Norfolk County-8 Coalition

MDPH/LBOH Webinar 6/8/2021

Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Ron O'Connor, Office of Local and Regional Health, DPH
- Kevin Cranston, Assistant Commissioner and Director, Bureau of Infectious Disease and Laboratory Sciences (BIDLS), DPH
- Dr. Catherine Brown, Glynnis LaRosa, Laurie Courtney, and Katie Reilly, BIDLS
- Laura Jones and Jill Finnerty, MassNotify
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Mary Dozois, Department of Labor Standards
- Helene Bettencourt and Anne Gilligan, Department of Elementary and Secondary Education
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- Jeff Farnsworth, Executive Office of Public Safety and Security
- Kristina Crandall, Massachusetts Emergency Management Agency

Announcements:

Epidemiology and Lab Capacity Grant Funding: Pre-announcement of a RFR release, will be posted on COMMBUYS this week. Grant will provide 2 years of funding (10 million dollars a year for two years) to LBOH to support ongoing COVID-19 case/cluster investigation. September 15th CTC will stop taking new cases, and will complete their case/cluster investigations by the end of September. Somewhat in parallel with the Public Health Excellence Grant, but the focus of this grant is solely for COVID-19 contact tracing. Meant to support staffing capacity to build epidemiological response in your respective municipalities by October 1st of this year. Can also include additional roles that would support these efforts. Particularly interested in supporting shared services agreements for groups with 3 or more municipalities. Very short application. Fairly rapid turnaround so we can maximize the time you have to recruit, hire, and establish responsibilities.

Q: How to apply for this?

A: All instructions will be laid out in the RFR and will be posted on COMMBUYS. Submission will be via email and not via COMMBUYS.

MassNotify: MassNotify provides automated exposure notifications to residents (reminder: the smartphone based technology using Bluetooth—no GPS systems on the phone are used). Targeting a June 16th launch date. This will NOT replace contact tracing. Feedback from communities who piloted this technology have been supportive about expanding this tool. Privacy advocates have also confirmed that it's as protected as advertised.

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DPH developing webpages that include instructions for enabling MassNotify, list of FAQs, support pages for users who test positive or receive an exposure notification, the MassNotify privacy policy, and contact information for helpdesk that can handle questions not answered by the website. Mass.gov/massnotify. Site will go live once the program is officially launched.

EEE: Rare but serious mosquito-borne disease. 50% mortality, up to 80% of survivors are left with permanent neurologic damage. All ages can be affected, including children. 2019 (unprecedented year) was likely the beginning of a 2-3 year cycle. In 2020, the State Response Plan was updated in 5 key areas as a response to the 2019 EEE season. 1) Communications: maximize adoption of personal prevention behaviors. DPH initiated communication with camps, schools, and sports organizations in early June to promote the use of bug spray. 2) Surveillance/Trapping: to drive use of all prevention tools. DPH added trapping locations expanding its surveillance efforts. Also worked with MCPs to reduce time between trapping and testing. 3) Larviciding: a targeted mitigation tool. MDAR coordinated early in the season with mosquito districts to conduct aggressive, targeted larcividing operations. MDAR implemented Larviciding Product Choice Field Trials. 4) Adulticiding: can be targeted or widespread mitigation tool. Upon decision to spray, contractors will have assets and personnel in place within 3 days with 2 aircraft for over 250,000 acres. Long-term plan is the Statewide Mosquito Control. 2021 Arbovirus Surveillance and Response Plan became available yesterday, processes have remained the same but the numbers have changed.

Aerial spraying: In 2020, risk for EEE was focused on South East Massachusetts, needed a single aerial spray. Aerial spraying can only ever result in a short term decrease in mosquito populations and lasts no more than 2 weeks. It supplements locally applied truck-based spraying, and is particularly useful to reach inaccessible areas. Spraying kills adult, infected mosquitos and may interrupt viral amplification throughout region. Decision to conduct aerial spraying is not taken lightly. Some questions that are assessed are: Mosquito abundance—how large are the populations of concern? Mosquito infection rates—how much EEE virus is in the population? Geography—is risk widespread +/- occurring in areas where truck-based mosquito control is not available or unlikely to be effective due to habitat? Weather? Time of season? Decision-making inputs include: DPH risk assessments and geographic distribution of the virus; MDAR/State Reclamation and Mosquito Control Board—pesticide regulation and subject matter expertise; Mosquito Advisory Group—mosquito control expertise advisory group. Pesticide Anvil 10+10, applied by a fixed-wing aircraft at ultra-low volume (0.62 oz/acre). It is not possible to prevent every case of EEE. Personal protection should form the basis of all risk reduction efforts.

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Anvil 10+10: There are no human health risks expected during or after spraying. There is no evidence that aerial spraying with the product will exacerbate health conditions such as asthma or chemical sensitivity. No special precautions are recommended; however, residents may choose to reduce exposure by staying indoors during spraying.

Historical indicators of risk: Above-average rainfall in the prior fall and current spring. Mild winters with insulating snow cover. EEE activity in the previous year. Any EEE virus isolations from mosquitos prior to July 1. Isolation of EEE virus from a mammal-biting species of mosquitos. Infection of a human prior to late August. Higher than average summer temperatures (accelerates the mosquito reproductive and development cycle and shortens the time interval between a mosquito becoming infected with EEE virus and when it becomes capable of transmitting the virus).

