

MDPH/LBOH Webinar Notes

December 7, 2021

Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Sam Wong, Erica Piedade, Michael Coughlin, Rachael Cain, Aimee Petrosky, and Phyllis Williams-Thompson, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Laurie Courtney, Scott Troppy, and Kate Hamdan, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Anne Gilligan and Anne Marie Stronach, Department of Elementary and Secondary Education
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- Dr. John Welch, Community Tracing Collaborative

Announcements

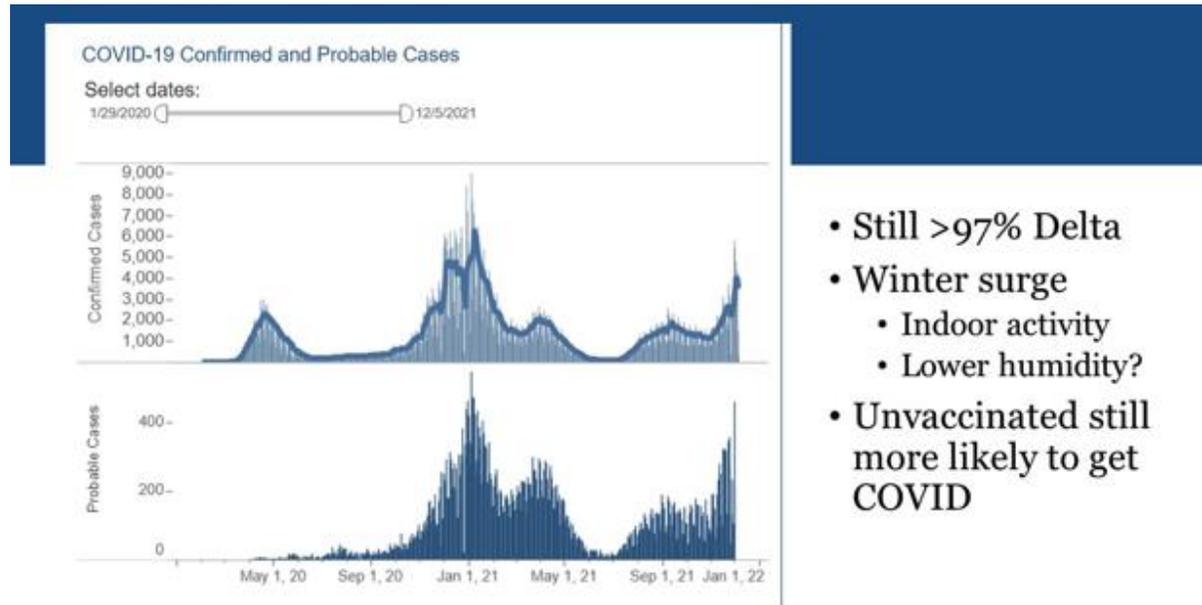
Case Investigation and Contact Tracing

- Case investigations and contact tracing starting *NOW*
 - Changes to public health follow up that were going to be implemented on January 1st 2022 will start now.
 - Individual case investigation and contact tracing are no longer the priority public health tools that they were at the beginning of the pandemic. Vaccines are now the priority public health tool.
 - Over 82% of state population has at least one dose
 - Not every case of close contact needs outreach (but need to continue to prioritize certain settings)
 - Healthcare facilities – DPH Lead
 - Large congregate settings – DPH & LBOH
 - EEC programs – DPH & LBOH
 - K-12 schools – LBOH with schools
 - Higher education – LBOH with facility health services
 - Disease clusters – LBOH in cooperation with DPH
 - Encourage people to notify their close contacts for individual case investigation
 - If unwilling or unable, assist them in doing so.
 - Promote initial vaccines series and boosters, testing (including over the counter tests), information about monoclonal antibody therapies and antivirals, general use of masks, use of MassNotify, support those who need to isolate or quarantine.
 - [Science Brief: Community Use of Masks to Control the Spread of SARS-CoV-2 | CDC](#)
 - [Self-Testing | CDC](#)
- Reminder about Mass Notify (exposure notification tool)
 - More than 25% of the MA population have enabled it on their phones.
 - Coming soon to MassNotify: Users will have the ability to self-request a verification link directly in the MassNotify system.
- DPH will take on full responsibility of MassNotify in January 2022.

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Delta and Omicron



- Still >97% Delta
- Winter surge
 - Indoor activity
 - Lower humidity?
- Unvaccinated still more likely to get COVID

- Hospitals are in a difficult spot right now. Seeing an increase in hospitalizations and a limited capacity for additional patients.
 - o One reason hospitals are stretched so thin is not just because of COVID, but other healthcare seeking needs (people who delayed healthcare because of COVID activity).
- Massachusetts has a single case of Omicron so far (believe it may be more due to lag in sequencing results).
 - o MA sequences 30% of cases.
 - o Strong position nationally and in MA to identify variants.
- Omicron has been designated a Variant of Concern (VOC).
 - o Free testing being offered at airports for international arrivals (not currently at Logan).
 - o New: all international travelers have to test within 24 hours of departure regardless of vaccination status.
 - o There has been no change to isolation or quarantine recommendations.

