

Norfolk County-8 Coalition

MDPH/LBOH Webinar 8/24/2021



Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Sam Wong, Erica Piedade, and Rachael Cain, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Glynnis LaRosa, and Laurie Courtney, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Helene Bettencourt, Anne Gilligan, and Anne Marie Stronach, Department of Elementary and Secondary Education
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Dr. John Welch, Community Tracing Collaborative
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- Jeff Farnsworth, Executive Office of Public Safety and Security

Announcements

CTC: Dr. John Welch was recently in Haiti to support rescue efforts. If you are interested in supporting efforts, take a look at [Build Health International](#) and [Partners in Health](#). Last week CTC added 230 people. Additional 150 people will be coming on this week to ramp up our capacity. By September 4th we will have triple the capacity that we had week of August 18th. Additionally, health departments will notice some cases are labeled as closed because they were never reached and there will also be a note referencing surge protocols. This will be happening for a certain number of records that have aged past their isolation and quarantine period.

Q: Who should local health contact with questions and concerns about the CTC?

A: Local Health Liaison. If the LHL can't help you, feel free to reach out to Dr. John Welch. jwelch@pih.org

Covid-19 Vaccine updates (Laurie Courtney): Recent FDA approval for the Pfizer vaccine. The new name is Comirnaty (but same formula as Pfizer-BioNTech). Comirnaty is approved as a 2 dose series for individuals 16 age and older but is still authorized for emergency use in individuals 12-15 years old and to provide a 3rd dose to individuals 12 years and older who have been determined to have certain immunocompromised conditions. Back on August 13th, CDC recommended third dose of mRNA vaccines for certain individuals, such as immunocompromised people with certain conditions. Including, but not limited to the following: active cancer treatment for tumors or cancers of the blood; organ transplant and are taking medicine to suppress the immune system; stem cell transplant within the last 2 years or

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are taking medicine to suppress the immune system; moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome); advanced or untreated HIV infection; active treatment with high-dose corticosteroids or other drugs that may suppress immune response. It is recommended that such individuals receive an additional dose of the same vaccine they have already received. If not available, the other mRNA vaccine may be given. There is currently no recommendation for immunocompromised individuals who received the J&J vaccine to receive an additional dose. Note: This recommendation for additional doses of COVID-19 vaccine for immunocompromised individuals is distinct from booster doses that may soon be recommended for many individuals. Boosters are NOT currently available, and we are awaiting further guidance from [federal authorities](#).

Q: If someone received only one dose of mRNA vaccine (any one), can they receive a dose of J&J now?

A: The short answer is yes; it would be considered a complete J&J series. They would not be considered to have a mixed dose series.

Q: Various individuals have been showing up at some sites for third doses but are not eligible according to the recommendations. Will DPH strongly advise practitioners to not provide the third dose to individuals who do not fit the eligibility criteria?

A: Providers are supposed to be trusting the guidance, and we are trusting the providers and individuals to do the right thing. For now, people need to self-attest. When providers sign the agreement to administer the vaccine, they commit to give the vaccine according to CDC guidance. If you don't follow the guidance, you may not be covered under certain protections. For the person who gets the vaccine, they may not be covered under certain protections as well for vaccine injuries.

Q: Does a vaccine clinic need to be screening for these eligibilities? Or is the self-attestation enough?

A: The attestation form is not yet on Color, and for right now it can be part of the paper screening process.

Q: Providers giving the vaccine off-label for kids under 12?

A: The [American Academy of Pediatrics](#) are asking people to not do that. The AAP is asking providers to wait for guidance.

Q: Co-administration of Covid-19 vaccine and influenza?

A: Check clinical considerations, they can be [co-administered](#).

Q: Any standing orders available?

A: We check multiple times a day, we are expecting them any time, but not here yet.

Covid-19 Testing (Dr. Catie Brown):

Q: Lots of questions coming in about vaccinated people who are hospitalized, and based on data publicly posted, about 30% of hospitalized people were actually vaccinated.

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A: One of the things that limits our understanding of hospitalizations is that we often don't get data reported into MAVEN. If someone is doing case investigation, they are talking to them before they are hospitalized, so when they become hospitalized those data points are never added. Some hospitals are providing data about Covid-19 hospitalizations coming in, so we are getting some that way. Total hospitalizations data is an undercount because of our limited access through MAVEN. We can't capture everybody who is hospitalized. People who are hospitalized with vaccine breakthrough cases are reported to be in better conditions than those without vaccination. We also know that people who are unvaccinated are about 30x more likely to get Covid-19, and 4x more likely to die. Still trying to find a way to get more complete data.

Q: At home test kits and reporting.

A: Complicated space. FDA asked manufacturers of at-home tests to ensure there was a way for reporting. They were able to start marketing their test before they put this into place. I.e. Abbot BinaxNOW. If you get one of the prescription tests, when you are being observed getting the test, you are required to use a smartphone app to input information and then that's reported to the state health department that your phone is associated with. The over-the-counter (OTC) tests were allowed to be marketed without mentioning anything about reporting. The EUA for this test has recently been updated and we should start getting some of these test results. There is an additional problem with this because there's no way to certify the person linked to the test is actually the individual who took the test. I don't think this will prevent us from effectively monitoring what's happening in MA and in your municipalities because there are plenty of antigen tests and PCR tests that are being reported correctly so we can still monitor the trends. [NAVICA app](#).

Q: What are the reporting requirements for a college who is doing weekly surveillance using OTC tests?

A: Most schools doing surveillance testing are using the Broad Institute, and if school institutions are using OTC they should be using the NAVICA app to report results.

Q: Local health access to the BinaxNOW test?

A: Friendly reminder: there is an active program to receive these tests, you need to fill out a [CLIA waiver](#). We currently have 32 requests from 32 health departments. There was an outdated request form that was accidentally circulated to local health departments but an updated form was sent on August 3rd. We will resend it. Also, the tests are restricted to the health department. These tests are not for other businesses or contractors or physician offices.

Q: There are two NAVICA apps, which one is the correct one?

A: We will look into this.

Q: A symptomatic person who reported their results to us from another test kit. DPH said it doesn't count as positive, can you please confirm?

A: For the [Ellume test](#), an antigen test, there is a lot of chatter about how well these OTC non-proctored tests actually perform. For right now, you should provide advice about how to

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isolate, do some contact tracing, and encourage a PCR test to confirm. You are not required to create an event in MAVEN but feel free to do it if you'd like.

Questions answered out loud from the Q&A Chat:

Q: Announcement about the Board Of Education vote this morning?

A: Today, the Board voted to give the authority to the Commissioner to place a mask mandate for all staff and students until October 1st. We believe the Commissioner will make an announcement in the next day or two for what he wants to do with that authority.

Q: Does the Board vote give the commissioner authority to extend the mask requirement?

A: No, he has authority until October 1st. If we want to reimplement the mask mandate another vote will need to be had.