

Norfolk County-8 Coalition

MDPH/LBOH WEBINAR 12/4/2020



(Sorry, I missed the slide with the Webinar Panelists!)

Announcements:

CDC quarantine guidance: They updated their quarantine guidance/recommendation that shortens quarantine with a test out option. DPH is submitting a proposal to adopt CDC guidance. DPH is still stressing that people remain in quarantine, shortened quarantine guidance does not mean DPH doesn't believe in quarantine. Reason why quarantine period is shorter is to make sure people actually follow through with it. Critical Infrastructure Workers (CIW), [CDC released guidance on 11/16](#) about this. CIW=first responders (ex. police/fire). CIW can work as long as they're asymptomatic and wearing a mask, and only allowed to leave quarantine for work, not to go shopping. Questions have come in about DPW employees who may need to repair roads/bridges and do snow plowing. If you have a large number of individuals of an essential function that would mean this function would not be available to people threatening health and safety concerns, we would suggest that LHD's review these circumstances. LHD have the authority to do this now, no need to get approval from DPH. Valid concerns from LBOH: If we shorten the quarantine period there is still risk that individuals can become ill because the incubation period is longer than 8 days, and there is a possibility that someone will become positive after they are released from quarantine. CDC mentions it's a small residual risk, and that it's outweighed by the benefit of people actually quarantining for a manageable number of time and hopefully to decrease transmission. Still have to see how this plays out, still depends on individuals to participate in the quarantine, but we are confident this is a good step forward.

COVID-19 Vaccine plan: This is an evolving process, we are anticipating the first found of vaccines to be passed out in the next few weeks. Pfizer will be the one to be approved through EUA. We are waiting to hear about the additional populations and how we will move through the different phases. A week or two later Moderna vaccine will be available as well. We also have questions as you do too, but we are waiting for more info. We will keep you informed as we receive the information. Although the Director of Immunization Division is not able to join us today, he did answer some questions in advance. If you have any other questions about the vaccine please send them to Michael Coughlin. We might now have answers, but we will look for them. **Q:** Vaccine for adults and availability of the vaccine for children? **A:** We are talking about a vaccine not yet approved by the FDA. But we are doing planning as if FDA will approve these vaccines, so a lot of these are "we don't know yet." Still have to be determined by final verdict of the Advisory Committee on Immunization Practices. Some of these vaccines tested on people as young as 14 years of age. They are in the planning recommendations but further along because we know that children don't transmit as easily as other groups. MCVP—you don't need to do this, but it does make you eligible to run a COVID-19 clinic. **Q:**

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EMTs/Paramedic will be approved to vaccinate? **A:** Paramedics have been approved to give vaccinations. **Q:** Should people with antibodies from previous COVID-19 infection get the vaccine? **A:** Still under consideration with immunization FDA **Q:** Will school nurses get vaccine? **A:** Priority groups still being determined by DPH.

COVID-19 Community Impact Survey (CIS): Ben Wood took the lead on this section—thanks to everyone for spending your time to assist with outreach and encouraging people to participate in the survey. Cannot share geographic information yet, can share next week because still in the process of cleaning the data. Once there is a more complete and cleaned data set, epidemiologists will have a better sense of what’s possible for analysis. If people have questions, you can directly email me. Final sample: Total respondents >30k adult and >2,500 youth. Priority populations—met or exceeded minimum sample targets for most groups. Analysis: Taking a tiered approach to analysis; setting priorities by urgency/actionability. This week and next we are prioritizing analysis related to mitigating the spread of the current COVID-19 surge.

