September 28, 2020

NNU Statement on Transparency, Accuracy, and Timeliness of Publicly Reported Covid-19 Data

National Nurses United (NNU), the largest union of registered nurses in the United States, condemns the failure of federal and state governments to track and publicly report transparent, accurate, and timely data on the Covid-19 pandemic. The continued lack of detailed, consistent data undermines the nation's ability to effectively respond to this pandemic and endangers the health and lives of nurses, other health care workers, and their patients.

Nurses, whose science-based practice depends on using data to inform their interventions and patient care, know that transparent, accurate, and timely data is irreplaceable in effectively controlling the Covid-19 pandemic and saving lives. Detailed, consistent data is necessary to understand how and where the virus is spreading, who is most vulnerable to infection, and whether interventions are effective. This data is also necessary to learn valuable lessons in mitigating the spread of future pandemics. But instead of tracking and reporting such data, federal and state governments have neglected, hidden, and manipulated Covid-19 data.

STATE GOVERNMENT DATA REPORTING ISSUES »

Most states report only a limited subset of Covid-19 data. But comprehensive reporting is necessary to fully grasp the scope of the Covid-19 pandemic and respond effectively. A recent analysis of U.S. Covid-19 tracking by Resolve to Save Lives/Vital Strategies found that many important indicators are not reported by states: At the time of their report, nearly 40 percent of states did not present any information about cases other than new or cumulative confirmed cases; no state reports PCR test turnaround time; and only eight states report data on the source of exposure for cases. A recent post in *Health Affairs* scored states on their reporting of variables that are important to understanding the impacts of Covid-19: only ten states scored an 'A' or 'B.'

Several states have manipulated data presentation and reporting to inflate metrics used to time reopening. States have mixed diagnostic and antibody test results in their case count reporting, overestimating testing capacity and likely underestimating the proportion of cases that were actively infected.

Several states do not report data from institutional or workplace outbreaks in their case counts, in effect hiding data from nursing homes, meatpacking plants, hospitals, and other locations. Just 15 states are providing infection figures for all health care workers on a daily, semi-weekly, or weekly basis. An additional seven states and the District of Columbia provide infection figures regularly for nursing home workers. In May, the Centers for Medicare & Medicaid Services (CMS) began requiring nursing homes to provide establishment-level

Covid-related health care worker infection and mortality data, which CMS has made publicly available. For the hospital industry, however, data collection has been woefully inadequate, giving hospitals a free pass on establishment-level infection and health care worker death reporting.

FEDERAL GOVERNMENT DATA REPORTING ISSUES »

The U.S. Centers for Disease Control and Prevention (CDC) has been primarily responsible for tracking and reporting Covid-19 data, including data on testing, cases, hospitalizations, deaths, and hospital utilization data. In mid-July, the Trump administration abruptly moved hospital Covid-19 data reporting from the CDC to the U.S. Department of Health and Human Services (HHS). This sudden shift in the middle of a historic global pandemic marks another fault line in the nation's response to this pandemic. It has been recently reported that Trump appointees within HHS's communications staff have reviewed and edited the CDC's weekly scientific reports to downplay risks. While the CDC has been deficient in accurately and transparently collecting and publishing data related to Covid, it is still the most appropriate federal agency to do so based on its clear subject matter expertise in infectious diseases response. Equipped with thousands of public health experts who have fought infectious disease outbreaks such as HIV, Ebola, and Zika, the CDC is best positioned to track, report, and interpret Covid-19 data and must be able to do so free of political or corporate influence.

HHS CONTRACT WITH PRIVATE COMPANIES PALANTIR TECHNOLOGIES AND TELETRACKING IS TROUBLING »

HHS has contracted with private companies, Palantir Technologies and TeleTracking, to report hospital Covid-19 data. Palantir has a long and dark history of government contracts. The company has contracted with U.S. Immigrations and Customs Enforcement (ICE) to mine big data to target undocumented immigrants. Palantir created a program that allows ICE to gather diverse documentation on family members coming to claim unaccompanied minors and to arrest and deport those family members based on that data. Palantir's technologies were also instrumental to the targeted enforcement raids conducted by ICE and are used by police departments in multiple states to quickly gather extensive details about individuals, their private lives, and their network of families and friends. Recently, Palantir has expanded into tracking health care and Covid-19 data — for example, the U.S. Department of Veterans Affairs contracted with Palantir to track supply chain, inventory, etc. and the U.K.'s National Health Service gave Palantir access to detailed patient data for just £1 ($1.23) in June 2020.

