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CSTE/APHL/CDC Lab Epi COVID-19 Thought Leaders WG:

Debrief Notes

Date:	**Wednesday March 21, 2023**
Start/End Time:	2:00-3:00 PM Eastern

Items
Open and Welcome – Janet Hamilton, CSTE and Scott Becker, APHL
Debrief Discussion **1. Do you have any examples of how the Lab Epi TL WG helped to guide important science and policy discussions?** - When trying to define reinfection and length of time someone can be infected, CDC shared data and the discussion was very helpful. - There was a lot of discussion about the use of antigen testing with FDA and CDC colleagues that was helpful and helped us figure out (used flow diagrams) when to use it and for which populations. - Discussion of discordant PCR and antigen results was helpful to have a discussion with combined lab and epi professionals. - Discussions of how cycle threshold (CT) can be used and how it cannot be used was helpful. While difficult discussions, they were well facilitated. - Opportunity to comment on CDC guidance on rapid antigen testing was good and would like to think we helped shape that guidance. Helpful for CDC to hear jurisdiction concerns, but was unclear if it impacted higher level decisions on the use of antigen tests earlier in the pandemic. This group's discussions on testing have helped shape state and local policy. - Good discussion of the CARES Act and what should be required for reporting (e.g., positives or negative results) **2. (*For CDC attendees*) Has the Lab Epi WG served as a helpful forum for CDC to obtain input on pre-decisional matters and for obtaining subject matter expertise on draft materials and revised policies being considered?** - Incredibly valuable to CDC to hear what we are seeing and hearing in jurisdictions. - Has been a nice forum, even just understanding the impacts of potential decisions, and the needs. Early in response there was a tendency to be responsive to everyone and then focused attention on groups like this one. **3. Has the Lab Epi WG been successful in securing access to key CDC and other federal officials (e.g., FDA) to engage in policy discussions?** - Kudos to CSTE and APHL team for helping to organize and arrange the guests for the calls. FDA and NIH RADx groups and other FDA and CDC colleagues were very helpful and provided a nice synergy to bring together the technical, scientific, and regulatory experts.

- These calls have been an important avenue for sharing and discussing data/studies behind guidance and policy decisions.
- Thanks to APHL for being able to leverage existing relationships at FDA and other federal agencies or organizations to be able to have a lab/epi conversation in this forum.

4. **Has the Lab Epi WG helped to raise awareness of the perspectives of public health laboratorians and epidemiologists at state and local health departments among our federal partners?**
   - CDC learned a lot on these calls about pressures that state and local officials may be facing that we may not have heard about so consistently.
   - Having public health lab partners present in the discussions was a good success. This hasn't always occurred in other responses. This was valuable and I hope this becomes the new norm.
   - Want to echo the importance of having lab and epi perspective together. This allowed us to explore issues that both may not have always agreed upon.
   - Even at CDC, we struggle to bridge the lab and epi perspectives, and this is so important.
   - Dr. Messonnier assigned someone to bring lab and epi together early in the pandemic, so CDC deserves credit, and then CSTE and APHL persisted in bringing this group together.

5. **(*For CDC attendees*) Has CDC been comfortable sharing draft policy decisions and guidance documents with the Lab Epi WG for input before finalizing approaches? Are there strategies that could be used to address any concerns (e.g., *credentialing members, signing Non-Disclosure Agreements*)?**
   - There is a lot of respect and admiration in CDC for CSTE and APHL members. Unfortunately, there are times when CDC is just not able to share more detail, although they may be comfortable.
   - There remains a commitment and desire to do this better and bring these organizations into more pre-decisional discussions. CDC appreciates having this forum to have these discussions.
   - Thought Leaders had great input, but then sometimes it went off into "CDC-land" for a while (e.g., Surveillance 2.0) and became something that was very different and not something we supported.
   - CDC feels these are trusted relationships with the associations and their members.
   - Credentialing or non-disclosure agreements may help people up-the-chain feel more comfortable with more sharing in these forums.
   - At times early in the response, CDC was even urging others to speak loudly and publicly with their concerns.
   - CDC, even early on, was very interested in hearing everyone's feedback. Just because it didn't make it into the final product, it doesn't mean that CDC wasn't listening.
   - Not sure about credentialing, but CDC is very committed to getting input in advance of finalizing key policies.

