Sammy Chao: hi everybody we're going to wait another minute or so and then get started, after we've had a chance to let more participants join so just sit tight and we'll get started soon.

Sammy Chao: Eastern time so we'll go ahead and get started welcome everybody to today's February proportionate CDC coven 19 electronic healthcare data initiative webinar what a mouthful.

Sammy Chao: I wanted to thank you all for taking the time today to join us learn about the progress of this project and stay up to date on these query results, so the way that today's meeting is going to work.

Sammy Chao: My name is Sammy chow and i’m with the public health informatics Institute, which is a program of the task force of global health and today.

Sammy Chao: We will be going over some operational updates around the contracts and communications and after that we'll have.

Sammy Chao: Some updates over the data queries so we'll go over the queries in the past few months plans for future queries as well as the plan for the future dissemination of results.
Sammy Chao: we'll finish up with a Q amp a session so if you have any questions throughout this session feel free to put them in the Q amp a box.

Sammy Chao: And if you have any comments that you'd like to share with us feel free to put that in the chat box this meeting will be recorded and we will make the recording and the.

Sammy Chao: slides available on PGI website afterwards, and we can send those out to you all afterwards, so if you have any questions put them in the box and we will make sure to send that after the fact.

Sammy Chao: So before we get started, I would like to first turn it over to need Eric Eric and the CDC to welcome us into today's webinar.

Sammy Chao: you're speaking, you might be on mute.

Nedra Garrett: Can you hear me now yes.
Nedra Garrett: Perfect sorry about that good morning everyone i'm major Garrett, I mentioned one of the leads for this project at CDC very excited to be joining you today i'm here with my colleague.

Nedra Garrett: Dr Cindy tendon who's also working closely with pH di and Jason and Tom on this work.

Nedra Garrett: We are very excited about the work, and I think we've made some pretty significant progress as the project has started, particularly, most recently in the last month or so where we've been able to.

Nedra Garrett: make some connections with our chronic disease colleagues around some of their interest around long coven there's a lot of areas of interest, I think that we can really try to.

Nedra Garrett: You know, really harness the data that you all have there's been interested in looking at telehealth business telehealth utilization.

Nedra Garrett: Interest around vaccines and, most recently there's been a lot of interest at CDC around health equity and.
Nedra Garrett: Looking at how you know how data are you know how we might be able to stratify our data, you know across demographic categories like race and ethnicity and looking at the completeness of that data so.

Nedra Garrett: definitely look forward to engaging more but, as I said, I think we've had a pretty significant engagement, the last month lots and lots of meeting so.

Nedra Garrett: We look forward to working with you more and thanks again and I look forward to hearing the presentations today.

Sammy Chao: Thank you so now, before we get into the data side of things, we have just a few operational updates to share with you all today.

Sammy Chao: So as a reminder bhi the public health informatics Institute, we are coordinating the contracting process for this coordinate project.

Sammy Chao: Many of our sites have already fully completed the contracting process, and so, for those that are still in progress, we just like to remind you to please submit.
Sammy Chao: The required accounting documents as soon as possible to the task force for global health and once we receive those the task force will assign a unique number two year agreement, so we can proceed with the invoicing.

Sammy Chao: This process has also been outlined in the February newsletter and if you have any questions, please feel free to reach out to Tanya Do Heart, who will be coordinating this process if you have questions concerns or need any clarification.

Sammy Chao: So after today's webinar, we are also going to continue on our schedule of having a newsletter and a webinar every other month.

Sammy Chao: So continuing on the schedule the next webinar and next newsletter will take place in April and just as a reminder again the recording and materials from today's presentation will be made available after the presentation is over.

Sammy Chao: So now, I would like to turn it over to Jason and Tom to go over some of the actual covert 19 queries that have been conducted.

Jason Block: Thanks so much Sammy and thanks to everyone for joining, we really appreciate that opportunity to give you updates on where we are in this project.
Jason Block: And as we've said multiple times throughout we are incredibly grateful for all of your participation in this project, and for your commitment to.

Jason Block: Providing these frequent queries that we're sending out, so what I was going to talk about today.

Jason Block: is to give just a general overview of the queries that we've completed, and that we have planned during the couple of months preceding from here.

Jason Block: And then i'll talk specifically about four of the queries that we have either actively planned or completed so we have completed and have some brief preliminary results.

