Norfolk County-8 Coalition

MDPH/LBOH WEBINAR 12/18/2020

Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Ron O'Connor, Office of Local and Regional Health, DPH
- Kevin Cranston, Dr. Catherine Brown, and Pejman Talebian, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Helene Bettencourt and Anne Gilligan, Department of Elementary and Secondary Education
- Michael Flanagan, 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
- John Welch, Community Tracing Collaborative

Announcements:

CTC: Great progress with additional hiring, and now are concurrent with handling cases that are sent to us. Finishing the days without much backlog, more manageable. We are still receiving around 3,200 cases a day from LBOH. Outreach has improved too because of our increased staffing. We are also reaching out at the end of isolation and quarantine, not just at initial outreach. Please reach out to Local Health Liaison or anyone at DPH for your particular questions.

Data on clusters: This data is available to you on the weekly dashboard, but I've taken some time to put this data into a few different formats to help visualize it. Clusters by exposure setting, by week, over time (Graph 1). Child care, we are continuing to see more and more cases in child care setting. For some of these exposure settings, when we ID a cluster, its clear transmission happened there. For example, restaurants and food courts, measurable part of exposure settings, lime green color, when we ID a cluster at a restaurant, we have good confidence that there is where exposure occurred. A bit more difficult in schools or child care where there are multiple cases, it doesn't always mean that transmission happened in this setting, but when it gets assigned a cluster, it typically means that a transmission would have happened in that setting. Child care does not mean that its contributing to widespread transmission of cases, but we are seeing multiple cases coming from there. Transmission through social gatherings have also increased but not surprising about this because of Thanksgiving.

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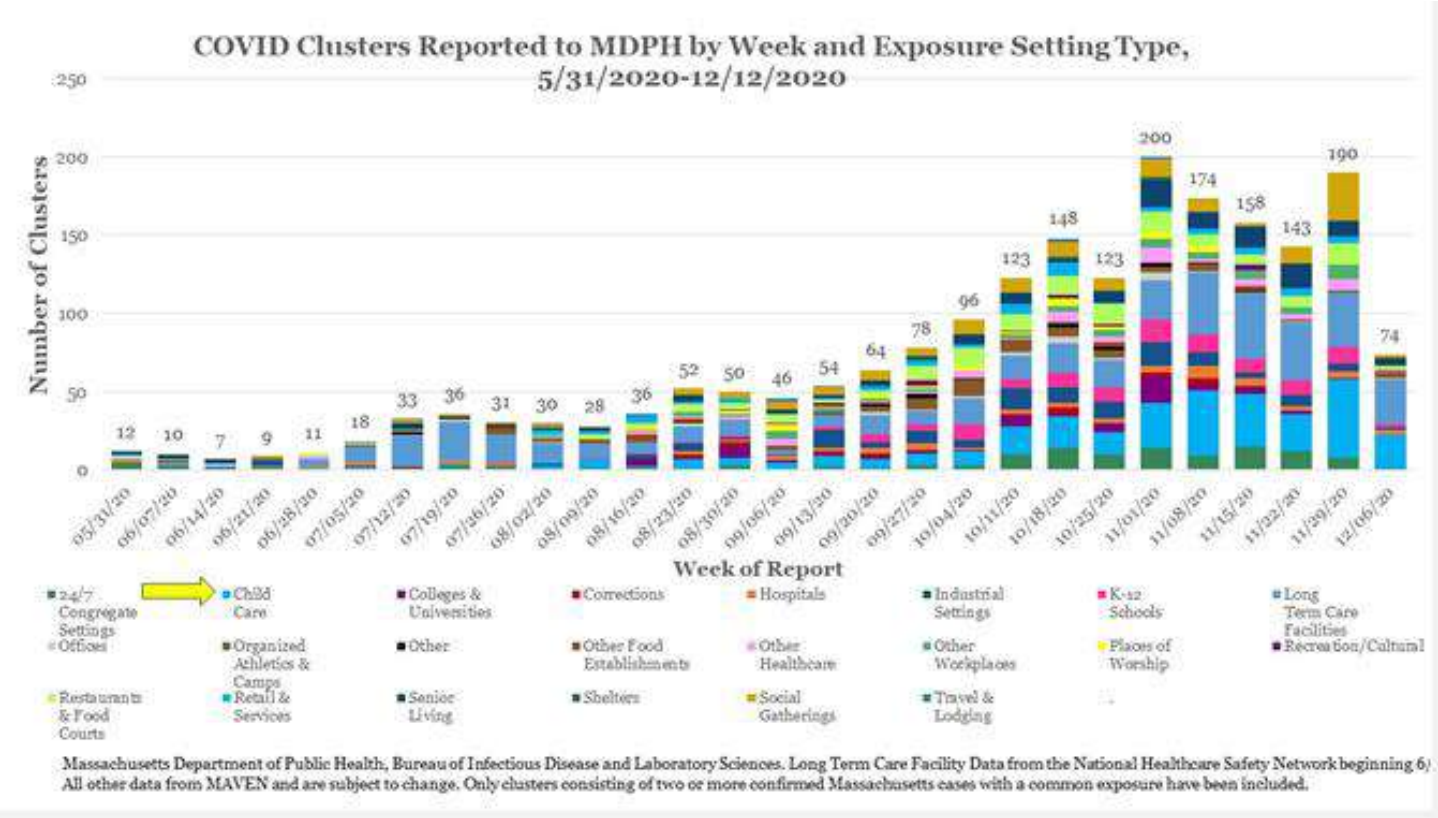
Graph 1:



Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences. Long Term Care Facility Data from the National Healthcare Safety Network beginning 6/
All other data from MAVEN and are subject to change. Only clusters consisting of two or more confirmed Massachusetts cases with a common exposure have been included.

Table 1:

Exposure Setting Types

Exposure Setting	Includes
24/7 Congregate Settings	Group homes, congregate housing, disabled community housing, halfway houses, sober homes, residential treatment centers, lodging and rooming houses
Child Care	
Colleges and Universities	
Corrections	Jails, prisons, houses of corrections, correctional treatment centers
Hospitals	All hospitals, including inpatient psychiatric, inpatient addiction treatment, chronic disease and rehabilitation
Industrial Settings	Industrial settings including construction and non-food manufacturers, warehouses and distribution centers
K-12 Schools	Boarding schools, public schools, private schools, special education schools
Long Term Care Facilities	
Organized Athletics and Camps	Sports teams, tournaments, and clubs; children's camps
Offices	
Other	
Other Food Establishments	Food distributors, manufacturers, warehouses, processors, farms, and food pantries
Other Healthcare	Ambulatory mental health services, community health centers, home health, dental, ambulatory care settings, hospice, addiction treatment (non-residential or outpatient), emergency medical services
Other Workplaces	Offices, work-related events, first responders
Places of Worship	
Recreation/Cultural	Gyms, fitness centers, swimming pools, beaches, movie theaters, golfing, boating, casinos
Restaurants and Food Courts	
Retail and Services	Grocery stores, hair salons, barbers, other retail stores
Senior Living	Assisted living facilities, retirement communities, senior housing
Shelters	
Social Gatherings	Parties, group gatherings, weddings, funerals
Travel and Lodging	Domestic or international travel, hotels, cruise ships

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Exposure setting types (Table 1)—information is included in weekly dashboard for everyone, so you can always refer to this.

Table 2: Table data with total 10/18-11/4

	Total 10/18-11/14			Total 11/15 – 12/12		
Exposure Setting	Clusters	Confirmed Cases	Contacts	Clusters	Confirmed Cases	Contacts
24/7 Congregate Settings	53	190	84	94	284	80
Child Care	115	182	471	250	445	719
Colleges & Universities	37	131	123	40	70	39
Corrections	12	401	10	16	862	128
Hospitals	25	110	208	39	336	58
Households	8,327	17,030	---	22,487	44,039	---
Industrial Settings	63	195	111	81	227	81
K-12 Schools	56	116	258	82	174	253
Long Term Care Facilities	206	1,475	---	313	3,154	---
Offices	14	34	9	16	6	2
Organized Athletics & Camps	42	40	233	30	41	199
Other	10	18	27	9	10	30
Other Food Establishments	9	25	19	13	34	7
Other Healthcare	23	80	12	39	93	74
Other Workplaces	16	70	6	43	138	66
Places of Worship	15	104	59	16	18	11
Recreation/Cultural	9	20	36	8	23	.
Restaurants & Food Courts	52	151	85	84	203	163
Retail & Services	23	44	11	34	52	26
Senior Living	39	144	34	91	441	175
Shelters	3	13	25	5	3	11
Social Gatherings	61	162	105	95	278	93
Travel & Lodging	4	15	4	3	.	.
TOTAL	9,214	20,750	1,930	23,888	50,931	2,215

