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CSTE/APHL/CDC Infectious Diseases Lab/Epi Thought Leaders Workgroup Meeting Notes

Date:	**Tuesday September 27th, 2022**
Start/End Time:	**2-3PM ET**

Notes

#	Topic	Items
1.	Open and welcome	**Open and Welcome – Sherri Davidson (AL) and Tim Southern (SD)**
2.	COVID-19 Testing Updates and Discussion	**COVID-19 Rapid Testing Updates and Commercialization Discussion** • Updates to CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel, which has updates on screening in HCFs for HCP. • Commercialization of COVID-19 rapid testing and impact on health equity: ○ Multiple jurisdictions remark on a need for more in this realm ○ One jurisdiction does have a plan to get through March/April 2023 for distribution of test kits, but thereafter will be dependent on commercialization of resources ○ Some jurisdictions receive testing support from the CDC ICATT program. However, presumed that ICATT will lose funding. ○ SNS has a significant number of OTC Antigen tests held for the event of a new variant or surge, in order for the government to distribute if necessary. ○ Federal government is looking for additional funding for the USPS distribution system and to extend the ICATT program ○ Discussion that the shelf-life on the antigen tests is not long, and questions as to whether the SNS will release tests prior to expiry even without a major shift in case trends? ▪ FDA is working to extend the indicated shelf life on the antigen tests, as appropriate ▪ ASPR is trying to prepare, with the SNS being used for future surges for demand in the near term and it buys time for commercial market to ramp up production. ○ One jurisdiction raised the concern re: balancing between stockpiling for a surge versus avoiding a surge by preventing more transmission now. ○ Discussion raised by a jurisdiction that demand is driven by where recommended to be used by CDC, etc. Demand seems to be dropping. Will there be a supply-demand mismatch? ▪ ASPR has an office that tracks this as best they can. ▪ Demand has decreased commercially with government distribution and changes in the pandemic. Demand is relatively low right now. ▪ Demand depends on case rates and severity, which can certainly change in the coming months. ○ One jurisdictions raises concern for equity even in the absence of a surge
3.	NS3 Specimen Submission Sustainability	**NS3 Specimen Submission Sustainability, Challenges, and Needs – Kelly Wroblewski (APHL)** • PHLs from each jurisdiction submit a set number of specimens to CDC for further characterization for variants, therapeutic evaluation, etc. • In recent months, the submissions have fallen off significantly.

		• Approximately 18 jurisdictions in compliance, several trying, and approximately 30 that have stopped submitting. • Outreach has occurred to the approximately 30 that stopped. • There were some issues identified related to a lack of knowledge about the ongoing nature and need of the program. • However, many labs are not getting the specimens into the PHL or the specimens don't meet the requirements for NS3 submission. • The request to PHLs to submit NS3 specimens to CDC for each jurisdiction is relatively modest. • CDC is not getting the representative specimens in for isolation, characterization, therapeutics, etc. • There is a separate PHL sequencing goal number that is a different activity, and also will be difficult to maintain long term. But, that is a different activity/discussion. • Are there other reasons why NS3 submissions might be so low? • How to let labs know that we need submission to PHLs and how to encourage this? • One jurisdiction raised a question re: are the commercial labs still sequencing? ○ Yes, they are currently. However, it is unclear if this expires or if it is ongoing if the numbers from commercial labs would decrease • One jurisdiction reports actively working and providing resources to get influenza specimens and for COVID-19, still working with labs (hospitals and main commercial lab in the state) to actively solicit specimens. It is not a passive activity. • While there are similarities to actively seeking specimens for influenza, there are also differences from influenza specimen submission. • One jurisdiction reports that because NS3 is tied to ELC funding, that is how submission specimens has been maintained. However, they also report a precipitous drop in PCR specimens because of antigen testing, but even antigen testing decreasing. • One jurisdiction is acquiring antigen tests, but even these are dropping. • Overall, one jurisdiction reports that they know there is a decline and are trying to maintain the specimen submissions. However, on meetings, they see NOWCAST and see it is ongoing. • Do we need to message that the need is there for these specimens to be submitted? • One jurisdiction reports that one additional challenge is the number of PHL priorities right now with EVD, EV-D68, MPX, COVID-19, influenza, among other. • One jurisdictional recommendation is to put funds into ELC for states to support this in a long-term fashion. While there 1.5 years in the supplemental, it would need to be added longer term.

4.	Workgroup updates	• For context, the Core Group call is designed to ensure discussion and engagement between CSTE and APHL membership and CDC personnel to provide feedback on overall COVID-19 and infectious disease response strategies, pre-decisional guidance and considerations, documents, tools and resources
		• Future topics:
		  ○ October: Emerging infection laboratory testing scale up
		  ○ November: COVID-19 in CDC NCIRD
		• As always, please feel free to suggest topics of interest during the open forum discussion
		• Please email Marci (mlayton@cste.org) if interested in serving as a CSTE co-lead for the Lab/Epi TL WG

Next Meeting: Tuesday October 25th, 2022 2-3PM ET		