

CDC Response to Dec. 29, 2022 APIC letter

We appreciate and understand the concerns shared by APIC in their December 29, 2022, letter to OMB. We recognize that the health and safety benefits associated with any reporting requirements must be carefully weighed and reviewed in an ongoing basis.

Due to the unpredictable nature of the novel SARS-CoV-2 virus that causes COVID-19, we believe that continuing COVID-19-related data reporting is necessary to protect the health and safety of hospital and CAH patients as well as the communities in which the hospitals and CAHs are located. The COVID-19-related data reported by all hospitals and CAHs, have been, and continue to be, important in supporting surveillance of, and response to, COVID-19 and other respiratory illnesses. The CDC, as well as state and local health departments, receive COVID-19 data access in real time so that they can best support hospitals in their response. These data play an important role in evaluating spread of COVID-19 and influenza, and retaining the data reporting requirements after the end of the current COVID-19 PHE is an important element of maintaining effective surveillance of this novel virus. Timely and actionable surveillance will enable the US Government to continue to respond to facilities in need of additional technical support and oversight, should they experience increased cases or outbreaks of COVID-19 and/or influenza. Furthermore, we note that these requirements will sunset April 2024, unless the Secretary establishes an earlier end date, based upon the statutory authority in the Social Security Act that authorizes the Secretary to issue any regulations deemed necessary to protect the health and safety of patients receiving services in hospitals (section 1861(e)(9) of the Act) and CAHs (section 1820(e)(3) of the Act).

We understand the burden concerns shared by APIC. However, we believe this information collection is vital to ensure the health and safety of patients and the communities in which they live. We note that efforts are underway to automate hospital and CAH reporting, both for COVID-19 and healthcare-associated infections (HAIs), that have the potential to significantly decrease reporting burden and improve reliability. We expect reporting to become increasingly automated and real-time as data systems and standards continue to mature and become more interoperable. CDC is investing in increasing the automation capabilities of NHSN and its ability to connect with other data submission techniques, vendors, and systems.