

WEBVTT

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00:00:06.960 --> 00:00:14.219

Sammy Chao, PHII: hi everybody I see people are starting to join, so we will get started with our presentation in just a minute.

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00:00:38.430 --> 00:00:53.160

Sammy Chao, PHII: So it's about one minute after the hour now and go ahead and kick off so welcome everybody to today's the coordinate CDC coven 19 electronic health care data initiative webinar for December.

3

00:00:53.790 --> 00:01:04.920

Sammy Chao, PHII: So Sammy Chao, I am a senior informatics analysts for the public health informatics institute program of the task force for global health and I have a few housekeeping notes for everybody today.

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00:01:05.550 --> 00:01:18.210

Sammy Chao, PHII: I wanted to let you all know that today, we will have a Q amp a box in the webinar so feel free to leave your questions throughout the webinar and we will answer that in writing if we can as soon as they come in.

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00:01:18.690 --> 00:01:25.710

Sammy Chao, PHII: or it's easier to answer it out loud will answer it at the end and we will also save some time for questions at the end of the webinar.

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00:01:26.280 --> 00:01:36.870

Sammy Chao, PHII: This webinar will be recorded and we will be sending out a link to the webinar transcripts and a copy of the presentation afterwards, so you should have access to that to share with anybody who wasn't able to make it today.

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00:01:37.290 --> 00:01:48.000

Sammy Chao, PHII: And I want to thank you all for taking the time out of your day to come and join us for this webinar and to kick it off, we will have a welcome from taken beymer from the CC our project sponsor.

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00:01:49.620 --> 00:01:57.930

Tegan Boehmer: Thank you Sammy good morning everybody, my name is taken a Sammy said and I leave the health care data section within CDC.

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00:01:58.320 --> 00:02:07.860

Tegan Boehmer: coven 19 response, and we continue to be very excited about our partnership with the public health informatics Institute and with P cornet.

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00:02:08.340 --> 00:02:20.310

Tegan Boehmer: And I just wanted to share a couple high level comments this morning and i'll let Jason and Tom sort of get into the details of the various queries and analyses and publications that are all in process.

11

00:02:20.940 --> 00:02:38.850

Tegan Boehmer: But did want to mention this morning that that we're all aware of como con and the concern around having another new variant and that continues well, that is a high priority of our agency right now is tracking numerous different.

12

00:02:39.960 --> 00:02:41.580

Tegan Boehmer: features and characteristics.

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00:02:42.780 --> 00:02:50.880

Tegan Boehmer: Of the variant and I think the work that we've been doing with P cornet tracking disease severity.

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00:02:51.810 --> 00:03:01.740

Tegan Boehmer: and looking at delta query, in particular, some of those things that we've set up well positioned as well, to be able to look at home, a cron.

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00:03:02.460 --> 00:03:17.100

Tegan Boehmer: When it if or when that becomes a predominant strain within the United States, so the disease severity questions among hospitalized patients are at the top of mind, and in particular.

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00:03:18.000 --> 00:03:27.390

Tegan Boehmer: Disease severity among vaccinated versus unvaccinated individuals and, and so I think Jason will presenting today on the.

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00:03:28.650 --> 00:03:35.280

Tegan Boehmer: Additional robustness of the vaccination data that we've been able to capture by expanding.

18

00:03:35.970 --> 00:03:45.870

Tegan Boehmer: The query to other parts of the ehr and so having that higher quality vaccination data and again looking at disease severity tracking for potential changes and disease severity.

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00:03:46.620 --> 00:03:58.320

Tegan Boehmer: In the backseat of individuals that might be indicative of new variants and how they're the vaccine effectiveness, etc, is something that, as a top priority of the agency right now.

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00:03:59.130 --> 00:04:11.340

Tegan Boehmer: The other one top priority is continues, has been a priority for a while, but sort of taking a new stance at the top of our science public health science agenda for cove it is around health inequities and health disparities.

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00:04:11.670 --> 00:04:18.000

Tegan Boehmer: And we have a couple of projects in the works from this partnership that are addressing those health disparities.

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00:04:18.510 --> 00:04:30.000

Tegan Boehmer: That will be covered, today I think and it's an area where we can continue to provide information to guide public health action to help reduce those inequities.

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00:04:30.750 --> 00:04:38.190

Tegan Boehmer: So thank you all for your continued partnership and collaboration we know our queries have been testing the limits to some degrees.

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00:04:38.550 --> 00:04:54.150

Tegan Boehmer: Of what all can be done, and we appreciate you your collaboration and working with us to address those challenges, because it makes the data that much more robust and rich and useful for public health action Thank you so much.

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00:04:56.910 --> 00:05:08.070

Sammy Chao, PHII: Thank you taken and so now to kick off the content of this whole we have as a block from Harvard pilgrim healthcare Institute and i'm frightened Louisiana public happens.

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00:05:10.350 --> 00:05:13.380

Jason Block: Thanks Sammy and thanks taken really appreciate it.

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00:05:13.440 --> 00:05:15.060

Jason Block: and appreciate everyone.

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00:05:15.180 --> 00:05:32.850

Jason Block: joining this, as usual, especially as we're getting closer to the holiday season, where things are particularly busy as people are trying to wrap up, so what we figured we would do is go through sort of again updating, where we are i'm going to spend a bit of extra time.

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00:05:33.990 --> 00:05:43.470

Jason Block: During the presentation talking a little bit about our immunization query and some initial preliminary results that we have from that.

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00:05:43.800 --> 00:05:51.810

Jason Block: A bit more time talking about some of the results from our delta query and then describing the process that we're undertaking.

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00:05:52.650 --> 00:05:57.000

Jason Block: For the kind of next stage of queries that are coming up.

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00:05:57.750 --> 00:06:05.760

Jason Block: So this is just the agenda, giving you some of the query updates will talk about a patient level data strategy that we're still working through and thinking through.

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00:06:06.060 --> 00:06:18.660

Jason Block: I gave some initial information on that during the last webinar our thinking has evolved a little bit on that and I wanted to present that and just give you a sense of the type of things we're working with me and your scripts as well next slide.

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00:06:21.570 --> 00:06:21.990

Jason Block: So.

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00:06:23.070 --> 00:06:33.570

Jason Block: Some time ago, we had mentioned this transition of sorts that we've been going through with the project, overall, which is to get into some deeper analytics.

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00:06:34.410 --> 00:06:48.240

Jason Block: And we started those deeper analytics some months ago with the process of actually building an extension to the book corner modular programs that facilitates distributed regression modeling.

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00:06:49.260 --> 00:06:58.440

Jason Block: The first exercise of that has been for a series of models that we've run looking at whether or not.

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00:06:59.880 --> 00:07:16.050

Jason Block: Patients who are stars coby to positive versus ours could be too negative or more or less likely to develop a series of conditions and symptoms that we define as related to stars could be two are that have been discussed as being related to start as could be too.

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00:07:17.700 --> 00:07:37.560

Jason Block: So we've executed this, we ran models looking at outcomes for certain conditions and for certain symptoms using icd 10 codes, as are compatible phenotype too difficult to do that, and these models were on separately for kids and adults with some slight variations for kids and adults.

