What it means for states to change how they report COVID-19 data

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A growing number of states are no longer providing daily updates of COVID-19 cases, hospitalizations and deaths, instead opting for twice-a-week or even just weekly reports.

There are concerns that the drop in reporting could make it harder to identify trends in case numbers, but Marcus Plescia, MD, MPH, chief medical officer for the Association of State and Territorial Health Officials, said that is not the case.

“We’ve moved to a place where we don’t need to know the absolute numbers,” Dr. Plescia told a New York Times reporter this spring. “We can still monitor trends for people who are getting tests in public settings. We still have a good sense of where the absolute numbers are going.”

Dr. Plescia later spoke about the reporting shift and what is important to identify at this point in the pandemic in a recent episode of “AMA COVID-19 Update.”

Focus on the front line

Dr. Plescia explained that many states have scaled back their reporting of COVID-19 cases, partially because of the time it takes to provide daily updates, but also because that granularity is not necessarily needed.

“We’re at a different place with the pandemic,” he said. “There’s a lot of work that goes on behind the scenes to get that data ready to assimilate, and we don’t really necessarily need to put so much
emphasis there.”

More emphasis is being put on hospitalization numbers and the number of deaths caused by COVID-19 to protect physicians and other front-line medical workers, Dr. Plescia added.

“The real concern all along is that we never want to get to a place where our health care systems are completely overwhelmed,” he said. “We’ve gotten a little close—it’s gotten a little scary—but so far that’s really not happened anywhere. But that’s what we’ve got to monitor closely.”

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More help needed for public health

Dr. Plescia is also concerned about the legal challenges to public health officials and their safety policies. Taking control away from public health officials can have unexpected consequences, he said.

For example, Dr. Plescia presented a hypothetical scenario in which a restaurant had a gastrointestinal infection quickly spread through the facility. The restaurant either needs to close itself, or the public health system needs to be able to step in. Some proposals under consideration in statehouses could prevent public officials from playing a role in that process, he said.

“Everybody is so tired of this situation,” Dr. Plescia said, “but we have to be sure that as a result of that frustration, we don’t start making policy decisions that are going to undermine our ability to protect our populations in the future. The concern, he said, is about “the precedent that’s getting set.”

Dr. Plescia said the correct next step is boost funding and resources to the public health system so data systems can be improved, and new community health workers can be hired to improve the focus on health inequities.

Such modest funding supports would enable the nation to “invest in our current workforce” and start “to build some of these different kinds of workforces that I think will make us all much stronger.”

Get the latest news on the COVID-19 pandemic, vaccines and variants, and more reliable information directly from experts and physician leaders with the “AMA COVID-19 Update.”

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