Jason Block: That i'm going to show from our long code query we have the complete results, but we just got these results, last week, so this is hot off the presses information that we're reporting today.

Jason Block: i'll talk in a bit of detail about a query that we are planning to execute in the next few weeks, which is a query that's going to assess.
Jason Block: chronic disease control and coven i'll describe what we're planning to look at for that query we are just completing a February cumulative query we've been calling our.

So this is the most common query that we've completed through the course of this work, and the last one that we did like this was in December.

And this really does a full look back from January 2020 onward really mostly the data is coming from March 2020 on.

So i'll just described, some of the new additions that we have in that in that query should close either today or tomorrow.

We usually try to reach out to sites that haven't yet responded in this query deadline was officially Friday, but often people will push it a little past that if they were occupied with other activities.
Jason Block: And then I will talk just briefly and show some results from a query that we completed in November, which was on admissions and readmissions, and just give you a sense of what that data looks like that has emerged as an area that the CDC may want to pursue further.

Before I talk about the queries which will be on the next slide I'll just reflect on what needs had just said, which is that.

Jason Block: We have been really actively engaged with the CDC for the last six weeks or so as the priority areas that the CDC wanted to focus on for this work has become clear.

And so they have identified some priority areas, and then we initiate a series of active planning meetings to design the queries.

In the process that we're going to take to explore those areas, and so the ones that we have been most actively engaged about recently are long coven in this chronic disease control query and there will be some others that emerge as we get further into this work.

Time and just want to kick to you for a second before I go into the description if if you had any additional things to add.
Thomas Carton: um thanks Jason and nature, and I know you guys cover well and have anything additional at this time okay great.

Jason Block: Alright next slide please.

Jason Block: Alright, so as of, and I say today will be reaching out to sites that haven't yet been able to respond to this February cumulative query, but this is our seventh query that we've completed during the funding period that started in October.

Jason Block: we've been keeping up a pace of one or two queries per month, depending on whether there's a lot of planning and back and forth that needs to occur for some of these new queries that we've been putting together.

Jason Block: So we've done for cumulative queries and that's, the most recent one is the one that we're finishing up now.

Jason Block: And three targeted queries and those have taken the shape of a what we call a two month look back, we did that in October.
Jason Block: Where we wanted to get a sense of what the characteristics of patients with coven look like in August in September, compared to the entire period of the pandemic and we may do another series of those throughout the course of this.

56
00:10:54.690 --> 00:11:07.950
Jason Block: Project period, depending on whether it makes sense to do that, or if we have some other priorities we did this readmissions admissions query i'll talk more about that soon, and then the long code query that i'll talk about in the next few slides.

57
00:11:09.150 --> 00:11:11.490
Jason Block: So our upcoming queries from March and April.

58
00:11:12.750 --> 00:11:20.490
Jason Block: Our next one that we believe is going to be released on or about march 8 is this chronic disease control query that i'll talk about.

59
00:11:21.570 --> 00:11:28.620
Jason Block: We have not done a full data curation of the code cdn the data that we've been using for these this project.

60
00:11:29.220 --> 00:11:36.930
Jason Block: Is the filtered population of patients that have had testing for SARS Kofi to have had respiratory illness diagnoses.

61
00:11:37.770 --> 00:11:56.160
Jason Block: From January 2021 and we did some basic data curation last summer before this project began, and our plan is to initiate another data curation query for just the code cdn probably in March, it may spill over into April will let you know when exactly that's going to come out.

00:11:57.900 --> 00:12:00.120
Jason Block: As we talked about on the last webinar.

00:12:01.290 --> 00:12:16.650
Jason Block: The structure of our process for this project is to begin with a series of descriptive queries which is really all we've done so far, but then to ultimately settle on a couple of advanced analytic queries.

00:12:17.370 --> 00:12:22.650
Jason Block: In which we're going to do something like a distributed logistic regression, to look at.

00:12:23.790 --> 00:12:33.270
Jason Block: factors that are associated with outcomes and the first one that we're going to plan to do, and this is going to build on the descriptive query that i'll talk about.

00:12:33.750 --> 00:12:45.330
Jason Block: Is on long coven, which is to look at factors are characteristics of patients that are associated with developing targeted long coven diagnoses or conditions.
Jason Block: After we do our additional descriptive query on the chronic disease control and its relationship, at least in a basic descriptive way with covert outcomes our plan is to ultimately do an advanced analytic query to also look at that.

