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CSTE-CDC COVID-19 Core Epi Workgroup Meeting:

Date:	**Wednesday December 14, 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.	CDC COVID-19 Surveillance Framework	**CDC COVID-19 Surveillance Framework – Aron Hall and Ben Silk, CDC**
		• Ready to finalize and disseminate
		• Want to run through a rough outline of the framework
		• Would like input and suggestions on the framework and how to make it most useful
		• Aim: Complex COVID-19 surveillance landscape has not been summarized in a single document
		• Ensure current surveillance goals are aligned with the current population with immunity from prior infection or vaccination or both, with a focus on preventing severe disease and HC system strain
		• Growing availability of home tests
		• Sustain and expand gains of the longer-term parallel initiative of data modernization initiative (DMI)
		• Comprehensive summary of current surveillance objectives and approaches
		• Living but hopefully evergreen framework
		• Approach to surveillance that is being used currently and envisioning the ongoing possibility of large Omicron-like waves as new variants emerge
		• Routine monitoring activities associated with the pandemic response that are distinct from infection and disease surveillance will be addressed separately including vaccination coverage and effectiveness and effectiveness of NPIs (these will be addressed elsewhere)
		• The vision for COVID-19 surveillance under the full DMI will be captured in a separate document
		• Will be discussing adjustments to current surveillance approaches separately, if adopted, these would then be incorporated into surveillance framework
		• Organization of National Framework for COVID-19 surveillance
		  ○ Goals
		  ○ Objectives
		  ○ Rationale for each surveillance objective/how data are used
		  ○ Core surveillance approaches that provide data at county-level for real-time decision-making
		  ○ Additional layered approaches that provide data on less frequent basis
		• Four primary surveillance goals:
		  ○ Knowing when and where and in what populations cases are occurring
		  ▪ Core: ELR, case surveillance, NSSP
		  ▪ Additional layered: wastewater surveillance
		  ○ Knowing which variants are circulating and what their impact is

		▪ Core: NS3, Commercial labs sequence data, Sequences in public repositories tagged for surveillance ▪ Additional layered: Sentinel surveillance, gene target failure, wastewater surveillance, airport screening ○ Understand disease severity and its impact on populations and healthcare systems ▪ Core: Unified hospital data (may not be continued once PHE is lifted), COVID-NET, aggregate and case-level death surveillance, national vital statistics ▪ Additional layered: NVSN, IVY, SUNA, EHR ○ Understand the impact of PCC ▪ MIS-C case surveillance. MIS-C hospital surveillance, PCC cross sectional surveys, cohort studies, modeling, monitor emerging conditions • Would like feedback overall and on these points: ○ Communication plans in coordination with CSTE ○ Framing as current CDC COVID-19 surveillance strategy ○ Future of COVID-19 aggregated and line list case surveillance • Discussion/Feedback: ○ Question: How does this align with the CSTE/APHL surveillance framework (posted in Oct and which Katie presented on a webinar last week): https://preparedness.cste.org/wp-content/uploads/2022/10/Interim-CSTE-APHL-COVID-Surveillance-Framework.pdf ▪ CDC reports the surveillance document is consistent with and complements the CSTE/APHL surveillance framework ▪ The two frameworks are very well aligned (and certainly not conflicting). Both are focused on tracking trends, genomics surveillance/variants, and emphasize severe disease though with some differences in how the frameworks are organized. The CDC framework goes on to address MIS-C and PCC whereas the CSTE document has sections on outbreaks and data sharing & risk communications ○ STLTs have needed a national COVID-19 surveillance strategy for a long time, but it is challenging to comment on how we would implement this without being able to see and review a draft of the document ○ STLTs want to be able to amplify the CDC message, but need to be embedded in the process and be able to view and comment on the document to do so ○ Specifically need messaging about why influenza and COVID-19 surveillance continues to differ significantly, and any plans to harmonize those efforts ○ This helps reinforce and support decisions STLTs have made ○ This can help others understand, especially at the federal government level, why and how we are shifting surveillance at this stage of COVID-19 ○ But, it would be important to include lessons from COVID-19 for future emerging infections ○ This as an opportunity to put out public messaging about why GOOD surveillance doesn't necessarily or even usually mean counting every case. This requires a lot of energy communicating this to the public. Along with CDC's timeline in not shifting away from the concept of universal contact tracing earlier in the pandemic still challenges us and contributes

