

Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Ron O'Connor, Office of Local and Regional Health
- Dr. Catherine Brown, Bureau of Infectious Disease and Laboratory Sciences
- Donna Quinn and Mary Clark, Office of Preparedness and Emergency Management
- Michael Flanagan and Adam Kinney, Department of Labor Standards
- Anne Gilligan, Department of Elementary and Secondary Education
- Gerben Scherpbier, Executive Office of Energy and Environmental Affairs
- · Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- · Jeff Farnsworth, Executive Office of Public Safety and Security
- Kristin Brief and Ian Cutler, Commonwealth Enterprise

Announcements:

Reopening announcements: Stay at home advisory, rescinded. Gatherings may go beyond 9:30 pm, and liquor stores/cannabis retailers may also sell past 9:30 pm (doesn't take effect until Monday). Note, Phase 3, Step 2 businesses must remain fully closed. The temporary 25% capacity and gathering limits remains in place until 5:00 am on Monday, February 8th. The 90 minute seat time is still in place. The following businesses and activities may operate past 9:30 pm: restaurants, arcades & other indoor/outdoor recreation (Phase 3, Step 1 businesses only), indoor and outdoor events, movie theatres and outdoor performance venues, outdoor recreational experiences, casinos and horse tracks/simulcast facilities, driving and flight schools, zoos/botanical gardens/wildlife reserves/nature centers, close contact personal services (e.g. hair and nail salons), museums/cultural & historical guided tours, gyms/fitness centers and health clubs, indoor and outdoor pools, drive-in movie theatres, youth and adult amateur sports activities, golf facilities, recreational boating and boating businesses (e.g. charter boats).

Isolation and Quarantine Food Security Program: Now accepting food box requests to support people in isolation and quarantine who are food insecure. We sent an update last evening to our primary public health contacts in each city, town, district, and federally-recognized tribe. An additional program component of grocery store gift cards will be available in February. Notification will be sent once this process is finalized and open for requests. Managed and coordinated at the municipal level by the EMD (because this program goes through MEMA) and local health partners. EMDs and local health departments should collaborate to assess need and coordinate logistics prior to requesting food boxes. The program is intended only to support those individuals and/or households who are in isolation/quarantine due to COVID-19



that are food insecure, and not otherwise able to secure resources to meet their food or other basic needs. Contact your local MEMA Coordinator for how to request food boxes and any supply-chain questions. If you need further assistance contact Jhana Wallace, Food Security Coordinator at <u>MAfoodsecurity@mass.gov</u> or 617-230-4487

Q: Is this replacing the Community Resource Coordinator program?

A: No, this is an additional option. This is to support the case investigation work.

Automated COVID-19 exposure notification (EN) (Overview of the Commonwealth's Pilot

Approach): Exposure notification apps is a voluntary smartphone based service that can notify users of possible exposures to COVID-19 by alerting them if they have recently been in close proximity with another user who anonymously reported a positive test result. EN is new tool in the pandemic response toolkit: it can be used as a complement to contact tracing, not a substitute and it cannot replace contact tracing, and is completely anonymous and private for users. Opt-in system—people choose to participate or not. Notifies users about potential exposures from people they have been in close proximity with even total strangers. Alerts are sent automatically. No surveillance information is gathered about where the exposure occurred, how it occurred, or who was involved. All notifications are completely anonymous, serves as an early warning system and can help facilitate swift testing/quarantine.

How does Automated EN work?

Alice and Bob don't knoweachother, but they have a 15-minute conversation.		2 Bob is positively diagnosed for COVID-19 and enform it in the system via a Public Health Authority App	Afice's phone periodically checks broadcast beacon keys to see if any have tested positive for COVID-19		Alice sees a notification on her phone with link to more information
Alice and Bob's phones exchange privacy- preserving anonymous identifier beacons (which change frequently)	A few days later	With Bob's consent, his phone pushes the last 14 days of keys for his broadcast beacons to the server	Alice's phone downloads from the server all positive broadcast beacon keys and finds a match with Bob's locally-stored anonymous identifier beacons	iometime later	Alice's phone receives a notification and she can get more information
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Two people sitting on a bench, don't know each other but sitting on the same bench. Their phones are privately sharing anonymous data with each other using Bluetooth. Bluetooth creates "keys" and this creates information for each other. Since Bob opted into the system on the phone, Bob has to take positive action, needs to get a confirmatory code from DPH, and this