68
00:13:01.380 --> 00:13:04.620
Jason Block: That relationship and predictors in whether.

69
00:13:05.700 --> 00:13:18.900
Jason Block: kind of straight of disease control or predictive of severe coded disease or not so that's that's our plan, right now, and this, this should occupy our next couple of queries coming up next slide.

70
00:13:21.900 --> 00:13:26.760
Jason Block: So, just to mention some recent changes i'll get into this more when I talk about our February cumulative query.

71
00:13:27.660 --> 00:13:35.850
Jason Block: But in that query we added some exploration of vaccines and new medications that are more actively being used in the treatment of coven.

72
00:13:36.660 --> 00:13:46.440
Jason Block: And i'll describe all of those that some of them are not new medications but ones that are being repurposed and tried for treatment of covert, especially in the outpatient setting.

73
00:13:47.520 --> 00:13:49.080
Jason Block: For our chronic disease control.
Jason Block: query we are exploring adding mortality as a cove area, we have done some work where we're looking at the mortality or death tables in the corner common data model.

But we've done it as a very high level first look we haven't really added it as a cove area in a way, where we can say or look at something like 30 day or 60 day mortality so we're exporting matt for this next upcoming query.

And nita already mentioned this, but CDC is very interested in tele health and it's use during the pandemic and so that may be one area that we want to explore further, especially now that telehealth visits or more actively.

Jason Block: pulled out and described in the in CDs 6.0 and there might be some interest in doing a deeper dive into some specific chronic diseases in the relationship of those diseases with outcomes.

Jason Block: similar to what we're doing for our chronic disease control query which is focused on hypertension, diabetes and obesity.

Jason Block: Next slide.
Jason Block: So just some quick updates about what we have asked sites to do with respect to the code cdn.

Several sites approached us and wondered whether it made sense to transition the coven cdn to see him six oh as well, and so we have asked sites to go ahead and move forward with that.

Most sites seem to feel that it's more efficient for them to have all of their CDs both the filtered code cdn and their full CD and six Oh, a few of the sites and asked us if they could have a few more weeks in order to update that and we have granted those requests.

And just as a point of information is that the queries that we're sending out so far can run on on CD and five one and six oh.

But we feel like it makes sense, especially as we may transition to some of these novel components that are in CDs six like telehealth to go ahead and ask sites to move to 604 there could see the.
Jason Block: Right, so the next few slides i’ll talk about these different queries that we either have completed or actively planning.

Jason Block: So the long code query as nature mentioned, this is a very big focus area for CDC, and so we started working in.

Jason Block: In December on putting the components of this together and we completed this query at the end of January, and what it looks at is it looks at 50 or so conditions that have been identified as possibly related to coven or in this category of long coven.

Jason Block: And what we did for the descriptive query is we looked at the prevalence of these conditions during the baseline period prior to a positive SARS coby to test.

Jason Block: Then we looked at them again during the acute phase right after the positive test up through 30 days and then again we looked at it in what's being called the long coven period which is 31 to 120 days.

Jason Block: This covers patients who had a positive tests through November 2020 because we wanted to give some period of time after their positive test to be able to enter this long coven period.
And then, in addition to the 50 conditions, we asked the CDC to identify their really priority. The condition that they wanted us to focus on that we could actually look at true incidents so looking at both but looking at.

The occurrence or the presence of codes for these 15 conditions in that 31 220 day period net of the presence of those in the baseline in acute phase so true incidence in that.

That long coven period we couldn't do it for all of them, because this takes some complex coding, in order to do it, but for those 15 we were able to do that.

Next slide.

All right, so this is, these are slides that i've just put together.
Jason Block: And this, this is based on the report that we got last week, and this, these are for children so for children under the age of 20, which is how we've defined children in these queries.

99
00:18:17.310 --> 00:18:33.840
Jason Block: And long coded, and this is looking at the prevalence of these conditions 31 220 days post a positive test and what i'm showing here is just the Inpatient setting, we also have this data, but i'm not going to show it for the outpatient setting.

100
00:18:34.920 --> 00:18:37.440
Jason Block: So you can see the y axis here is out of 30%.

101
00:18:38.700 --> 00:18:46.050
Jason Block: and the first thing to note is that we have this category of disease called long coven, and this is this, this may be a little bit.