TeleTracking's business model is to gather hospital- and health care-related data and use it to build computer programs and algorithms for management of patient throughput, bed availability, capacity of different areas, and more. TeleTracking's contract with HHS is cloaked in secrecy. Recently, TeleTracking refused to provide information to U.S. Senators about their contract with HHS, citing a nondisclosure agreement.

HHS/Palantir/TeleTracking's reporting of hospital Covid-19 data is already marred by inconsistencies and delays. Updates are not happening daily, as was initially promised, but weekly, which means the public does not have access to key data about cases in their local area. There are multiple reports of data inconsistencies with unclear origins — HHS/Palantir/TeleTracking reports a significantly different number of cases than some states are independently reporting.

HHS's contracts with Palantir and TeleTracking are deeply troubling to nurses. The companies are using this crisis to expand their existing technologies, which are not available for public review even though they are used to make decisions about people's lives. The proliferation of these technologies in this crisis has potentially devastating implications to the U.S. health care system and the case study of the failure in data management is a prime example.

NURSES CALL ON STATE AND FEDERAL GOVERNMENTS TO TRACK AND PUBLICLY REPORT COVID-19 DATA »

The United States needs transparent, accurate, and timely publicly reported data on Covid-19 immediately. Nurses call on the Trump administration to restore hospital Covid-19 data reporting to the CDC immediately. The CDC must then strengthen, improve, and expand its data tracking.

Nurses call for standardization of reporting between states and localities; the current piecemeal approach to data reporting and tracking undermines effective interpretation. Data must be updated and reported in a timely fashion, a lag time of even a week can delay an effective response. Nurses call on all states and localities to publicly report at least the following data:

- Data on diagnostic testing and case counts at national, state, and county/local levels. This data, as well as cumulative totals, must be reported daily, and must include the following details:
  - Case reporting must include probable cases, not just those confirmed with testing.
  - Gender/sex, race/ethnicity, age, and occupation breakdowns for cases.
  - Diagnostic testing data, including the number of tests performed and the types of tests used. This data must provide clarity on the number of tests conducted and the number of people tested.
  - Timing of testing data, including both the time from symptom onset/exposure to testing and the turnaround time for tests (time between swabbing and test result).
  - Case isolation and contact tracing data, including the time to isolate cases from identification, the time to trace contacts, and data regarding cases resulting from different types of exposures (including isolated cases, types of contact, workplaces, gatherings, etc.).
  - Establishment-level data about outbreaks, including workplaces.
- Data on health care worker infections and deaths at an establishment-level. This data must be reported daily as well as cumulative totals.
- Syndromic surveillance data must be reported at national, state, and county/local levels (influenza-like illness and Covid-like illness).
- Data on hospitalizations and deaths must be reported at national, state, and county/local levels. This data must be reported daily and must include the following details:
  - Probable cases, not just those confirmed with testing.
  - Gender/sex, race/ethnicity, age, and occupation data for hospitalizations and deaths.
- Hospital capacity data must be reported at national, state, and county/local levels. This data must be updated in real time and must include total and available hospital beds by type (e.g., ICU, medical/surgical, telemetry, etc.), staffing, health care worker exposures and infections, and nosocomial patient infections.
- Data on the stock and supply chain of essential personal protective equipment (PPE) and other supplies must be reported at national, state, and county/local levels. This data must be updated in real time and must include:
  - Data on actual stock of PPE, ventilators, and other essential equipment and supplies held by health care facilities, national and state stockpiles, and others.
  - Data on actual supply from manufacturers of PPE, ventilators, and other essential equipment and supplies.
  - Data on need at hospital level of PPE, ventilators, and other essential supplies.