Graph 2:

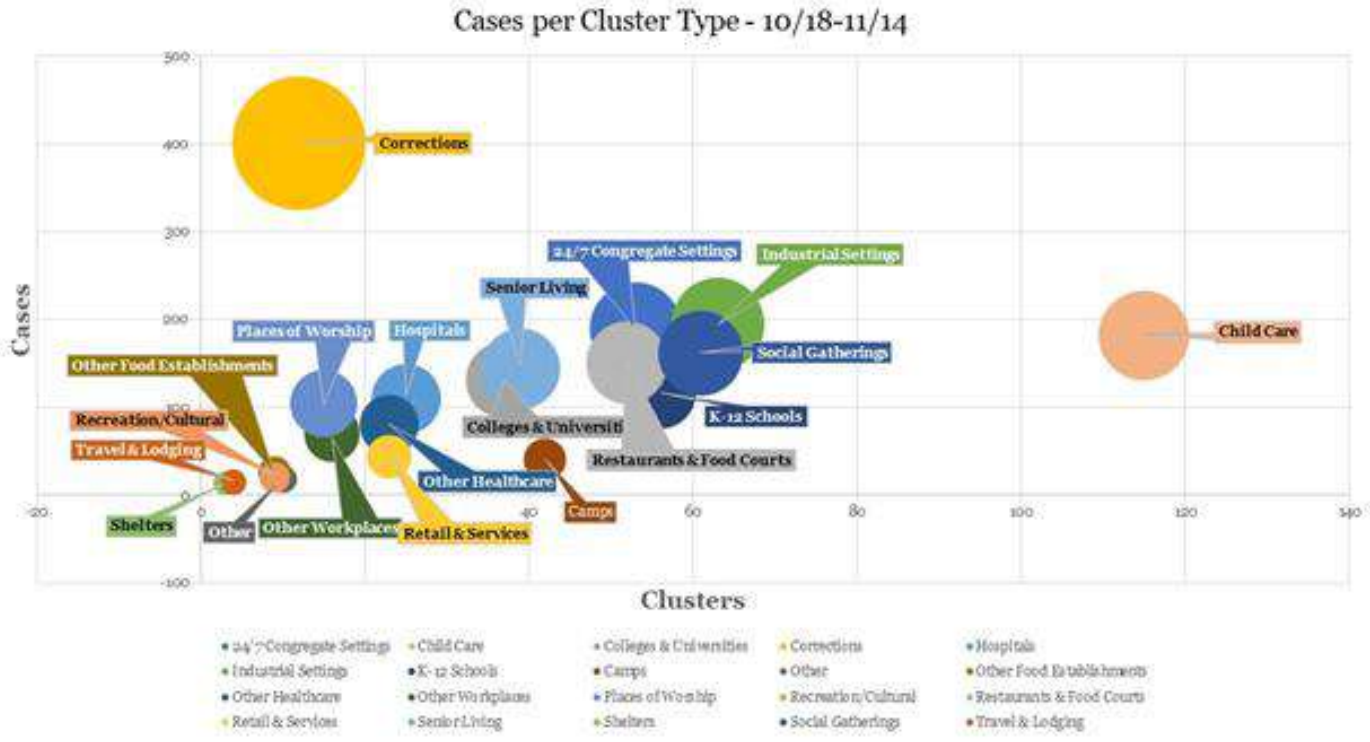

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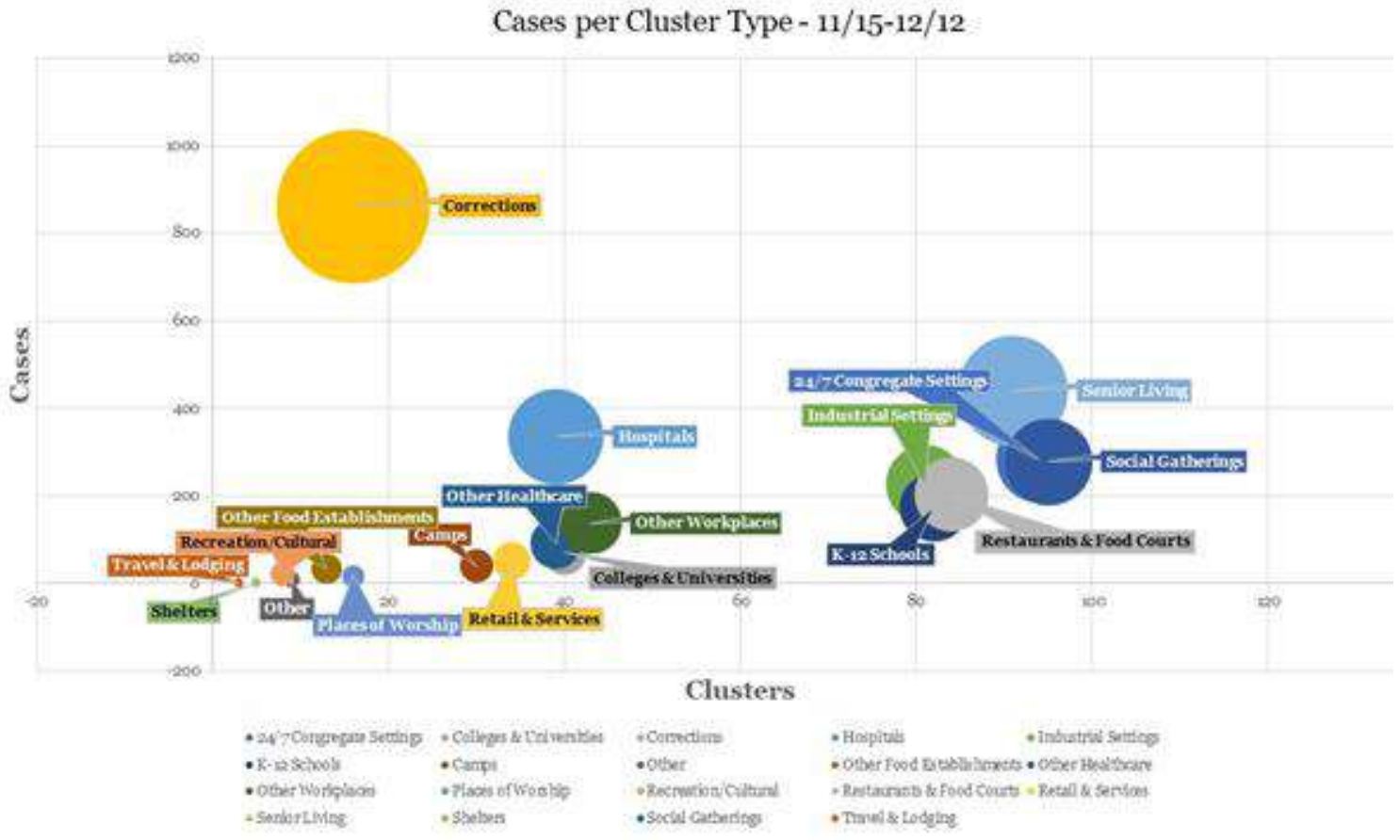
Table 2--Reported out on 10/18 and 11/24, and then the following month.
Look at organized athletics and camps--only place where we saw a reduction. Do a comparison across the different exposure types, you will see generally these have increased. Ex. Restaurants and food courts, last month we had 52 clusters with 151 cases, this month we have 84 clusters with 203 confirmed cases.

