

Norfolk County-8 Coalition

MDPH/LBOH CALL 10/13/2020



Announcements:

Governor's announcement: Extension of the Stop the Spread testing sites through December of this year. Currently 18 sites.

Comprehensive Eviction Diversion Initiative: Information about this was sent by Ron O'Connor on 10/13. The goal of this initiative is to keep tenants safely in their homes and to support the ongoing expenses of landlords once the Commonwealth's pause of evictions and foreclosures expires on Saturday, October 17th.

Hotel/lodging and restaurants: Some establishments becoming more lenient with workplace standards. ABCC is going to send out 2 documents (today) as a reminder of the rules/standards requirements.

Public hearing: 10/14 at 10:00 am regarding DLS workplace safety regulation. If you have comments please sent to safe workplace emails address.

Questions from emails:

Q: People who test positive for a 2nd time, a month or more later, I know we don't report these people a 2nd time, but do we make them isolate again and do the contact tracing? Also what is the state of the infection literature in re: to the 2nd positive test?

A: Reinfection literature—still limited but information is growing. There are a few documented cases of reinfection (under 30 cases worldwide). Most of these have occurred less than 3 months after the first infection. This sounds scary, but when you think of the millions of people who have had COVID-19, this is such a rare event we are not going to make policy based off of this. Health care officials may see patients who have had COVID-19, are again showing symptoms and may have had exposure to COVID-19, at this point it is possible that they have been reinfected and may require to be isolated—but this is rare. What we know so far—people can test positive by PCR (very sensitive test) up to about 86-87 days following their initial positive. Current guidance is that people who have had confirmed tests, and been released from isolation, are not recommended for re-testing until 3 months past either their date of symptom onset or first initial positive test. Should not be tested during this 3-month period. In general, you do not need to isolate them, report their close contacts, or have the contacts go into quarantine.

Q: Any data on the most frequent causes of transmission? What type of events are most commonly responsible for transmission?

A: Yes, but data is not as complete as we would like for them to be. However, they do show that the biggest clusters (with the most cases) are in long-term care facilities and household exposures. Colleges and universities, and houses of corrections have also been identified as

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contributing to large clusters. There are some clusters in child-care, senior living, k-12, organized athletics, industrial setting, social gatherings, few restaurants and places of worship.

Q: Guidance on school extracurricular activities like band, chorus, and clubs?

A: Information on extracurriculars can be found in the [DESE supplemental guidance for student groups and school events](#) for school year 2020-2021. It was published on August 31st.

Q: Haunted house business—wants to add BYOB, does BYOB need to follow the same alcohol standards as restaurants? Does food need to be made on site for people to be seated and consume this?

A: Would advise strongly against BYOB, only allowed alcohol to be served in conjunction with food.

Q: Can a food establishment hosting a performance serve diners?

A: Still working on clarification about performances in restaurants.

Q: Can 2 or more swimmers in indoor pools share one lane when swimming laps?

A: Yes.

Q: What does a LBOH do when a sports competition in another community that does not follow safety standards involves players from my town?

A: Health director should contact the health director from the other town. If this doesn't work, a LBOH has the authority to use the nuisance statute, [Ch. 122](#) and [Ch. 123](#) to stop the game from continuing with a cease and desist order on the grounds that it is a public health danger. If you find yourself in this situation call or email Cheryl Sbarra (sbarra@mhb.org).

Questions from callers:

Q: Major problems with some sports, specifically hockey/basketball. Lots of positive cases resulting in a lot of contact tracing issues. It would be helpful if the State can come up with more specific guidance for how hockey/basketball games are going to take place. The general guidance isn't specific enough.

A: We had a meeting this morning to discuss the rising hockey cases and working with Mass. hockey to improve the situation and updating the guidance.

Q: Schools—any new guidance forthcoming for schools for when they should go to remote-hybrid-or to close. At first we used the color coded map and testing threshold, but now schools

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want to know exactly what the data points should be? If the mobile unit gets called, will DPH help us review the data?

A: DESE does not anticipate anymore guidance documents. There may be updates to some FAQs, or tweaking as we enter the colder weather, but besides that nothing more. In regard to the data points, the Commissioner has said that the expectation should be that schools/districts should look at DPH's mapping for 3 consecutive weeks. This is where partnerships with LBOH/schools are so critical because there may be information that is confidential and specific to the BOH that may indicate movement from fully in-person to a hybrid model due to specific data points within the community that are only available to the board of health. DPH would be more than happy to work through what the results would be and the recommendation for the particular situation in partnership with the LBOH if a mobile unit is called in.

Q: Boarding school—has several cases but adhering to all protocols. Our concern is that these cases may change the community color to red zone, even if all of those students have left the boarding school.

A: The formula only takes into account the case count, not how the community is adjusting to the cluster in a congregated setting so it may affect your color. We still encourage communities to follow the 3-week rule of thumb. You might not be in the red for three full weeks, if this is one event.

Q: MAVEN—over 30 probable cases in my town, the majority are coming from one location doing antibody rapid testing. What is the process for all of these probable cases? Do they stay probable or do they become confirmed if that have additional testing done? What happens if they don't go for follow-up testing? Will these 30 cases be included in the data for the risk level?

A: Rapid testing that results in a probable case is antigen testing not antibody. National case definition considers people with a positive antigen test suggestive of current infection. Our testing recommendation is that people need to get a follow-up PCR. People who have a positive antigen result should be assumed to be infectious and should be isolated and their close contacts to be quarantined. If the PCR test is positive, then this will move them to the confirmed category. In general, if people get their antigen test and immediately go for a PCR, and it is negative, then we have considered the initial positive antigen test to be a false positive. But this PCR test needs to be done immediately, within a day or two, otherwise you act on the antigen result. The 30 cases, as of right now, will not affect the risk level. If I were you, I would be concerned about the 30 antigen positive individuals.

Q: Trick-or-treating, people want to put up a bounce house/host a party. What is the legal/public health assessment of these activities?

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A: These Halloween standards are suggestions, the only way you can make them legally binding (but check with town counsel) is if you issue an emergency order. Salem might have done this, but I cannot think of another community that has done this. People are going to celebrate Halloween despite what we say, but we think the suggestions will help give people insight on how to celebrate the holiday safely.

Q: Will a child be able to return to school if their parents went to North Carolina? I know the parents need to quarantine, but does the child need to since it lives with them?

A: Child does not need to quarantine as part of the travel order. If the parents become positive cases, then the child will need to.

Q: Hockey—please reach out to the higher ups about hockey, have quarantined about 6-7 hockey teams. If these hockey teams' cases affect our color code, how will we be notified about them?

A: You will learn of cases who live in Hingham. Notification occurs to towns Wednesday afternoon before the numbers are posted.

Q: Special education students, if the school changes its learning model do they need to adhere to this?

A: If the IEP for a [special education](#) student requires them to have in-person instruction, then it is safe for them to be there. If communities are labeled as high-risk in the red metric map, it is still safe to bring back a small segment of the population prioritizing special needs students. Special education guidance updated from COVID-19 information page.

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