102
00:18:47.850 --> 00:19:00.390
Jason Block: exaggerated here, because this includes really a coven the US 7.1 the general coven diagnostic code, and so a patient may present for follow up to their provider.

103
00:19:01.560 --> 00:19:12.960
Jason Block: In the 31 to 120 day period and that clinician may well use a code for coven during that period, even if a patient is completely recovered has no symptoms whatsoever.
Jason Block: So this may not truly represent the true prevalence of long covidien this period, but rather just a coding a circumstance so eventually, there are some specific codes for code sequentially and then we might be able to explore as we get further in this work.

But these were the most common of those 50 plus that I showed in you can see, for kids all of the ones that are specified here from changes in bowel habits nausea vomiting anxiety and depression.

Jason Block: seizure disorders imaging abnormalities nonspecific heart rate abnormalities weight loss fatigue and shortness of breath all of these have a prevalence of less than 10%.

Now, the first thing to tell you about these results, is that this is looking at prevalence so not incidence and, in fact, when you look in the baseline period.

All of these conditions are much more common in the baseline period because the baseline period covers up to three years prior to their.

Positive test, so this is just looking at prevalence, but it does give us some signal as to what are the most common conditions that there are codes for so people were at least reporting in this 31 220 day period.
Jason Block: We don't know if they're just reporting things that they already had that they were chronically dealing with even prior to their coven.

Jason Block: Experience their positive test.

Jason Block: Next slide.

Jason Block: So these are adults, this is again the y axis out of 30%, this is the same group of patients, looking at prevalence and the 31 to 120 day period post a positive test.

Jason Block: These are patients in the Inpatient setting and again same caveat for the long coven, but you can see a couple other conditions that weren't with that weren't evident with the children.

Jason Block: are evident here and the prevalence is a bit higher So you can see shortness of breath is reported at about 13% their imaging abnormalities sleep disorders which wasn't in the kids this is mostly insomnia.
Jason Block: And not things like sleep apnea, so this is actually I think probably dominated by insomnia anxiety depression fatigue nonspecific or non cardiac chest pain.

00:21:33.990 --> 00:21:51.690

Jason Block: My algis and arthralgia has some reports of cognitive issues, this is mostly looking at amnesia codes so some memory loss during the period of their acute illness nonspecific heart rate abnormalities weight loss and again changes in bowel habits.

00:21:53.040 --> 00:22:00.780

Jason Block: So again, these are prevalence and all of these conditions, as I reported with the children or more common in the baseline period.

00:22:03.060 --> 00:22:09.360

Jason Block: So one thing that i'll say in terms of the conditions that we looked at before incidents.

00:22:11.190 --> 00:22:26.040

Jason Block: Those conditions, the ones that popped out for kids and adults for kids the ones where we found at least some signal that there might be incident conditions in that 31 to 120 day period.

00:22:27.060 --> 00:22:48.540

Jason Block: These are all pretty rare but and they were about 1% that we found true incidents and those were for anxiety depression headache some sensory perception issues, this is not a nas me a nas MIA or taste or smell disorders, but other sensory perception issues and some of these memory related.

00:22:49.590 --> 00:22:55.260
Jason Block: conditions to that we loosely defined as some cognitive things that's mostly focused on amnesia.

Jason Block: for adults.

Jason Block: Again fairly uncommon to find true incidents, but we found conditions where there was an occurrence of 2% or more for incidents in this long coven period or anxiety depression sleep disorders.

Jason Block: some difficulty with mobility or walking or falls in again some of these amnesia codes that also were a parent and so those are the ones that popped out as having some signal around the incidence.

Jason Block: Next slide.

Jason Block: So we'll come back to that i'm sure there may be some questions about this and we're still combing through some of those results.

Jason Block: i'll transition just to talk about our upcoming query that we're planning now.
Jason Block: There has been very active interest about the relationship between the presence of chronic disease as risk factors for severe coven.

Jason Block: Diabetes and hypertension and obesity, or three that have emerged, one of the things that's less clear is how these relationships really are dependent or not on how well controlled those conditions are during the baseline period prior to someone having their coven illness.

Jason Block: And so, this will be our first look at trying to stratify the population, based on whether they have these conditions and then what their level of control was during the baseline period.

Jason Block: So these are the three that we're focused on.

