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CSTE-CDC COVID-19 Core Epi Workgroup Meeting:

Date:	**Wednesday September 28, 2022**
Start/End Time:	1:00-2:00p

CSTE-CDC Core Epi COVID-19 WG Notes and Action Items

#	Topic	Items
1.	Introductions	**Open and welcome – Ben Chan (NH)**

2.	CSTE COVID-19-associated Death Classification Guidance	**CSTE COVID-19 Death Classification Guidance – Liz Dufort, Hutton Health Consulting**
		• CSTE is updating its Interim Guidance for Public Health Surveillance Programs for Classification of COVID-19-associated Deaths among COVID-19 Cases document (posted December 22, 2021)
		• Review of existing document
		  • Criteria for use with confirmed cases: The case meets the confirmed COVID-19 surveillance case definition, AND at least ONE of the following criteria is met:
		  a) A case investigation determined that COVID-19 was the cause of death or contributed to the death.
		  b) The death certificate indicates COVID-19 or an equivalent term as one of the causes of death, regardless of the time elapsed since specimen collection of the confirmatory laboratory test used to define the case.
		  c) The death occurred within (and including) 30 days of specimen collection for the confirmatory laboratory test used to define the case and was due to natural causes (e.g., the Manner of Death is coded as "natural" on the death certificate.)
		  • Criteria for use with probable cases:
		  a) The case meets the probable COVID-19 case definition AND a case investigation determined that COVID-19 was the cause of death or contributed to the death. OR
		  b) The case meets the probable COVID-19 surveillance case definition based only on vital records criteria (i.e. a death certificate that lists COVID-19 disease or SARS-CoV-2 or an equivalent term as an underlying cause of death or a significant condition contributing to death and there is no confirmatory or presumptive laboratory evidence.) OR
		  c) The case meets the probable COVID-19 surveillance case definition based on presumptive laboratory evidence AND death occurred within (and including) 30 days of specimen collection and was due to natural causes (e.g., the Manner of Death is coded as "natural" on the death certificate.) OR
		  d) The case meets the probable COVID-19 surveillance case definition based on epidemiologic linkage and meeting clinical criteria, AND death occurred within (and including) 30 days of symptom onset and was due to natural causes (e.g., the Manner of Death is coded as "natural" on the death certificate.)

		• Many changes occurred since the development of this guidance document including Omicron and its subvariants circulation, lack of universal CI/CT, changes in testing practices, etc.
		• CSTE convened a CSTE COVID-19-associated Death Classification WG and held 4 meetings to revise the classification
		• Key changes *proposed* include:
		  ○ Remove case investigation from the primary criteria and place in the 'implementation considerations' appendix, for those jurisdictions who choose to perform CI and where data are available
		  ○ Kept death certificate definition, however, did not keep need for laboratory confirmation, and where there is no confirmed or presumed lab confirmation, did not use the term 'probable'
		  ○ Removed the 30-day inclusion criteria
		  ○ Removed epi linkage and clinical criteria, to remain consistent with position statement revised case definition
		  ○ Modified the title and removed 'among COVID-19 cases', new title: CSTE Revised COVID-19-associated Death Classification Guidance for Public Health Surveillance Programs
		• Proposed revisions reviewed and emailed document to the WG the day before the meeting.
		• Overall, *proposed* COVID-19-associated death classification:
		  ○ The death certificate indicates COVID-19 or an equivalent term as an immediate, underlying, or contributing cause of death.
		  ○ See appendix for operational considerations for STLT implementation of this classification.
		  ○ Addressed consideration of PCC, subpopulations, need to evaluate over time, and need for timely access to vital records.
		• Appendix: Operational Considerations
		  ○ Where CI available, consider CI data
		  ○ Considerations for how to approach 'history of COVID-19' on DC
		  ○ Consider eliminating non-natural deaths
		  ○ Consider adding a timeframe
		  ○ Samples of key words and ICD-10 codes

3.	Presentation of jurisdictional data	**Analyzing COVID-19-associated Deaths, Jurisdictional Data** • Two additional jurisdictions shared that they performed similar analyzes and found similar conclusions.

4.	CSTE COVID-19-associated Death Classification Guidance	**Discussion**
		• Clarify that this classification is meant to classify death associated with acute COVID-19.
		  ○ There is a paragraph already addressing the complexity of PCC, however, we can strengthen this paragraph with this clarification.
		• Question of whether this will be moving forward or retroactive. Consensus among WG that this would be moving forward, and STLTs would not be expected to analyze retroactively
		• Some jurisdictions would like to keep the case investigation criteria within the core classification, not moved to the appendix, because where available, these data improve specificity of COVID-19-associated death classification.
		  ○ No STLTs were opposed to moving it back to the classification, as long there is a caveat re: where feasible and where data are available and it is an 'OR', not a required element.

		• CSTE will make revisions based on today's dissuasions and send back to the group for final review and comments over email.
5.	Future Topics	**Future Call Topics and Tentative Agendas** • Reinfection risk by vaccination status • Other topics of interest

Action Items

#	Activities/ Deliverables	Action Item/Responsible	Due Date	Status
1.	CSTE Revised COVID-19-associated Death Classification	☐ Liz Dufort to revise classification document based on today's discussion and send to the WG ☐ **Any additional edits/comments – please email Marci Layton (mlayton@cste.org) or Liz Dufort (elizabethdufort@gmail.com) by COB Wednesday 10/5/22**	10/12	Pending
Next Meeting: Wednesday October 12th, 1-2PM Eastern				