



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

August 17, 2020

The Honorable Seth Grove, Chairman  
7 East Wing, Main Capitol Building  
Harrisburg, PA 17120

Dear Representative Grove:

Thank you for your letter requesting information on COVID-19-related data. The Department is receiving, analyzing, and sharing an unprecedented amount of data on a daily basis to ensure that both the public, and policymakers such as you, are fully informed on the impact COVID-19 is having on our Commonwealth. We are pleased to respond to your inquiry below and provide important context on the challenges that are faced by, but many not unique to, Pennsylvania.

**Data**

- 1. Daily data from March 6 to July 9 on confirmed and probable COVID-19 cases.**  
This data is currently updated daily on the Pennsylvania Department of Health's (DOH) COVID-19 Dashboard. Please see **Attachment A** containing this specific data.
- 2. Daily data from March 6 to July 9 on how many people have received multiple COVID-19 tests by each county and the total for the state. Please provide additional break outs for long-term care facilities and prisons.** Please see the attached **Attachment B** containing the number of people who have been tested multiple times by county. As people are not tested multiple times on the same day, we cannot provide this data by day. The Department respectfully requests to discuss the requested break-outs further with you in a conference call.
- 3. Daily data from March 6 to July 9 on how many individuals have been infected two or more times with COVID-19. Please include a chart of how many people per times infected.** In accordance with discussion with the Council of State and Territorial Epidemiologists, currently the Department of Health is not counting anyone as a COVID-19 case more than once. Thus, there are no individuals in Pennsylvania proven to have been infected two or more times. This may change as more is learned about the natural history of COVID-19 infection and the duration of immunity. At present, preliminary studies suggest that persons who test PCR-positive for extended periods are likely shedding old virus that is not infectious. For your information, here is a link to the national case definition: <https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>.
- 4. Daily data from March 6 to July 9 on confirmed cases, probable cases, negative tests, and fatalities on prisoners for each state prison and county prison. I would**

**also suggest a breakout of this data on your website similar to long-term care reporting.** Please see **Attachment C** provided by the Department of Corrections. DOC plans to post this information in a dashboard format on their website in the near future.

5. **Daily data from March 6 to July 9 for individuals who test positive for the antibodies related to COVID-19.** Please see **Attachment D** which contains the number of persons with positive IgG, IgM and unspecified antibody tests, by date of first report.
  - a. **Please include whether the department has counted individuals who have only tested positive for antibodies among the number of confirmed cases.** Persons with a positive IgM-specific antibody test result and who have appropriate symptoms in the 60 days before the positive specimen was collected are included as probable cases. There are no probable cases determined on the basis of positive antibody tests alone.
6. **Average lag time from when tests are administered to when they are confirmed positive or negative by each laboratory by week from March 6 to July 9.** For your review is **Attachment E** containing the average number of days between specimen collection date and report date to PADOH, for PCR tests, by lab and week.
7. **On July 7, your Department reported Philadelphia City has an increase of COVID-19 cases of 288 which were over several weeks. Can you confirm what specific date those 288 cases were confirmed. Why are we seeing such a long lag time? Why is the Department allowing huge data dumps which end up manipulating trend lines and data analysis not to mention provide false context of the data to the general public?**

The Philadelphia Department of Public Health did not update their database that syncs with the PADOH COVID dataset on Saturday and Sunday of the Fourth of July weekend. Updated data was received on Monday July 6 and published in the July 7 report. The increase in Philadelphia cases that day actually represented 3 days of data. To address the broader issue of “data dumps” from labs, the Department is constantly working with several dozen laboratories to encourage complete reporting in a timely manner. However, there are many challenges at a number of steps along the process, and there are lab-related issues beyond the Department’s control.