CTC: John Welch and Jason Lefforts—The CTC is also experiencing the surge of cases. We continue to receive daily about 60% of the daily cases in MA. Rapidly staffing up to try to accommodate this and work through the cases. With the help of DPH, we are using a surge protocol that prioritizes cases based on test date and contacts based on most recent exposure date. The attempt is to reach folks who might be in the most infectious period or highest risk of becoming positive. What this means, is if for some reason there is a delay on the follow-up of the test, they might fall outside of the prioritizing window and will experience delays in contact tracing and case investigation, and those who fall outside this window may never be reached. We are working as hard as possible to reach as many people as we can, but working in these priority windows will help to reduce the potential transmission window. This being said, every case/contact being sent to CTC does receive a text message. We are working to expand SMS capabilities to improve this platform. We are also encouraging people to call us, shifting people to inbound line ([857-305-2728](tel:857-305-2728)). What we find is that people who call us are interested in talking/have made the decision to reach out and participate on the process. What we want to do is help these individuals go into quarantine or isolation as soon as possible. This helps us collect more contacts and complete the investigation. We are trying to quickly as possible get out of this surge protocol, but as of right now this will be the case for a while. **Q:** What does prioritizing by testing date mean? Shouldn’t the first person tested get priority? You mentioned about 2/3 of the cases, how many people are actually being referred to CTC each day? **A:** Over the last 7 days, the average has been 2,200 cases a day entering the CTC. Yesterday was over 4k cases and the day before just under 3k cases. In terms of test date, prior to this surge protocol we could use when the test entered the CTC system, but now tackling the most epidemiological appropriate cases first. We are prioritizing test dates within the last 3-4 days. The backbone of

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this prioritization is based on the [CDC website about prioritizing case](#)

[investigations in higher burden areas](#). Also updating our website, trying to have all resources available in one space. Should be up by middle of next week at the latest. www.mass.gov/isol8

Q: When a case goes into the CTC, do contacts get sent to MAVEN? **A:** There are some complexities about the data transfer. Contacts are sent to CTC and sent to daily report that is not in MAVEN, and then those contacts get sent to MAVEN after quarantine is complete. We are working on this, and a line list is available on the daily CTC report and Local Health Liaison can help you access this information **Q:** How does CTC interact with school districts? **A:** Right now working with LBOH of the town, and we take their guidance on how we communicate with schools. School districts' first points of contact should be their LBOH.

Questions from emails:

Q: What are the logistics of a successful COVID-19 molecular home test kit program? Are there sample standing orders available or does an order have to be patient-specific? What good manufacturer/brand of test kit? What lab is used for the analysis? Are results entered into MAVEN?

A: DPH has not developed recommendations about home test kits at this time. As this continues to emerge as a developing option, this is something we need to work towards. There are no standing orders available at this point, but this is something we could think about doing for situations where molecular home testing might be considered as a part of screening. There are kits that are available that health care providers might recommend for their patient. In this case, provider should issue their own order for this. This would be patient specific. No manufacturer or brands that we can recommend because no data to support this, and the lab used for analysis will depend on the testing brand. We are recommending in general when people are considering any type of test for COVID-19 is that what is being utilized is one that has received FDA/EUA. We encourage that the lab used for analysis is identified as a diagnostic lab and not a pop-up for COVID-19. Results would be entered into MAVEN, with the exception of certain types of pool testing results. In general, tests being done on individuals are legally required to be reported at the state level. We rely on the labs doing the analysis to let us know they are doing the testing and work with us and we can help them put the results into MAVEN. If you find out about test not uploaded to MAVEN, let us know and we will reach out to the lab to make sure their mechanism for reporting is set up. CVS has been excellent in working with DPH to make sure their results are being included into MAVEN. One of the BinaxNOW results that schools are using are required to submit to MAVEN. But as new tests are available and new test sites are put up, we need to be vigilant that these results are being sent to the department.

Q: If school is doing surveillance testing, should individuals who tested positive more than 90 days prior be include in that testing? If they test negative once under asymptomatic assurance testing should they be put into isolation again if they then test negative?

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A: Surveillance testing is not really done on individuals. If an individual is being tested, it is considered a screening/diagnostic test. This is for regulatory purposes so they can be reported to lab. The recommendations continue to be that people within 90 days of their diagnosed COVID-19 event to not be tested, they can be tested after 90 days. If they test positive after the 90 days they should be considered a new case. Science on this continues to emerge, everyone is having conversations with CDC about the 90 day period to be lengthened to 180 days/6 months but right now it's 3 mos.