Jason Block: Our phenotype for whether someone has diabetes will be based on an algorithm that uses information on the use of diabetes medications hemoglobin hemoglobin anyone seen measurements in diabetes codes.

Jason Block: And for hypertension, it will be similar except instead of using a laboratory measurement we're going to be using vital measures to define whether someone has hypertension, or that we can perceive it, they have hypertension.
Jason Block: Then from there, we will define their level of control prior to their diagnosis and those will be based on a one see measures.

Jason Block: For diabetes and vital measures for hypertension, we decided to have a fairly long look back period to define control.

Jason Block: And that's because we are very concerned as i'm sure all of you who are clinicians have experienced that a lot of these measurements.

Jason Block: have not been done so agency measures or vital measures during the pandemic period, so we wanted to at least allow for the possibility of extended extending back prior to the.

Jason Block: Prior to the pandemic to define control eventually we probably when we do, for example, our advanced analytic query or probably have to hone this further to focus on more immediate periods prior to their diagnosis, but we wanted to have a broad look at this initially.

Jason Block: And then obesity will be defined according to typical stages of obesity better that are defined by BMI measures.
Jason Block: Excellent.

Jason Block: So these are the strata that will look out for diabetes it's all diabetes and then these three levels of control and then for hypertension will look at all hypertension and then these four measures of control.

Jason Block: You can see that it's listed at Stage one stage two and stage two severe.

Jason Block: Those those really are those are stages that are really defined at the point of diagnosis not really stages that are used to define control.

Jason Block: So really even stage names are just corresponding to the the levels of systolic blood pressure and diastolic blood pressure that we're going to be categorizing patients with so that may look a bit confusing but that's why we have them there.

Jason Block: We also are going to look at some combinations of hypertension and diabetes and those will be.
Jason Block: Looking at, for example, well controlled or at goal, diabetes and hypertension and then.

Jason Block: Poor control or a Wednesday greater than nine and a half of greater than 9% and then systolic blood pressure, greater than 140 or diastolic greater than 90.

Jason Block: To look at the combinations of these and how many patients, we get in those combinations that eventually we may end up linking to covert outcomes.

Jason Block: So, so this is inactive development and, as I mentioned our plan is to release this to the network around March eight.

Jason Block: As I mentioned, we are closing this query for our February February cumulative query soon, our hope is to have this report either later this week early next week, and this will be from the beginning of the patent pandemic through the middle of February.
Jason Block: The additional medications that we're adding here we're adding information about vaccines that we're going to be capturing but also some of the new therapeutics that are actively being explored in trials.

Jason Block: For the treatment of coven both in the Inpatient and outpatient setting in these are listed here and we haven't looked at these specific ones before.

Jason Block: We have already been assessing the more standard treatments like room does avira index method zone and convalescent plasma in some of the monoclonal antibodies.

Jason Block: In hydroxide chloroquine, but we have not looked at these before CDC has requested that we add a few conditions so for this query we added when we toured arthritis and lupus.

Jason Block: they've also asked that we add some additional can conditions that are being used by States to define co-morbidities for vaccine eligibility.

Jason Block: The there are a couple of those that we haven't looked at so far down syndrome and sickle cell in so we'll be adding codes for those at our upcoming queries as well.
Jason Block: Previously, our Inpatient cohort included just.

In patient and emergency department to Inpatient codes and we're adding observational stays to that cohort as well, because we know that some patients are receiving those and those are count more or less as as hospitalizations or admissions.

Next slide.

And what we did, here in this is the unique contribution that we haven't cornet.

That CDC has done some work on readmissions, and they have some internal data and they published some image wr.
Jason Block: manuscripts on on their work, looking at readmissions, for those who had previously been hospitalized what we wanted to also look at as a novel contribution was.

166
00:30:06.150 --> 00:30:14.700
Jason Block: Looking at index admissions after patients were initially evaluated in a lower care setting, and that includes patients who were.

167
00:30:15.420 --> 00:30:24.330
Jason Block: Testing positive in the ambulatory setting or the emergency department setting we wanted to look at whether those patients and what percent of those patients got admitted.

168
00:30:25.080 --> 00:30:36.270
Jason Block: In the one to 30 day period and 31 to 60 day period after their positive test our readmission assessment looks at the period of time five to 65 days.

