and could potentially be a relevant piece of information which could potentially prolong stay. However, most outside of COVID-NET may not get the discharge date or length of stay. Therefore, this would be very challenging. COVID-NET jurisdictions would like to stick w/ COVID-NET definition, if possible.</li> <li>• The difference is likely small, as most are tested in the 14 days before admission or on admission (or shortly thereafter).</li> </ul> </li> <li>• Discussed role of home rapid testing in the medical chart or self-reported to PH: <ul style="list-style-type: none"> <li>• COVID-NET definition includes mention of a home or ED-based rapid test in the medical chart.</li> <li>• Position statement DRAFT discussions at this time to not include home based rapid tests.</li> <li>• Considered unusual for hospital not to repeat the test, don't have capacity for chart reviews, and most jurisdictions likely not reporting home tests to PH.</li> </ul> </li> <li>• Admission date definition discussed: <ul style="list-style-type: none"> <li>• MN DOH model: date of admission to be used, even if SARS-CoV-2 test later.</li> <li>• Other states using a similar model.</li> </ul> </li> <li>• ICU definition, for those with access to these data? <ul style="list-style-type: none"> <li>• Challenging to establish critical level care during surges given provision of critical care in alternate sites. Additionally, most jurisdictions do not get this information. Therefore, if defining this would need a definition for 'intensive care provision' not necessarily based on the traditional location of ICU.</li> <li>• Difficult to establish ICU admission with or for COVID (as with hospitalization) but may be more important to distinguish here given implications about severity.</li> <li>• This can be best obtained by enhanced surveillance sites such as COVID-NET, where resources allow for in depth review.</li> <li>• However, NC receives proportion admitted to ICU from their sentinel network of 7 hospital-based public health epidemiologists. They find this information useful.</li> <li>• States would like to have this information to augment understanding of severity.</li> <li>• We will continue to discuss this and solicit feedback within the document.</li> </ul> </li> <li>• COVID-19 assoc hospitalization surveillance should ideally be counted by patient's residence, not facility location.</li> </ul> |
| 4. | Jurisdictional Experience | <ul style="list-style-type: none"> <li>• Future topics: <ul style="list-style-type: none"> <li>○ Consider methods of collecting workplace setting and occupational information</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| # | Topic                           | Items |
|---|---------------------------------|-------|
|   | Sharing & Open Forum Discussion |       |

## 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 (<a href="mailto:MLAYTON@CSTE.ORG">MLAYTON@CSTE.ORG</a>) BY 3/31/22</b><br><input type="checkbox"/> Marci Wright to send links to archived versions.<br><input type="checkbox"/> Marci Layton to add to Core Epi WG feedback to CDC re: including monoclonal antibodies for prevention.                                                                                                                                                     | 3/31/22                       | Pending |
| 2.                                      | COVID-19-assoc Hospital Surveillance Classification Guidance | <input type="checkbox"/> Hutton Health Consulting will revise the draft guidance document based on the Core Epi WG discussion and send new draft to Core Epi WG prior to next week's call.<br><input type="checkbox"/> HHS Protect/NHSN to present at a future meeting to discuss any plans moving forward.<br><input type="checkbox"/> CSTE to look into survey tools either during ASE call or outside of ASE call or both to best understand jurisdiction methods for hospitalization surveillance. | 3/25/22<br>3/30/22<br>3/30/22 | Pending |
| 3.                                      | Next meeting                                                 | <input type="checkbox"/> Occupational health topic to be added to a future agenda as not able to discuss this topic today<br><input type="checkbox"/> CSTE will work with Co-Chairs to finalize agenda for next week's Core Epi WG call                                                                                                                                                                                                                                                                | 3/30/22                       | Pending |
| Next meeting: Wednesday 3/30/22 1-2:30p |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |         |