## Testing

8. **What entities are currently performing COVID-19 testing by county?** Please see the attached **Attachment F1/F2**. This information is also available on the COVID-19 Dashboard.
9. **Which entities are contracted by the Department and the Department of Human Services to do testing? Please provide their current contracts.** The Department of Health has contracted with Eurofins for overflow lab capacity. The DOH has a simple agreement with Quest to perform community-based testing at Walmart and a simple agreement with CVS/OmniCare to perform long-term care facility (LTCF) testing. The Department of Human Services does not have any contracts for direct testing similar to the one indicated from DOH. All of these contracts are provided in **Attachments G1/G2/G3**.
10. **What internal controls does the Department have for verifying:**
  - a. **Test were completed.** The Department typically only becomes aware that an individual has been tested once laboratories have completed testing and reported those results to DOH. Positives tests are followed up with case investigation, which would identify any discrepancies between test results and the individual tied to those test results; to date, there have been no known instances of test results being returned for someone who was not tested. For testing in LTCFs, the Department is often aware of the overall intent to test and the quantity of tests that a facility is anticipating needing to perform. In addition, OmniCare submits summary reports for LTCF testing and Quest submits reports with number of appointments scheduled for each general community testing site.
  - b. **Accuracy of test results.** The PADOH Bureau of Laboratories licenses labs performing testing on Pennsylvania residents and, after review, approves them for COVID-19 testing. Additionally, the FDA conducts certification on the quality of the testing equipment or processes required for each test. It should be noted that certain test systems have different sensitivities and specificities in the detection of SARS-CoV-19, and therefore have different accuracy compared to the RT-PCR tests which are conducted in the state laboratory and commercial labs.
  - c. **Duplicative tests have not been submitted.** It is not uncommon for a test result to be submitted by more than one entity, such as the ordering facility and the performing lab. PA-NEDSS, our electronic reporting system, is designed to be patient-centric, meaning that each unique person is assigned a unique person

identifier, regardless of the number of tests or conditions that have been reported for them. PA-NEDSS data is reviewed daily to identify persons who because of variations in how their name was reported, or typos, were assigned more than one patient ID number. These duplicate patients are merged. Persons reported with COVID-19 are counted as a case only once, no matter how many tests they have had or how many times they have been reported.

### **PA DOH Policy**

- 11. What is the current policy by the Department for handling individuals who have received multiple tests?** Confirmed cases are only counted once. A positive test result will always override a negative. For example, if a person tests negative twice and then receives a positive on the third test, they are counted as a case. We assess on a case by case basis whether additional public health measures should be taken. For example, an individual who receives a second positive test result 8 weeks after the first positive test results and who is newly symptomatic will be asked to isolate out of caution but would only be counted once in disease statistics providing the number of confirmed cases. Again, this is following national case definition standards.
- 12. Individuals who test positive but are not hospitalized, what is the department's policy on follow up with these individuals to verify the length of illness and symptoms in order to build a complete profile of the COVID-19 virus?** The Department is conducting case investigation and contact tracing to ensure the containment of COVID-19 but is not conducting more research-oriented data collection. As part of the case investigation process, every attempt is made to interview all persons reported with a positive PCR test shortly after they are reported. Symptom and exposure information is collected during that interview. Given the extremely high number of cases, the Department does not recontact most cases over time. Early in the outbreak we were able to follow cases throughout their illness, but this was rapidly not sustainable. Currently, we are transitioning towards entering cases into our contract tracing platform which performs daily symptom checks through automated phone calls, text messages, or emails if the case consents to being followed in this system.
- 13. Please confirm if probable cases are including individuals who have been around other individuals who have tested positive. For instance, if I were to receive a COVID-19 test because I need a medical procedure and list my other four family members as people I have been around, would they be listed as probable if I test positive? Further, what is the current procedure to verify probable cases as**

**confirmed cases?** Probable cases are defined by a national case definition, which governs who is classified as a confirmed or probable case. In this circumstance where laboratory results are not used, probable cases must meet certain criteria, such as an epidemiological link to a known case in addition to experiencing one or more of select symptoms. Close contacts of a case, including family members, are quarantined for 14 days (the full incubation period). If a close contact becomes symptomatic with symptoms consistent with COVID-19 within the incubation period, they are classified as a probable case. If they go on to get testing, and are positive, they are then moved to the confirmed classification. Recommendations for individuals who are classified as probable to go on to get confirmatory testing vary by situation, clinical judgement, and by the individuals' preference.

- 14. A timeline of data gathering changes, data reporting changes, and data alterations by date they occurred and reason for occurring from March 6 to July 9.** The Department would respectfully request to address this question during a conference call to be scheduled at a later date.

