

Norfolk County-8 Coalition

MDPH/LBOH Webinar 7/27/2021



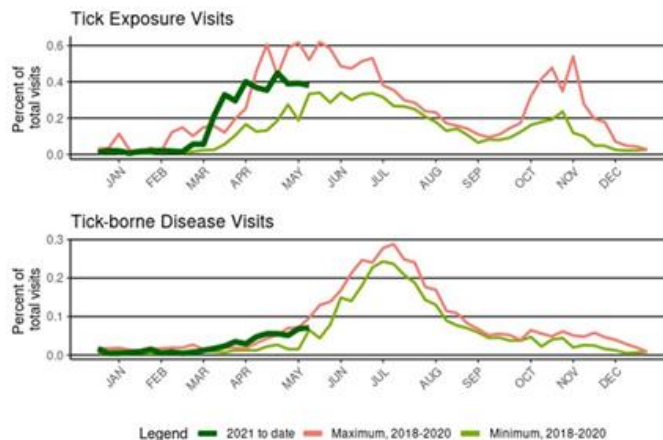
Inter-agency Staff on the Webinar

- Sam Wong and Ron O'Connor, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Arianne Henry, Kate Hamden, Scott Troppy, Glynnis LaRosa, and Laurie Courtney, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Antonia Blinn, Dawn Sibor, and Surpriya Adhikari, Academic Public Health Volunteer Corps, DPH
- Helene Bettencourt, Anne Gilligan and Anne Marie Stronach, 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

Announcements

Tick-borne disease surveillance in MA: Black-legged tick (known as the deer tick, but that isn't the correct name), can spread 5 different diseases: Lyme disease, Babesiosis, Anaplasmosis, *Borrelia miyamotoi*, Powassan. Monthly tickborne disease reports [online](#).

Tick Exposure Syndrome: Percent of total ED visits captured by MDPH SyS with tick exposure syndrome by week and year - 2021



***Borrelia miyamotoi* (BM):** 136 confirmed and probable cases of BM were reported between 2014-2018. Overall, 306 suspect cases of BM were investigated. Testing for this is not common, although testing is available through lab. The majority of cases occurred in June, July, August,

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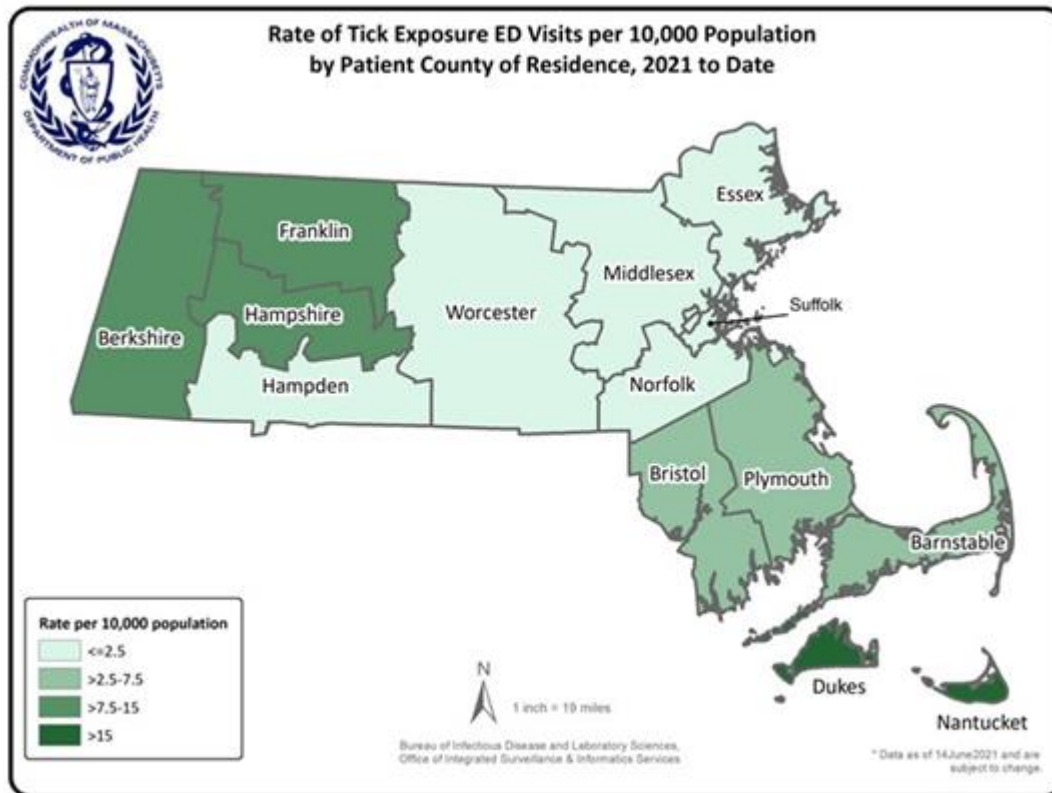
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and September. Only 35% of cases reported awareness of a recent tick bite.

