Show me the data!
What numbers mean to COVID-19 communication

April 27, 2022
Overview

- Welcome
- John T. Brooks, MD - Following the Science
- Brian King, PhD, MPH - How CDC Monitors Data/COVID-19 Community Levels
- Matthew Ritchey, PT, DPT, MPH - Quantitative Data
- Anisha Verma, MPH - Qualitative Data/Vaccine Insights
- Q&A
Today’s speakers

John T. Brooks, MD
Senior Science Advisor, CDC COVID-19 Response
Chief Medical Officer, CDC Division of HIV Prevention

Brian A King, PhD, MPH
Chief Science Officer, CDC COVID-19 Response

Matthew Ritchey, PT, DPT, MPH
Captain, US Public Health Service
Lead, Data, Analytics & Visualization (DAV) Task Force
CDC COVID-19 Response

Anisha Verma, MPH
Senior Analyst
Immunization Service Division
National Center for Immunization and Respiratory Diseases

Moderator: Haley McCalla, MPH, CHES
Public Health Partnerships Lead
State, Tribal, Local and Territorial Support Task Force, CDC COVID-19 Response
John T. Brooks, MD

Following the science
Brian A. King, PhD, MPH
How CDC monitors data
COVID-19 Community Levels
Where are we now in the COVID-19 pandemic?

COVID Data Tracker

Daily Update for the United States

<table>
<thead>
<tr>
<th>Cases</th>
<th>Deaths</th>
<th>Hospitalizations</th>
<th>Vaccinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Daily Avg)</td>
<td>New Deaths (Daily Avg)</td>
<td>New Admissions (Daily Avg)</td>
<td>% At Least 1 Dose</td>
</tr>
<tr>
<td>47,407</td>
<td>330</td>
<td>1,782</td>
<td>82.4%</td>
</tr>
</tbody>
</table>

**Case Trends**
- Mar 2022

**Death Trends**
- Mar 2022

**Admission Trends**
- Mar 2022

**People Age 5+**

<table>
<thead>
<tr>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Current Hospitalizations</th>
<th>Total At Least 1 Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>80,874,929</td>
<td>988,991</td>
<td>10,340</td>
<td>257,354,769</td>
</tr>
</tbody>
</table>

CDC | Data as of: April 26, 2022 2:11 PM ET. Posted: April 26, 2022 4:19 PM ET

https://covid.cdc.gov/covid-data-tracker/#datatracker-home
Scientific Advances Have Helped Move the COVID-19 Pandemic to a New Phase

Widespread Availability of Vaccines & Testing

Immunity from Vaccination and Infection

Advances in Treatments
Why refocus efforts for monitoring COVID-19 impact in communities?

Community measures should focus on minimizing the impact of severe COVID-19 illness on health and society.

- Protecting the Most Vulnerable
- Preventing Severe Illness
- Minimizing Burden on the Healthcare System
What’s a COVID-19 Community Level?

- New tool to help communities decide what prevention measures to take based on the latest data.

- Every community in the United States is classified as:
  - **LOW**: Limited impact on healthcare system, low levels of severe illness
  - **MEDIUM**: Some impact on healthcare system, more people with severe illness
  - **HIGH**: High potential for healthcare system strain; high level of severe illness

Latest Data

- New COVID-19 Cases
- New COVID-19 Admissions
- Beds with COVID-19 Patients
COVID-19 Community Levels by County

Map screenshot date: April 27, 2022

CAPT Matthew Ritchey, PT, DPT, MPH
Quantitative data
Key Partners in Collecting and Communicating Public Health Data
COVID-19 Pandemic: Evolving Data and Analytic Needs

- Case, death, laboratory, and hospitalization data; "hotspots" and impact of mitigation efforts; myriad presentations and long-term sequelae; health disparities

- Early case reporting; diagnostic testing for SARS-CoV-2 (RT-PCR)

- Breakthrough infections; vaccine effectiveness; need for vaccine boosters; disease severity

- Vaccine supply, administration, equity, and safety data; genomic data

- Future needs
Data Collected to Monitor COVID-19 Disease Burden*

- **COVID-19 Electronic Laboratory Reporting (CELR)**: ~866 million COVID-19 tests
- **Case-Based Disease Surveillance**: ~72 million individual-level case reports, ~81 million aggregate case reports
- **National Syndromic Surveillance Program**: >7.4 million COVID-19 emergency department visits
- **Immunization Data Systems**: ~574 million vaccinations administered
- **Genomics Data**: ~2.2 million published sequences
- **Wastewater Surveillance Data**: 934 sites (49 jurisdictions) provided >59,000 samples
- **Healthcare Data**: ~140 terabytes of clinical and administrative data
- **Population-based surveillance systems, like COVID-NET**
  - Hospitalization data from 250 hospitals in 14 states

