Arkansas - Questions for the Record

1. What role are employers playing in your state in your COVID-19 testing strategy as businesses begin to re-open in your state? What, if any, challenges have employers shared with you that limit their ability to increase COVID-19 testing as employees return to the office?

A. One of the challenges facing us is the speed of testing at the commercial labs. Due to the slow turnaround times, employers are having difficulties operating. If one employee tests positive, and the employer has to close down to quarantine staff, then they must wait seven days, in some instances, for a private lab to return a result, which puts many businesses in a challenging position.

2. Committee Republicans released a paper on COVID-19 testing and surveillance, highlighting among other things, the importance of surveillance in a pandemic. What surveillance efforts are underway in your state for COVID-19?

A: Currently, the state is using the REDCap (Research Electronic Data Capture) system to collect and manage data related to the COVID-19 pandemic. This database collects data from case investigation and contact tracing.

3. Are these surveillance systems new, or are they pre-existing systems that are being leveraged for COVID-19?

A: REDCap is not a new system for the agency and its intended use is not for disease surveillance. However, due to the system's ease of use and flexibility, the agency opted to use this system at the beginning of the COVID-19 pandemic. Our state health department utilizes NEDSS (National Electronics Disease Surveillance System) for disease surveillance. NEDSS is the same system we use to manage other reportable diseases data, such as Hepatitis C and Hepatitis A.

4. If they are pre-existing systems, what other illnesses do they track? How do these systems report up to HHS/CDC?

A: The state reports to our federal partners using a different program called NEDS (National Electronic Diseases System) on the NBS (NEDS Base System) platform.

5. How often does your state's system(s) report to the CDC? Real-time, daily, weekly? A: The state reports to our federal partners via this platform each day.

6. According to the CDC, the U.S. COVID-19 surveillance goals are to: (1) monitor the spread and intensity of COVID-19 disease in the U.S.; (2) understand disease severity and the spectrum of illness; (3) understand risk factors for severe disease and transmission; (4) monitor for changes in the virus that causes COVID-19; (5) estimate disease burden; and (6) produce data for forecasting COVID-19 spread and impact. Do you feel that the surveillance systems in your state are sufficient to meet all of these goals? If not, what improvements do you think need to be made?

A: The current system is not feasible for ongoing surveillance efforts in our state. Due to the increase in cases and projected increases in the future, we will need to invest in a system that is more robust and can handle large quantities of data. This will require a web-based system that can manage case surges, large quantities of data, and multiple concurrent users.

7. One of the keys to Florida's success was its early deferment to local officials who were able to use local data to inform a community-tailored approach instead of a "one-size fits the state" solution. How important is local input and engagement in a responsible phased reopening?

A: Local input is vital to mitigation efforts and responsible reopening. We rely on our local partners to assist us in targeted messaging for disparate populations.

8. How do current data models you're consulting account for policy nuances like a regional patchwork of stay-at-home orders in your state or input from hospitals and doctors?

A: We consult with our partners in academia to provide state-specific modeling that account for surges in congregate settings (ex. Correctional facilities, schools, and nursing homes) and policies such as mask mandates and phased re-openings.