6. **(*For jurisdictions*) Have jurisdictional representatives felt comfortable that you can share your opinions with federal officials on the Lab Epi WG calls?**
   - No concerns expressed and hopefully not too blunt and direct at times.

7. **Are there any ways that the Lab Epi WG could be modified to become even more impactful? (*e.g., membership background, engage in development of guidance and similar documents related to emerging laboratory and epidemiology topics, etc.?*).**

- Sometimes we got into technical discussions, but we didn't have the appropriate technical SMEs on the calls. We could do better at spinning off highly technical or DMI conversations.
- Discussion of linking WGS data with epi data and associated challenges was highly technical and required informatics expertise. Maybe add more informatics' expertise onto this group or specific calls, both from jurisdictions and CDC.

8. **How can APHL and CSTE improve the focus and high yield nature of the Lab Epi WG discussions (i.e., *avoiding presentations on subject matter which the WG members are already expert*)?**

9. **Has the frequency of Lab Epi WG meetings and duration of meetings been appropriate?**
   - CSTE/APHL adjusted the cadence nicely.

10. **You may be familiar with a separate ad hoc workgroup - the CSTE Core Epi WG - which has also existed to provide feedback to CDC on policy issues that are mostly focused on COVID-19 surveillance/epidemiology (*e.g., PH Partners Statement on Universal Case Investigation and Contact Tracing (Jan 2022)*). Do you have any thoughts about the effectiveness of the Lab Epi WG relative to the Core Epi WG and whether there has been clarity about the differences between the two groups? Do you think there is value in the future in retaining the two different groups, or should they be merged?**
    - It is challenging to get lab engagement on these calls, so it is important to continue these, even if there is redundancy for the epi side.
    - Core Epi WG membership may have been broader and that was important.
    - It is important to keep the calls separate, and even have different leadership of the calls, to help make differentiation of the calls clearer. Because there was a time when Ben/Katie co-chaired each call, it became less clear. It is important to have lab leadership on this call.

11. **How can CSTE and APHL best leverage or share the discussions that happen within the Lab Epi WG to better support all of our PHL, State Epi, CLUE lead members, or broader CSTE and APHL membership who are not part of the group?**
    - Sometimes at CDC one can think that if you talk to one group than you have reached everyone. Maybe if there is a summary at the end of each call to review and discuss what can be shared with a larger audience.
    - This group could also discuss what information should be shared out more widely.
    - Sharing more with the regular All State Epi calls would be helpful, if something is not close-hold.

12. **How can CSTE and APHL convene membership and staff with CDC and other federal partners to provide input and feedback on emerging laboratory and epidemiologic issues in the future (either during an emergency response or as a means to establish a state of epi and lab readiness)? (If using a WG approach what components are essential to capture for future PHEs? (e.g., *how should members be selected/recruited – years of experience, geographic representation, located in a high burden area for the new emergency issues, how should calls be structured (speakers, discussion, notes, etc), how to best support the WG, and whether to maintain the WG in between emergencies or create WG when needed?)***

- There is something to be said for having relationships that have formed, such as through this group, in between emergencies as it is helpful to know each other. Maybe a quarterly touch base would be helpful, then when an emergency happens, we can work on that.
- Invest in preparedness and we will be better able to work together in response mode.
- Moving from post-pandemic to an inter-pandemic phase.
- Quarterly meeting sounds good, not sure what the membership should be.
- Developing minimum set of data elements for test requisition that could be required for the next response. This would be the perfect topic to bring to this group in between PHEs.