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00:07:38.610 --> 00:07:55.410

Jason Block: So we executed these and i've looked at the reports and have worked in troubleshoot shot this work with our programmers and we found a couple of issues, this was the first time that we were doing it we've always expected that this was going to take some work to get to a final product.

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00:07:56.460 --> 00:07:57.990

Jason Block: We ran a series of models.

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00:07:59.100 --> 00:08:00.480

Jason Block: That included different types.

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00:08:01.650 --> 00:08:16.650

Jason Block: of regression modeling some of that included Cox regression models some plus some models some logistic models in the first thing is that, for the most part, with some caveats these these models worked.

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00:08:17.700 --> 00:08:28.200

Jason Block: The one exception to that were Cox models, where there was an issue with the coding that was put into these programs that had to be fixed.

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00:08:28.590 --> 00:08:42.720

Jason Block: Because the results that we got for that were not exactly what we would have expected, so we generated appropriate kaplan Meier curves for this, but the Cox models themselves actually didn't run it as expected, so we, we have to fix that and re execute that.

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00:08:43.740 --> 00:08:51.990

Jason Block: The other thing is that we were too ambitious, we a lot of the conditions, especially that we're looking at, but also some of the models with symptoms.

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00:08:53.040 --> 00:09:00.810

Jason Block: The number of cases overall across the network are reasonably high, but when these models are fit they're fit at the site level.

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00:09:01.410 --> 00:09:11.970

Jason Block: And because they're fit at the site level, a number of sites often don't have enough cases or events in order to facilitate the regression models, especially with the number of covariance that we had.

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00:09:12.510 --> 00:09:21.180

Jason Block: Because we are we're controlling for a reasonable number of covariance but because of the way that the popcorn common data model is structured.

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00:09:21.540 --> 00:09:31.410

Jason Block: A lot of those single covariance like race end up, leading to a number of dummy variables, and so the models that we ran had a huge number of covariance.

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00:09:32.190 --> 00:09:39.780

Jason Block: And we just realized through this process that that led to lack of convergence, a number of the models add some sites.

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00:09:40.260 --> 00:09:46.170

Jason Block: So we've been working closely with the programmers reviewing the data that we got from those covariance.

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00:09:46.890 --> 00:10:01.380

Jason Block: and found that we need to be more parsimonious and so that's the process that we have been working on paring down the number of covariance so that we can then execute and make sure that these models are actually converging at sites next line.

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00:10:03.210 --> 00:10:09.630

Jason Block: When we did run these models Just to give you a flavor of the type of results that we're generating so far.

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00:10:10.350 --> 00:10:18.840

Jason Block: Is that we looked at icd 10 codes that represented certain conditions in the 31 to 150 day period.

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00:10:19.260 --> 00:10:26.340

Jason Block: After an index date and that index date for those who are stars could be to positive was the date of their positive test.

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00:10:27.150 --> 00:10:32.610

Jason Block: And it was the first positive test and for those that were never positive but did have some data.

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00:10:33.060 --> 00:10:41.940

Jason Block: about them being negative or having testing that was negative over the course of this, the query period we look at their first negative test, and that was their index date.

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00:10:42.540 --> 00:10:52.260

Jason Block: And so, then we looked at the presence of codes for certain conditions and then also symptoms in this 31 to 150 day post acute period.

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00:10:52.950 --> 00:11:04.980

Jason Block: And what we found, and this is for adults who are hospitalized We found that mental health codes were actually more common among those who are stars could be too negative.

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00:11:05.730 --> 00:11:21.390

Jason Block: Diabetes was more common among those who are positive, as was hematologic disorders, like Rambo sees cardiovascular events we're also less likely among those who are positive so more common among those who are negative and respiratory diseases were more common.

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00:11:22.680 --> 00:11:33.930

Jason Block: When we looked at our symptom codes we coded outcomes in a couple different ways, one of it was any symptom and we had a range of about probably 15 or so symptom codes that we looked at.

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00:11:34.860 --> 00:11:44.370

Jason Block: We also had an outcome that was three or more symptoms and then we specified in terms of specific symptoms that we wanted to look at fatigue and shortness of breath.

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00:11:45.000 --> 00:11:55.710

Jason Block: And you can see, among hospitalized adults looking in this 31 to 150 day period, all of these were more common among those who are stars go V2 positive versus negative.

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00:11:56.430 --> 00:12:05.070

Jason Block: And these results are from are fully adjusted models and these were logistic models, as I said, we also ran some models which are pretty similar.

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00:12:05.460 --> 00:12:14.130

Jason Block: And then we ran the Cox models that the results that we got weren't actually interpreted because of this quirk in this issue that we need to fix.

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00:12:15.450 --> 00:12:17.040

Jason Block: Let me show you one more slide on this.

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00:12:18.390 --> 00:12:25.980

Jason Block: And then i'll give you a sense of where we're going with what to expect on this, this was a Catholic Meier curve that we generated.

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00:12:26.760 --> 00:12:35.610

Jason Block: That went along with the Cox regression models, where we didn't get results, we can interpret but the kaplan Meier curves actually did work appropriately when we generated them.

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00:12:36.180 --> 00:12:46.920

Jason Block: And this is the one for diabetes Type one or Type two we use both codes, just to be broad in our capture adults 31 to 150 days, and these were adults that were hospitalized.

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00:12:47.700 --> 00:12:56.250

Jason Block: And what you can see in the blue line, these are patients that were positive so they had a lower event free survival, meaning that.

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00:12:56.580 --> 00:13:05.430

Jason Block: diagnoses of diabetes were more common in that group compared to the group that was stars could be too negative, which is the curve and read here.

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00:13:05.970 --> 00:13:13.800

Jason Block: And the y axis is an event free survival, so, in other words what percent of people over the course of this time period.

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00:13:14.490 --> 00:13:20.520

Jason Block: failed to have a diagnosis of type one or type two diabetes Type one or type two diabetes.

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00:13:20.940 --> 00:13:35.040

Jason Block: So this went along with the logistic models that we had to which is that it appears that diagnoses of diabetes are more common among this group of adults who are hospitalized with a positive SARS could be to positive test compared to negative.

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00:13:36.540 --> 00:13:36.990

Jason Block: Next slide.

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00:13:39.750 --> 00:13:51.540

Jason Block: So that the kind of next steps on this is that we have we have created a new package that is more parsimonious around covariance that fixes the issue with Cox regression models.

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00:13:51.930 --> 00:14:01.560

Jason Block: And we're going to re execute these queries the first way that we're going to work through that process is we're going to send this out, hopefully this week to a couple of sites.

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00:14:01.860 --> 00:14:09.690

Jason Block: That failed to get convergence, for the first time that we ran these models, we want to make sure that our new approach actually leads to.

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00:14:09.960 --> 00:14:24.030

Jason Block: bottles converging before we re execute this across the entire network, and we expect a we executed across the entire network sometime in January, as long as our test that we're going to do in the next week week and a half before the holidays start.

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00:14:25.050 --> 00:14:32.430

Jason Block: work out so more more on that soon and i'll talk about that, when i'm describing our entire next kind of series of queries.

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00:14:34.200 --> 00:14:46.200

Jason Block: So i'll move on to our next query that we've been working on, and this is one that we actually have data from all sites back in we are generating the report.