Graph 2—along the X axis is the number of clusters that occur this month, Y axis number of cases associated with these clusters. Size of the circle is relative to number of cases. Correction facilities, not a high number of clusters, but lots of cases. Child care is the opposite to this, more clusters but fewer cases per cluster.

Q: How do you define a cluster?
A: There are definition slides in the weekly report. When 2 or more cases occurring within 14 days that occurred in the same exposure setting.

Graph 3:



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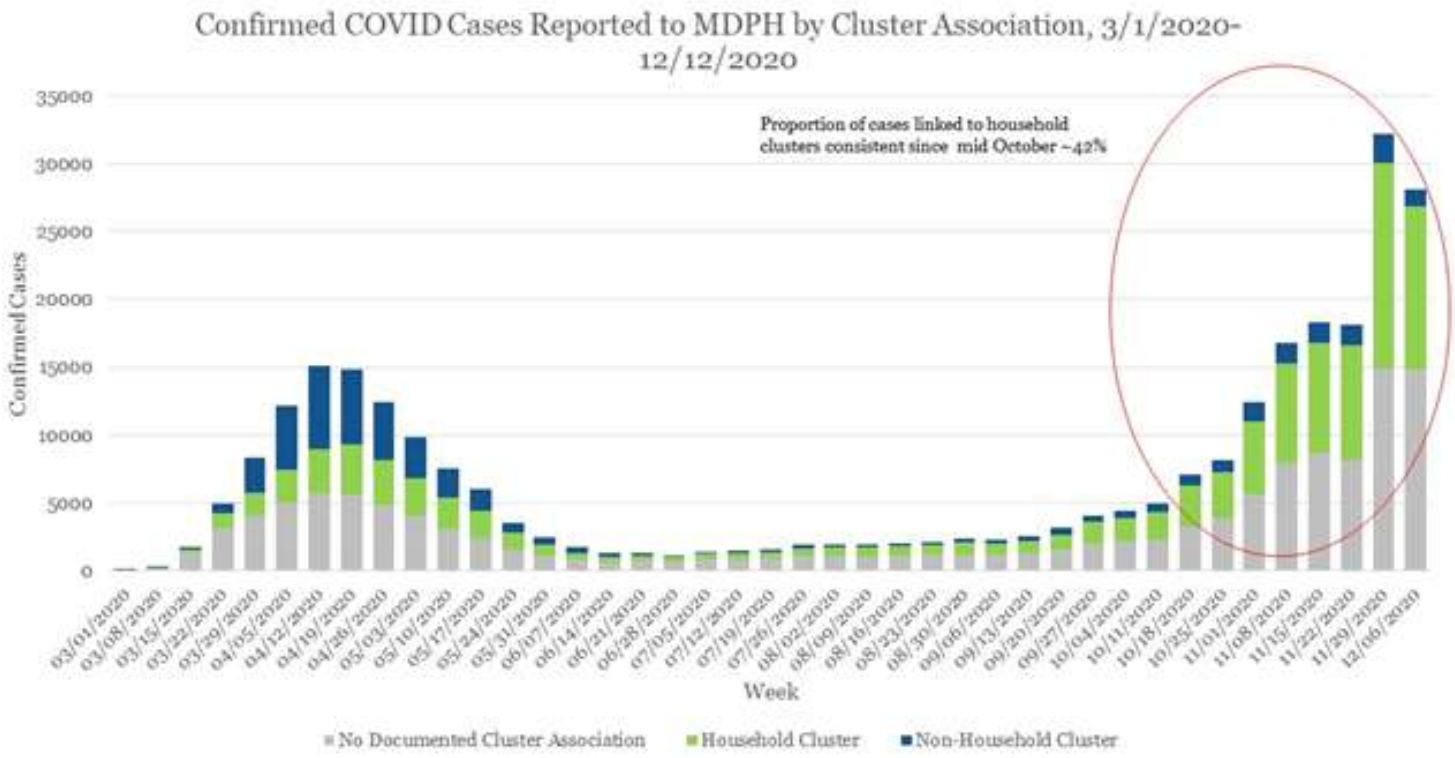
Graph 3--more cases than the previous graph, and child care was taken out because it make the graph difficult to read, but want to flag that social gatherings, restaurants and food courts, all shifted out, and more clusters in those settings than previous month. Comparing this from one month to the other helps to visualize and understand the changing landscape of clusters.