*Data current as of April 27, 2022; test count represents COVID-19 Nucleic Acid Amplification Test (NAAT) results; additional information at: [https://covid.cdc.gov/covid-data-tracker/](https://covid.cdc.gov/covid-data-tracker/)

Stay on top of data from your community and from around the world using the CDC COVID Data Tracker

- Launched April 2020
- Combines county, state, national, and global data from across the COVID-19 response in a series of interactive dashboards
- More than 292 million page views since April 2020

Find the latest data on CDC’s COVID Data Tracker

https://covid.cdc.gov/covid-data-tracker/#datatracker-home

Data as of April 27, 2022
Data Presented on CDC COVID Data Tracker

- Your Community
- Vaccination Delivery & Coverage
- Variants & Genomic Surveillance

- Health Equity
- Vaccination Effectiveness & Breakthroughs
- Antibody Seroprevalence

- Pediatric Data
- Cases, Deaths, & Testing
- People at Increased Risk

- Pregnancy Data
- Demographic Trends
- Wastewater Surveillance

- Communications Resources
- Health Care Settings
- Prevention Measures & Social Impact
COVID Data Tracker Weekly Review

Interpretive Summary for July 23, 2021

Our Shot to End the Pandemic

The United States is once again seeing a rise in COVID-19 cases, hospitalizations, and deaths. As of July 22, 35% of U.S. counties are experiencing high levels of community transmission. COVID-19 cases are on the rise in nearly 50% of U.S. jurisdictions, and we are seeing outbreaks in parts of the country that have low vaccination coverage. These worrisome trends are due, in part, to the rapid spread of the highly transmissible B.1.617.2 (Delta) variant. An increase in the number of cases will put more strain on healthcare resources and could lead to more hospitalizations and deaths.

An increase in COVID-19 cases also creates more opportunities for the virus to mutate, which could lead to the emergence of new variants. Variants of the virus that causes COVID-19 are now responsible for all cases in the United States. The original strain is no longer detected among variants circulating throughout the country. The B.1.617.2 (Delta) variant is now the predominant variant in the United States, making up an estimated 83.2% of recent U.S. cases. The best way to slow the emergence of new variants is to reduce the spread of infection by taking measures to protect yourself, including getting a vaccine when it's available to you.

>>10.3M Page Views since launch
>98K Newsletter subscribers

Other Sources of COVID and Non-COVID Data

https://www.cdc.gov/datastatistics/index.html
CDC Data Modernization Initiative (DMI) Priorities

Build the right foundation

Accelerate data into action

Develop a state-of-the-art workforce

Support + extend partnerships

Manage change + governance

DMI Strategic Implementation Plan (cdc.gov)
Important Public Health Data Considerations

Data Attributes and Alignment
Example: National vs. local data snapshots

Data Connections
Example: Vaccination and health outcome data

Data Systems
Example: Hospitalization data

Data Sharing
Example: Race and ethnicity data

Stability

Completeness

Confidentiality

Data Use Agreements
We are in a different place than we were before the pandemic.

**Electronic Case Reporting**

Automated case data to reduce burden on providers

*Healthcare Facilities Reporting: From 187 to >11,000*

**COVID-19 Vaccination Data Flow**

Advanced data pipelines to inform action

*Vaccine Dose Data Tracked: From none to over 574M*

**CELR Laboratory Data Flow**

Streamlined lab data flow from state health departments to CDC

*COVID Lab Results to CDC: From none to over 1.5M per day*

Information as of April 27, 2022
Anisha Verma, MPH
Qualitative data
CDC’s COVID-19 State of Vaccine Confidence Insights Report

- Regular reports about the status of COVID-19 vaccine confidence in the United States
- Includes major themes that influence whether people trust and get vaccines
- Helps identify concerns and misinformation topics
- Helps find ways to increase vaccine confidence across the United States
CDC’s COVID-19 State of Vaccine Confidence Insights Report