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00:14:47.490 --> 00:15:09.420

Jason Block: About 10 1011 days ago, or so we generated a preliminary report for sites for nine sites that had responded relatively early after we had sent out the query and I was in parts of that we can just get a sense of what this looks like so the purpose of this query was really threefold.

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00:15:10.830 --> 00:15:20.010

Jason Block: Well, maybe, maybe a bit more than that, but mainly threefold The first is that this was our first query that we were able to hit against the immunization table.

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00:15:20.520 --> 00:15:28.530

Jason Block: We know that a lot if not most of the vaccine data across the network is stored properly and the immunization tables.

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00:15:29.520 --> 00:15:39.390

Jason Block: are proportionate modular programs had not been set up to actually hit against the immunization table, because there hadn't been any use case to actually do that in the past.

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00:15:40.470 --> 00:15:45.900

Jason Block: And so we had to redo the modular programs to allow for us to actually hit against immunization table.

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00:15:46.500 --> 00:16:00.990

Jason Block: to capture this broader number of vaccines that we know what that that we knew were there, but we actually couldn't categorize previously previously, the only way that we were categorizing vaccines was looking in the procedure table and looking for procedure codes.

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00:16:02.280 --> 00:16:10.800

Jason Block: The second main purpose of this was also we had updated the cornet modular program to be able to hit against the death tables and coordinate death tables.

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00:16:11.250 --> 00:16:23.670

Jason Block: So that we get a look at information on primarily in hospital mortality, which is the main information apple cornet sites have around death some sites have linkages to state and national registries.

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00:16:24.180 --> 00:16:39.780

Jason Block: Most of the data seems to come from in hospital mortality and the last piece was we have been categorizing vaccination status and prior queries in a couple ways one is that we're looking at any vaccination codes.

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00:16:40.920 --> 00:16:48.000

Jason Block: And we segment that out by Pfizer Madonna in Janssen and then the other thing that we've been interested in getting information on his.

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00:16:48.780 --> 00:17:00.240

Jason Block: Patients were considered to be fully vaccinated so that means more than two weeks after their Janssen vaccine, or more than two weeks after a second vaccine for a modernized and the Pfizer.

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00:17:00.870 --> 00:17:13.620

Jason Block: Vaccines but we never really played around with how to properly define that we've been using the official second vaccine codes in order to define, whether or not somebody is fully vaccinated.

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00:17:14.100 --> 00:17:19.050

Jason Block: But we also especially as we hit against the immunization table where a lot of that data is coming from.

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00:17:19.860 --> 00:17:26.370

Jason Block: State registries we also have the sense that these codes are not being used precisely.

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00:17:27.150 --> 00:17:39.450

Jason Block: that people are often getting first vaccine codes twice for both of their vaccines that they received both the marnie vaccines, or it could be really any combination of accident codes that are being used.

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00:17:40.650 --> 00:17:55.890

Jason Block: So we wanted to have a very strict definition of somebody being fully vaccinated meaning they have a first vaccine code, a second vaccine code and then some period of time after that, but we also want to add a hat wanted to have more of a relaxed definition for this.

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00:17:57.120 --> 00:18:05.250

Jason Block: So, as I mentioned, we have sites, we have a report that we generated from nine sites that responded to this early will have the final report soon.

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00:18:05.940 --> 00:18:15.660

Jason Block: But our initial assessment of this is that we're getting a much larger number of vaccines than we had gotten when we only looked at procedure codes.

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00:18:16.590 --> 00:18:25.380

Jason Block: So we looked at our prior query would had which had vaccine procedure codes from December to August we looked at the same time period for this interim report.

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00:18:25.800 --> 00:18:35.580

Jason Block: so that we could get an apples to apples comparison and we're doubling the number of vaccines for both adults and almost doubling the number of vaccines that we're observing for children.

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00:18:36.600 --> 00:18:50.880

Jason Block: were also obviously because of result of that we're also identifying about double the number of breakthrough infections, because we have a computer phenotype or definition for breakthrough infections that we've been capturing as well, I mean that's just because we're getting more vaccines.

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00:18:51.990 --> 00:19:02.370

Jason Block: The other thing that we found is kind of as hypothesized when we have a strict definition for patients being fully vaccinated by using the specific first and second.

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00:19:03.510 --> 00:19:04.890

Jason Block: Vaccination codes.

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00:19:06.060 --> 00:19:15.660

Jason Block: We are getting much fewer people were fully vaccinated compared to just having a nonspecific relaxed definition that just requires to coach have any.

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00:19:16.890 --> 00:19:21.360

Jason Block: Mr a vaccine, in order to define that somebody fully vaccinated.

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00:19:23.040 --> 00:19:31.320

Jason Block: The last thing that we did in this query is we looked at boosters and uptake of boosters and we had a couple of definitions that we looked at boosters.

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00:19:31.860 --> 00:19:39.390

Jason Block: With and then we also wanted to look at not breakthrough infections, which are defined as a an infection after somebody is fully vaccinated.

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00:19:39.930 --> 00:19:51.060

Jason Block: But infections during the course of a vaccine series we define this loosely as an infection, that we would uncover during within the 30 days of the first vaccine.

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00:19:52.530 --> 00:19:56.700

Jason Block: To give us some sense of what we're getting we do get a number of cases that pop up in that regard.

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00:19:58.050 --> 00:20:07.710

Jason Block: So let me just show you the next slide to because we were able to also categorize mortality data for the first time and in these nine sites.

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00:20:08.460 --> 00:20:21.300

Jason Block: We look at mortality within 60 days and then mortality within 31 to 60 days and we found that there were 44 3400 deaths within 30 days within these nine sites.

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00:20:22.200 --> 00:20:32.910

Jason Block: That the mortality rate overall was about 1.4% of adults much, much lower obviously when kids we get very little mortality that we observe among children.

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00:20:33.390 --> 00:20:44.130

Jason Block: After starters could be to infection and, as expected, the mortality rate is much higher for those who are older, we observed a mortality rate of 13% for those who are 85 plus.

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00:20:44.580 --> 00:20:59.520

Jason Block: and higher higher rates of death after stars could be to for men, compared to women and other or black race compared to white Asian and undefined race.

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00:21:00.960 --> 00:21:13.020

Jason Block: What i'm showing you here is a graphic that shows mortality rate by month, this is not exact but it's trying to just capture the number of cases that we observed in a month.

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00:21:13.560 --> 00:21:31.500

Jason Block: And the number of deaths that we observed within 30 days within that same month and you can see, mortality was much higher early in the pandemic started to settle out around 2% in May and has been below 2% since that time in this history October.

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00:21:33.060 --> 00:21:42.120

Jason Block: So this is the preliminary information that we're getting from this, we expect hopefully this week or early next week to have our final report on this so we'll have a pretty good sense.

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00:21:42.480 --> 00:21:52.620

Jason Block: Of what our vaccination information looks like across all of the sites that are participating so we're excited to have this information it's going to be helpful in a number of ways.

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00:21:53.190 --> 00:22:01.080

Jason Block: Including our continued work around observing vaccine adverse events which I think will give us some robustness to this information.

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00:22:03.150 --> 00:22:03.600

Jason Block: Next slide.

