

Overview of COVID-19 Public Health Surveillance and Reporting in Texas, 2020-2022

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Objectives

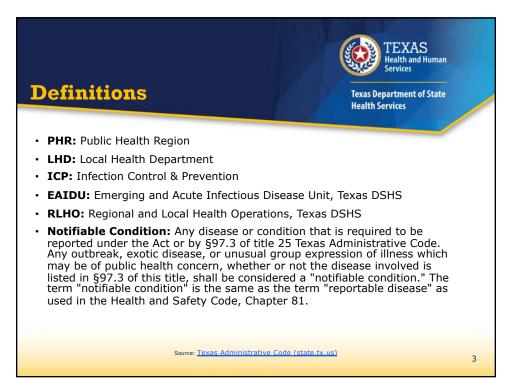


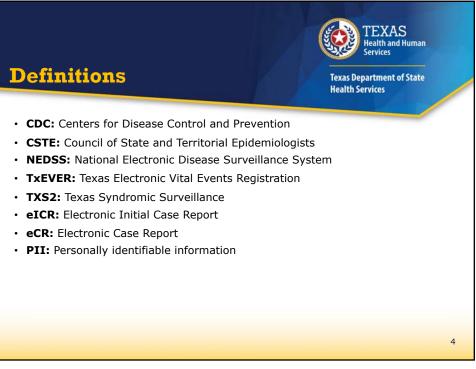
Texas Department of State Health Services

Upon completion of this presentation, participants should be able to:

- Report a notifiable condition, such as COVID-19.
- Access, interpret, and use publicly available COVID-19 data and information resources on the DSHS website.

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Public Health Surveillance

- Public health surveillance is systematic, and ongoing assessment of community health through timely
 - Collection
 - Analysis
 - Interpretation
 - Dissemination and use of data

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Public Health Surveillance

- Population based (not a sample)
 - Not research
 - Aims to detect rare events
 - Data is used to inform prevention strategies and identify outbreaks
 - To inform public health action aimed at interrupting transmission

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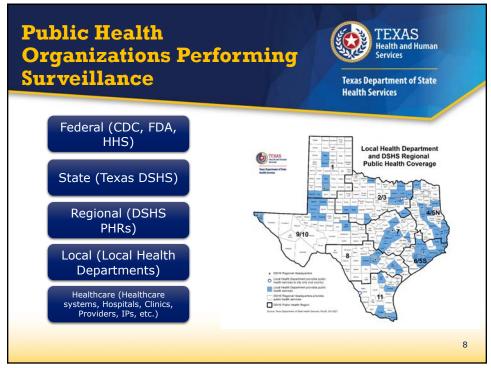


Public Health Surveillance (cont.)

- Collection of personal data for public health surveillance must be:
 - Stored securely
 - Confidential and shared and used only for legitimate public health purposes
 - Used in ways that protect, maintain and improve the health of the public

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Disease reporting: State and Federal Roles

- Laws and rules governing communicable disease reporting reside at the state level
- The CDC and national organizations like CSTE make recommendations (released as position statements), however these recommendations are not requirements
 - · Recommendations may include:
 - · Standardized case definition
 - Laboratory evidence criteria
 - · Outbreak definitions
 - · Criteria for identifying fatalities, etc.
- Position statements over the past three years related to COVID-19 (and other conditions) may be found at https://www.cste.org/page/positionstatements

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Disease reporting: State Role

- State health departments may:
 - Set case and outbreak definitions for operational surveillance
 - Designate notifiable conditions
- Set requirements for reporting notifiable conditions
- Specify public health actions in response to notifiable conditions
- Collects and disseminates reports of notifiable conditions to local and regional health departments
- Shares information with other states and to CDC to disseminate to international public health organizations
- Provide resources and direct response activities if necessary within the state
- Sends summary reports of nationally notifiable conditions (without identifying information) to CDC and disseminates findings from collected data in the form of reports, presentations, webpages, infographics, etc. to the public.

Several Texas laws (Health & Safety Code, Chapters 81, 84, and 87) require specific information regarding notifiable conditions be provided to the Texas Department of State Health Services (DSHS). Health care providers, hospitals, laboratories, schools, and others are required to report patients who are suspected of having a notifiable condition (Chapter 97, Title 25, Texas Administrative Code).

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Disease reporting: Regional Role

- DSHS Regional health departments may:
 - Collect and transfer reports of notifiable conditions to local and state health departments
 - Perform functions of the Local Health Department in Jurisdictions where none exist or resource limitations prevent surveillance activities
 - Provide resources to local health departments
 - Send summary reports of nationally notifiable conditions to Texas DSHS central office and disseminates findings from collected data in the form of reports, presentations, webpages, infographics, etc. to the State, and public.