BM responds well to doxycycline. BM more often seen in older individuals (57% were 50 years and older). The most common symptoms include fever (91%), fatigue (87%), muscle aches/pain (85%), headache (82%), chills (82%), joint aches/pains (78%), and sweats (57%). There were no known fatalities.

Powassan virus: Very closely related to WNV. Invades central nervous system. Between 2013-2020, 39 cases of Powassan virus infection were detected in Massachusetts residents. 75% of cases were between 51 and 82 years old. 75% of cases were male. 58% of cases were diagnosed with encephalitis, 30% with meningoencephalitis, and 9% with meningitis. About 70% of cases reported known tick-bites before the onset of symptoms. This is in contrast to other tick-borne diseases where tick-bites were not usually recognized. 38 cases required hospitalization and there were at least 8 deaths. Powassan virus seasonality is a bit different, there is a significant fall exposure as well.



Slide above shows where people go to the ER for care, not exactly the burden of tick exposure.

Q: Are physicians uploading tick data to MAVEN? Can we teach physicians how to use MAVEN?

A: Physicians do not spontaneously report about tick cases. Tick data goes into MAVEN and then LBOH need to investigate. Have heard difficulties about LBOHs trying to get physicians to talk about cases and to report it. Opportunity here to encourage case reporting.

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MassNotify: Due to increase in COVID-19 cases, more interest in MassNotify. If you are receiving questions and would like support you can direct people to www.mass.gov/massnotify or email massnotifyhelp@mass.gov

EEE: No identified cases of EEE in either humans or animals. The earlier in the season we start finding EEE, the worse the season is going to be. We are doing lots of mosquito testing to conduct surveillance in person.

Provincetown/Delta variant: Delta variant at least 2x more transmissible than original COVID-19. 90% more transmissible than B.1.1.7. (UK strain). No real evidence at this point that it causes more severe disease. In New England, Delta variant has been rising at a slower rate than the rest of the country. Up until mid-July it was representing around 45-50% of our cases. Delta variant is so transmissible because it causes higher levels of virus in the upper respiratory tract. This is true in both vaccinated and unvaccinated people. There has been a difference in other variants, where vaccinated people had lower virus loads, but not with Delta. We don't know if vaccinated people reduce the viral load faster or not. How much are vaccinated people capable of transmitting delta? We know vaccinated people are less likely to transmit other variants of COVID-19 but still learning about Delta. Provincetown cluster is caused by the Delta variant. Rapid transmission, relatively high number of cases, significant number are breakthrough cases, and a large proportion of those with positive COVID-19 and are vaccinated have symptoms. Vaccines are best at preventing severe disease and death, but the more people you have who currently have the Delta variant, the greater the chance that one of those individuals will not have the most robust immune response and could be hospitalized and die, even if they're vaccinated. Everything we see says that this is extraordinarily rare. We are working with CDC to provide them data, and are continuing to watch numbers. We are continuing to stay vigilant.

Q: Do we know if Delta is dominant strain in MA?

A: It's close if it isn't yet. As of July 15th, it was around 40-45% of all cases.

Q: Since Delta variant is so highly transmissible, will DPH be changing the definition of a close contact?

A: We are talking to CDC about this, at this point no change to the definition.

Q: How can we tell in MAVEN if it's a Delta variant?

A: Not all positive results get sequenced, many cases will be there that do not have variant information. When possible, variants will be flagged and can be seen under the lab tab.