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00:22:05.880 --> 00:22:16.680

Jason Block: All right, i'll pause there just to make sure Tom I know you're you're maybe monitoring the chatter Sammy I don't see anything in there, but just wanted to pause and make sure there was nothing I didn't see.

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00:22:19.560 --> 00:22:29.640

Sammy Chao, PHII: No open questions as of yet, but anybody participating here, please feel free to put questions in the Q amp a box and we will take them and answer them as we can.

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00:22:31.380 --> 00:22:33.090

Great thanks thanks amy.

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00:22:34.680 --> 00:22:44.310

Jason Block: So, then the next query I want to talk about which was a recent one that we have completed was something that we spent quite a bit of time developing with CDC.

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00:22:44.820 --> 00:22:56.550

Jason Block: And with simple cornet partners as well, and this was a query that we called our delta query but, really, the purpose of it was to define different phases of the pandemic.

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00:22:57.000 --> 00:23:09.600

Jason Block: And to look at certain measures of disease severity during each of those time periods, and so we had nearly all of the sites respond to this, this was a rather large query.

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00:23:10.170 --> 00:23:18.030

Jason Block: Because it generated information for each of these time periods that i'm mentioning here, and so there are a couple sites that had some trouble running it.

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00:23:18.810 --> 00:23:29.280

Jason Block: But the periods, we define where early or ancestral strain we we did not look at March and April 2020 as part of this because we knew that was such an A barren.

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00:23:29.820 --> 00:23:39.240

Jason Block: time period at the beginning of the pandemic, so we wanted to look at a more stable period of time from May to October of 2020 that represented this period.

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00:23:40.320 --> 00:23:53.070

Jason Block: Our second period was the winter surge which was November 2023 February 2021 what we saw and if record number of cases and that That certainly is the period of time that we have more cases than any other phase.

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00:23:54.630 --> 00:24:04.290

Jason Block: We call the march through June 2021 which is sort of the post rollout of vaccination pre delta phase where the dominant strain.

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00:24:04.680 --> 00:24:13.500

Jason Block: Although it wasn't the predominant strain throughout the entire period, it was for a number of these months we call this the Alpha period the Alpha variant period.

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00:24:14.250 --> 00:24:25.320

Jason Block: And then the delta variant really became the predominant strain, at the very end of June, and so we've used the July through mid October, because that's when we executed this query to define that period.

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00:24:26.580 --> 00:24:31.740

Jason Block: We had two ways of look well really three ways of looking at severity one was.

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00:24:32.940 --> 00:24:37.230

Jason Block: To look at care setting where people were cared for, where they in the.

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00:24:38.340 --> 00:24:48.300

Jason Block: In the intensive care unit or receiving critical care codes, where they receiving mechanical ventilation, where they hospitalized we had another severity.

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00:24:49.110 --> 00:25:03.120

Jason Block: index that was defined by pete's net that i'll go over, and then we had one third way of defining severity and this was using the NIH grades for disease severity in stars coping to we had an issue with this categorization.

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00:25:04.380 --> 00:25:20.070

Jason Block: And there was a court to how the code was put together that pulled in all test, not just those that were positive, and so this is another one that i'll talk through that we have there we execute just this portion of the query in order to complete the entirety of this of this query.

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00:25:21.090 --> 00:25:26.070

Jason Block: So i'll show you some of the preliminary results that we have processed from this query in the next few slides.

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00:25:28.470 --> 00:25:34.650

Jason Block: So just to give you a sense of the the Severity Index, and this was the one that was developed by pizza net.

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00:25:35.580 --> 00:25:45.150

Jason Block: We looked at the period of time around a positive SARS coming to test which was a week before in 13 days after because we wanted to get a pretty broad sense of what was going on.

144

00:25:45.600 --> 00:25:55.080

Jason Block: Around that period, and then we defined people into four categories Severe Acute illness it codes for respiratory failure or sepsis.

145

00:25:55.650 --> 00:26:06.510

Jason Block: They were receiving mechanical ventilation, or some type of high level ventilators support they had critical care codes, or they received faisal pressure medications.

146

00:26:07.410 --> 00:26:11.460

Jason Block: which you would often see in that scenario of shocker or sepsis.

147

00:26:12.420 --> 00:26:21.480

Jason Block: We had a separate group of people who had severe sequentially during this period, in this period may well have not been long enough because MIT is was one of the.

148

00:26:21.870 --> 00:26:32.700

Jason Block: condition sometimes that develops after the kind of semi acute phase, we also looked at encephalopathy from posties acute kidney injury hepatic failure and a couple other.

149

00:26:33.960 --> 00:26:36.030

Jason Block: potential security from SARS could be to.

150

00:26:37.110 --> 00:26:51.720

Jason Block: We had moderate illness codes from pneumonia bronchitis, bronchitis gastro and write us in some evidence of use of IV fluids, and then we have this broad other all other individuals that that didn't qualify for the pro year three categories.

151

00:26:53.160 --> 00:26:53.610

Jason Block: Next line.

152

00:26:55.740 --> 00:26:59.520

Jason Block: So I just wanted to give you a sense of the numbers that we're working with.

153

00:27:00.570 --> 00:27:08.610

Jason Block: For the adults and i'll show you kids in a bit, but what you can see is that these are the different phases ancestral winter alpha Delta.

154

00:27:09.870 --> 00:27:15.450

Jason Block: The group the phase during which we had the largest number of patients over 400,000.

155

00:27:17.190 --> 00:27:24.150

Jason Block: Is in the winter phase, as I mentioned that was also the time period where more patients were hospitalized total numbers.

156

00:27:24.570 --> 00:27:29.790

Jason Block: More patients on ventilators and also were categorized as having severe acute disease.

157

00:27:30.600 --> 00:27:35.940

Jason Block: You can see some of the differences, we had the second highest with during the ancestral period.

158

00:27:36.420 --> 00:27:42.990

Jason Block: third highest was during the delta phase, and then the lowest case count number was in that alpha phase, which was the march to June period.

159

00:27:43.770 --> 00:27:53.550

Jason Block: So the next couple of slides i'll show you some bar graphs about the breakdown of the various ways that we defined severity Just to give you a sense of what that looks like next slide.

160

00:27:55.350 --> 00:27:57.180

Jason Block: All right, so this is the adults.

161

00:27:58.590 --> 00:28:21.630

Jason Block: group, and this is looking at the different phases, so you can see, blue is ancestral Green is winter red is alpha phase purple is delta phase, and you can see the y axis at 50%, and this is the proportion of all patients who were SARS coby to who met the certain criteria to define severity.

162

00:28:22.920 --> 00:28:30.300

Jason Block: So, for example, you look at ED and that's the proportion of all patients red stars could be two who are cared for in the emergency department.

163

00:28:31.620 --> 00:28:35.430

Jason Block: In patient is the proportion of all patients that were cared for in the Inpatient setting.

164

00:28:36.120 --> 00:28:42.420

Jason Block: Then you see severe severe sequentially moderate that's the proportion of patients who met those criteria that i'd find for you.

165

00:28:43.230 --> 00:28:57.210

Jason Block: And then we have been used to mechanical ventilators and critical care, these are actually proportions of the Inpatient group so that's why I separated them off to the side here because they're not proportions of the total but rather proportions of the Inpatient group.