- Collects data from over 24 quantitative and qualitative data sources
- Themes identified using integrated and thematic analysis
- Assigned a threat level relative to vaccine uptake and information spread
- Suggested actions identified for each theme
- Disseminated to almost 1000 internal and external partners

| Type                  | Input                                                                 | Cadence            | Sources                                                        | Tactics for Utilization                                                                 |
|-----------------------|-----------------------------------------------------------------------|--------------------|                                                               |                                                                                         |
| Social Media Listening & Media Monitoring | Communication Surveillance Report | Daily on weekdays | * Google news  * Meltwater  * CrowdTangle  * Native platform searches | * Share of voice topic analysis to identify themes  * Emerging topics       |
|                        | Meltwater                                                              | Daily              | * Facebook, Twitter, Instagram  * Blogs  * News media  * Online forums | * Share of voice topic analysis  * Emerging theme topics  * Identify high reactive/velocity topics |
|                        | QADC Channel Comment Analysis                                         | Daily on weekdays | * Native platform searches                                      | * Sentiment analysis  * Identify message gaps/voids                               |
| Direct Reports         | CDC-INFOMetrics                                                      | Weekly             | * CDC-INFOMetrics inquiry line list  * Prepared response (PRI) usage report | * Cross-compare PR usage with inquiry theme analysis  * Sentiment analysis  * Identify information gaps/voids |
|                        | VIF Media Requests                                                    | Weekly             | * Media request line list                                       | * Leading indicator for news coverage  * Identify information gaps/voids          |
|                        | Web Metrics                                                           | Weekly             | * Top pages  * Google search queries  * Top FAQs  * Referring domains | * Identify information gaps/voids  * Identify keyword/search forms, changes in web traffic |
| Research               | Poll Review                                                           | Weekly             | * Harris Poll, PEW research, Gallup Poll, KEF  * New data related to vaccine hesitancy | * Identify socio-behavioral indicators related to motivation and intention to vaccinate |
|                        | Literature Review                                                    | Weekly             | * PubMed, LitCovid, ProQuest Central  * New data related to vaccine hesitancy | * Identify current vaccination intention  * Identify barriers to vaccination         |
|                        | Tanaq Social Listening + Media Monitoring Report                     | Weekly             | * Meltwater  * Sprout Social  * First Draft  * Native platform searches | * Trending topics  * Demographic and geographic conversation monitoring |
| Third Party Reports    | CrowdTangle content insights report                                   | Biweekly           | Facebook                                                       | * Top pages (voices), groups  * General trends/sentiment analysis  * News analysis through posts |
|                        | First Draft News Vaccine Misinformation Insights Report               | Monthly            | * Proprietary methods                                          | * Media trends analysis  * Emerging threats and data deficits  * Online vaccine narratives |
|                        | Project VCTR                                                          | Weekly             | * Proprietary methods                                          | * National and regional trends in negative attitudes toward vaccination  * Conversations around Legislation |
State of Vaccine Confidence Report Process

Data Collection

Data Pull

Data Analysis: Identify Initial Themes

Data Dump: Initial Themes

Organize Themes

List Themes

Report Drafting

Draft Report

Data Dump: Populate Themes

Review Themes

Type of Themes

Scalar Judgments

Extra Data Pull

Review

Team Lead Activities

Individual Activities

Team Activities

Clearance Activities

Initial Themes

List Themes

Type of Themes

Major

Emerging

Continuing & Evolving

Scalar Judgments

Team Lead Activities

Individual Activities

Team Activities

Clearance Activities

Data Pull

Data Analysis: Identify Initial Themes

Data Dump: Initial Themes

Organize Themes

List Themes

Draft Report

Data Dump: Populate Themes

Review Themes

Type of Themes

Scalar Judgments

Extra Data Pull

Review
Synthesizing multiple inputs and identifying themes through a consensus-building process.

### Theme Classification

<table>
<thead>
<tr>
<th>How do you classify this theme/information?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High risk</strong></td>
</tr>
<tr>
<td>May lead to vaccine refusals and decreased uptake</td>
</tr>
<tr>
<td>Wide reach, pervasive</td>
</tr>
<tr>
<td><strong>Moderate risk</strong></td>
</tr>
<tr>
<td>Potential to trigger hesitancy to vaccination</td>
</tr>
<tr>
<td>Moderate reach, modest dissemination</td>
</tr>
<tr>
<td><strong>Low risk</strong></td>
</tr>
<tr>
<td>Concerning, but low risk to vaccine confidence</td>
</tr>
<tr>
<td>Limited reach, limited dissemination</td>
</tr>
<tr>
<td><strong>Positive sentiment</strong></td>
</tr>
<tr>
<td>Could increase vaccine confidence, intent, or motivation</td>
</tr>
<tr>
<td>Variable reach and dissemination</td>
</tr>
</tbody>
</table>

### How has this theme/idea changed over time (since last report or over the course of multiple reports)?

<table>
<thead>
<tr>
<th><strong>Increasing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Information spreading rapidly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Stable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Information remaining constant at prior level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Decreasing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Information is not gaining further traction and there has been no indication of additional activity</td>
</tr>
</tbody>
</table>
Not your average social listening report.