Color Multi-Vaccination Platform (MVP): Moving away from PrepMod. Color is a user-friendly registration system so that staff can distribute a link ahead of time for registration. Also has registration capability for "on the spot" walk-in and mobile clinics. Back-end benefits such as automatic transmission of data to MIIS and integration with Commonwealth Medicine for

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billing. Dashboards can track stats at patient and aggregate levels. Color also allows the ability to administer different vaccine groups (i.e. flu, COVID-19, Tdap, Shingrix etc.)

Release 1: To be available by 9/1. Will be able to register, schedule, and administer different vaccine groups. Patients will only be able to register for one vaccine type, and if a patient is to receive a vaccine in addition to what they registered for, they will need to be re-registered to receive an additional vaccine type. At the first release inventory will not be connected to registration and administration, but clinicians will have access to a dashboard/reporting interface that will enable them to anticipate what will be needed for clinic planning purposes. The pre-vaccination checklist will need to be read aloud to the patient at time of administration and patient responses will not be documented in the software. Auto-population of vaccine dose based on age and type will need to be selected from a drop-down.

Release 2: To be available by 9/20. Allow for patients to register for multiple vaccines types per appointment. Clinicians will also be able to add/remove vaccinations in real time at point of administration without the additional registration process required.

Release 3: To be available 10/11. Pre-vaccination checklist will be integrated into the software. A vaccination history for non-COVID vaccines will be available. The dose will be pre-populate based on age and vaccine type. Clinic staff will be able to self-service configuration of vaccine services per collection site.

Timeline:

Onboarding timeline:

Week of 7/26: Color and DPH Onboarding forms shared with sites. Site staff invited to attend Color training/demo (sessions will be ongoing).

Week of 8/1: Color Custom content form sent to sites (this allows you to include site specific information).

8/15: Site trainers (Mondays and Weds throughout the summer) attend Color “train the trainer” session. Will be provided access to Fake Boston Site Sandbox Environment to get generally familiar.

8/20: Deadline for application materials in order to use Color by 9/1.

Week of 8/30: Sites will be live in Color.

These dates are based on Color software developers and are subject to change.

The Color team will send you (2) emails once your site is configured. One to confirm that your site is set-up and “live” and another to provide you with support contacts. Once you receive this confirmation, then you can sign up for your Color account using the email you provided to them. You can also email ColorHelp@mass.gov if you have any questions.

Upcoming trainings:

First session will take place on Weds, 7/28, 2-3pm ET.

Additional sessions take place on Mondays and Wednesdays from 2pm-3pm ET.

DPH will also host drop-in hours to answer any questions related to onboarding and using color.

Mondays 11 am – 12pm in August.

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Additional resources:

Commonwealth Medicine (Color billing information): 800-890-2986 Option 1

Color Helpdesk (once your site is “live”): 844-531-0545 or vaxsites@color.com Team is staffed 7 days a week from 7am-7pm ET Mon-Fri and from 8:30 am – 7pm ET on Sat-Sun.

Patient-facing support: Can be reached 7 days a week, from 9 am – 8pm ET. 844-352-6567 or vaccine@color.com

MDPH Vaccine Unit (MCVP Enrollment, inventory, storage and handling, vaccine transfer): dph-vaccine-management@massmail.state.ma.us

MDPH MIIS Helpdesk (reporting questions): miishelpdesk@massmail.state.ma.us

Higher Education updates: LBOHs can start having conversations with having a plan for the fall with Higher Ed/Boarding Schools in jurisdiction. DPH to send LBOH spreadsheet of all current Higher Ed/Boarding School MAVEN users by institution (approval sheet will be emailed 7/27). LBOH will review with each Higher Ed/Boarding School in jurisdiction to approve current users to continue, add approved new users (name and email address—MAVEN training team will follow up with new user training), note plans for fall 2021 and primary entity responsible for case investigation/follow up (please also note any changes to primary LBOH contact). Primary LBOH contact to email completed spreadsheet (one per school) to maventraining@mass.gov by August 11th.

MAVEN Access process (high level overview):

1. Approved user fills out online MAVEN User Request Form. Must indicate the local health contact who has approved access. MAVEN training team will verify approvals for access.
2. MAVEN training team emails approved users training materials after review process.
3. User completes self-paced online trainings and proficiency test. Please also review the additional resources provided related to higher education case investigation and follow up.
4. User account is submitted to the Virtual Gateway for processing and account creation. Please note new accounts can take 5-7 business days for processing.