code goes into the phone. The phone then knows to look for the identification keys that it collected in the 14 days prior to the positive result. Alice's phone also opted into the system, and it periodically checks to see if any of the keys she sent out is triggered by one of these alert notifications. Once Bob triggers the information to the contacts, and there will be information about what to do next. This exposure notification does not replace contact tracing efforts, but can serve as an additional layer to help stop the spread of COVID in Massachusetts. In some locations, automated EN might be the only mechanism for notifying close-proximity strangers of a possible exposure. Alerts can be sent in multiple languages, reaching populations not engaged through manual contact tracing. Adoption of EN solutions if increasing, >30 countries and states have implemented EN solutions, including 20 US states, plus DC.



Credit: "The Swiss Cheese Model of Pandemic Defense." New York Times, Dec 5, 2020.

Preliminary effectiveness data from EN is promising but still incomplete.

Two ways to implement this system:

- 1) Someone else builds a full app available for download that utilizes Apple/Google technology underneath it
- 2) Apple/Google exposure notification express (ENX) solution released in Sept 2020 has produced substantially higher adoption rates than third-party ENS apps.

We have been watching this option for some time, and didn't think this was something we should pursue until we saw the application come out and that it had success in other states. Also, no privacy concerns have been identified. The advanced technology working group has worked with many stakeholders to help inform this initiative.





Still some elements that need to be tested before making a full decision about deploying this. Timeline is still in flux.

Massachusetts ENX Pilot Approach

January	•	— February — •	
Laboratory Testing Partner: Lincoln Laboratory	Usability Testing Partner: MITRE Corporation	Dress Rehearsal Partner: Municipality TBD) ()
 Goal: Validate technical elements and core functionality of ENX in a controlled laboratory setting Scope: Small-scale testing (very limited # of phones) over a few days Key features: Researchers conduct tests in laboratory setting Basic functionality testing Testing of Massachusetts configuration settings Debugging Fake verifications & fake alerts 	Goal: Evaluate usability of ENX on a limited group of users under real world conditions Scope: Make ENX available to a few hundred users over the course of 7-10 days Key features: • Small number of pilot users • Pilot users use ENX in real world • Real verifications & real alerts • Collect user feedback w/ surveys • Initial testing of helpdesk & operational design	Goal: Assess user experience and operational impacts with a larger pilot population in preparation of statewide rollout Scope: Expand ENX availability to a larger population (1000+ users); run pilot for ~2 weeks Key features: • Larger number of pilot users • Pilot users use ENX in real world • Real verifications & real alerts • Collect user feedback w/ surveys • Stress test of helpdesk & operational design	Milestone: Decision on statewide launch. If yes, statewide roll-out would include a marketing campaign, info for users, helpdesk support, and more.

Right now, working on creating the contracts and the laboratory testing, the small-to-medium size usability testing to small real world pilot to make sure everything is functioning the way it should. For example, that the notifications that are sent out work as they should. Also need to



receive feedback from participants. Also need to set up a help desk. Will still be an important tool even with vaccinations moving forward.

Q: Why does this go 14 days from a positive test instead from the infectious period?

A: There are some settings that Massachusetts can choose for how this should be used. In Massachusetts, the app gives you options to configure things in the state, but we have the ability to adjust this and that's similarly to what's happening to testing now. People put in when symptoms started and when they were infectious. Still figuring out the details.

Q: Any restrictions for minors?

A: Still working on legal details. Other states have restricted this for 18+ or 13+.

Each state deciding to use this resource has to say yes, we're going to turn this on. This won't be available for people until this actually happens. My understanding is that with iPhones the ENS is already built into this, and you don't need to download anything from the app store. We think with Google you need to. This is a personal decision whether you want to do this or not. Even with the iPhone, it's not going to work until the state activates it, and then you can choose to activate it on your phone. For Android/Google, you won't be able to see it until the state releases it and then you can get it from the app store. Contacts are not stored only thing that is stored are the keys for 14 days. The keys do not include the name, location, or who you were with, just the matching another key that you were near.