166

00:28:58.320 --> 00:29:06.060

Jason Block: And I think when you look at this overall, you can see that we are seeing that there's some evidence of more severity that appearing.

167

00:29:06.480 --> 00:29:12.690

Jason Block: In both the alpha and the delta phases of the pandemic, you can see higher proportion in the emergency department.

168

00:29:13.200 --> 00:29:20.820

Jason Block: Especially for the Alpha phase, but a little bit for the delta phase among the proportion hospitalized and then the severe severe sequentially.

169

00:29:21.390 --> 00:29:25.590

Jason Block: In moderate disease all appear to be somewhat higher during those phases.

170

00:29:26.430 --> 00:29:33.540

Jason Block: For patients on mechanical ventilators doesn't appear to be that much difference across the time period, maybe even a little bit higher.

171

00:29:33.990 --> 00:29:50.400

Jason Block: During the ancestral phase and then for those who are being cared for in critical care settings highest really only in the delta face is what we're finding so some signal that patients are having more severe disease during this time period.

172

00:29:51.960 --> 00:29:59.430

Jason Block: So we want it, we wondered was this because you can go to the next slide semi we wondered is this just a difference in case mix.

173

00:30:00.390 --> 00:30:08.220

Jason Block: Our you know our patients more likely to be of certain demographic categories during these different phases.

174

00:30:08.670 --> 00:30:15.540

Jason Block: And so, one thing that we looked at as the proportion of patients who are 65 and over across the four pandemic periods.

175

00:30:16.170 --> 00:30:22.920

Jason Block: And the blue bar here is the proportion of all patients who were stars Kofi to positive.

176

00:30:23.550 --> 00:30:31.170

Jason Block: That were 65 or over, you can see, this is way lower than any of the bars, because all of the bars indicate some degree of severity.

177

00:30:31.680 --> 00:30:35.190

Jason Block: And we know that patients who are older tend to have more severe disease.

178

00:30:35.970 --> 00:30:47.400

Jason Block: than patients who are younger and so the overall proportion of stars can be to positive patients is where i'm 20% but the proportion, who are in the severe disease categories as much higher of course 65 plus.

179

00:30:48.330 --> 00:30:56.070

Jason Block: And what you can see is that really we're seeing more older folks 65 plus folks in the earlier phase of the pandemic, then the later.

180

00:30:57.570 --> 00:31:05.160

Jason Block: So the proportion of those who are impatient with higher in the ancestral interface those who had severe disease.

181

00:31:06.240 --> 00:31:23.730

Jason Block: Were 65 plus was higher during the winter phase and ancestral phase, and so my summary of this is that it's it's not that we're seeing more severe disease in the Alpha delta phases, because that's when older people are having starsky to, in fact, it may well be the opposite.

182

00:31:24.780 --> 00:31:38.250

Jason Block: And that also is consistent with the fact that this was the group of patients that were vaccinated first and so we're we're less likely to have stars could be two and severe illness later in the pandemic.

183

00:31:39.390 --> 00:31:46.230

Jason Block: We also looked at, race, which is the next slide we wondered if there were differences in racial makeup across.

184

00:31:46.710 --> 00:31:53.910

Jason Block: These time periods that might also explain some of the more severe disease that we're seeing in the alpha and delta periods.

185

00:31:54.450 --> 00:32:00.180

Jason Block: Again, the blue line here is the percent of all patients who are stars could be too positive for black or African American.

186

00:32:00.900 --> 00:32:13.050

Jason Block: and the first thing to note is that black or African American patients tend to have more severe disease than other racial groups and they make up a higher proportion in each of these disease severity groups.

187

00:32:13.710 --> 00:32:24.450

Jason Block: But you see higher proportions, at least in the ancestral period lower maybe in the winter phase and then creeping up a little bit again in the alpha and delta phase.

188

00:32:24.930 --> 00:32:41.940

Jason Block: But still, the proportion of black or African American patients with highest in the first phase of the pandemic in more recent so this case mix doesn't again seem to be necessarily explaining the difference that we're observing over the course of time.

189

00:32:43.110 --> 00:32:46.800

Jason Block: i'm going to get to the next slide but i'm gonna pause because I believe there might be a question in the chat.

190

00:32:51.510 --> 00:32:55.260

Thomas Carton: Jason Tom we do have a question, it was from it was from janice.

191

00:32:56.310 --> 00:32:58.620

Thomas Carton: And she had asked.

192

00:32:59.670 --> 00:33:10.320

Thomas Carton: How ways in which the CDC was using this this information, so I was hoping that taken would be able to answer he had to balance for another call, so you and I can.

193

00:33:10.920 --> 00:33:29.880

Thomas Carton: can offer up you know what what we're aware of from from our collaborations and discussions, and so one thing i'll say janice is that several times we've discussed how these coordinate data really become another tool in the CDC tool toolkit for.

194

00:33:31.050 --> 00:33:40.530

Thomas Carton: Constant continuous surveillance of of the pandemic there's a they've shared with us, also in the past, there are other data sources that.

195

00:33:41.250 --> 00:33:47.040

Thomas Carton: They have access to and several times we have talked about how they benchmark or compare.

196

00:33:47.670 --> 00:34:01.200

Thomas Carton: With each other, one of the uniqueness of the coordinate data versus some of the other CDC data sources is our ability to capture both Inpatient and ambulatory care settings Jason is there anything else that you'd like to add to that.

197

00:34:01.740 --> 00:34:10.470

Jason Block: yeah one of the things i'll say is that there they use this information, a lot for internal discussions about various responses that they're putting together.

198

00:34:11.640 --> 00:34:17.160

Jason Block: But they're also increasingly looking at this data as a source to disseminate to the public.

199

00:34:17.880 --> 00:34:24.180

Jason Block: And so that's in the form of some manuscripts that we're all working on together, but one of the other things that we're excited about.

200

00:34:24.630 --> 00:34:35.670

Jason Block: Is that For those of you who know the CDC data that they post publicly, they have a CDC Kovac tracker, which is where they produce information about total case counts.

201

00:34:36.630 --> 00:34:42.120

Jason Block: and total percent of the population that's vaccinated and various other things like that.

202

00:34:42.900 --> 00:34:51.690

Jason Block: The data is becoming more complex that they present over the course of time, and their expectation is to start using this data in some form.

203

00:34:52.320 --> 00:34:56.790

Jason Block: And there's still trying to figure out exactly what piece of this information is going to be right for that.

204

00:34:57.570 --> 00:35:07.800

Jason Block: But to put put this information actually up on the CDC Kovac tracker, and so I think they're going to be increasingly looking to use this information for dissemination to the public.

205

00:35:08.220 --> 00:35:18.600

Jason Block: about various things such as disparities that we're observing or exactly something like this, which is he is disease severity increasing over the course of time.

206

00:35:19.380 --> 00:35:28.560

Jason Block: You know a lot of folks within the Federal Government, who are really interested in these specific questions about especially disease severity and whether it's worse.

207

00:35:29.340 --> 00:35:38.790

Jason Block: Right now, during the pandemic versus before, and so the CDC is also engaging with the White House Task Force on covert 19 as well, so that's.

