**CLHO Communicable Disease Committee Minutes**

**May 12, 2023**

**Time: 10:00 a.m. – 11:00 a.m.**

**Committee Attendees:**

**Members: Gerald Dyer, Anna Summer, Lisa McClean, Michelle Ashby, Rita Bacho, Andrea Krause, Bailey Burkhalter, Kellie Hansen, Tyra Jansson, Rachel Posnick, Robin Canaday, Sara McCall, Emily Brateng, Jon Hitzman, Amy Manchester Harris, Kathleen Rees, Christine Keating, Brian Leon**

**Additional Staff: Carolee Asher, Jessica Bland, Debbie George, Rebecca Chavez, Kyra Pappas, Sarah Hohenshelt, Kathy Christensen,**

**OHA Attendees: Zintars Beldavs, Paul Cieslak, Meagan McLafferty, Michael Nugent, Rex Larsen, Sarah King, Sheri Hearn, Alessandra Karson-Whitethorn, Jennifer Brown, Macey Henning, Melissa Sutton, Rebecca Pierce, Amanda Faulkner, Sarah King, Cassie Clarke, Lydia Luther, June Bancroft**

|  |  |  |
| --- | --- | --- |
| **Agenda Item** | **Detail** | **Action Item** |
| Welcome and roll call  | Quorum not met.  |  |
| Approve minutes of March meeting | Lack of quorum, no motion |  |
| Mpox UpdateAmanda FaulknerOHA, ACDP[amanda.e.faulkner@oha.oregon.gov](http://) | **Update on mpox.** * There is concern for new mpox cases to start emerging with advent of summer events.
* Internal work being done towards getting people vaccinated, with messaging that vaccines are still important and readily available.
* Amanda is reaching out for help with:
	+ Inform cases and their partners that the vaccine is the best protection.
	+ Ask them how many doses the case and their partner has received.
	+ Help them find the vaccine with the widget.
	+ Amanda will follow up with email.
 | **Amanda:** **Please share mpox info by email** |
| OSPHL Courier UpdateSarah KingOHA, OSPHL[sarah.m.king@oha.oregon.gov](http://) | **Discuss transition in courier services for the OSPHL.** * Sarah provided written update April. OSPHL is transitioning to two new vendors following a regional services mode.
* One change is using the online form for as needed requests starting June 1.
* Started training, with live sessions and on demand sessions.
* More comms will come out this month with details so you can train your staff.
* The vendors will visit your locations on May 22 to work out logistics. They will ask first before taking photos.
* The box labeling is also changing.

***Questions:**** *What are the dates?*
	+ *The dry runs to sites is the week of May 22nd.*
	+ *Pickups with vendors June 1st.*
* *What should be done to prep for this visit?*
	+ *No prep necessary, just be aware. They have the list of courier contacts. They will want to know your preferred process for your site, verify hours, etc.*
* *Will they reach out to us first and how do we schedule this?*
	+ *They have your hours, telephone #s and email.*
	+ *For concerns with timing, reach out to Sarah.*
* *If we are moving buildings soon, do we update your office?*
	+ *Yes, there is a shared inbox to liase with the courier. We are aware there is at least one location in transition.*
* *Reach out to Sarah if you have more questions.*
 |  |
| Data SuppressionRex LarsenOHA, OIP[rex.a.larsen@oha.oregon.gov](http://) | **Discuss data suppression standard used in immunizations.*** OIP has been discussing small numbers and confidentiality policies.
* A new small numbers policy has been proposed to publish down to 10 individuals in a group (numerator), which historically has been 50.
	+ With the 50, data are more reliable, fluctuate less and protect confidentiality.
	+ The drawback is that race/ethnicity data for many areas do not show up. Most rural counties currently have little REALD data published.
* The proposal is to have 10 be the standard for all data publication reports (2-yr rates, maternal, adolescent, adult vaccination).
* With this change, we would publish 70% of the race and ethnicity data points (vs. 40%), but we must address how to maintain anonymity for people.
* One issue is how to deal with 0% vaccination rate of less than 10% vaccination rate.
	+ #1- Report 0% as less than 10%, and 100% becomes greater than 95%
	+ #2 - Report as calculated, 0% and 100%.
* Rex would like input from members regarding this change in the small numbers policy, and what solutions are supported for protecting anonymity.