		to public confusion and mistrust of public health. This message would be a forward-facing message that could be built upon in future epidemic/pandemic scenarios. o CDC wants to emphasize not using limited PH resources on surveillance activities that have limited value o Feedback to CDC that they should not perpetuate the idea that county-level reportable case data is needed for the response now o As we start to shift our focus to a broader set of respiratory infections, is there a plan to build this out to capture how these tools are being used for multiple infection types (and broadly for all respiratory infections)? o A pivot to surveillance for a broader set of respiratory infections is not only needed but provides an offramp for COVID-19 exceptionalism with surveillance. o Is CDC also looking at the generic model of how we implement the phases of a pandemic response. COVID-19 is an example of what we are dealing with in public health and as big as it has been, it is likely to be matched and exceeded in future expectations of public health to implement surveillance and guide responses to future threats. The current surveillance plan for COVID-19 is less urgent than stabilizing our workforce and building a sustainable approach to responding to new threats and priorities. o The benefit of putting out something like this now isn't so much its impact on public health agencies and their surveillance strategies, but more for the public (and other partner) messaging describing the current strategy. Part of this messaging, however, needs to involve messaging about how this impacts how surveillance for other respiratory diseases may/will change as a result of the pandemic lessons learned. o Coordination and consolidation across respiratory diseases at the STLT level is essential – at the STLT it is the same people with access to the same systems. At the CDC, the SMEs may be different, and there are different systems, creating challenges, redundancy, and confusion. These should be consolidated. o This framework is an opportunity to inform and educate the public about surveillance strategies. o Funding will decreased again. What is sustainable for long-term monitoring of COVID-19 moving forward?
3.	CDC COVID-19 Community Levels: Future Metrics Listening Session	**CDC COVID-19 Community Levels: Future Metrics Listening Session – Brendan Jackson and Matt Ritchey, CDC** • How are you using the CCLs? o Not routinely using o Still messaging them, but with larger and larger reservations, feels nearly useless, at best. o We poste them on our summary dashboard with link to guidance but would certainly be on board with retiring it. o Using high levels to push recommendations and vaccines o Using them mostly as we communicate CDC guidance to partners like congregate settings rarely using public messaging. o Stopped using because not useful. Also, recognize that it is hard to create CCLs that work for rural and large urban settings o Do we still need the CCLs or are they adding any benefit? I know that even hospitalization data is changing and becoming increasingly

		unreliable as hospitals stop asymptomatic testing on admission or before procedures. So, I guess I wonder if they should be sunset. • How might the CCL framework better support informed PH action? o Not sure what the purpose really is at this point. One STLT links to these data on their website, but the data lag is not really reflecting current experience and the CCLs don't clearly track the severity/hospital capacity challenges, particularly when multiple factors are affecting healthcare utilization acutely. o Move away from county-level metrics on CDC site altogether o Have more transparency about how much is transmission burden and how much is healthcare burden o The CCL metrics are increasingly becoming data 'noise' and people don't know how to use or interpret them, so they're often ignored o CCLs are almost counterproductive right now, because of the multiple resp viruses affected the HCFs o COVID-19-only CL don't seem necessary given that interventions are the same for all respiratory viruses o CCLs were validated with data without significant home testing, from 12-18 months ago, with Delta, so the values don't match up with the current environment o We don't seem to have different prevention messages for different COVID-19 CCLs, so what is the PH action associated with it? o People still recognize that masking, social distancing, other measures, are helpful. But even people who still believe in those things in the community setting want to anchor when to do them to something more relevant. CCLs were misleading at best as flu and RSV surpassed COVID-19 as the leading drivers of hospital burden in recent weeks. So the question is, do we just tell people that masking is helpful, or do we take a new stab at providing an on-ramp and off-ramp? o So what is your constituency for this looking at it for? It does not appear that public health authorities are using it, so is this really for the federal government or for the media? If so, what do they really think this map is representing and then maybe we can put something better out there for that purpose. • Aside from the CCLs how can we better support informed PH action? o Supporting systems for jurisdiction-wide hospital capacity and utilization tracking would be useful - not specific to COVID-19 o Continued messaging on who is at risk and additional actions they should take – rather than general public messaging o Hospital capacity surveillance is important for STLTs but this aggregate metric is really not capturing what our experience is. It would help to have more direct approach to tracking challenges experienced with capacity in our hospitals. o For the comment on hospital metrics, can you say more about what you're thinking for a more direct approach? o When CCLs are retired please do NOT replace with another metric tied to masking and prevention guidance. Those messages should come from CDC and State/Local health based on a comprehensive view, rather than on one metric. • General comments/discussion:

		○ This same struggle happened with influenza. The influenza map is now populated by states with flu surveillance levels to create levels or metrics, but previously when CDC did it, it didn't work, because of local factors. ○ The Surveillance framework provides an opportunity to pivot way from these CCLS with the release of the CDC Surveillance Framework. Does it comment on shifting away from CCLs? ▪ CDC reports that the draft national COVID-19 surveillance framework explicitly does not address hospital capacity, a core component of CCLs.
4.	Future Topics	**Future Call Topics and Tentative Agendas** Changes to Upcoming Calls: • *Canceled Dec. 21st due to holidays* • **Moving call from January 4th to <u>January 11th</u> 2023:** ○ Air Quality & Ventilation – Philip Salvatore, CDC ○ Will also debrief about the Core Epi WG, lessons learned, improvements • Will hold two calls in January and then reassess ongoing workgroup needs based on the status of the pandemic

Action Items

#	Activities/ Deliverables	Action Item/Responsible	Due Date	Status
1.				
Next Meeting – Wednesday January 11th 2023, 1:00-2:00PM Eastern Time (*canceled December 21st due to the holidays*)				