

Updates to the National Surveillance Strategy for SARS-CoV-2

Council of State and Territorial Epidemiologists (CSTE) Position Statement

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Overview

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Council of State and Territorial Epidemiologists (CSTE): Position Statement

- CSTE has developed a position statement to update the national surveillance strategy for SARS-CoV-2.
- This position statement outlines the proposed changes and actions required to implement this updated strategy, focusing on the discontinuation of national notification for COVID-19 and transitioning to more effective surveillance methods.
- [24-ID-11 SARS-CoV-2.pdf \(ymaws.com\)](#)



Statement of the Problem

- The current surveillance system for SARS-CoV-2 is inadequate due to sporadic reporting, reliance on at-home testing and a focus on asymptomatic or mild cases. There is a need to shift towards monitoring severe outcomes and post-acute sequelae.



Background and Justification

- History of SARS-CoV-2 and COVID-19:
 - Identified in December 2019
 - Early surveillance efforts were crucial for understanding the virus
- Shift in Surveillance Goals:
 - From universal case investigation to targeted surveillance
 - Focus on severe outcomes, hospitalizations, and deaths
- Current Surveillance Systems:
 - Emergency department visits for COVID-19-like illness
 - Laboratory test positivity rates
 - Hospitalizations and deaths
 - Wastewater monitoring for viral load



Desired Actions

- Key Actions Recommended by CSTE:
 - Implement a standardized surveillance case definition
 - Ensure consistency across jurisdictions
 - Utilize recommended reporting sources
 - Laboratories, hospitals, death certificates, etc.
 - Use standardized criteria for case ascertainment and classification
 - Confirmatory, probable, and suspect cases



Goals of Surveillance

- Surveillance Goals
 - Improve understanding of severe disease, outbreaks, outcomes and post-acute sequelae
 - Monitor long-term health impacts
 - Track the spread and detect outbreaks in vulnerable populations
 - Meet jurisdiction-specific needs for surveillance and response
 - Adapt to local public health infrastructure



Recommended Changes

- Major Changes
 - Removal of SARS-CoV-2 infection from the Nationally Notifiable Condition (NNC) list
 - Align with the end of the federal Public Health Emergency
 - Development of a comprehensive national surveillance strategy
 - Integrate COVID-19 with other respiratory virus surveillance
 - Simplification of laboratory criteria for reporting
 - Update references to federal guidance
 - Include current and future molecular assays



Data Sources and Methods

- Recommended Sources:
 - Commercial laboratories
 - Primary data source for case-based surveillance
 - Hospitals
 - Important for monitoring severe outcomes
 - Death certificates
 - Critical for understanding mortality impacts
 - Electronic medical records
 - Provide comprehensive patient data
 - Optional at-home testing
 - Supplementary data source
 - Can provide additional data points but may vary in accuracy and completeness
 - Useful for understanding community spread, though results can be inconsistent
 - Wastewater surveillance
 - Monitor viral load in communities
 - National Healthcare Safety Network (NHSN) Data
 - Track healthcare-associated infections and outcomes
 - Syndromic Surveillance
 - Monitor symptoms across populations
 - Variant data on respiratory reports
 - Track variants and impact on public health



Criteria for Case Ascertainment and Classification

- Case Ascertainment
 - Use of laboratory, clinical and epidemiologic data
 - Comprehensive Approach to identify cases
- Case Classification:
 - Confirmatory:
 - Detection of SARS-CoV-2 nucleic acid or specific antigen
 - Probable:
 - Presumptive laboratory evidence (suggest infection but are not as definitive as confirmatory tests)
 - Epidemiologic linkage (close contact with a confirmed or probable case)
 - Suspect:
 - Supportive laboratory evidence or vital records criteria (a death certificate listing SARS-CoV-2 as an underlying cause of death or signification condition contributing to death)



Texas-Specific Actions

- Changes made to COVID-19 Surveillance
 - March 8, 2024: COVID-19 No Longer Reportable/Notifiable in Texas
 - Mandatory reporting of individual COVID-19 cases and positive/negative lab reports has been discontinued
 - Laboratories, hospitals, healthcare facilities can continue to report positive SARS-CoV-2 PCR and antigen tests **voluntarily**
- Updated Outbreak Definition and Guidance
 - Outbreaks are still to be reported and the COVID-19 associated outbreak definition guidance has been updated
 - Long-Term Care Facilities (LTCFs): No longer need to report individual cases or lab cases but must report outbreaks to manage potential spread effectively
- Current Surveillance Methods
 - Our current surveillance method has moved to a combined report that is the Texas Respiratory Virus Surveillance Report (TRVS)
 - Viral Respiratory Dashboard is updated weekly
- COVID-19 Associated Deaths:
 - Monitoring of COVID-19 associated deaths continues and data will continue to be imported into The State Health Analytics and Reporting Platform (SHARP)



Conclusion

- Summary
 - Importance of updated surveillance strategies
 - Adapt to current public health landscape
 - Expected outcomes and benefits



Texas Department of State
Health Services

Thank you!

Discontinuation of National Notification for SARS-CoV-2

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