208

00:35:39.240 --> 00:35:50.790

Jason Block: that's the answer, without taking being here for that they're using it for internal discussions in planning and increasingly viewing this as a way to disseminate this information to the public.

209

00:35:56.520 --> 00:35:58.590

Jason Block: Okay, let me show you the information about children.

210

00:36:01.860 --> 00:36:14.040

Jason Block: You can see the numbers of cases for children is lower, and again same pattern ancestor of the winter phase many higher cases delta phase higher is the second most.

211

00:36:15.000 --> 00:36:24.090

Jason Block: And then you see and actually this is different than the adults, because the delta is now the second most number of cases that were observing compared to for adults, it was the ancestral period.

212

00:36:25.650 --> 00:36:31.470

Jason Block: And also, you can see if you just look at total raw numbers, the raw numbers are much, much lower.

213

00:36:31.950 --> 00:36:42.780

Jason Block: For those who were hospitalized and on ventilators and have severe disease than we see for adults, but the highest number of those it's actually during the winter face when we had most of the cases.

214

00:36:44.820 --> 00:36:48.390

Jason Block: Next slide i'll go through the same series of slides that we showed before.

215

00:36:49.440 --> 00:36:54.030

Jason Block: These children, these are children same disease severity categories of.

216

00:36:55.140 --> 00:36:57.330

Jason Block: care settings in severity indices.

217

00:36:58.410 --> 00:37:11.850

Jason Block: And the same colors ancestral strain ancestral period is blue winter phases green alpha phase is red and delta phase is purple I kept it on the same y axis, even though these are all much lower.

218

00:37:12.900 --> 00:37:23.160

Jason Block: Just to give you the comparison, but it does make it a little bit harder to see some of these where we see much fewer case counts same pattern that we observed for adults seemingly.

219

00:37:24.480 --> 00:37:28.770

Jason Block: Higher disease severity at least measured by care setting.

220

00:37:29.670 --> 00:37:45.210

Jason Block: Some of the severity indices, and then also kind of similar pattern for those who are on ventilators and critical care really similar pattern to what we saw in adults, which it does appear that the more recent phases patients are having more severe disease.

221

00:37:46.560 --> 00:37:47.040

Next slide.

222

00:37:48.390 --> 00:37:52.530

Jason Block: We looked at the same thing in terms of is this explained by case mix.

223

00:37:53.580 --> 00:38:04.260

Jason Block: And we looked at the proportion of patients that were 13 to 19 over the different pandemic periods, the blue line is the proportion that we observe on average across all cases.

224

00:38:05.100 --> 00:38:18.420

Jason Block: And you can see it doesn't seem to very clearly show a pattern, that this is defining why we're seeing more severe cases in the more recent periods in fact for those on ventilators those with.

225

00:38:19.470 --> 00:38:22.410

Jason Block: Those receiving critical care might be a little bit higher.

226

00:38:23.430 --> 00:38:26.490

Jason Block: In the earlier phase this severe some kweli.

227

00:38:28.620 --> 00:38:34.980

Jason Block: index, it does seem that those those cases were a little bit higher in the ancestral period compared to some of the others.

228

00:38:35.490 --> 00:38:48.270

Jason Block: The problem with this group is that it's really, really small and so when we look at proportions here it's actually proportions of a very small number, so it may lead to some bias in terms of our interpretation.

229

00:38:49.680 --> 00:38:53.730

Jason Block: The next slide we did the same thing we looked at patients who are black or African American.

230

00:38:54.690 --> 00:38:59.820

Jason Block: And here we see a slightly different pattern at least among the sphere security group where.

231

00:39:00.300 --> 00:39:18.120

Jason Block: The proportion that are black or African American is higher, but again, this is this group that is a really, really small numbers, and so I think, overall, we don't see a lot that billy says very clearly that the evidence for more severity is really defined by certain demographic characteristics.

232

00:39:20.550 --> 00:39:21.000

Jason Block: Next time.

233

00:39:22.650 --> 00:39:29.940

Jason Block: So what i'll say just in summary of that work is, we need to re execute to get that NIH grade information as well.

234

00:39:30.900 --> 00:39:38.010

Jason Block: But our overall summary is that there's some evidence that there's more severity of disease that's occurring in more recent phases.

235

00:39:38.670 --> 00:39:49.290

Jason Block: Obviously this is descriptive, it is not we did this kind of parsing of certain demographic characteristics, to see if there was some obvious reasons that case makes my explain.

236

00:39:49.920 --> 00:39:54.570

Jason Block: That this is not a controlled analysis which we may end up getting into later on.

237

00:39:55.320 --> 00:40:04.140

Jason Block: So all the caveats of just looking at information descriptive way, but it is, I think, provocative and sort of does speak to some other data that's emerging.

238

00:40:04.590 --> 00:40:18.360

Jason Block: Of these, these these more recent variance creating more severe disease as more crime comes in, we may see the opposite, we don't know yet, but there's certainly some information that's emerging out of South Africa that perhaps it's a.

239

00:40:19.560 --> 00:40:25.380

Jason Block: Less morbid variant but we'll just have to see as that progresses over the course of time.

240

00:40:27.180 --> 00:40:36.750

Jason Block: So what are we looking at, we are re executing our delta query and that actually went out, I think this morning.

241

00:40:37.110 --> 00:40:49.230

Jason Block: So that we can get that information and finish the totality of what we have available this extends the delta query a little bit further, just so that we can have a little bit more time period of observation that's completed.

242

00:40:49.950 --> 00:41:03.840

Jason Block: During the delta phase, this is a reduced form query than the one that we actually sent out with the full query because it just focuses on time period specific information so that we can get that NIH great information proper.

243

00:41:04.710 --> 00:41:13.650

Jason Block: we're testing the long coded regression prairie as well, and our goal for starting 2022 is to really get into a regular cadence of queries.

244

00:41:14.070 --> 00:41:20.160

Jason Block: There are a couple of queries that have emerged as ones that we want to definitely repeat over the course of time.

245

00:41:20.790 --> 00:41:30.660

Jason Block: This is our cumulative quick query that gets that kind of total case counts by care setting across the entire pandemic or last one of those that we did was in August.

246

00:41:31.050 --> 00:41:39.570

Jason Block: we're planning to repeat that in January and then probably every few months or so and it probably will be every three or four months as we get into this regular cadence.

247

00:41:40.740 --> 00:41:51.210

Jason Block: The same for our vaccine adverse event query which we've done twice, so far, the idea is to probably, especially now that we have more information on immunizations.

248

00:41:51.630 --> 00:41:56.490

Jason Block: To repeat that and get into a regular cadence with that now that all microns coming.

249

00:41:57.300 --> 00:42:13.770

Jason Block: defining our next phase of the pandemic when that emerges we're still very clearly in the delta phase, but when does all micron actually take over and that would kind of be around the time that we think we would repeat this phase specific disease severity query.

250

00:42:15.150 --> 00:42:21.990

Jason Block: We also have a number of regression queries that we're in the process of thinking through in planning our next one that we're planning as a carry forward from.

251

00:42:22.500 --> 00:42:30.420

Jason Block: A descriptive query we did some time ago, looking at chronic disease severity and control as a predictor of severe coven.