***Graph 4*:**

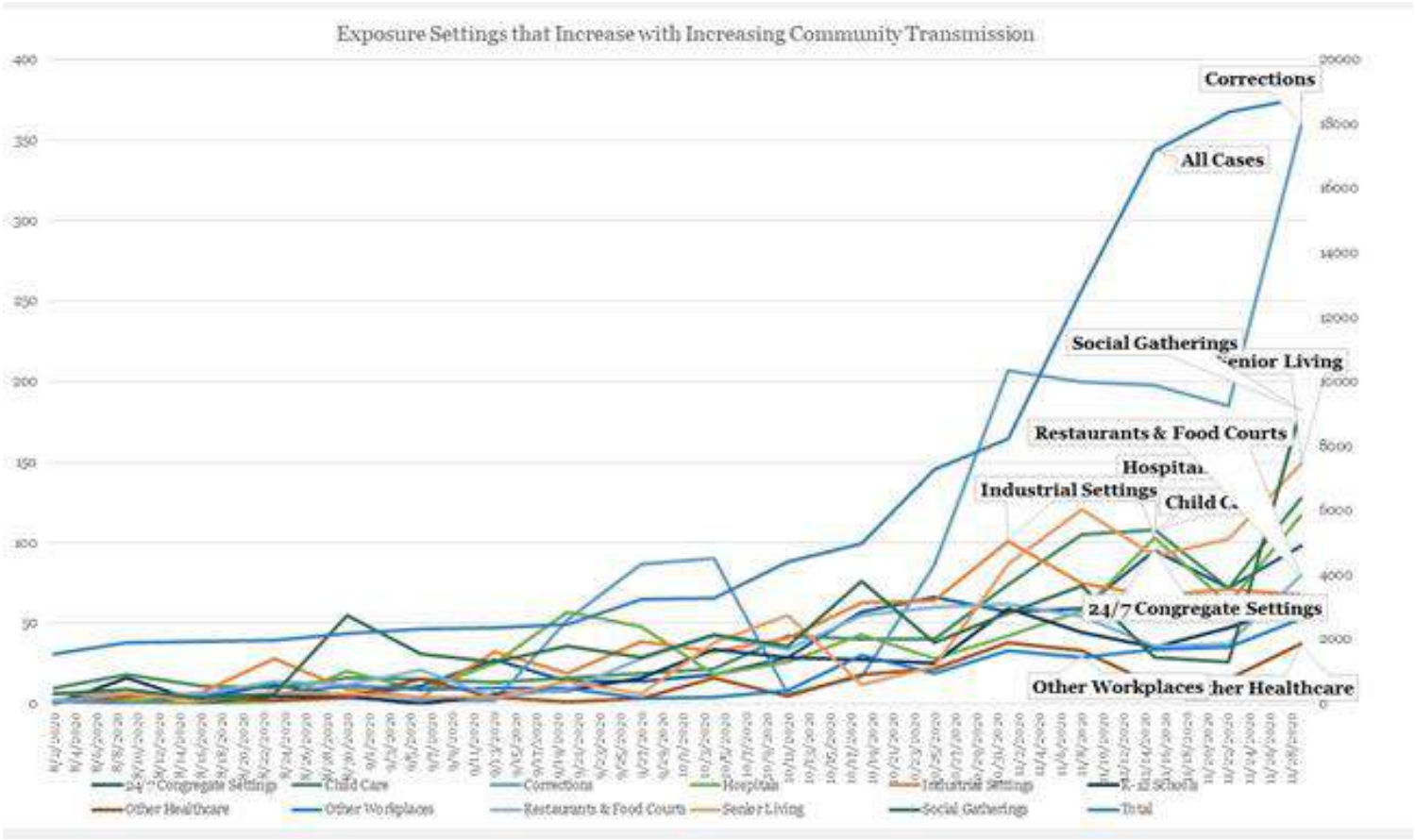


Graph 4--Cluster association. Household transmission since mid-October has been relatively consistent as a proportion of all cases, 40-45% every week, total average of about 42%.

