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D.C.'s Robust Infrastructure for COVID-19 Data Collection, Analysis, and Reporting

Clarification needed on responsibility for death data and where it's published

Aug. 16, 2021 (WASHINGTON)—DC Health has devised a detailed, robust system of collecting, reporting, and monitoring data during the COVID-19 crisis, but opportunities exist for reporting even more information that the public needs, according to a new report by the Office of the D.C. Auditor (ODCA).

The report stems from ODCA's participation in a multistate effort to gather information on how states handle COVID-19 data. The first-of-its-kind national project created an audit framework, with assistance from the National State Auditors Association, for state auditors to follow, including in D.C., Delaware, Florida, [Louisiana](#), [Ohio](#), Iowa, and Pennsylvania.

ODCA's report found that the District published 47 of the 59 data-related questions from the audit template on www.coronavirus.dc.gov and partially answered six questions, for a total of 53 out of 59 COVID-19-related data points, which included cases and testing, vaccinations, hospitals, assisted living/skilled nursing facilities, schools, contact tracing, deaths, exposure activities and outbreaks, and mask wearing.

"Joining the project helps D.C. assess the data we use to inform policy decisions, take actions to protect our citizens, and determine what resources we need to manage a pandemic," said D.C. Auditor Kathy Patterson. "Having consistent data collection parameters and best practices nationally will be critical the next time D.C. faces a health challenge of this magnitude."

Among the recommendations: that the Mayor initiate a major, comprehensive "after-action" report on the District's handling of the pandemic to inform future emergency response across all public health and safety systems and amend the District's Emergency Response Plan in accord with such a report.

The District was proactive in publishing vaccination data, which DC Health has continued to expand, but the report calls for DC Health to quickly implement the existing recommendation from [ODCA's November 2020 report](#) and begin reporting each day's death count over time to illustrate trends. Daily death counts are only reported in news releases for each day on the Newsroom page of the website. Along with new cases, each day's number of new deaths is a basic indicator in a pandemic.

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The report found that the Office of the Chief Medical Examiner collects and shares internally a robust set of data on COVID deaths, but the information is not released publicly. In terms of deciding what COVID-19 death data to report on the data pages of the website, officials with both the Office of the Chief Medical Examiner (OCME) and DC Health said they did not believe it was their responsibility. This has led to missed opportunities in clearly presenting data the public needs.

ODCA recommends that The Mayor/Office of the City Administrator clarify who is responsible for publishing death data and publish the additional information contained in the internal OCME COVID-19 related deaths report, including comorbidity data.

The report finds that while substantial progress has been made in reporting school-related data, there is room for improvement. And, while progress has been made in school reporting, DC Health is still not reporting COVID-19 cases at childcare centers on the coronavirus webpage. This lack of a portal with data on cases at childcare centers is not in line with practices in neighboring jurisdictions. For example, Virginia is reporting outbreaks in multiple congregate settings, including daycare centers.

Schools that have had five or fewer COVID-19 cases since the beginning of the pandemic do not have data displayed. DC Health officials indicated they do not believe they should publish case numbers when there are fewer than five cases. However, DCPS is already publicly reporting all cases as they occur regardless of the number on their Reopen Strong website.

ODCA recommends that DC Health publish weekly childcare center case data over time as it is doing for K-12 schools and publish case numbers at each school even when there were fewer than five cases cumulatively at a school.

Additional observations from the report include:

- DC Health could consider reporting on more testing and case data for DCPS, public charter, and private schools, including the number of students in-person, the number and percentage of students with symptomatic and asymptomatic consent forms on file, the number of students tested weekly by each program, and the number of positive cases identified by each program.
- DC Health has continuously improved internal processes for its contact tracing program.
- In its interviews with DC Health and OCME, ODCA saw evidence of “a dedicated, competent staff that has been committed throughout the pandemic to providing the guidance, information, and systems needed to manage the pandemic and keep as many District residents as healthy as possible.”
- DC Health oversees a robust public testing program and is monitoring all test results from public and private providers. DC Health has collaborated with the D.C. Hospital Association to capture hospital capacity metrics.
- DC Health has enhanced its public dashboard although some gaps remain in supplying the public with information. DC Health has a robust internal IT system for managing contact tracing data that it has significantly improved over the course of the pandemic.

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The report also found that having an experienced agency oversee all death certifications brought consistency and accuracy to the District’s COVID-19 mortality data. OCME took a lead role from the beginning of the pandemic by choosing to certify all COVID-19 deaths. OCME had also prepared for such a public health crisis by developing plans and operational guidance in place including for a pandemic, likely allowing it to quickly gear up to handle the high number of deaths.

In a national context where death numbers have been challenged for being overcounted but where experts have concluded that deaths are likely undercounted, OCME deployed its resources to ensure that the COVID-19 death counts for the District were as accurate as possible.

“We commend OCME for producing valuable data reports, and we hope that the responsibility for publicly reporting additional death data will be clarified to ensure that information is shared with the public,” Patterson said.

The audit, done in the midst of a public health emergency, was limited in its scope. ODCA collected information about the processes in place to ensure the accurate collection, analysis, and reporting of key COVID-19 data and did a limited data review of two key sets of data, positive cases and deaths, for duplications and completeness of demographic information.

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