252

00:42:31.020 --> 00:42:39.120

Jason Block: And we've been developing a regression query to actually carry forward on that another area of major focus is looking at predictors of admissions.

253

00:42:39.720 --> 00:42:55.440

Jason Block: After patients who originally cared for in the ambulatory or ED setting and looking at predictors of what might drive patients to later get admitted during the course of their COPA de illness and also predictors of readmissions, so this is the rough kind of.

254

00:42:56.700 --> 00:43:06.480

Jason Block: The ordering of things that we're going to look at in January, February and March, and then we hope to kind of continue repeating this cycle over the course of time.

255

00:43:10.410 --> 00:43:17.490

Jason Block: There might be a question in the chat so I don't know if this is a new one, or that would may have just been janice responding so thanks janice.

256

00:43:22.320 --> 00:43:22.680

Jason Block: Okay.

257

00:43:23.160 --> 00:43:28.290

Jason Block: Please any questions that come up please we just have a few more slides, and then we can pause after that.

258

00:43:29.610 --> 00:43:39.990

Jason Block: So one of the things that we've been working toward primarily to help make these advanced analytic queries more efficient is to try to obtain patient level data from sites it's part of our Year to scope.

259

00:43:41.010 --> 00:43:50.160

Jason Block: We talked about this on the last webinar one of the things that we're increasingly trying to move toward is is trying to define an efficient way to do this because.

260

00:43:50.520 --> 00:44:03.600

Jason Block: This could get complicated very quickly and could call for a lot of data from sites if we wanted to have enough patient level data, for example, to be able to more efficiently execute.

261

00:44:04.050 --> 00:44:09.300

Jason Block: A number of the queries that we have in mind that advanced analytic queries that we have in mind.

262

00:44:10.020 --> 00:44:22.020

Jason Block: So one of the things that we were starting to talk with our programmers about is that it might just be more practical to obtain the identified patient level data on a per query basis for these advanced analytic queries.

263

00:44:23.400 --> 00:44:41.190

Jason Block: So the way the module programs execute is they execute by setting up a cohort on which to execute the actual analytics within each site and there are ways to actually create that cohort into completely D identify that and strip any identifiers, including dates.

264

00:44:42.690 --> 00:45:02.730

Jason Block: And then, when we call back information from the sites through pubmed net, we can call back both the aggregate results, which is what we've only been doing today and we can also call back if sites allow for it, the patient level data again with these modifications that strip identifiers.

265

00:45:03.810 --> 00:45:14.130

Jason Block: back so that we can have that information available to facilitate some efficiency in our secondary analysis for these specific queries so that.

266

00:45:14.520 --> 00:45:26.220

Jason Block: The regression query the distributor who regression work can generate sort of the first pass first layer of analyses, but if we want to do things like look at interaction terms or stratify that data.

267

00:45:27.390 --> 00:45:37.890

Jason Block: Or we see something in the distributed regression and we want to actually execute kind of some secondary analyses or we're having still trouble with having.

268

00:45:38.670 --> 00:45:53.850

Jason Block: The regression queries converge for our adjusted models, if we have the patient level data we can pull that together and do some pooled analyses that will make that a much easier process to generate the results that we are hoping to getting.

269

00:45:54.900 --> 00:46:02.820

Jason Block: So stay tuned for this will be in touch about this, but this is, this is what we think might be an easier way to do this because it takes away.

270

00:46:03.240 --> 00:46:14.430

Jason Block: Some of the potential concerns about obtaining our trove of patient level data that might have some dates that would create a limited data set that some sites would have trouble.

271

00:46:15.630 --> 00:46:19.200

Jason Block: Getting to us as a as a coordinating Center for this project.

272

00:46:20.520 --> 00:46:21.030

Jason Block: Next line.

273

00:46:26.430 --> 00:46:34.560

Jason Block: So plan is probably to try to do this sometime looking in February for our next regression query.

274

00:46:35.280 --> 00:46:42.000

Jason Block: We might have to do it for the long code query but we're hoping that we're going to get convergence on the models because of all the adjustments that we've made.

275

00:46:42.690 --> 00:46:53.730

Jason Block: So what I would say it sometime over the next six weeks, or so we might try to do this, and obviously we'll be in touch to describe exactly what we're doing and what the purpose is for obtaining this information.

276

00:46:54.870 --> 00:47:05.220

Jason Block: So stay tuned on that many of you know we mentioned this on the last webinars well that Harvard pilgrim has been part of the permanent coordinating Center since the beginning of cornet.

277

00:47:05.910 --> 00:47:15.480

Jason Block: we're no longer going to be part of the coordinating Center when coordinates transitions to its 3.0 period, which will start sometime after the New Year.

278

00:47:16.410 --> 00:47:23.220

Jason Block: We will probably be part of the coordinating Center as an extension of the two point O period through March.

279

00:47:23.880 --> 00:47:29.100

Jason Block: But we anticipate a full transition to the new coordinating centers after that time period.

280

00:47:30.060 --> 00:47:36.690

Jason Block: To facilitate that we're actually constructing a new data security agreement or data sharing agreement is actually what it is.

281

00:47:37.290 --> 00:47:48.600

Jason Block: Where we use the exact same language that's used for the cornet data sharing agreement, but just trim out some of the things that are specific to coordinating Center functions.

282

00:47:49.110 --> 00:48:00.420

Jason Block: So this new dsa would allow Harvard pilgrim to continue functioning as the coordinating Center for this project and for some other projects that we have ongoing because our pilgrim will remain connected.

283

00:48:01.050 --> 00:48:05.520

Jason Block: In a number of projects that are ongoing around the corner, but will allow us to kind of.

284

00:48:06.030 --> 00:48:12.510

Jason Block: trim out the definition of us as a coordinating Center which will be important as this new period of coordinate starts.

285

00:48:13.050 --> 00:48:17.640

Jason Block: Those were sent out last week we've already gotten some back and forth, with some sites that had some.

286

00:48:18.090 --> 00:48:31.770

Jason Block: Questions and so we're asking sites to be able to execute those as soon as you can we have a little bit of a window in order to do it, but we're probably trying to get that wrapped up in January, if we can, so please reach out to us if there are any questions about that.

287

00:48:33.060 --> 00:48:33.540

Jason Block: Next slide.

288

00:48:35.400 --> 00:48:44.730

Jason Block: we're continuing to work on a number of different papers, we have two big papers that we've been working on for months and months we've updated them multiple times as we get updated information.

289

00:48:45.570 --> 00:48:51.750

Jason Block: it's hard to stay on top of this, and to also think about what's going to be the best contribution for some of this work.

290

00:48:52.260 --> 00:48:59.730

Jason Block: But we have these two and adult trends paper and a pediatric trend paper that we have collaborative site authors on.

291

00:49:00.240 --> 00:49:07.800

Jason Block: we're going to be finishing the next version of these up, which includes data through August to get the those papers into CDC clearance.

292

00:49:08.760 --> 00:49:19.950

Jason Block: And then we will probably update it one more time right prior to submitting this for publication so be on the lookout for those all of our papers.

293

00:49:20.820 --> 00:49:35.490

Jason Block: we're going to try to involve site authors when we can but there's some papers that we just can't do that complete process on but all the papers are really collaborative papers between CDC and coordinate, we have a 10 person.