Q: If we could please unpack what it means when we say DPH lead versus the LBOH in cooperation with DPH?

A: For healthcare facilities, DPH has a specialized team that are completely focused on what is happening in healthcare facilities. They have been communicating throughout the entire pandemic about testing requirements and what the recommendations are for isolation and quarantine in those facilities. These are scenarios where most of the time, if these facilities have a problem, they are in contact with DPH directly. That does not mean you will not have visibility into what is happening or excluded from helping, but DPH has a team that all they do is handle clusters in healthcare facilities. In terms of disease clusters, LBOH is the lead and DPH provides support as needed.

Q: Can you explain schools as a priority setting?

A: Just because we are identifying it as a priority setting does not mean it is a less safe setting. We are saying that they are priority settings for contact tracing. The list of priority areas is for where we want to see continued case investigation and contact tracing.

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Q: Is this a recommendation or a direction?

A: It is going to be the state's position on how contact tracing and case investigations are done. Because it is the legal authority of the local health department and your call on how you roll out infectious disease investigations and response – DPH tends to not issue directives in the same way. Going to take position that this is the recommended strategy, and all materials will reflect this. Because this is getting moved up from January to now, not everything is ready (ex. need to update website). There is space for local latitude to make decisions.

Q: Some questions about this generate public questions for how to safely isolate and quarantine.

A: Recognize the loss of visibility with at-home tests (ex. a lot will be testing without reporting positive tests). People need helpful isolation and quarantine information (website www.mass.gov/isol8 is a helpful tool and provides information regarding how to prepare for quarantine/isolation, explains the difference, outlines how long, etc).

Q: How will these recommendations impact those who have received grants for contact tracing with requirements for taking 100% of cases and contacts?

A: This does not change the money. You can follow these new protocols and DPH will update materials and share those. You will not have to do things differently compared to what everyone else is doing.

Q: In terms of the new recommendation, how would someone approach something like indoor sports (ex. hockey team)?

A: If it is not associated with a school, the way a LBOH would most likely get involved is if there are multiple cases associated with a particular team or game. This would fall into the disease cluster model and that would be where public health would get involved.

Q: Last week you talked about clusters and how we would be prioritizing cluster investigations based upon the risk of continued exposure. For example, a wedding, one time, people are sick - we would ask people to notify their guests rather than a cluster where the local health department would follow up. Are we still recommending that?

A: Yes. In the hockey example, there is the opportunity for continued exposure. Clusters should be prioritized based upon ongoing risk as opposed to a single super spreader event that has already happened.

MAVEN Coverage

- If you have not received the Out of Office Protocols reach out immediately.
 - o MAVEN Backup: Sign into MAVEN to ensure their account is active. (Reach out to maventraining@mass.gov with problems)
 - o No MAVEN Backup: Reach out to LBOH, local schools, & neighboring communities and if unable to find backup reach out the DSAI at isishelp@mass.gov
- MAVEN Access Process
 - o All new users must be approved by local boards of health and conducting active case investigation and follow-up
 - o Users complete online training and proficiency test
 - o Contact Tracing 101 trainings available on MAVEN help section and recommend all users watch the two videos listed
- CTC MAVEN user transition to LBOH
 - o Have written approval from LBOH, fully transitioned into new role, documenting active case investigation and follow up, assigned a town email address, complete MAVEN 101 self-paced training contact tracing training and pass proficiency test

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Q: Folks are going to continue to get positive cases reported to them. With this new process, should they just clear those? How should they handle these positive cases that will come to them when they do not need to contact those individuals for either case investigations or contact tracing?

A: No one at the state is auditing specific cases. The confirmed and probable workflow is only going to hold cases for 72 hours and then they drop out of the workflow and you can run confirmed and probable report at any time to catch those cases. For now, the goal is to go in and at least acknowledge cases that you have seen them step one, and then you decide on the prioritization based on what was reviewed today. It up to you at the individual local level to answer the case report form completed yes/no and the reason why.

Funding Opportunities

- Two funding opportunities with the changed and updated prioritization for case investigation and contact tracing.
 - o NACCHO – focused on vaccine equity and up to \$150,000.
 - o \$4 million allocated for local/regional public health covid response for municipalities that have not participated in the Contact Tracing grant from DPH.

Questions not answered out loud from the Q&A Chat:

Sharon McCarthy - 3:07 PM

Q: My town requires testing for symptomatic employees. However, it is difficult to find a PCR test site. Is it ok for the town to have employees use "at home" tests?-

-Jana Ferguson - 3:08 PM

A: That is a local HR decision.-

Camille Griffin - 3:05 PM

Q: Is there a recommended waiting period for individuals who tested positive and are interested in receiving the vaccine once cleared from isolation?-

-laurie courtney - 3:09 PM

A: Please refer to the Clinical Considerations section on this.