In total, this process can take 1-2 weeks.

Academic Public Health Volunteer Corps Update: New name! Academic Public Health Corps. This provides more stipends to our corps members. Supported over 140 public health entities. Please complete the survey to provide feedback to the APHC. Help us understand why health departments used, or did not use, the APHVC during COVID-19 Pandemic. It will help us design a program to meet local health department capacity needs in the future. Takes only 15 minutes to complete. Provides an opportunity to participate in a key informant interview.

https://bostonu.qualtrics.com/jfe/form/SV_eJvVbMPkpuu7XAW

Q: Is the Corps still available?

A: Yes! Contact us at aphvcfieldops@mass.gov

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Other updates: ACIP meetings continue to be held. Conversations about the intensity and transparency with which covid-19 vaccinations are studied in this country, how the VAERS system has served to alert us about side effects, and at this moment, no recommendations for boosters. [Click here to learn more.](#)

Questions not answered out loud from the Q&A Chat:

-Stacey Geary - 3:20 PM

Q: To DESE: when can we expect reopening mask guidance to be released? -

-Anne Marie Stronach - 3:25 PM

A: Early August-

-Wes Chin - 3:24 PM

Q: We are receiving questions from individuals vaccinated with the J&J vaccine that wonder if they should now seek out a supplemental vaccine made by Pfizer or Moderna to provide better coverage against the Delta variant. Do you have any guidance we can share with these individuals? -

-Laurie Courtney - 3:30 PM

A: In the USA we follow CDC/ACIP guidance, and under the current authorization for COVID-19 vaccines, there are no recommendations for any booster doses. The topic of booster doses was discussed at the ACIP meetings which took place at the end of June and last week. Studies continue, as does data collection. It is possible that in the future booster doses will be recommended – perhaps for all people, perhaps for certain populations, such as immunocompromised individuals (which is what we are anticipating).-

-Laurie Courtney - 3:30 PM

A: at this time no additional doses are recommended.

On July 8, CDC and FDA issued a joint statement

<https://www.hhs.gov/about/news/2021/07/08/joint-cdc-and-fda-statement-vaccine-boosters.html>

-Kristin Black - 3:21 PM

Q: Can DPH comment on CDC's recommendation for vaccinated individuals wearing masks indoors in areas with substantial or high transmission? How will DPH determine what is substantial or high transmission locally or statewide?-

-Catherine Brown - 3:36 PM

A: The definitions of high and substantial transmission are on the CDC web site.

<https://covid.cdc.gov/covid-data-tracker/#county-view> The CDC information only just came out and we are reviewing-

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-Barry Lein - 3:22 PM

Q: Can you address the issue with Google automatically and without approval installing the MassNotify app on to Android phones? It is hard enough attempting to assuage people's fear of microchips being injected into our arms, now the "untrustworthy government" is "serendipitously loading a tracking app onto our phones!" -

-Catherine Brown - 3:38 PM

A: The app is available on the phone automatically but it is NOT doing anything unless somebody enrolls by activating it. It is like the pre-installed apps that come on a new phone that you can choose to use or not-

-DELSHAUNE FLIPP - 3:27 PM

Q: How can we tell in MAVEN if its the Delta Variant -

-Scott Troppy - 3:38 PM

A: There is a MAVEN report for Variants - COVID Variants of Concern Extract - report will display events with sequencing results indicative of a variant of concern or high consequence. Report is based on specimen date of the sequenced specimen. Please limit your date parameters to 30 days.

Shin-Yi Lao - 3:23 PM

Q: Will DPH consider reporting vaccine breakthrough cases (either statewide or by city/town)? There is a lot of interest in this. I have tried pulling the data from MAVEN but that data is very messy.-

-Catherine Brown - 3:38 PM

A: Stay tuned-

13396137120 Crowley - 3:29 PM

Q: Is there any way that we can tell from a lab report on MAVEN if a case is a delta variant? -

-Scott Troppy - 3:39 PM

A: There is a MAVEN report for Variants - COVID Variants of Concern Extract - report will display events with sequencing results indicative of a variant of concern or high consequence. Report is based on specimen date of the sequenced specimen. Please limit your date parameters to 30 days.