Prevention tools: Most effective prevention tools are through personal protection (i.e. repellents, long sleeved clothing, avoiding peak mosquito activity time—dusk to dawn). Aerial spraying is not the first line of defense.

Long term changes likely related to risk: Changes in land use patterns—wetlands restoration and suburban development; increased precipitation events; higher temperatures, prolonged mosquito season; alterations in songbird populations, migratory timing and/or patterns; alterations in mosquito populations; northward expansion of additional mosquito vectors.

Q: Why is south east Massachusetts a high risk area?
A: Red Maple/White Cedar swamps where EEE activity starts (this is where EEE carrying birds live). The largest concentration of those birds live in south east Massachusetts. In addition to swamp habitats, also next to cattail marches where the mammal biting species lives.
Q: Why is there not more emphasis on larviciding or treating standing water? Concerned about pesticides for aerial spraying and PFAS.
A: The difference between WNV and EEE is the place where mosquitos are breeding. The species that spread WNV, their standing water tends to be in urban areas (sewer drains for example). EEE mosquitos breed under Red Maple/White Cedar roots in swamps. The ability to get larviciding product to these areas is very difficult. Aerial spraying only done when the data really justifies it and that the risk is ongoing or increasing, despite the use of other prevention tools available. PFAS is not in the mosquito control product, it's in the plastic containers that the products were in. Anvil 10+10 is now being supplied in metal drums, PFAS free containers. These do not contribute to levels of PFAS in the environment. Reminder—we don't want to contribute to environmental load of PFAS, but there is an environmental load of PFAS. These are chemicals found in so many things, including carpeting in your house. As we are having a dialogue about PFAS, and thinking about ways to mitigate the environmental load of PFAS, we

also need to put into context where aerial sprays fall and how much they contribute to that, or not.

Q: Any movement to require communities to become a part of a mosquito controlled district?

A: Waiting for a set of recommendations that comes out of the Mosquito Control for the 21st Century Task Force that will help guide the development of mosquito control and surveillance in Massachusetts.

Close contacts and outdoor exposures: Contact tracing is now changed to remove individuals who are outdoors when near a COVID-19 positive person. They should not be contact traced or quarantined. Contact tracing guidance will continue for close contacts as indicated in the following: You are a close contact of a COVID-19 positive person if you were within 6 ft of them while indoors for at least 15 minutes, while they were symptomatic or within 48 hours before symptom onset; you are a close contact if you were within 6 ft for at least 15 minutes of someone while indoors who tested positive in the 48 hours before their test was taken or anytime in the 10 days after the test. According to CDC guidance, individuals are less likely to be exposure to COVID-19 during outdoor activities, even without the use of masks. More information can be found here

Medical waiting rooms for schools:

Ron O'Connor: Retiring in 52 days. Dr. Sam Wong will be replacing Ron. Dr. Wong used to be Director of Public Health in Framingham. He was also a member of the Special Commission on Local and Regional Health. He has a Doctorate in Biological Sciences and his first day in the position will be June 28th.

Questions from Q&A not answered out loud:

-Maribeth Ting - 3:10 PM

Q: Mr. Cranston mentioned that this will be to support our capacity in covid-19 contact tracing in light of the CTC winding down - does that also impact the municipality needing to pick up on cases at higher ed institutions which had used ctc higher ed ?-

-Kevin Cranston - 3:12 PM

A: Yes, the CTC higher ed team will also be standing down by the end of September. We will maintain the DPH higher ed epidemiology team to support and coordinate across local health departments, but locals will assume full responsibility for higher ed contact tracing in the fall.-

-Kevin Cranston - 3:13 PM

A: We are encouraged that most colleges and universities have announced a requirement for students to be fully vaccinated before returning to in-person attendance in the fall.-

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-Doug Kress - 3:42 PM

Q: Does DESE still require medical waiting rooms for schools? If yes, will this be required for summer school?-

-Anne Gilligan - 3:47 PM

A: DESE will not issue separate guidance for summer school programs. For summer programs, districts and schools are encouraged to follow the health and safety guidance from DESE currently in place for in-person learning this spring.-

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-Monasia Ceasar - 3:52 PM

Q: Are self serve buffets and condiment stations now permissible as majority of the covid standards were rescinded?-

-Jana Ferguson - 3:53 PM

A: Yes - these restrictions were lifted. -

-Flor Amaya - 3:56 PM

Q: Is anyone able to provide guidance on the 105 CMR 410.201: Temperature Requirements. We have received several heat related complaints. Tenants are being informed by management companies that the AC in their complex cannot be turned on before June 15th. Management companies are stating this is a rule they must follow and cannot deviate from even in the midst of a heat wave. -

-Jana Ferguson - 3:59 PM

A: Please contact the DPH Community Sanitation Program. Steve Hughes or Paul Halfmann can answer your question. -

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-Frank Giacalone - 4:01 PM

Q: GREAT CHOICE DPH!!! Sam is well qualified, admired and respected by his public health colleagues!!!-

-Jana Ferguson - 4:01 PM

A: We are very happy!