Vaccine clinics update:

Q: How do you request vaccine for a clinic?

A: Lots of last minute requests from people who have not submitted the weekly survey but who have scheduled clinics for the next week without having indicated to us that you need vaccine until the last minute. It's really hard for us to meet last minute requests. We get vaccine from federal government, and we distribute to groups who requested it. We do not have a stockpile of vaccine.

<u>The weekly survey</u>: If you aren't the vaccine coordinator, you will not receive the survey link. Update, the survey has changed. We've tried to take away some questions that aren't going to be as valuable but to also understand what your needs are and what you have on hand for Moderna and Pfizer. We have more allocation of Pfizer since it's difficult to store. What can you do for the next 10 days? Schedule according to how many doses you have. Also, don't schedule too far ahead because you might not have sufficient vaccine.

<u>Request for first doses and second doses</u>: We are working to make this easier for you in different ways, and we acknowledge we said you don't need to request 2nd doses. At first, we said that you were going to receive the 2nd dose automatically, but now we need to have that number from you. If you have a way to distinguish between the 1st and 2nd dose, please do. You



could print out the registration forms because it will say if people are going in for the 1st or 2nd dose. If you cannot distinguish between the 1st and 2nd dose, give us the information that you do have. Also, please let us know if you have appointments scheduled to accommodate the second dose. It's possible you might *not* be able to make this distinction, just ask for the total doses that you need. Trying to figure out how to use PrepMod for to track this.

The Weekly Survey

How many doses of vaccine do you have on hand?	Moderna: Pfizer:	
Weekly (7 day) Vaccination Capacity		Number of vaccines that your site can administer in the next week.
How many doses have been scheduled for administration at your facility?		This includes appointments that have been made publicly available for booking.
How many doses have been lost/expired in the last week?	Moderna: Pfizer:	
First Doses requested for the next week	Pfizer: Moderna:	Only request doses that you can use within one week.
Second doses requested for next week:	Pfizer:	Please note that we have been automatically sending 2 nd doses 1 week before they are due however we are now asking sites to confirm that they need their anticipated second doses before the second dose orders are confirmed.
	Moderna:	

<u>Ordering cadence</u>: Changing the schedule so you have more time to ask questions. If you need vaccine for the following week, you need to complete the survey by 5pm on Tuesday. If we have questions, we will have more time to reach back out to you. Vaccine supply is constrained, this makes it harder, you might not receive all you asked for. We had some LBOH that received less, and in some cases not sufficient amounts to go forward and we've tried to adjust for this. If you need 22 more doses for example, the minimum we can allot is 100. If you actually need 22 doses, we will help you figure out where to receive the other doses.

We are not necessarily getting the complete allocation from the federal government. A lot of clinics are using only Moderna. If you can use Pfizer, let us know. This means you would have access to dry ice or ultra-cold storage. At the state level we are also frustrated, and we are all planning week to week and doing all we can to get vaccines into people.



<u>Current map that's online:</u> If you're going online to serve a limited population (maybe just your residents) it'll show up as a yellow star. If you aren't ready to determine a schedule, it's okay to say TBD. But we want the sites listed on the map. We will be getting rid of the First Responder clinics/website. We all know they need a second dose, but they can continue with your private collaboration, or they can go to one of the mass vax sites. We (DPH) also need planning time with you. if you are planning on operating moving forward, we will put you in touch with people who can support these work streams. No date yet for moving to Phase 2. Depends on vaccine availability.



 $\label{eq:https://www.mass.gov/info-details/covid-19-vaccine-locations-for-individuals-currently-eligible-to-be-vaccinated \# find-a-location-to-get-vaccinated-if-eligible-$

<u>Vaccine-related links</u>: CDC is updating the clinical considerations, so keep checking, but CDC has updated their page so that people don't need to come in on the 28th day. At first we thought there could be 4 day window, but you can actually extend a bit longer.

www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

<u>Massachusetts COVID-19 Vaccine Program (MCVP) Guidance for</u> <u>Healthcare Providers</u> and Organizations

COVID-19 Information for LBOH

www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/curbside-vaccinationclinics.html

Questions from Q&A not answered out loud:

Larry Ramdin - 9:07 AM



Q: I have been asked about recreational skate/free skate for the community is there any guidance here-

-Mike Coughlin - 9:09 AM

A: Indoor and outdoor ice rinks are subject to the EEA youth and adult sports guidance.