169
00:30:36.690 --> 00:30:53.610
Jason Block: After the date of their index admission for coven, this is a little quirk of our tools that we can't define for this particular assessment, yet the index date as their discharge date but rather we're defining it is their admission date so there's a little bit of.

170
00:30:54.750 --> 00:30:59.190
Jason Block: need to try to gain the query to probably look at the rate of readmission.
Jason Block: So, and then the next slide out i’ll describe some of the results that we’ve gotten from this one thing that i’ll just say is that we know.

00:31:08.490 --> 00:31:16.140
Jason Block: for adults is that those were initially evaluated in the ambulatory setting 2% of them are admitted.

00:31:17.100 --> 00:31:26.700
Jason Block: In the period of time from one to 30 days after their positive test in the ambulatory setting 7% of those who were initially evaluated in the ED.

00:31:27.660 --> 00:31:33.720
Jason Block: are admitted one to 30 days after and so that could be some patients who are lingering in the emergency department for a while.

00:31:34.140 --> 00:31:40.500
Jason Block: We expect, because we have that gap of one day that their patients that are sent home and then come back and end up getting admitted.

00:31:41.400 --> 00:31:50.610
Jason Block: The readmission rate that we found in this period designated here for adults is 11% which is consistent with some of the other SCI fi assessments that have been done.

00:31:51.870 --> 00:31:52.440
Jason Block: Next slide.
Jason Block: So this slide is showing an age breakdown we've also looked at this by race.

Of the group that is initially evaluated in the ambulatory which is these first set of graphs and the emergency department, which is a second set of graphs.

And this is that 2% are admitted in the early phase for those assessed in the ambulatory phase ambulatory setting in 7% in the ED the y axis here is an out of 50%, and so what we're just showing here is the proportion of patients in each of these groups.

By age, and so this is not showing a rate, but rather a proportion by age, so the first group the all group is all patients in that.

in that category of testing positive in the ambulatory setting and you can see, the largest group, there is the 20 to 39 year olds.

But when we start looking at the group of patients who end up getting admitted after they test positive in the inventory setting.
Jason Block: You can see the age distribution shifts and while still the biggest group the biggest the highest proportion is in that 20 to 39 group, you can see the older age groups.

Jason Block: The shift in that histogram so that patients are more likely who were older to end up getting admitted.

Jason Block: than the younger folks in the same is true for that late admission group, which is the 31 to 60 day period, you see the same exact pattern for those initially testing positive in the emergency department.

Jason Block: And you see the all, which is all patients testing positive in that setting and then the group that gets admitted in the one to 30 days and then elite admission, you see that shifting.

Jason Block: Age distribution where patients end up going home and then, if they're older, they have a higher risk of coming back to the hospital for an admission.

Jason Block: Next slide.
Jason Block: This is again that group, broken down by race and I'm not showing the readmission group just because I figured I'd just focus on this unique contribution that we have compared to some of the other CDC data.

Which is, you see again, this is the same exact setup is that prior slide except the y axis it's at 80% here.

And this is showing you all patients testing positive in the ambulatory setting or the emergency department and then the race breakdown.

Of those patients who end up getting admitted in that early phase in the late phase, you can see a little bit of a shift.

Especially in the ambulatory setting for patients who are black or African American having a greater propensity to get tested in the ambulatory setting and later get admitted.

You see a little bit of that that's present maybe in those late admissions for patients who are initially evaluated in the ED setting, but certainly not as clear as we saw with the age breakdown, where the risk seems higher for older ages.
Jason Block: All right, I think I have one more slide and then I'll stop, and we can open it up to questions and have Tom weigh in too, but.

One of the things that we've started, we have done a lot of queries and we have been providing all of this data to the CDC that they've been using internally.

But we're very actively interested in dissemination of this work and so we're reaching a kind of point where our data has matured enough.

That we think we have a quite a bit to offer in terms of dissemination and so several of you were involved in an initial publication that we put together many months ago now, which was just describing our initial experience.

With defining coven patients in the cornet we put that up as a prepare print it cycled through a couple of journals didn't end up getting published.

In sort of by that time it was finished cycling, the data was already pretty out of date and so what we've decided to do is wait.
00:36:07.110 --> 00:36:25.230
Jason Block: Until now, where we're going to have a lot of data over the roughly a year of the pandemic, with some interesting trends over time looking at demographics and the use of medications and so right now we're starting to pull together two publications one for adults and kids.