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Disease reporting: Local role

- Case investigation including:
 - Case interview (as applicable to the condition)
 - Medical chart abstraction
 - Laboratory result entry
- Public Health Actions
- Public Health Follow up (as applicable to the condition)
- Outbreak identification and investigation
- Quarantine
- Isolation
- Vaccination
- Linkage to care/linkage to resources
- Facility level interventions (ICARs, site visits, Technical Assistance, etc.)
- Development of local specific resources
- Local epidemiological assessments
- Program efficacy assessment using local data

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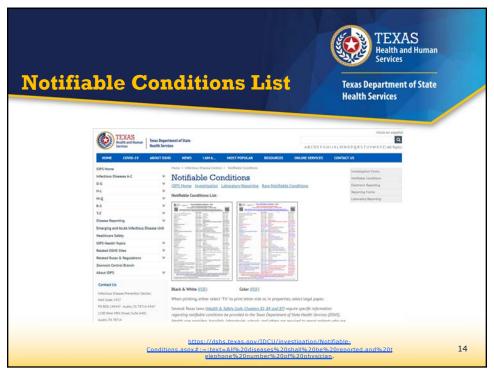


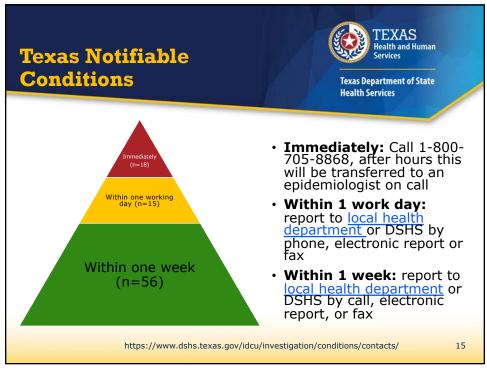
Disease reporting: Provider role

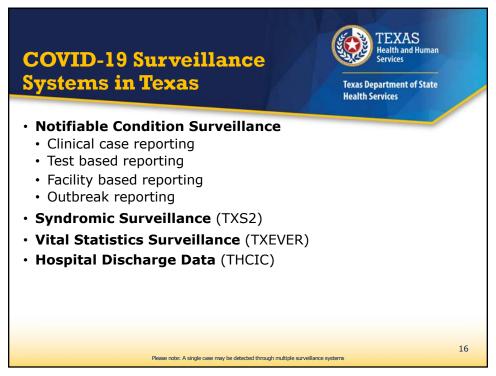
- Health care providers, hospitals, laboratories, schools, and others are required to report patients who are suspected of having a notifiable condition (Chapter 97, Title 25, Texas Administrative Code).
- Providers are responsible for timely and complete notification and are generally the first source of report
- Providers have a critical role in the prevention of outbreaks and potentially severe or life-threatening disease through timely notification

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COVID-19 Surveillance Systems in Texas



Texas Department of State Health Services

- Genomic Surveillance (Texas SARS-CoV-2 Variant Network, CDC NS3)
- Wastewater Surveillance (NWSS: National Wastewater Surveillance System)
- Survey Surveillance (MASS-C, BRFSS)
- Test-based Surveillance in Animals (Texas DSHS Laboratory, USDA, etc.)

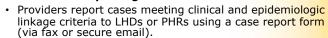
Please note: A single case may be detected through multiple surveillance systems

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Notifiable Condition Surveillance





- eICR -Electronic Initial Case Report
- Test based reporting
 - Laboratories electronically report test results for a notifiable condition to Texas DSHS which are imported into NEDSS
 - Laboratories or providers report test results for a notifiable condition to LHDs or PHRs or Texas DSHS Central Office

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Notifiable Condition Surveillance

· Facility based reporting

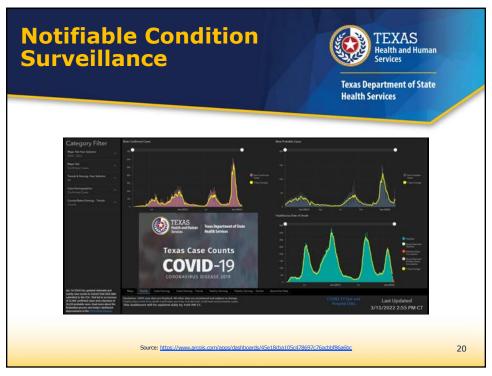
- Texas HHSC and Federal HHS require certain facilities (such as hospitals, public schools, and long-term care facilities) to report COVID-19 cases at the facility level. Reports may be via phone or webform to the appropriate jurisdiction.
- Other facilities, such as carceral facilities, and military facilities also report COVID-19 cases among residents and staff to Texas DSHS EAIDU.