### **Contact Tracing**

- 15. Please provide the list of questions contact tracers are asking.** The Department would respectfully request to address this question during a conference call to be scheduled at a later date.
- 16. What entities are performing contact tracing and their contracts.** The Pennsylvania Department of Health is responsible for coordinating and implementing both case investigations and contact tracing efforts for all areas outside of those covered by County/Municipal Health Departments (CMHDs) and oversees the staff and volunteers associated with these efforts. Public health staff, like the committed community health nurses, are the backbone of contact tracing. All additional resources put in place are to help bolster and strengthen the long-term infrastructure of COVID-19 contact tracing efforts.

In areas of Pennsylvania with independent health departments (i.e. Philadelphia, Allegheny, Erie, Montgomery, Chester, Bucks counties and the cities of York, Allentown, Bethlehem, and Wilkes-Barre), the CMHDs have the main responsibility for contact tracing efforts.

Through an emergency procurement, PA DOH secured a contract with Insight Global to recruit, hire, train, and supervise 1,000 contact tracing staff by October 2020. This staffing will include contact tracing, contact tracing supervisor, and care resource manager positions that will ensure efficient and comprehensive contact tracing response to COVID-19 while also building and diversifying Pennsylvania's workforce. Their contract documents are provided as **Attachment H1/H2/H3**.

The below organizations are collaborating with PADOH on contact tracing:

- Lancaster General Hospital
- Co-County Wellness
- Penn State College of Medicine
- Lehigh Valley Health Network
- Temple University
- Penn State University Bio-Behavioral students
- Blair County Emergency Management Agency volunteers
- AmeriCorps
- CDC Foundation

**17. Please provide the data compiled by contact tracers to date by county.** Due to the nature of the question, the Department would respectfully request to clarify this question during a conference call.

### **Data Management**

**18. How does the Department's current data management system operate?** There are multiple data systems maintained in the Department, each performing major components of public health surveillance and response including disease surveillance/case investigation, laboratory reporting, hospital reporting, reporting of deaths through our death registry and other core functions of public health surveillance and response. Due to the scope and breadth of these systems, the Department would respectfully request to address this question during a conference call to be scheduled at a later date.

**19. How many data management systems is the department utilizing to gather and report information?**  
See above

**20. Has the Department looked at streamlining these operations? If so, what are the options and costs?** The various data systems collect different types of data from different

sources and are used for different purposes beyond COVID-19 response. The Department continues to look at where efficiencies can be gained and is currently doing so through an analysis of the NEDSS Base System. Additionally, specifically for COVID-19, we have created a portfolio of projects aimed to establish a modernized interoperable public health surveillance infrastructure capable of reporting data to state and federal health systems regarding surveillance, labs, testing, immunization and vital records by:

- a. Enhancing and expanding laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting
- b. Improving Surveillance and Reporting of Electronic Health Data
- c. Using Laboratory Data to Enhance Investigation, Response and Prevention
- d. Analyzing and reporting data from a single source or interoperable systems for effective, efficient, timely and accurate results.

The Department is also using a system integrator to more efficiently use Salesforce, NEDSS and Sara Alert to fully round out the Commonwealth's Contact Tracing Management System.

However, combining the functions and features of the various systems is not realistic or practical. Attempting to redesign established systems that are being used incredibly heavily during a global pandemic would impair the pandemic response.

In addition, we have included your e-mailed question of July 27<sup>th</sup> with regard to reported positive cases.

- 21. For those 1,027 positive cases reported on July 21. Can you give me the date each specimen was collected, the date test was reported as positive and what lab did the test?** Please see **Attachment I** which includes this specific data. These are the requested data elements for the 1,017 COVID cases who were reported to PADOH for the first time on 7/20/2020 and published on 7/21/2020. Tests included are PCR tests only. The same test result may have been reported by more than one entity, possibly on different days, but only one of the tests is displayed per case. If a case was tested multiple times and was positive more than once, only the first positive test is included. Note that the collection date and result date are not system-stamped and the potential exists for typos. Probable cases will not have a positive PCR test by definition.

Again, thank you for your letter. As noted in the letter, our Office of Legislative Affairs plans to contact your staff to coordinate a meeting to address, clarify, and further contextualize these

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questions and responses. If you would like to discuss further prior to that meeting, please contact Dave Toth, the Department of Health's legislative director, at [datoth@pa.gov](mailto:datoth@pa.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "RL Levine", is positioned above the typed name.

Rachel L. Levine, MD  
Secretary of Health  
Commonwealth of Pennsylvania