DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Director

May 19, 2022

Council of the District of Columbia
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004

Dear Councilmembers Nadeau, Cheh, Trayon White, Sr., Robert White, Jr., Lewis George, and Allen,

Over the past two and a half years, DC Health staff and partner agencies have worked tirelessly to keep our residents, workers, and visitors safe during the COVID-19 pandemic. Thanks to this unprecedented effort, the District of Columbia has had one of the lowest mortality rates and one of the highest vaccination rates of any state in the country.

As the Chief Health Strategist for the District, our job is to provide information to the public to inform their behavior and support communities in this new phase of the pandemic. The recent public comments by several Councilmembers have had the unfortunate effect of undercutting trust in DC Health and public health. To re-establish that trust, I would like to clarify a few points:

Firstly, DC Health provides regular updates to the CDC on several communicable diseases, including COVID-19. DC Health submits daily testing results on communicable diseases to the CDC via AIMS (APHL Informatics Messaging Services). There has been no disruption to this system and reporting has not stopped. In fact, DC Health continued to receive weekly emails from the CDC during the period that you reference confirming receipt of data from DC Health (attached). DC Health also manually submits supplemental data reports three times per week to the CDC via a system called Epi-Info. On April 27th, the DC Health data team suspended this manual submission of data out of an abundance of caution. Data submission resumed on May 8, 2022, after a review of

internal data found no substantiation of any issues with the collected and reported data. During this period, testing data was being shared to CDC daily via AIMS and weekly data was shared with the community via coronavirus.dc.gov. DC Health's weekly reporting of key metrics for the public was never interrupted.

Secondly, the current public health workforce is experiencing a high degree of psychological stress, commonly referred to as "burnout", having experienced over two years of 12+ hour workdays, attacks – both verbal and physical – on public health professionals, and significant misinformation about public health and our work. In response to that, and shifting goals of the pandemic response, public health agencies throughout the United States have reoriented how they share data to effectively inform the public of their risk without straining an already reduced public health workforce. Using best practices and in consultation with the CDC, DC Health shifted in early March after two years of daily reporting (which required staff to often work past midnight and weekends) to a weekly summary based on community levels. The community levels framework was developed by CDC to help the public understand the burden of COVID-19 on the community. It shifted the focus to severe illness, health system capacity and community spread, in recognition of the availability of both vaccines and therapeutics to prevent progression to severe disease and to preserve our healthcare system. This shift decreases the necessity, and ultimately reliance, on the public to monitor daily case counts to understand their individual and community risk for COVID-19 and to understand what preventive measures they should take to reduce their risk of COVID-19.

Since we instituted this new data reporting process in March, we have had three weeks where the District's community rose to "medium," including this past week ending on May 14. With the adoption of a Wednesday reporting of the District's community levels, DC Health data staff report a full week of data (Wednesday-Tuesday) in the publicly reported weekly case rate and hospitalizations. The request to update data on 4pm on Mondays would include data through the previous Thursday as the staff would be required to do the analysis on the previous Friday to publish the data by 4pm on Monday

as DC Health will not reinstate a Saturday and Sunday working requirement for epidemiologist and statisticians. Shifting weekly reporting from Wednesday to Monday would increase burnout, decrease morale, and it will not improve the public's ability to understand their public health risk.

Thirdly, outbreak surveillance, which previously had covered any two or more epidemiologically linked cases at the same location and now, per CDC, is only recommended in high-risk settings such as jails or 10 or more epidemiologically linked cases in other locations. Outbreak reporting no longer serves the same purpose it did earlier in the pandemic and so has ended.

Finally, the wastewater surveillance has not been discontinued. Your letter refences a lapsed contract. Notably, the National Wastewater Surveillance System (NWSS) 3-month contract you reference was between the CDC and Lumin Ultra Technologies in which Lumin was processing samples from several municipal water treatment plants throughout the US for NWSS. It is important to note that the absence of data for current virus levels due to a lapse in this contract is not limited to the District of Columbia as several impacted jurisdictions, including major cities, do not have current virus levels data available in the National Wastewater Surveillance System. The CDC has selected a new contractor and sampling through this national program is expected to resume soon in the District of Columbia.

To supplement the national program, DC Health intends to share data from the local wastewater collection program with NWSS. While collections at Blue Plains have been ongoing since January, the validation and approval of our local procedures and instruments that is required was completed last week and we will now begin sharing data with NWSS. In addition, DC is expanding its wastewater collection from four locations (Blue Plains, Oxon Run, St. Elizabeth's Hospital, and the Department of Corrections) to include more than twenty locations We are also working to secure another contractor to expand sampling to primary and secondary schools to best assess COVID-19 infection trends in our youngest residents and anticipate sampling reporting to begin shortly and

expand significantly over the coming months. Our team have been working hard to improve this program and we believe this will add significant capacity to our already robust surveillance ability.

Trust in public health is critical to our response not just to the COVID-19 pandemic, but to all our efforts to keep residents safe and healthy. If there are concerns in the future about our public health practices, I encourage you to first reach out to me directly in hopes that I can address your concerns. I know that we share the mutual goals of using evidence-based decisions to keep residents safe and healthy and look forward to the continued support of the Council of the District of Columbia in our efforts.

Be well,

LaQuandra S. Nesbitt, MD, MPH
Director
Department of Health