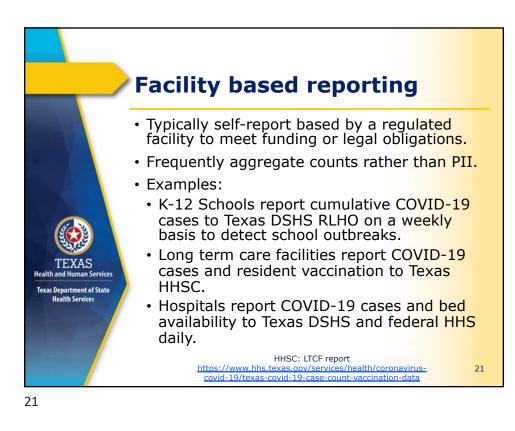
Outbreak reporting

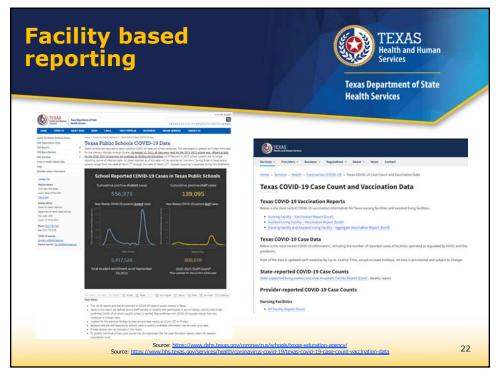
 LHDs and PHRs investigate clusters and outbreaks of notifiable conditions based on provider report, laboratory reports or facility report and transmit this information to Texas DSHS via a Respiratory Outbreak Report form

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Outbreak Reporting

- COVID-19 outbreaks investigated by LHDs are required to be reported to Texas DSHS EAIDU within 7 days of outbreak closure.
- Outbreaks are closed 2 incubation periods (28 days) after last case is detected.
- Respiratory Outbreak Report Forms are collected, entered into a database and analyzed by Epidemiologists at Texas DSHS
- If necessary, notifications are sent to other states and federal partners via Epi-X

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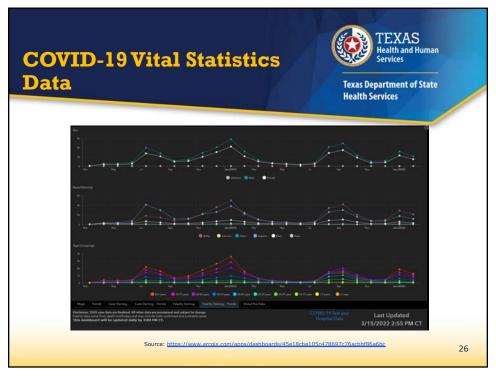
Syndromic Surveillance (TXS2)

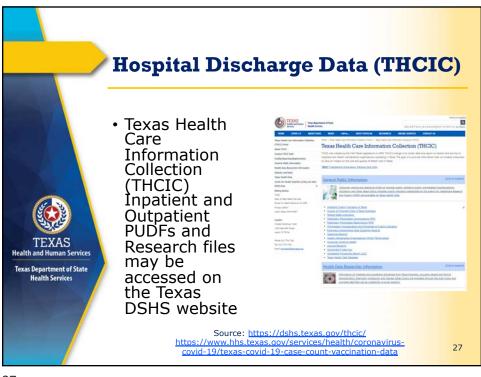
- Hospitals, free standing emergency centers, and urgent care centers who choose to participate send EHR data for enhanced surveillance of emerging public health conditions or threats.
- Syndromic surveillance utilizes trend analysis to establish a baseline and then uses algorithms to compare the current data to that baseline and issue alerts when aberrations are detected.

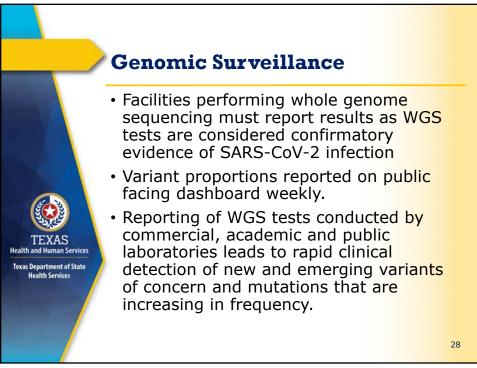
Source: Texas Syndromic Surveillance (TxS2)

