

Viewing Inter-agency LB... \lor

Inter-agency Staff on the Webinar

- · Jana Ferguson, Assistant Commissioner, DPH
- Ron O'Connor, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Pejman Talebian, Bureau of Infectious Disease and Laboratory Sciences
- Helene Bettencourt and Anne Gilligan, Department of Elementary and Secondary Education
- Michael, Flanagan, Mary Dozois and Adam Kinney, Department of Labor Standards
- · Gerben Scherpbier, Executive Office of Energy and Environmental Affairs
- · Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association

Announcements:

Rollback to Phase 3: Takes effect Sunday, December 13th at 12:01 am. Gathering order will require notifications to LBOH for gatherings of more than 25 people (right now it's 50 but will be rolled back). Business sector guidance for Phase 3, Steps 1&2 chart will be updated. Primary information already announced. Outdoor gatherings at event venues and public spaces limited to 50 people. Outdoor theatres and performance venues rolled back to 25% and no more than 50 people. Close indoor theatres and performance venues and a few smaller indoor recreation businesses like roller rinks and trampoline parks. Reduce capacity from 50% to 40% for several industry sectors noted below:

Arcades/indoor/outdoor recreation businesses such as driving and flight schools, gyms/health clubs; libraries; museums; offices; places of worship; lodging (common areas); golf; movie theatres (no more than 50 people per theatre).

Restaurants and event venues protocols updates: Wear masks at all times except when eating and drinking; seat no more than six per table and encourage customers to only dine with same household; put a 90-minute time limit on tables; prohibit all musical performances at restaurants; close food court seating.

Workplaces and fitness centers protocol updates: require mask wearing in offices when not in your own workspace and alone; require mask wearing at all times in gyms; encourage teleworking.

Gathering size order does not include political gatherings and religious services outdoors. Indoor, they are subject to gathering size limit. Face coverings do apply for all sectors including religious services. Same applies to legislative bodies, zero exceptions.



Updating Testing approach: Review of testing needs statewide led to renegotiating contracts. No longer based on positivity rate. Focus on meeting demands at regional level. Short term testing resource available for clusters—contact 24/7 epi line at 617 983 6800. The evaluation of both access and cost associated with Stop the Spread sites required the Command Center to determine who was processing test results quickly, really looking to expand access and mimicking the success of the <u>Revere Project Beacon site</u>, testing around 1k people a day. Site also opened in Framingham on Monday. Next two locations are New Bedford (12/14) and Lynn (12/21). In addition, providing regional testing, sites won't be physically available in every community, but accessible to all communities. Berkshire, Hampshire, Franklin, and Barnstable counties are next. No plan right now to expand Stop the Spread location to other communities.

Support for LBOHs: CMG Associates, webinars for LBOH. Training schedule for December 2020—Active Listening/De-escalation on 12/16 10 am – 11 am. Managing Stress on 12/23 10 am – 11 am. One-on-one conversation still available. More info email bcedar@cmgassociates.com

Vaccine Update (MCVP, Mass COVID-19 Vaccination Program): CDC has indicated MA is expected to receive ~300k doses by the end of December. 180k doses of Pfizer to acute care hospitals (60k~12/15 + additional 120k by 12/31). ~120k doses of Moderna vaccine (timing TBD, estimated to start Dec. 22nd). Both vaccines require two doses. Pfizer requires ultra-cold storage and comes in shipments of 975 doses. Moderna requires traditional vaccine refrigeration/freezing and comes in shipments of 100 doses. Some large hospitals will redistribute to their affiliated sites. The State Public Health Lab will also receive doses for redistribution to sites without ultra-cold storage capabilities.

Operation Warp Speed has said it will deliver 300 million vaccines nationally by spring 2021. DPH has been working on COVID-19 vaccination planning since early August. DPH routinely distributes over 3 mill doses of vaccines annually. Planning builds on existing Infectious Disease Emergency Response plans, pandemic planning exercises, and learnings from the COVID-19 response to date. Mass is targeting 80% of the population, initially over the age of 14. Each rollout phase will have different populations and administration sites. Using MIIS as the state's vaccine registry, ordering system, and inventory system. DPH has enhanced MIIS to prepare COVID-19 for vaccine administration.

<u>Advisory Group</u> took a strong stance on equity. 20% additional vaccine allocated to communities that have experienced disproportionate COVID-19 burden and high social vulnerability. Prioritizes all COVID-19 facing individuals in healthcare setting, including food service and environmental (not just doctors and nurses) as all we home health workers.

Where will the vaccine be administered? Many medical professionals can administer the vaccine—doctors, nurses, dentists, other licensed clinicians, pharmacists, pharmacy interns,



pharmacy techs, paramedics, and certified medical assistants with supervision. Vaccinations will ultimately be available at many healthcare sites—Hospitals, private medical offices, CHCs, pharmacies (contracts with CVS and Walgreens). Mass vaccination sites will be set up to account for the unprecedented scale of COVID-19 vaccination. LTCFs will be vaccinated as part of the <u>Federal Pharmacy Partnership Program</u>. Guidance for EDS/PODs not developed yet, will be in touch with new guidance as it comes.

Communication plan: Provide clear, accurate, consistent information about the vaccine; build trust; dispel vaccine misinformation; putting together video clips from several leaders in the community promoting vaccines; launch comprehensive statewide public awareness campaign in multiple languages (Phase 2). Update and disseminate information on vaccination locations and availability. Social media, TV and transit ads, more to come. Focus here is to build trust and confidence in the vaccine. Consistent branding. LBOH are represented during this planning process.