Q: Is travel to a second home subject to the travel order even if residents make no stops going back and forth?

A: Yes. No exclusion for this, unless they go there, drop something off, don't stay over, you can be excluded but if you stay there for a week then you need to follow the order. Visit [mass.gov](#) about the [travel order](#).

Q: Can schools require PCR test for admission if student tests positive on the antigen test?

A: [Guidance developed](#) for those districts participating in Phase 1 of the BinaxNOW testing. In the FAQ it states that schools should communicate with student's families/guardians after every test of the student whether or not the student is negative or positive. Communication should also include that in a symptomatic individual antigen test results are presumptive, not diagnostic, and a PCR test would be required to definitively confirm that the child does/does not have COVID-19. We would want those children to get the PCR test. If a student decides not to have the PCR test, then the guidance states that they would need to quarantine at home for the 10 days or 14 days.

Q: What standards apply and who enforces the travel order for film crews? There are several active film crews in the area and working at sites in multiple communities.

A: Not a requirement related to moving from community to community, it's only about coming into Massachusetts. LBOH can enforce the travel order under a delegation from the state. If you want to do enforcement please let us know and if you anticipate they are not meeting the travel requirement we can delegate that authority to you. But the requirements for anyone traveling for work also applies to film crews.

Q: What is the role of schools concerning students who do not receive the flu shot by the deadline date? Significant number of parents who are refusing to have their children vaccinated. Also what would DPH do if there is a flu outbreak?

A: DESE: Nothing more to add at this time. Will follow up. Dr. Brown: These specific questions we are still in the process of discussing and will get back to you. In terms of flu outbreaks in schools, all of us are familiar with high levels of flu in school settings, it has not been routine practice to exclude students from a flu exposure in schools. We have not made a decision to change this in the middle of COVID-19. Discussions around what defines an outbreak are standard epidemiologic discussions. Answer to all of these is, depends. We would absolutely

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work with LHDs and school nurses and always happy to talk to DESE as well. If there is a particular situation where there is a high number of flu cases that would be considered an outbreak it may require additional public health interventions.

Q: Specific time frame for establishments to report to LBOH about a suspected or positive case?

A: Standard or regulations don't lay out a specific time frame, just as soon as the business becomes aware of it. DLS new regulations say that if the employer is notified of a positive case at the work place the employer must immediately notify the LBOH.

Q: Homeless shelters, guidance to municipalities about homeless shelters?

A: No answer to this right now. Will follow up for next week.

Questions from Q&A chat box not answered aloud:

Robin Williams - 9:30 AM

Q: Currently, if a person is not a close contact and is asymptomatic, do they have to quarantine while they wait for their test results?

-Jana Ferguson - 9:48 AM

A: No

Cathryn Hampson - 9:28 AM

Q: I work in a school district. We have been receiving release letters from students/families that are very generic and have no date on them and no name. Literally anyone could have gotten a copy from a friend and used it. Are these legitimate? -

-Jana Ferguson - 9:51 AM

A: What kind of letter are you referring to?

Tracy Mayo - 9:50 AM

Q: will the quarantine requirement for travel order change with the new CDC guidelines-

-Jana Ferguson - 9:56 AM

A: This will have to be reviewed as MA considers whether and how to adopt the new CDC guidance in MA.

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Sigalle Reiss - 9:14 AM

Q: My concerns lies with the pressures we will get locally to determine a function/job is a "Health and Safety Issue" if not performed. Please include clear guidance that defines what circumstances create a "health and safety issue" if not able to work. thx

-Jana Ferguson - 9:59 AM

A: Hi Sigalle - there is detail on the CDC page that I didn't get into that gives some guidance on how to determine that, including the list of what could be included in "critical infrastructure". If/when adopted in MA, we will likely refer to that standard

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