-Heather Alker - 3:25 PM

Q: Are you seeing Covid Cases that are transmitted between two fully vaccinated individuals?-

-Catherine Brown - 3:40 PM

A: Yes, that has happened - we rely on case investigators to ensure that data are complete in MAVEN and linked together in order to evaluate this. The more complete the data are, the better we will all be able to evaluate it-

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vivian franklin - 3:35 PM

Q: We are getting a lot of inquiries about vaccine boosters. Is there any indication that boosters may be necessary for certain populations or vaccines?-

-Laurie Courtney - 3:40 PM

A: Data continues to be accumulated. Currently the talk of boosters has centered around immunocompromised persons. At this moment there are no recommendations for boosters. Please see above response also, for more info.-

-Catherine Brown - 3:51 PM

A: This is being discussed by the ACIP who make vaccine recommendations. At this time, there are no recommendations for boosters-

-Washa Liu - 3:26 PM

Q: Does state lab test Delta Variant? -

-Catherine Brown - 3:41 PM

A: For specimens submitted to the State Public Health Lab for sequencing, the sequencing identifies all variants. But sequencing is happening at many different labs-

-15305741869 Jobrack - 3:28 PM

Q: how about those with natural immunity from having other strains?-

-Catherine Brown - 3:41 PM

A: Similar to vaccination - people who have "natural immunity" can be reinfected-

-Colleen Fermon - 3:28 PM

Q: If a person tests positive, how do we find out is it is from the Delta variant. Who is testing for the Delta variant?-

-Catherine Brown - 3:43 PM

A: Most of the time you won't know and it isn't important to identify in every single person. What is important to understand is how many of our cases are due to delta and that can be estimated as long as a sample of specimens are sequenced-

-Christine PHN - 3:30 PM

Q: I am seeing people that are vaccinated and that have not had Covid prior. Have not come across anyone yet that had Covid and are fully vaccinated. Is this being seen in MA and other states?-

-Catherine Brown - 3:46 PM

A: Yes

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-LIDA BROWN - 3:33 PM

Q: Are there any difference in the symptoms with the Delta variance?-

-Catherine Brown - 3:46 PM

A: Uncertain-

-Washa Liu - 3:31 PM

Q: Does DPH have data of infection, hospitalization and death among vaccinated and unvaccinated population in MA? -

-Catherine Brown - 3:47 PM

A: Some - the hospitalization data are very incomplete because it is limited to what is obtained and documented by case investigators. People who are hospitalized may not be available for case investigation which limits the data-

-Adrienne Klein - 3:32 PM

Q: How accurate do we think the numbers are on the rise in COVID cases with Delta variant as testing has reduced dramatically?-

-Catherine Brown - 3:48 PM

A: Tough question - there are definitely some people not getting tested but we have seen an increase in total tests numbers too over the last several weeks-

-Deborah Vondal - 3:33 PM

Q: How many of COVID positive tests are checked if Delta variant?-

-Catherine Brown - 3:49 PM

A: It is variable - a sample of them. More if they're associated with a particular cluster associated with severe disease or vaccine breakthrough-

-Adrienne Klein - 3:33 PM

Q: We are getting asked for people who were vaccinated early in the pandemic (for example in January) does it make sense for people to get antibody testing, and is that available free anywhere?-

-Catherine Brown - 3:50 PM

A: There is no recommendation for antibody testing since we don't know how a particular result correlates with protection-

-Donna Hovey - 3:33 PM

Q: Reports do for positive cases don't differentiate Delta variant. How can we determine break though variant verses COVID. -

-Catherine Brown - 3:50 PM

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A: Breakthrough only means disease in someone who is vaccinated.
That can happen with any variant-

-Vaira Harik - 3:34 PM

Q: CDC just updated masking guidance: <https://www.cnbc.com/2021/07/27/cdc-to-reverse-indoor-mask-policy-to-recommend-them-for-fully-vaccinated-people-in-covid-hot-spots.html>-

-Antonia Blinn - 3:53 PM

A: https://bostonu.qualtrics.com/jfe/form/SV_eJvVbMPkpuu7XAW

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-Katie Tenaglia-O'Neill - 3:51 PM

Q: Will the state change any masking regulations after the CDC announcement today?-

-Mike Coughlin - 3:55 PM

A: Today's CDC announcement is still under review at DPH.-