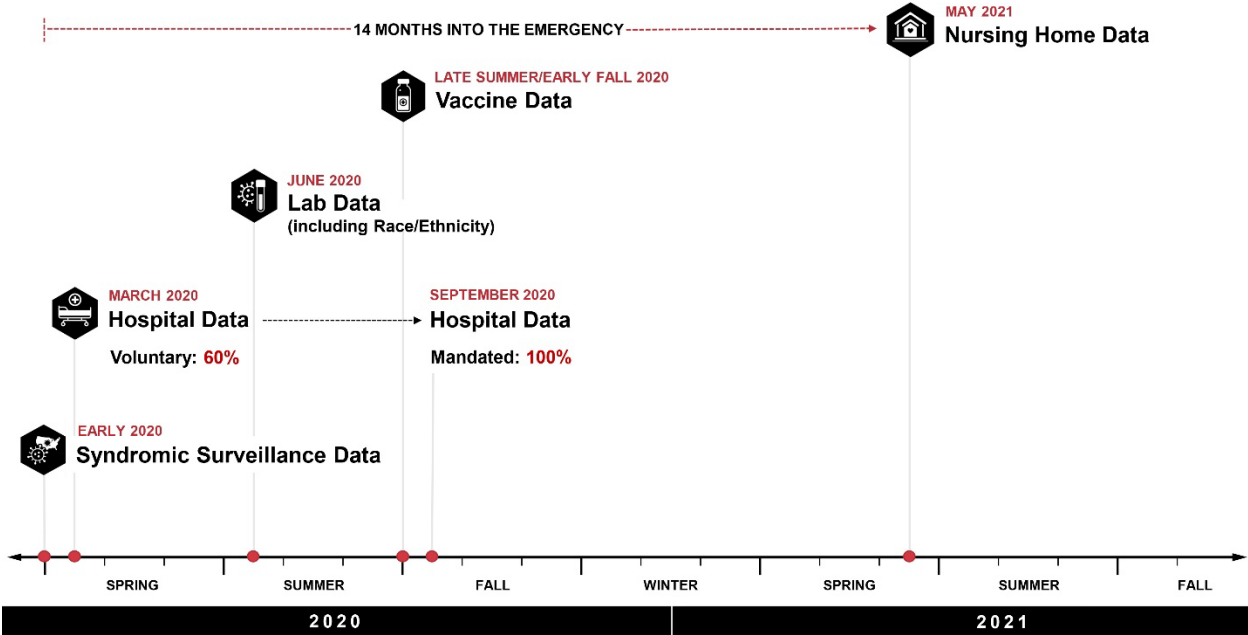


The COVID-19 Pandemic Demonstrated Why CDC Needs Data Authority

It took too long to access important data when COVID struck.



DATA AUTHORITY for CDC would enable secure, privacy protecting access to public health data in a timely and coordinated way. CDC must have access to data to lead effective national responses and support state and local health departments with detecting public health threats and respond in a health emergency.

At the beginning of the COVID-19 pandemic, CDC did not have the authority to access critical data needed for situational awareness, decision making, and saving lives. Authority is an essential step to effectively identify emerging public health threats and provide important information to inform decision making and drive public health action.

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SYNDROMIC SURVEILLANCE DATA EARLY 2020

Under the Public Health Emergency, CDC uses existing syndromic

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surveillance infrastructure to robustly access and utilize zip code level data from emergency departments.

BENEFITS: SYNDROMIC SURVEILLANCE DATA

CDC received more complete and localized emergency department data, including pediatric and health equity data, and could better track trends.

HOSPITAL DATA

MARCH 2020

CDC requests all hospitals voluntarily report capacity data on available beds and ventilators.

SEPTEMBER 2020

CMS supports STLT and CDC requests to require all hospitals to report data. Compliance increased from 60% in July 2020 to 100% following this mandate.

BENEFITS: HOSPITAL DATA

The number of hospitals reporting increased from 60% to 100%, improving allocation of lifesaving resources.

LAB DATA (Including Race/Ethnicity)

JUNE 2020

HHS required reporting of COVID-19 test results with race and ethnicity data to state and local health departments.

BENEFITS: LAB DATA

CDC went from receiving zero COVID-19 laboratory test results from jurisdictions to up to 1.5 million per day to help track the virus.

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VACCINE DATA

LATE SUMMER/EARLY FALL 2020

Vaccine providers are universally required to report vaccine administration data, along with key information on age, gender, and race to state and local health departments.

BENEFITS: VACCINE DATA

CDC gained an increased ability to identify under-vaccinated populations and address health equity concerns.

NURSING HOME DATA

MAY 2021

CMS rule requires nursing homes to report staff and resident vaccination data to CDC.

BENEFITS: NURSING HOME DATA

Reporting increased from 20% to 100%, allowing CDC to better analyze breakthrough infections and vaccine effectiveness.