Parents expressed concern, confusion, and frustration as children return to school.

With K-12 schools and institutions of higher education either already in session or about to open, the safety and well-being of students, faculty, and staff—as well as of their families and communities—once again is the subject of debate. This debate threatens to harden the views of consumers who are unvaccinated and erode vaccine confidence generally. While some parents continue to favor reopening K-12 schools in person and at capacity, parental views regarding appropriate mitigation strategies and mask or vaccine mandates track with political affiliation and vaccination status. Anxious parents of young children are impatient that COVID-19 vaccines are not yet authorized for children younger than 12 years old. They are also slightly more likely to favor school mask requirements than those whose children are eligible to be vaccinated.

Vocal vaccine deniers continued to amplify misinformation on social media about supposed dangers that masking and vaccination pose for children. This is fueling conflict between COVID-19 skeptics and parents and school administrators who support masks, vaccination, and other mitigation strategies. Participants in the Lincoln Project, a super PAC, have called for a mask mandate in schools, and the Virginia State Board of Education recently voted to require in-person instruction in all schools.

The repositioning of mitigation strategies that equally affected people who are vaccinated and unvaccinated was amplified on both news media and social media. This, in turn, spawned opinion pieces chiding the frustrated for their pettiness and warning that openly shaming people who are unvaccinated could depress vaccine acceptance by driving some in the “moveable middle” into outright vaccine refusal.

Ways to act:

- Develop and disseminate messages about the risk of COVID-19 for children. Highlight the increasing case numbers among children and the increasing number of children hospitalized with severe COVID-19. Remind consumers about the role that children play in spreading the virus.
- Continue to amplify messages that vaccination for children 12 years and older is the best way to protect them from illness, clarifying that the risk for severe COVID-19 or complication caused by illness is higher than the risk of an adverse event from vaccination.
- Partner with school administrators and support them to promote messages about the benefits of vaccination or connect them to other trusted messengers. Also, help them promote mitigation measures for children, parents, school staff, and the broader community. Remind them to connect unvaccinated staff and families to vaccination information and events.

Consumers expressed frustration and confusion about updated guidance for fully vaccinated individuals.

CDC’s update to the Interim Public Health Recommendations for Fully Vaccinated Individuals generated confusion and exasperation among many consumers. Initial confusion about the updated guidance—particularly around when and where indoor masking for vaccinated individuals would be required—drove social media users to express frustration both with the updated guidance and with unvaccinated consumers.

Many people saw consumers who are unvaccinated as responsible for the Delta surge and associated return of restrictions. This, in turn, spurred opinion pieces chiding the frustrated for their pettiness and warning that openly shaming people who are unvaccinated could depress vaccine acceptance by driving some in the “moveable middle” into outright vaccine refusal.

Renewed political and social clashes over mitigation measures could have further undermined vaccine confidence. Mask skeptics and vocal vaccine deniers seized upon the uncertainties that inform CDC’s updated guidance to disparage vaccines, sow doubt about the efficacy of vaccination, and create suspicion about the motives of public and private entities advocating vaccination.

Ways to act:

- Disseminate messages that provide clarity around guidance for people who are fully vaccinated. Remind people that both being vaccinated and wearing masks in public places can help protect people who are too young to be vaccinated, unable to be vaccinated, or at high risk for serious illness.
- Continue to amplify messages that asymptomatic or mild breakthrough cases of COVID-19 are expected and are a normal occurrence with many vaccines, such as influenza vaccination. Reassure consumers that even high numbers of breakthrough infections algo with projected vaccine effectiveness and that breakthrough cases are likely much less severe than they would have been had the person not been vaccinated.
Since the State of Vaccine Confidence Reports began, we have seen the conversations shift and change dramatically.
For more information

This webinar will be posted in 8-10 days at CDC EPIC Webinars

For all other questions, contact epic@cdc.gov

Thank you!
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.