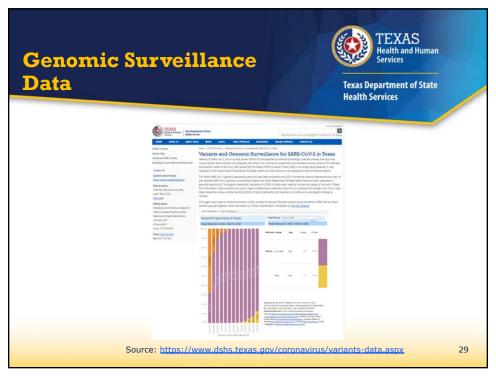
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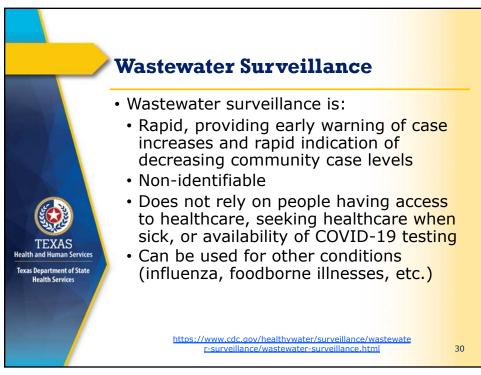


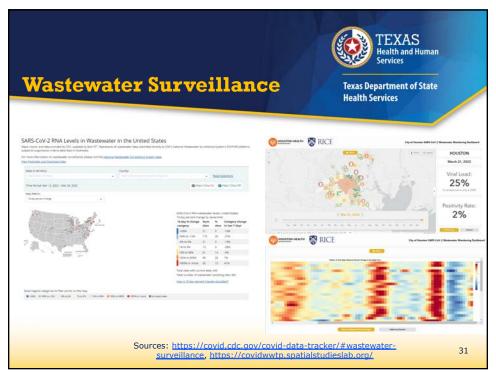














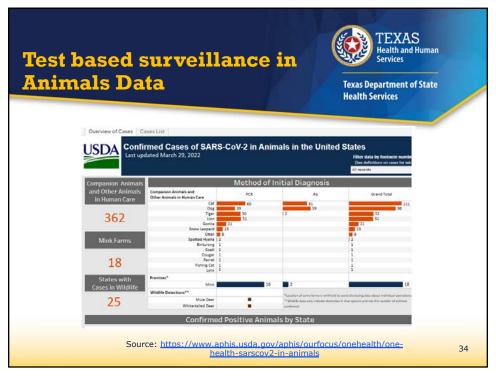


Test based surveillance in **Animals**

- Texas DSHS Zoonosis Control Branch collaborates with Texas Animal Health Commission, CDC, and USDA to report SARS-CoV-2 detections in animals including:
 - Investigating reports in companion animals, zoo animals, and wildlife.
 - Collaborating with Texas A&M University COVID-19 and Pets Research project to study SARS-CoV-2 infections in companion animals.
 - Collaborating with Austin Public Health to study SARS-CoV-2 and coronavirus infections in Community Cats

Source: https://dshs.texas.gov/idcu/health/zoonosis.aspx; https://vetmed.tamu.edu/hamer-lab/covid-19-pets-project/; https://www.aphis.usda.gov/aphis/ourfocus/onehealth/one-health-sarscov2-in-animals

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Conclusions

- Accurate surveillance of COVID-19 morbidity and mortality relies heavily on providers to test for and report notifiable conditions including COVID-19 as appropriate based on clinical picture and exposure history.
- Providers have a critical role in the prevention of outbreaks and potentially severe or life-threatening disease through timely notification.

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Conclusions

- Public health surveillance, at every level, aims to provide systematic, and ongoing assessment of community health threats.
- This allows timely dissemination of information that providers, officials, and the public can use to prevent morbidity and mortality.

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Limitations

Data Collection and Reporting:

- Limited to case and outbreak reports received by Texas DSHS. Other organizations, such as LHDs or federal partners, may receive more timely or complete COVID-19 data. Other organizations may also receive delayed data reports or apply additional data cleaning procedures.
- Reporting requirements have changed over the course of the COVID-19 pandemic.

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Limitations

Data Collection and Reporting:

- Specific statutory requirements exist requiring reporting of notifiable conditions and vital events in Texas that may not apply to other settings.
- COVID-19 Surveillance Data is preliminary and subject to change until COVID-19 case finalization for 2021.
- This is not an exhaustive list of COVID-19 surveillance systems in use in Texas but covers many of the primary sources of data used for many response activities and public reporting.

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Resources for COVID-19 Data

On the Texas DSHS Coronavirus Webpage

- <u>COVID-19 Case and Fatality Surveillance</u> Dashboard
- COVID-19 Test and Hospital Data
- COVID-19 County Trends Dashboard
- COVID-19 Variants Data
- COVID-19 Vaccine Effectiveness Data
- COVID-19 Vaccination Coverage Data
- COVID-19 Reports by Public Schools (K-12)

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Resources for COVID-19

Other Resources

- <u>COVID-19 Therapeutics Information for Providers</u> (DSHS Website)
- National Surveillance Dashboards-CDC COVID Data Tracker
- <u>National Wastewater Surveillance</u> (NWSS)-CDC

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