Public facing FAQ also available. Check <u>mass.gov</u>. The infectious disease leads in the state's academic medical centers have pledged to review the EUA data and provide an independent opinion about their safety and efficacy. COVID-19 Vaccination Provider Agreement requires reporting moderate and severe adverse events to the Vaccine Adverse Event Reporting System (VAERS).

Q: Should LBOH begin planning mass vaccination clinics in their communities?

A: Not recommended that LBOH/LHD purchase ultra-cold freezers. Only Pfizer needs that, and even the vaccine comes in coolers. If you have access to dry ice, this would be helpful and can keep the vaccine for 30 days and then additional 5 days at refrigerator level. DPH is pushing Moderna vaccine to other locations. Our goal and CDC's is to send the supply directly to the recipient. Do not act as depots if possible. Could be events where a practice can't receive the allocation and DPH can re-distribute. Not looking for developing redistribution depot system. No expectation for each LHD to stand up a small local clinic to vaccinate first responders. Right now, thinking about how to get first responders vaccinated, probably going to go with a regional model. Certain communities, if you have the infrastructure capacity to distribute the vaccine, we can work with you to give you the vaccine to do that.

Q: Are EMTs on the list to vaccinate?

A: Not right now.

Q: What's coming in the kit?

A: Minimal levels of PPE and ancillary supply list.

Q: Will this be an annual vaccine?

A: No one knows if this is going to be an annual vaccine or not.

Q: Any Information about contraindication precautions and side effects?

A: We will release next week. This is all last minute since this was approved yesterday.

Q: When will school nurses be vaccinated?



A: Lots of gray areas, and there is a clinical sub group to comb through all of the questions coming in about groups. We think they could be placed under the category of non-facing COVID-19 workers, end of Phase 1. Unless they work outside in a setting where they are also vaccinating or on a testing site. COVID-19-facing means directly working with COVID-19 positive individuals.

Q: Status of PrepMod?

A: We are as frustrated as you are that its not available yet. We are confident that it will be in place before we start having COVID-19 clinics.



EEA: <u>All guidance is updated</u> to reflect Phase 3 Step 1. Primary changes are that all indoor areas reduced to 40%. All posted and accessible on EEA website.

Q: Changes to youth and adult amateur sports?

A: Yes, indoor facilities go down to 40%. Nothing around the athletics itself.

MAVEN update: Expecting MAVEN update to be released tonight, assuming everything goes smoothly, it will mean you will be able to send probable cases to CTC. Sending "release notes" over the weekend, read these because it'll tell you the changes.

Questions from emails:

Q: Face coverings in office spaces, what is a workspace?

A: Still working on office sector standards, especially for wide open spaces.



Q: We seem to be seeing an extreme decrease in the number of people who are answering the call from TC that are being dubbed as lost to follow-up. Is there any plan to re-employ the "answer the call" messaging campaign?

A: No plans to change the "answer the call" messaging campaign. Also, conversations about shifting messaging slightly to direct people to call the inbound line (<u>857-305-2728</u>), in addition to answering the call. Also, <u>isolation and quarantine website</u> is up and you can send this to people so they know what to do.

Q: Household transmission continues. Is there guidance for people who complete isolation but still have household members who are positive and infectious? Can they return to work, and should they follow any special guidance for the employee or employer?
A: The whole point of isolation is that you are infectious for a period of time and then you stop being infectious and are mostly likely immune for a period of time –can't spread the virus and can't get it again—even if people in the household are infectious. If one of those people complete their isolation period, they are free to go and live their life because no longer capable of spreading the virus.

Q: Will the Command Center issue guidance for warming centers this winder?
A: Guidance exists that is really applicable to warming centers—over 100 pages. MEMA offered to provide a shorter piece more helpful to distribute and get information. We can send you the link to the larger document.

Q: Is it possible to add one more column of information to the spreadsheet that is sent out with testing data? Could they populate the percent positivity so that we don't have to do the math? They run that number for the Thursday release anyway, or they can put the formula right into the spreadsheet in Column C.

A: We have a lot of data, doing our best to give you the resources to find your positivity rate. Data are pulled on Wednesdays, and then we spend hours doing data cleaning, literally hours for the prior 2 weeks ending on the Saturday. The data posted yesterday were pulled 12/9 and for prior two weeks ending 12/5.

Q: Will MIAA be aligning with the updated DPH quarantine guidelines? They are currently still using a 14 day quarantine guideline. It is difficult to tell a parent a student can return to school on day 8 or 10, but has to remain out of sports until the 14 day quarantine period has ended.
A: MIAA confirmed today they will be aligning with DPH guidance. Will be out soon.

Q: Who on a team would be impacted if there is a positive case on a team?A: Really hard to answer this question because the real answer is that it depends a little bit.What type of interactions happen during the infectious period? Is the sport indoor/outdoor?



It's not a black and white answer. We know ice hockey is a high risk sport. We have seen that, in general when people are infectious the recommendation is to quarantine whole teams, but less likely to be the case for sports outdoors where there is not significant information about the likelihood of a lot of exposure. For example, not everyone is congregating around the Gatorade cooler. Each situation evaluated on their own merits. And we are continuing to monitor the data.

Additional questions please email: Michael.j.coughlin@mass.gov