Lida Brown - 9:05 AM

Q: I was asked by a resident that wants to travel to Aruba if they are required to have a negative covid test before they enter the country. Has this changed, or can they quarantine and get one when they get back?-

-Jana Ferguson - 9:15 AM

A: The MA Travel requirements are specific to MA. Anyone traveling to another country would also need to meet and US travel requirements or travel requirements from that other country.

Marcia Rising - 9:08 AM

Q: If sites should create and maintain wait lists they can quickly call if they have extra vaccine to be used instead of wasting it, does this mean anyone can be called or only people in the current phase?-

-Jana Ferguson - 9:20 AM

A: Clinics should do what they can to stay in the current phase. With the flattening of Phase 1, this should be much easier.

lauren kennedy - 9:22 AM

Q: the phases of the vaccine distribution plan. I can only find pharmacists listed as eligible to get vaccinated in phase 1 but only if they are vaccinating others. "a COVID vaccination clinic including pharmacists, pharmacy interns, and pharmacy technicians"-

-Jana Ferguson - 9:22 AM

A: They are part of non-COVID facing health care workers and are now eligible

Lida Brown - 9:26 AM

Q: I was asked by a resident that wants to travel to Aruba if they are required to have a negative covid test before they enter the country. Has this changed, or can they quarantine and get one when they get back?-

-Mike Coughlin - 9:25 AM



A: The MA Travel requirements are specific to MA. Anyone traveling to another country would also need to meet and US travel requirements or travel requirements from that other country.

Lida Brown - 9:28 AM Q: They had heard that before they enter the US they need a negative test...--Mike Coughlin - 9:27 AM

A: According to MA requirements they can quarantine if they haven't yet been tested.

Merrily Evdokimoff - 9:31 AM

Q: Will the notification tell exposure date?-

-Catherine Brown - 9:39 AM

A: Yes - it will tell you the date you were exposed

Elizabeth Kugler - 9:31 AM

Q: I might have missed it, but is there an amount of time indicated as to how long you were exposed to the positive Covid person?-

-Catherine Brown - 9:40 AM

A: It won't be indicated but we will be using settings that are consistent with the CDC's 6 feet at least 15 minutes definition

vivian franklin - 9:31 AM

Q: Will there be state-level assistance for people who are using the app, or will they be expected to contact their LBOH if they have been identified as a potential close contact? -

-Catherine Brown - 9:41 AM

A: At the beginning, we will be directing them to the website and having them contact the CTC. This might need to change down the road

Connor Robichaud - 9:31 AM

Q: If MA used this ENX app, could it work if an MA user travels to another state where they use a similar app? -

-Catherine Brown - 9:42 AM

A: Great question and yes - this will work out of state and cooperate with other similar apps



Kris Gines - 9:36 AM

Q: ENX - how does vaccines fit into this?-

-Catherine Brown - 9:44 AM

A: Will still need to alert people about exposures. Right now, even though someone is vaccinated, they would still be recommended for quarantine following an exposure. We hope at some point this would change (as we learn about vaccine efficacy)

Kathy Larson - 9:21 AM

Q: The key does not tell Alice where her potential contact took place? -

-Catherine Brown - 9:45 AM

A: Correct - that would not be privacy preserving. It will tell her when it happened, but not where

Jane Brown - 9:54 AM

Q: We still need to give a second dose of the same vaccine that was used as the first dose - cannot use another brand, right?-

-Mike Coughlin - 9:54 AM

A: yes

Jayne Smith - 9:54 AM

Q: Would notification that they were within the parameters for a close contact allow them to have testing covered by insurance for areas with limited access to a stop the spread site?-

-Catherine Brown - 10:00 AM

A: Good question - I will investigate