Graph 5(next page)—Another piece of this slide that didn't transfer well. Blue line with all cases over time, case count for this is on the right hand axis. Other lines are trends in some of these exposure settings that seem to be increasing as the number of cases have increased. It's interesting that exposure settings have not increased at the same rate as others, ex. colleges and unis, but they've also not been in person after Thanksgiving. Offices are not seeming to show simultaneous increase, organized athletics are not increasing, places of worship not increasing, recreational and cultural locations (museums), retail—not increasing with increased

community transmission, and shelters/lodging not increasing. This is something to flag and think about.

Graph 5:



Q: For clusters in particular settings, are you talking about patrons as well as workers, kids as well as adults, who falls under the association of the exposure setting?
A: We don't break it down into workers-and non-workers. Sometimes it doesn't make sense to do this, for example if we have staff at a restaurant who are positive, it has happened where patrons become positive and vice-versa. It is possible to look at child care settings and see the age distribution of the cases, and this will tell you what's occurring in children and what's occurring in staff.

Q: When a category is chosen, would that reflect the setting where the exposure occurred?
A: Yes.

Q: Household clusters—roommates or only family members?

A: Individuals who share the same address/residence. Could be roommates, could be related, but they share the same residence and has to be at least two cases that occur within the 14 day window.

Q: Gyms and health clubs, under what exposure setting do they fall under?
A: Gyms and fitness centers fall under recreational and cultural—these are small cases overall, over time. The definitions are released on the weekly dashboard, the one that is released on Thursdays. Organized athletics sports team, clubs, also small number of cases overall, over time.

Larger-scale vaccine planning: Arrival of the vaccine occurred on December 16th, 2020. These doses are being redistributed to smaller hospitals who were not able to receive these vaccines directly. Most, if not all acute care hospitals in the state should have received vaccines. 6k individuals already vaccinated as reported to MIIS. EMTs as individuals are now authorized to possess and administer vaccines specified in the order, and add COVID-19 vaccines with EUA to the list of vaccines that may be administered. On 11/2, DPH released a guidance document about who could administer the vaccine and EMTs were not listed on that list. There are documents that are being posted today that EMTs have been accepted to administer flu and covid-19 vaccine but need to be associated with a particular company. OEMS have set protocols for both paramedics and EMTs regarding COVID-19 vaccination as well as training and supervision requirements will also be posted/released today. Governor's press conference today at 1 will elaborate on this.

The State has started to reach out to different groups to figure out how to launch these large scale vaccination efforts. 1st phase of vaccinations go to COVID-19 facing individuals. There is a bulleted list, consider it sequential—that's the type of planning happening now. First responders (Police/Fire/EMS) are our next big lift—process going on right now that vax can be given to people as quickly as we can, understanding there is a lack of clarity sometimes, specifically about how much vax are going to be allocated out. Unfortunately, these are last minute decisions and sometimes there are no for-certain-dates for when these things can be decided. And then there also are the logistics of trying to operate smaller vax clinics. And in some cases, massive clinics, at very large venues managed by the Commonwealth. As a supplement to this, there are some organizations and some county structures well suited to serve this wide area who are also part of this planning. We started this outreach this week. DPH started on Wednesday to solicit information from local health departments around interest and capacity to host local COVID-19 vax clinics for first responders. Right now we are not asking you to do it, but we are giving the opportunity to communities if they would like. We understand there's a ton of other work right now to respond to the surge.

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In order to be considered as part of this vax clinic planning, local partners need to be able to fully organize and staff the clinics, as well as be able to take on administrative costs and be able to bill. Also needs to have the capacity to vax over 200 first responders and provide PPE for staff working at the clinic, and any other resources to support vax. This is to smooth out the logistics of delivering vaccines. We are also very aware this is the holiday season, and the earliest time these clinics can be stood up is by January 4th. In terms of storage capacity, we are talking about the Moderna vaccine. Moderna vaccine comes in 10 dose vials, storage capacity is not an issue with this vaccine. It can be stored in a traditional freezer for 6 months, and a traditional fridge for 30 days. The vax is provided by the federal government for no cost.

