

Norfolk County-8 Coalition

MDPH/LBOH CALL 10/23/2020



Announcements:

Hockey order (sent to everyone 10/22): Reminding everyone, effective 10/23, there will be a 2-week closure of ice rinks in Massachusetts related to the increased clusters and cases associated with ice hockey. The order is in place until 11/7. Similar to what New Hampshire and Vermont did. This pause will allow for the development of stronger protocols to protect players, families, and communities. This does not affect college or professional programs, but those rinks cannot be repurposed for youth/amateur ice skating.

Higher risk communities: Adding an asterisk* to communities with a number of cases associated with an institution, whether it be LTCFs, higher education, or jails/detention centers. Color-map is now being posted on Thursday afternoons. Communities turned newly red will receive an email about the new designation and the implications of this to the community. When going back to Phase 3 Step 2, to Phase 3 Step 1: Indoor theatres (not movie theaters, movies can be open and still have concession stands) performance venues/roller skating rinks/trampolines/escape rooms/obstacle courses closed in Step 1, but in Step 2 can be open with limited capacity. Driving/flight schools, gyms, libraries, museums, arcades, and lower-contact indoor and outdoor recreation businesses must reduce capacity to 40% (currently 50%) when operating during Step 1 of Phase II. Even if you have an asterisk community, and are red for 3 straight weeks, you will need to go back down to Phase 3, Step 1.

Schools: Asterisk communities, DESE's guidance does call for districts to monitor 3 weeks of those resources (color maps, weekly reports) before making changes to the learning plan instead of doing a quick pivot. Also, if your town has in person learning, and a local town is red, try to remain in in-person learning as long as you can as long as there is no in-school spreading. Also, schools are supposed to let DESE know about confirmed cases in students or staff. Cases will be confirmed by LBOH but schools need to call DESE at 781 338 3500. Also, all adults including educators and staff need to wear masks when in school and when they're not alone. We have heard issues about people taking their masks off in breakrooms when they're not eating. Later today, around noon, a memo will be going out from the Commissioner related to Phase 1 about rapid antigen test that will be available to schools. Cannot say more about that now on the call.

Webinar: Be on the watch for registration link and guidance for how to use WebEx and how to log on by phone.

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Questions from emails:

Q: Person was initially asymptomatic, but tested positive and began the isolation period, but then they started to show symptoms, do they have to extend their isolation period? Also, testing out of isolation? And the role of isolation and quarantine?

A: 10 days is for both asymptomatic and symptomatic people who have tested positive. We know that asymptomatic people can transmit within 10 days after they test positive, we say that these individuals would still be released from isolation based on their test positive date, but also making sure their symptoms are getting better and they haven't had a fever in 24 hours. Also, testing out of isolation—back when the pandemic first started, no one got out of isolation until they received two negative tests, but now we know people can test positive for months. Now, the next period of knowledge is that people only have about 10 days from the start of their symptoms or of their positive test to infect others, it is not encouraged to re-test them. But now, with tons of testing capability, especially in higher education and people getting tested repeatedly, people can test out of isolation if they've had 2 negative tests at least 24 hours apart. Also, the term isolation is used when referring to a diagnosed/positive PCR or positive antigen test. For people who are quarantining because they have been exposed to COVID-19, and we are concerned that they might develop it, it is still a 14-day quarantine period.

Q: Passage on mass.gov page about COVID-19 testing that has caused confusion: “suggest that they isolate until they get tested” but people who are close contacts have to wait 14 days for full quarantine?

A: Dr. Brown will follow-up on this. Isolation is used incorrectly here, it's used in layman's terms, like “hey you were a close contact you should isolate yourself from other people” not the clinical definition of “isolation” used by public health world.

Q: What are the implications of CDC's revised definition of close contacts?

A: DPH epis have said for months now that its 15 min of accumulated time of several hours, although we didn't define how many hours. Now since CDC uses 24 hours we will be using this moving forward. CDC actually came to this conclusion based on data in a jail in Vermont. [Worth reading the study.](#)

Q: What can school health departments do when local pediatricians are being conservative and telling children they can go to school while they wait for their parents/household members test results? Numbers aren't showing school transmission, and keeping thousands of children at home seems excessive?

A: The answer given by Dr. Brown was that DPH, DESE and AAP recommend that children should attend school while a household member is waiting for COVID test results. She also said

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that there should be conversation and collaboration between the schools and pediatricians but we can only do so much.

Questions from callers:

Q: Past several weeks, every Saturday morning, political rallies have been held in front of Plymouth Rock. Two groups stand on opposing sides of the rock, one side refuses to wear masks claiming medical exemptions. Chief Farnsworth has said that law enforcement won't be enforcing masks at political rallies, but should LBOH be the ones enforcing? But then tomorrow there's supposed to be a caravan of about 300 cars.

A: Notify police and town counsel about this right away. If police are not comfortable enforcing the mandate, then LBOH should not risk their safety as well.

Q: COVID-19 vaccination plan, submitted to CDC last week. We don't believe this plan ever came to us directly from DPH, had to get it from someone else. You all have done a great job with communication, but how can we make sure something like this comes to us too.

A: Thank you for your feedback, we will address this on the Tuesday call.

Q: Why is the ice rink order so broad that it shut down figure skating and learn to skate programs, the data is all on hockey not other programs, so is this intentional or an unintended consequence?

A: The ice rink order is comparable to what the other states have done. It was intentional and it was noted it could impact these other activities.

Q: Cumulative contact statement from CDC, does this change in a school setting?

A: It is cumulative in all settings, consistent with what DPH has said all along. We are aware this determination can be a bit harder when you're trying to remember through a 24-hour period, but this is what should continue to be done in all settings.

Q: Records request from the media—specifically asking about cases in the schools with the type of information we report to DESE. Do we provide them the information they are requesting? Or should we send them to DESE? They also sent a question about local sports, and since we don't have that information I understand I don't have to create this record? The RAO doesn't know what to say about this, so she's reaching out to me as the school nurse for information. Also, some pediatricians told the school nurses that students who are asymptomatic for any reason, parent/caregiver call the healthcare provider, describe the symptoms, and see if they will be eligible for testing. But some pediatricians say the child's symptoms are mild, it's fine, they don't need to come in but they aren't given an alternative diagnosis. What I'm hearing is that there should be a low threshold for testing and to educate physicians why it's important to get tested.

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A: Records request should go to RAO (Records Access Officer) and town attorney, and yes you do not need to create a document that does not exist. If RAO doesn't know what information to provide, direct them to DESE and definitely let your town attorney know about this. If a child is presenting with symptoms, then [DESE guidance](#) says they should be referred to their healthcare provider for testing and/or an alternative diagnosis. That's what the guidance says, but it also says in certain cases, even if there is an alternative diagnosis, there still may be a need for testing. This goes back to the healthcare provider not being open to testing the child originally. There is explicit language about this in an FAQ DPH worked on with DESE, and the alternative diagnosis is very limited to students who have a chronic condition that flares up or appears periodically where pediatricians can say, oh this is a chronic condition and they're having a flare up, but this isn't created across the board for all symptoms, so they need to send the child to testing. If the doctor says "its allergies" and then the school nurse has the right to say "I'm sorry we need the child to go to PCR testing"