***Discussion and Questions:****With #1, is that also with bringing numerators down? With very low population #s, is that what is in ALERT? Some have received feedback about not publishing small numbers from advocacy groups. Practically, the 0-100% (#2) is understandable, but if 80%, that data will not reveal anyone unless 0-100%**Yes, it would be a change in addition to bringing down to 10. For ALERT data, some counties have denominators lower than 10 and numerators lower than 10.**We do have data sets with overall populations less than 50, so all the sub-groups will be very small.* *Immunization rates are very low risk compared to other data.* *We view it as a step in right direction concerning equity work in counties.* *What is the timeline for feedback and LPHA engagement? There are several counties not in attendance at this meeting.* *For OIP, presenting here today is the last step. OIP has made the decision to proceed with this change and we would like LPHA feedback.* *We can wait for this to be distributed to gather more feedback, then can come back to the next meeting.* *We would like to implement as soon as we receive feedback from LPHAs.* *Rex will prepare a one pager and send that out and can come to meeting next month.**Will we be able to preview the data before it is posted?* *Yes, OIP will post data tables so you can see the data ahead of time**Are there any strong concerns about these changes proposed?* *Hearing none, Rex will send out the one-pager today with the 2-week timeline for feedback, and then the data tables with the changes.*  | **Rex:****Please send out one-pager and timeline for feedback**  |
| COVID-19 UpdatesMelissa SuttonOHA, ACDP[melissa.sutton@oha.oregon.gov](http://)Paul CieslakOHA, ACDP[paul.r.cieslak@oha.oregon.gov](http://) | Provide COVID-19 updates on: IG and rulemaking changes, vaccines, and the end of the federal emergency.**Epi briefing - Melissa*** We will have a tri-pathogen dashboard (COVID-19, RSV, influenza), with the latter two being added closer to the onset of the next season.
* The COVID dashboards are now organized as community transmission, hospitalizations, hospital capacity, deaths and vaccination. Individual and county data are no longer posted. Our dashboards align with CDC and will reflect what is on CDC’s web page.
* We will be using sentinel lab reporting (~18 labs) and no longer doing ELR reporting since COVID-19 tests are no longer reportable.
* Test positivity last week was 4.7%. We are in the plateau phase.
* Wastewater surveillance currently has ~ 36 active sites, and open to taking on more. Data shows a plateau overall for most areas, with more decreasing than increasing.
* We will continue to publish variant proportions and run genomic sequencing to determine if variants are changing.
* Hospitalizations are no longer reportable. We will link to CDC’s COVID net hospitalization surveillance system.
* We will continue to publish COVID-19 deaths weekly and are changing the death definition to anyone who has died with an ICD 10 code on their death certificate. The two different definitions provide very similar results. Most jurisdictions use the vital statistics method.

**Investigative guidelines changes – Paul*** We are no longer enforcing COVID-19 lab reporting as of May 11. This will require permanent rule making.
* If cases self-report, they will be advised to stay home until 24 hours free of fever and symptoms improving, and mask for 10 days.
* For schools, we are removing COVID-19 from the restrictable conditions list. This will require permanent rule making. ODE documents will be updated.

**COVID-19 Rule changes – Paul** * Health Care workers: vaccine requirement suspended May 11. Permanent rule proposed, effective June 30.
* School teachers and staff : vaccine requirement suspended June 17. Permanent rule proposed, effective June 30.
* Reporting requirements: Permanent rule proposed, effective June 30. The only cases reportable will be MIS-C and deaths in children.

**End of federal PHE coverage May 11 - Paul*** Testing: Medicare and Medicaid will cover; private insurance companies may cover.
* Vaccines and therapeutics: EUAs are not affected. Some therapeutics will transition to traditional healthcare coverage later this year. Insurance companies will be required to cover vaccinations.
* 1135 waivers expire Sept. 30th
 | **Melissa & Paul: Please share the slide deck** |
| COVID-19 TestingMelissa SuttonOHA | **Provide an update on COVID-19 testing at the OSPHL.*** **Field Operations closure**
	+ The FO team closes June 30th.
	+ COVID-19 testing likely to transition to health care system.
	+ OHA will no longer provide specimen collection.
	+ OSPHL will have limited testing availability.
* **Testing resources**
	+ The primary resource for testing is the health care system. For cases without health insurance, free OHA testing is available.
	+ OHA will distribute point-of care tests to priority partners until July 31, 2024.
	+ OHA will also distribute COVID-19 self-tests to priority partners until the current supply is depleted.
 |  |
| Influenza surveillanceMelissa SuttonOHA | **Variant influenza surveillance outside of the influenza season*** A HAN will be released today, 5/12, that will expand several current recommendations and highlights our current recommendations regarding antivirals.
* CDC has also asked us to expand our current specimen surveillance outside of the influenza season. We collect influenza specimens from hospitals and the data is used to determine resistance to antivirals and inform vaccine development for the upcoming season.
 |  |
|  | ***Questions:****What is the plan for Opera in the fall in regard to outbreaks?**That is currently under discussion with no final decision yet. We do not want to keep Opera as a case data system since we are no longer doing COVID surveillance.* *For Opera Outbreaks, we may keep a separate data base.* *What is the timing of the Investigative Guidelines?**A draft to review will go out today with feedback needed by next week, then they will be finalized and distributed.* *There are extensive changes, with less detail around surveillance, and updates to outbreaks.* *Do we need a lab to confirm a COVID outbreak?**No, since case definitions are not changing, a POC test would confirm a case.* *They can report that they had a positive test result.* *Could we get the slides?**Yes, we will share the slide deck.* ***Gratitude:****Gerald expressed his gratitude for all the counties and OHA for all the work done. It was an honor to serve with everyone in this group and those we have lost.* *Much gratitude from all.*  |  |
| CD Indicators/MetricsKathleen Rees | **Update on the CD Indicator/Metrics process.*** There have been several meetings recently and indicators were selected for CD:
	+ 3 different indicators for syphilis, vaccine preventable diseases, 2-yr immunization rates, and adult influenza vaccine rates.
	+ We will send out more info on the vaccine preventable diseases this week.
* These indicators will go forward for approval this month, then in June, we will look at process measures involving OHA, LPHAs, health care, and possibly CBOs.
* Please contact Kathleen if you have any ideas or concerns about the process.

***Questions:*** *None*  |  |
|  |  |  |

**Facilitator: Kathleen Rees Note Taker: Jennifer L Brown Next Meeting: Friday, June 9, 10-11 am**