Q: When Moderna is delivered, is it delivered frozen?
A: Yes, and it should stay frozen, ideally, as much as possible.

Q: What's included with the vaccine with Moderna?
A: Both vax come with ancillary supplies also provided by feds. These include needles, syringes, alcohol swabs, and PPE (masks) for 4 individuals, and come in separate shipments.

Right now, we are trying to find what the capacity is to vax first responders, while we plan for these strategies it allows us to think about how we can work with LPH. LPH could also be involved with vaccinating local health aides, and reaching much larger group of individuals with multiple co-morbidities. We are still prioritizing workers in phase 2. Ultimately, when we get to phase 3, which would be half the population in Massachusetts, this is when it becomes essential to have all hands on deck, and we need multiple options for people to get vaccinated.

We want to anticipate that LHD are picking up a chunk of this work. We will be in touch as we get closer to those phases, but right now first responders are front and center.

PrepMod—very close to having it implemented, not only for local health but for other settings. Looking to have this in place and ready to go in early January. Also, additional opportunities to invest in different options that will offer a more robust system.

DESE updated protocols for responding to COVID-19 scenarios in school, on the bus, or in community settings: Posted, and was distributed to superintendents, private schools, and educational collaboratives across the state. Updated on 12/16. Highlights include: What should a district do if there is a symptomatic individual at home, on the bus, or at school; what to do if someone in the school community tests positive for COVID-19, if it's a student, teacher, staff, or bus driver or one of their household members or close contacts? Who should get tested for COVID-19 and when? In what circumstances would someone need to quarantine (when they

have been exposed but are not sick) or isolate (when they are sick); what should school districts do to monitor COVID-19 spread in their communities?

December holiday guidance: Holiday guidance--www.mass.gov/news/december-holiday-guidance;Keep your family safe during the holiday season-- https://www.mass.gov/holidays-during-covid-19-in-massachusetts

Questions from emails:
No time left.

Questions from Q&A chat box not answered aloud:
Wil van Dinter - 9:11 AM
Q: What are the skill set requirements to become a contact tracer?-
-Mike Coughlin - 9:12 AM
A: https://www.talentboost.cloud/partners-in-health
-Mike Coughlin - 9:13 AM
A: That is the application link for CTC contact tracers and has the qualifications-
-John Welch - 9:14 AM
A: @Wil you can check out!

Merrily Evdokimoff - 9:01 AM
Q: If a person has completed isolation and decide to travel, must they follow travel ban regulations including testing and quarantine-
-Jana Ferguson - 9:14 AM
A: If a person has had COVID within the last 90 days, they are not required to follow the testing/quarantine requirements under the Travel Order.

Matthew Poole - 9:20 AM
Q: When/where can these slides be found?-
-Mike Coughlin - 9:20 AM
A: The slides will be distributed to our full list after the webinar

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christine dooling - 9:20 AM

Q: the contact numbers for schools is way off. I am not sure if you are tracking that just though the CTC but in my district alone we have had over 400 contacts this fall. -

-John Welch - 9:22 AM

A: These are all data from MAVEN.

Mark Morin - 9:36 AM

Q: I'm in a small town of 2100 in Central Mass. My first responders are getting emails about vaccine administration/ access by BOH and obviously we are too small. How will this work for towns like ours?

Maribeth Ting - 9:29 AM

Q: The travel order up on the state website still shows the following: a positive test result plus a note from your doctor documenting your previous diagnosis and recovery to satisfy the testing rule.

https://www.mass.gov/info-details/covid-19-travel-order

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-Jana Ferguson - 9:38 AM

A: This would be an acceptable way of documenting that someone had a previous diagnosis in the event that they are asked to provide proof that they are not required to quarantine under the Travel Order.

Lida Brown - 9:58 AM

Q: So, do we send the billing insurance information to the state like we do with the flu shots?-

-Mike Coughlin - 9:57 AM

A: yes, to Commonwealth Medicine

Rachel Lee - 10:01 AM

Q: First responders only. Not their family members, correct?-

-Mike Coughlin - 10:01 AM

A: yes

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