294

00:49:36.810 --> 00:49:49.590

Jason Block: Scientific Advisory Group that has one representative per crn and then we also have a health plan that's part of this work, too, and all of those are split on to whatever publications and dissemination and we're working on.

295

00:49:50.610 --> 00:49:56.790

Jason Block: So we'll continue to communicate all of what we're doing in a transparent way around our manuscripts.

296

00:49:58.830 --> 00:49:59.310

Jason Block: Next slide.

297

00:50:01.200 --> 00:50:09.840

Jason Block: Upcoming possible things that we've been considering based on the data that we have available or delta severity paper we have a new pregnancy cohort that we created.

298

00:50:10.290 --> 00:50:19.980

Jason Block: For the most recent query that we've completed same as for heart failure there's been some interest around popcorn and about patients who are subscribing to positive, who also have heart failure.

299

00:50:21.330 --> 00:50:31.650

Jason Block: opportunities with the new information in the broader informational and immunizations to look at breakthrough infections second infections and descriptive information on the uptake of boosters.

300

00:50:32.190 --> 00:50:40.560

Jason Block: And then obviously there's a lot of opportunities with this advanced analytic work on the three areas that we sort of defined so far.

301

00:50:41.850 --> 00:50:50.340

Jason Block: That we're starting with long coven but we extended to these other categories So these are the possible things that are in the hopper for dissemination work.

302

00:50:51.510 --> 00:50:51.930

Jason Block: Next slide.

303

00:50:53.670 --> 00:51:04.200

Jason Block: The other area of dissemination, by the way, is what I mentioned earlier, which is that CDC has been looking for opportunities to disseminate this work as part of their core public dissemination strategy as well.

304

00:51:05.790 --> 00:51:16.740

Jason Block: So just summarizing we're moving into 22 trying to develop a cadence of queries that will give a very clear guidance to what to expect over whatever period we're doing this.

305

00:51:17.940 --> 00:51:31.140

Jason Block: This week, where we executing the small portion of the delta query that we had an issue with in testing updates, for a long covered progression query or newer analytic queries should be coming probably around February, March.

306

00:51:32.460 --> 00:51:41.220

Jason Block: And that's around the time that we we are likely going to be testing this new strategy to also, at the same time pullbacks of the identified patient level data.

307

00:51:42.120 --> 00:51:57.720

Jason Block: The new data it should be in your hands, and please let us know if there any questions about those, so this is my last slide i'll see if Tom has any additional thoughts to share if anybody has any questions and also Sammy has anything else that she wants to share as well.

308

00:52:00.390 --> 00:52:12.450

Thomas Carton: Thanks Jason I don't have anything in addition janice did asking another question about what how we're sharing these data with the quarry board of governors and i've answered that in the chat that we.

309

00:52:13.200 --> 00:52:25.770

Thomas Carton: presented several times to the research transformation committee um I don't have anything else to add here, but we do have some time if if anyone wants to ask any questions just directly through the through the voice.

310

00:52:29.610 --> 00:52:43.380

Sammy Chao, PHII: And i'm not sure if people actually can turn their voice on Center to zoom webinar and not a zoom meeting, but please feel free to put them in the chat or the Q amp a and we'll answer them live now so we've got a few minutes for questions.

311

00:52:44.610 --> 00:52:45.360

Thomas Carton: got it thanks me.

312

00:52:48.720 --> 00:52:56.550

Sammy Chao, PHII: And while we have this little timer were letting people ask their questions i'm just going to put the.

313

00:52:57.630 --> 00:53:03.690

Sammy Chao, PHII: Jason and Tom your email addresses in the chat box, so we always have that available in case people have follow ups leader.

314

00:53:07.350 --> 00:53:09.090

Jason Block: And i'm put Bridget nolan's.

315

00:53:11.130 --> 00:53:19.350

Jason Block: email as well in there, because she is the one who's kind of coordinating our dsa are updated dsa.

316

00:53:24.330 --> 00:53:27.180

Sammy Chao, PHII: Do you see a question in the chat coming in.

317

00:53:28.770 --> 00:53:34.200

Sammy Chao, PHII: and is asking for question Have you looked into the groups, whether they have vaccinations or not.

318

00:53:36.600 --> 00:53:42.060

Jason Block: And I assume this this probably has something to do with the disease severity query.

319

00:53:43.380 --> 00:53:47.220

Jason Block: And the answer to that is not yet.

320

00:53:48.240 --> 00:53:52.140

Jason Block: we've observed and we're going to get a really good look at this.

321

00:53:53.820 --> 00:54:01.080

Jason Block: With the report that we're generating for a new immunization and mortality query we're going to get a really good.

322

00:54:02.040 --> 00:54:09.240

Jason Block: sense of how many breakthrough infections that we're observing so far, the number of breakthrough infections that we're observing is pretty small.

323

00:54:09.900 --> 00:54:18.660

Jason Block: And so the overwhelming majority of cases that we've had over the course of the pandemic, and this is, for obvious reasons, because of when vaccines rolled out.

324

00:54:19.740 --> 00:54:29.100

Jason Block: are among patients that we have no information that they were vaccinated first, but I think as those breakthrough infections start popping up and becoming more common.

325

00:54:29.580 --> 00:54:37.500

Jason Block: which we expect to be happening around now and then I think when we get large enough numbers will be able to get a sense.

326

00:54:37.830 --> 00:54:53.670

Jason Block: Of what those cases look like compared to cases that were occurring as primary infections without prior vaccination so i'd say that it's it's a little preliminary to look at breakthrough infections in that way, until we have a large enough number what's your bro.

327

00:54:55.740 --> 00:54:56.580

Jason Block: thanks for that question.

328

00:55:05.010 --> 00:55:08.640

Sammy Chao, PHII: And while we're waiting for questions to come in, if we don't have any others, then.

329

00:55:09.390 --> 00:55:18.720

Sammy Chao, PHII: For now, I just kind of wanted to let everybody know the next steps that again we'll be sending out the recording and the transcript and the slides from this presentation, so please feel.

330

00:55:19.110 --> 00:55:31.620

Sammy Chao, PHII: Free feel free to share with your colleagues who may not have been able to make it today and then our next webinar and newsletter should be coming out in February so keep an eye out for those being sent to your inbox.

331

00:55:32.850 --> 00:55:42.510

Sammy Chao, PHII: Great you don't seem to have any more questions coming in, so Jason and Tom if you have anything else you'd like to share with the group, this is your time that, otherwise, we can.

332

00:55:43.560 --> 00:55:51.960

Jason Block: No, I just again, as I say, every webinar we we so appreciate all the work that people are doing, we know that there's a ton of behind the scenes.

333

00:55:52.290 --> 00:56:10.680

Jason Block: Work that's required and and thanks everyone your commitment is really what has made this project a success and I know CDC feels the same way and I just want to wish everyone a very happy holidays and hope you have a safe and happy one with your families so thanks so much.

334

00:56:13.380 --> 00:56:15.330

Sammy Chao, PHII: Thanks for myself hope everybody has a great day.

335

00:56:15.990 --> 00:56:16.620

Thomas Carton: Thanks everyone.

336

00:56:17.730 --> 00:56:18.210

Jason Block: bye everyone.