203

00:36:26.430 --> 00:36:36.450
Jason Block: And I call this a legacy publication, because it kind of started a while ago but it's it's reaching a point where we think it now will be more interesting to put out for publication.

204

00:36:37.470 --> 00:36:46.830
Jason Block: will be working with the CDC on putting together some publications whether they're brief publications or longer falling manuscripts around this long coven query.

205

00:36:47.490 --> 00:37:00.450
Jason Block: Eventually, when we look at the Association of factors with long coven that will we think result in a publication as well, and we have some similar ideas for chronic disease control and covert outcomes.

206

00:37:01.800 --> 00:37:09.390
Jason Block: One of the things that's also become clear is that some of the information that we're presenting is timely and it may be.

207

00:37:10.140 --> 00:37:21.030
Jason Block: helpful to disseminate this work on, not just in the academic literature, but also as some short briefs or infographics that we can put up on websites.
Jason Block: That would be useful to the public and so we're actively exploring this as a component of some of this work as well.

Jason Block: So we have through all of our work we've tried to involve representatives from the sites that are contributing data, and we intend to do that as well for this.

Jason Block: And so we just wanted to give you an initial report on this and expect more as we get deeper into this and can develop out some of these ideas.

Jason Block: So I'm going to close there. I'll let Tom weigh in on anything that I might have missed, and then we can open it up for questions.

Jason Block: But again, as we said before we're so grateful for your incredible time energy work on this project, and we think we've made a lot of progress in the last few months and expect to make some more in the next few months, Tom.

Thomas Carton: agree Jason. Thank you. I want to share that thanks and Jason I'm just making a couple of quick comments. I've been answering some questions in the.
Thomas Carton: In the Q amp a So if you wouldn't mind just just have a look there and see if there's anything that you want to add so i'll kick back to you for any comments on the Q amp a.

Thomas Carton: I think the the point that the Jason made that i'd like to underscore is that the this this project is very unique in that it is.

Thomas Carton: Really, a tight collaboration between the various CDC groups that we've been working with and the cornet sites and coordinate work group, so the decisions on.

Thomas Carton: What to include and cumulative query what to detail in sort of specific aggregate queries and then decisions around investigating.

Thomas Carton: Advanced analytics really is a shared process between the CDC team and the coordinate team, which makes it quite unique and dynamic and.

Thomas Carton: I think that's come through in some of the questions and in the presentation, but just wanted to highlight that quickly i'm Jason back to you in terms of anything that you'd like to add or comment on late to the questions that we were getting during the presentation.
Jason Block: yeah i'll just come in on a couple things Lindsay, thank you for bringing up the issue of whether we are assessing.

Control of obesity, that that was really that term of control is really intended to talk about hypertension and diabetes for obesity what we're looking at is stages of obesity during the baseline period prior to a positive test.

And so, for hypertension and diabetes we're looking at Level control according to vital measures and laboratory values so that's one thing i'll say I think you answered the issue about data event and linkages we're not using that yet.

The ambulatory setting question is a good one from Rachel.

We have you know the ambulatory setting is really defined as patients who have had a diagnosis in the ambulatory setting around the time of their test and so it's a little bit broader capture than patients just coming to get tested in the military setting, however, it almost certainly does not include the full.
Jason Block: number of patients who have gone through, for example, a drive through testing Center and just have their laboratory test result in the data and that's not linked to any encounter.

We are capturing data on those patients, but we haven't defined them as ambulatory.

In some of our more recent queries we're trying to draw out that specific population of patients who have no encounter associated with their test.

In order to look at them separately and try to get some sense and then some of the queries were just lumping those together with anybody who's evaluated in either the ambulatory or ED setting, so we have a Inpatient in the non impatient.

Group of patients, so, but when we when we say amy satori we're specifically referring to those who have encounters in the ambulatory setting.

And then, in terms of some other questions that came up about the reports we certainly can explore what we can share with these like Tom said we're sharing it with the working groups.
Jason Block: so that they can get a sense of the the reports and certainly happy for you to follow up with this after and we can explore what what options we have for that.

00:42:00.930 --> 00:42:07.800

Jason Block: And then I think you answered the question from from janice about the refresh cycle, because we're definitely mindful of that.

00:42:13.080 --> 00:42:19.170

Sammy Chao: And I think we have one you open questions and Lindsay asking is it too late to get involved in demographic trends paper.