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#CoV-19-vaccination> "People with known current SARS-CoV-2 infection should defer vaccination at least until recovery from the acute illness (if symptoms were present) has been achieved and criteria to discontinue isolation have been met." There is more detail in the guidance.

Felix Zemel - 3:12 PM

Q: How does the contact tracing de prioritization work with the municipalities with contact tracing grants?-

-Jana Ferguson - 3:14 PM

A: Please follow the new prioritization, if you would like, even if you have a contact tracing grant.

-Barbara Blackwell - 3:15 PM

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Q: Does the prioritization and scaling back from 100% Case Investigation and Contact tracing also apply to grant funded positions that specify 100% outreach? We want to know we are able to operate within the grant while pivoting to this new approach-

-sam Wong - 3:35 PM

A: The new prioritization also applies to grant-funded positions conducting case investigation and contact tracing.-

Deborah Vondal - 3:39 PM

Q: Is mask wearing recommended for vaccinated people in public places if there is high community transmission. North Quabbin region is still a hot spot for high case count and vaccination rate vs the state. Athol is 67%, case count today is 127 vs 33 last year same time. Vaccine hesitancy is huge here despite our outreach. -

-laurie courtney - 3:43 PM

A: Yes, masking is recommended for everyone in moderate to high transmission locations. There is a nice website where the level of transmission is detailed: <https://covid.cdc.gov/covid-data-tracker/#county-view>-

Agnieszka Podstawka - 3:46 PM

Q: What kind of test is required before traveling into the US, internationally? PCR or Antigen? Is it possible to do a PCR and have the results within 24 hours?-

-laurie courtney - 3:48 PM

A: You can find very detailed info about international travel requirements at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel/index.html>-

Maribeth Ting Wenham Public Nurse - 3:09 PM

Q: for Dr. Brown and team - I've had a few cases who tried to report the positive to MA notify and the link didn't work -

-Catherine Brown - 3:49 PM

A: Maribeth - there is an email for the MassNotify HelpDesk and they can reach out there massnotifyhelp@mass.gov

Kristin Black - 3:14 PM

Q: Other countries have reduced isolation and quarantine periods. Has DPH considered reducing isolation or quarantine periods.-

-Catherine Brown - 3:50 PM

A: This is not likely to be something that we would do apart from CDC guidance.-

Meghan Doherty - 3:14 PM

Q: So are LBOH still responsible for contacting every positive individual that populates in Maven? -

-Catherine Brown - 3:51 PM

A: Meghan - not every case or contact requires individual outreach-

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colleen fermon - 3:21 PM

Q: Home testing has lead to increase in calls to the local health depts. Can MA211 be used to answer isolation and quarantine guidance?-

-Catherine Brown - 3:54 PM

A: Most of these questions are likely beyond what 211 should handle and we hope that with reduced case investigation and contact tracing that these calls will become easier to manage.

Unfortunately, there is still a lot of hard work in front of us and we are trying to help where we can

Wesley Chin - 3:45 PM

Q: Are you aware of any municipalities that have enacted regulations to reduce capacity in local businesses in the midst of the current surge? -

-Jana Ferguson - 3:54 PM

A: Hi there - I'm not aware of any who did this. -

Sandra Martin - 3:26 PM

Q: Do people who are boosted still get break through infections?-

-Catherine Brown - 3:55 PM

A: The data are still limited since boosters are still relatively new but yes, breakthrough still happens but maybe at a lower rate-

5084946266 Terry - 3:36 PM

Q: Can you help define how many cases would deem cases a cluster?-

-Catherine Brown - 3:57 PM

A: Technically two related cases within 14 days but there is definitely room for you to apply your experience and judgement. Remember we want to focus on clusters with ongoing exposures

Michael Hugo - 3:36 PM

Q: Katie, I am sure you have seen this, but it is a tool I use whenever I am asked to defend masking at LBOH Meetings where the anti-mask lobby is claiming that there is no science to support masking.

Titled "An evidence review of face masks against COVID-19" and available at:

An evidence review of face masks against COVID-19 - PNAS<https://www.pnas.org › pnas › e2014564118.full.pdf>

-Catherine Brown - 3:57 PM

A: Thank you!

John Kleschinsky - 3:37 PM

Q: Are there resources to help promote MassNotify?-

-Catherine Brown - 3:58 PM

A: Yes - follow this link

https://www.dropbox.com/sh/ah5hvl1kwlalrhj/AAA1ISH1X0t2h4CrOQaVCtaMa/TOOLKIT/PREVIEW?dl=0&preview=MassNotify_Toolkit_Updated_v6.pdf

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Maribeth Ting Wenham Public Nurse - 3:38 PM

Q: It had been my practice to provide recovered individuals a letter indicating they had completed isolation in case they needed to show their recovery if needing to test within 90 days of infection - is documentation of the initial positive test sufficient if a person is being asked to provide a test result and the result returns positive after recovery?-

-Catherine Brown - 3:59 PM

A: We don't generally recommend letters for everyone. Employers are not supposed to require one for coming back to work. But yes, the positive test is sufficient-

End of call.