Opinion

Diverting COVID-19 Information from the CDC to DHHS: Another Strike Against Science
A Statement from Past and Present CDC HICPAC Members

July 31, 2020

In a July 10, 2020 memo from the Department of Health and Human Services (DHHS), all US hospitals were ordered to report all COVID-19 patient information to a new centralized database. As a result, the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 module was retired as of Wednesday, July 15, 2020.

As past and current members of the Healthcare Infection Control Practices Advisory Committee (HICPAC), a federal advisory committee that provides guidance to DHHS and CDC on not only strategies for infection prevention and control, but also surveillance strategies, we are extremely concerned about this abrupt change in COVID-19 reporting. Retiring NHSN's COVID-19 surveillance system will have serious consequences on data integrity.

We are experts in the fields of healthcare epidemiology, infection prevention and control, infectious diseases, and related fields. HICPAC serves as advisors to CDC's Division of Healthcare Quality Promotion (DHQP), which maintains NHSN. Thus, HICPAC members have a deep understanding of NHSN; it is not simply a software system, an information technology system, or a surveillance system. It is a complex patient safety and quality improvement system, backed by a team of public health physicians, epidemiologists, infection prevention and control professionals, and other data experts.

CDC first established the National Nosocomial Infection Surveillance (NNIS) System in 1970, to track healthcare-associated infections (HAI). This robust system, now named NHSN, is the country's most widely used HAI tracking system; NHSN also provides hospital surveillance for healthcare personnel influenza vaccination rates and blood safety errors. As a result, hospitals are well-versed in submitting data to NHSN, and have established trust that this system will safeguard and appropriately analyze and report the submitted data. In fact, most electronic health records and commercial HAI tracking software systems provide a seamless data feed to CDC, allowing hospitals to focus on patient safety rather than the tedious role of collecting and entering data.

Instead, hospitals are now scrambling to determine how to meet daily reporting requirements to DHHS. To do so, some are relying on their state health departments, while others have partnered with their hospital associations to assist with quickly meeting reporting requirements. Still other hospitals are on their own to report to DHHS TeleTracking portal. As each hospital (or state) re-creates its COVID-19 reporting structure, the data's precision is at risk. Moving forward, it will be even more challenging to perform meaningful inter-state

comparisons, and to understand which COVID-19 mitigation strategies were successful (or failed).

As past and present HICPAC members, we are troubled by the Administration's unexpected decision to divert COVID-19 data reporting from CDC to DHHS. NHSN is considered one of the most robust healthcare surveillance systems in the U.S., as it ensures national standardization while ensuring data security and integrity. CDC DHQP experts have devoted their careers to gathering and providing transparent and actionable data. The U.S. cannot lose their decades of expertise in interpreting and analyzing crucial data with the goal of developing interventions that improve the public's health. We strongly advise that the CDC's DHQP data experts be allowed to continue their important and trusted work in their mission to save lives and protect Americans from health threats.

Note: The views expressed here are solely our own, and not those of our employers or the CDC.

Signed,
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