00:42:23.130 --> 00:42:36.630

Jason Block: Lindsay why don't we follow up after this on that why don't you just reach out to me directly, and we can we can communicate about that, but that's something we're actively sort of working on right now, but the there by no means component.

00:42:39.930 --> 00:42:55.350

Sammy Chao: Great and when they said that sounds good, and we have another question from bill check saying some long covered posting some long of its independence, could be attributable to post icu syndrome, do you intend to stratify by requirement for mechanical ventilation and or icu admission.

00:42:56.670 --> 00:43:15.330

Jason Block: A bill that's a very good question and I suspect that we'll talk about this more on one of the working group calls and that's a very that's an important thing that we need to look at we did stratify or look at long coven based on whether patients had been cared for.
Jason Block: By use of mechanical ventilators, and so we don't easily have we haven't been stratified patients by that concept of being in the ICU versus not.

Jason Block: But rather being on a ventilator versus not and what we found in that group is that they don't appear to have a higher rate of long coven than those who are in the general hospitalized population.

Jason Block: But you know, to be honest, that could well be because patients who are in the ICU may not really be getting encounters in the healthcare system for a while.

Jason Block: Especially if they ended up getting discharged to a rehab facility and we weren't able to actually capture their data in the long coven period that we have designated.

Jason Block: So there might be a couple of ways to deal with that one is that we extend that long coven period to allow for the fact that some patients end up getting evaluated.

Jason Block: In the healthcare system much later on in the other way that I think we certainly will account for this in our next series of queries is to.
00:44:22.500 --> 00:44:35.280
Jason Block: Either stratify or to control our for those patients who are using mechanical ventilation, I think, for a long coven we're going to have to have a controlled analysis and we haven't defined what that control group would be.

245

00:44:36.450 --> 00:44:46.470
Jason Block: But you know it could be that a lot of long code symptoms are just like you said their post hospitalization syndromes that that people generally would have if they were hospitalized.

246

00:44:47.250 --> 00:45:12.270
Jason Block: It could be that patients who have flu have a similar rate so Those are some of the decisions that we're gonna have to make before we proceed with the analytic query.

247

00:45:01.980 --> 00:45:12.270
Sammy Chao: And it looks like we have one more question and Sonia white was asked the baton questions from some of our sites that are administering vaccines what code should be used for VX manufacturer.

248

00:45:12.600 --> 00:45:17.430
Sammy Chao: We use the CDC codes that have been published this question is specifically around the Madonna vaccine.

249

00:45:19.230 --> 00:45:25.830
Jason Block: yeah we are using the precise codes that correspond to both the manufacturer.
Jason Block: And then the dose that they have received, so there are separate codes for the first dose and the second dose for both the Pfizer and the maternal vaccines.

Jason Block: And so, those are the codes that we're capturing we're lumping them all together, just to get a sense of how many vaccinations we're picking up in the in the cornet sites.

Jason Block: But we are using the published codes that that have been published federally in order to find those specific book doses and manufacturers.

Sammy Chao: The open questions we've had so far, I would like to welcome anybody else who has more questions type them into the box and we'll answer them live as we've been doing so we'll just give it a few seconds, just in case anybody else has lingering questions today.

Jason Block: And while we're waiting for that i'll just say to janice we really appreciate that janice and we've been trying to time certain things around the other work that's happening in the network.

Jason Block: Knowing that people have lots that are going on, so January we tried to push one of our January queries into February, knowing that people were going through a data curation cycle so we're trying to be.
Jason Block: Mindful of other work going on in the network, and if there are things that are bumping up against that, please feel free to reach out to us.

Sammy Chao: Any questions are coming in, so if that's the case, then we can wrap up a few minutes early, but again I wanted to thank everybody who came and took your time out to attend this webinar today.

Sammy Chao: Especially all of our presenters. Thank you so much, Jason and Tom for presenting all the data about the queries and answering everybody's questions.

Sammy Chao: I would like to remind people that we will have a recording of these slides recording this webinar and the presentation slides made available afterwards. We'll send them out to participants and to everybody who was invited to this webinar.

Sammy Chao: And if nobody has any more questions, then we will send this out and see everybody for the next webinar in April, then.

Sammy Chao: Great thanks so much, and I hope you all have a great rest of your day.
Jason Block: Thanks everyone for free to reach out.