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CSTE-CDC COVID-19 Core Epi Workgroup Meeting:

Date:	Wednesday November 9, 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 – Katie Brown, MA
2.	CSTE COVID-19-associated Death Classification Guidance	CSTE COVID-19-associated Death Classification Guidance – Liz Dufort, Hutton Health Consulting • Feedback was received on the COVID-19-associated death classification document from state epidemiologists and CSTE wanted to circle back with the Core Epi WG before finalizing. • Feedback received was that there is incongruence between proposed death classification and 2022 CSTE case definition in that suspect cases lacking lab confirmation would not be reportable cases, but would be counted as a death. ○ Relatively low number ○ Important to count all COVID-19 deaths ○ At home testing could continue to increase ○ Need to discuss to assure continued support • Several members were not concerned with incongruence because: ○ Many more cases than deaths ○ Many cases go unreported and so large under-ascertainment of cases ○ Case surveillance is separate from death surveillance ○ There were no objections to this approach • Discussed issue of reporting deaths among residents only versus jurisdiction of death ○ Many WG members shared that their state only reports COVID-19 deaths among their residents • Members of the WG comfortable moving forward with proposed modifications to the document to better explain. • Vital records are the standard for classification of deaths and less of a need for this document to increase standardization of reporting practices across jurisdictions. • Might be worthwhile to add a caveat that one cannot calculate CRFs with these data given they are two different data sources. • Question as to why we needed a separate guidance document, versus relying solely on NCHS/VRs ○ At this time, with COVID-19, many STLTs still reporting publicly routinely, and need to update the prior document ○ However, would be good to articulate why this is not redundant (timeliness) • Comments that discussing death classifications moving forward with other diseases would be helpful and in relation to the case definitions
3.	COVID-19 Technical Report on Mortality Data	COVID-19 Technical Report on Mortality Data – Matt Ritchey, CDC • Technical report on mortality data: to be released next week Wed 11/16 1pm ET • A comprehensive evaluation of COVID-19-associated mortality which combines case surveillance, mortality data from NCHS, COVID-NET, and the Unified Hospital dataset, and discusses trends, where we have been, where we are now,

		who is currently impacted most, how is it related to vaccine status, demographically, how classified (cause or contributor), where dying, and how are these things changing over time, etc. - Emphasizes thousands of deaths per week still, can use vaccine to prevent and therapeutics, etc. - Trends for increased deaths outside of a hospital (home or LTCF) and increase in contributor to versus cause of death over time - STLT request for CDC: If possible, PLEASE share an embargoed copy in advance with STLTs, and/or share talking points in advance. This would support CDC by being able to amplify messages for CDC when media comes to STLTs. - Matt will work with the team to provide talking points to STLTs.
4.	COVID-19 Community Levels Performance and Evaluation	COVID-19 Community Levels Performance and Evaluation – Matt Ritchey, CDC - Presentation on CCLs metric evaluation: - Changing to a weekly packaging of information on the data tracker has gone well - Aiming for gold standard to stop STLT aggregate level reporting and use record level reporting, for STLTs where feasible - Decreased performance in predicting more severe outcomes over time, particularly more recently - Performed better in predicting ICU or mortality in the South region - Performed better in larger counties w/ population size above 100k - Stable phases over time in counties - CDC will continue to use these CCLs - Feedback from STLTs: - Current metrics aren't working to predict HCF capacity. - Perhaps need respiratory virus more broadly. - Perhaps need to break out adult versus pediatrics. - No one understands why there are two different metrics. It is confusing. And why HCFs use community levels and CCLs refer to HCF metrics. - CDC will return to discuss next week as we ran out of time.
5.	CSTE/CDC Core Epi WG	CSTE/CDC Core Epi WG Planning moving forward - Do we need to give others an opportunity to join the WG? This group has been involved for two years - Also, do we need to find a way to make this WG more disease agnostic for pre-decisional input - Does this WG need to widen or not -- keep small for pre-decisional input but need mechanisms for CDC to provide updates and discuss with wider groups as well - Hutton Health Consulting will help receive feedback and summarize WG lessons learned and memorialize this WG effort during COVID-19 for future PHEs, likely January 2023
5.	Future Topics	Future Call Topics and Tentative Agendas Changes to Upcoming Calls: Next meeting Nov 16th: - CDC CCL evaluation discussion (continued from today) - COVID-19 draft workplace outbreak guidance review and discussion - CDC COVID-19 Surveillance Framework - Call canceled 23 November due to holidays (moved to 16 November) - Call canceled 21 December due to holidays (will be moved to 14 December)

Action Items

#	Activities/ Deliverables	Action Item/Responsible	Due Date	Status
1.	CSTE COVID-19-associated Death Classification Guidance	☐ Any additional edits/comments – please email Marci Layton (m Layton@cste.org) or Liz Dufort (elizabethdufort@gmail.com) by COB Monday 11/14	11/14	Pending
2.	COVID-19 Technical Report on Mortality Data	☐ CDC to release a technical report on mortality data in one week - Wed 11/16 by 1pm ET ☐ Any advanced embargoed copy or talking points to be shared with this WG, if feasible	11/16	Pending
Next Meeting: Wednesday NOVEMBER 16 th 2022, 1-2PM Eastern --MOVED EARLIER DUE TO THE THANKSGIVING HOLIDAY--				