Norfolk County-8 Coalition

MDPH/LBOH Webinar 8/31/2021

Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Sam Wong, Erica Piedade, Michael Coughlin, and Rachael Cain, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Arianne Henry, and Laurie Courtney, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- 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

Mask Mandates Outside of School Settings: MAHB does not represent municipalities, but we want to talk about the legal authority to adopt mask regulations/orders/mandates. There are two sections from the law that support this authority. 1) MGL Ch 111 Sec 31 gives BOH legal authority to adopt reasonable public health regulations, this includes orders about masks. There are no legal requirements for a public hearing. 2) The Governor's Declaration on May 28th that COVID-19 still presents an emergency that is detrimental to the public health of the Commonwealth. These two can be cited. We've seen two different types of orders, 1) Mandating masks in public municipal buildings except for those with medical conditions or disabilities, 2) More comprehensive mask mandates in all private spaces such as fitness clubs, Houses of Worship, function halls, etc. Whichever order you want to adopt needs to be revisited periodically since the science and the cases change weekly. When it comes to signage, we've seen it provided by the LBOH or the order requires businesses to post signage. There was an instance about someone filing a case on discrimination about a sign not saying you don't have to wear the mask if you're medically exempt. If you do not have a mask order in place, then this is a private matter between the private business and the individual. There is a reasonable accommodation argument that businesses can claim that they made every possible accommodation and masks are still required. If you are looking for templates of examples of what other municipalities have done, Cheryl would be happy to share with you. Info to be sent out after the webinar.

Academic Public Health Corps:

Background: During the COVID-19 response, DPH worked with Academic Health Departments (AHDs) to create a volunteer corps of undergraduate and graduate students, alumni, staff, and faculty from 13 partner academic institutions. The immediate goal was met, to help local public health (LPH) by providing needed capacity for contact tracing, community outreach, developing messaging, especially for reaching diverse community members, data gathering and analysis, and more. The program allowed for Corps members and AHDs gained experience and exposure

to the field of LPH and the program became a valuable learning opportunity for career development. The long term goal is to create a pipeline and a pool for a LPH workforce, from a range of academic programs/options that reflect and address the workforce needs of LPH.

Sustaining the APHC: OLRH issued a RFQ and selected MHOA to provide management and operational support to the APHC in partnership with the AHDs and DPH. Budget allocation is $725,000 annually with in-kind contributions from AHDs for MHOA to develop and maintain a sustainable program that can provide rapid response to support LPH respond to and prevent infectious disease including COVID-19 and other public health areas, such as environmental health, emergency preparedness, pandemic response including vaccination, as well as other critically identified needs. MHOA will also support and integrate the recommendations of the Special Commission on Local and Regional Public Health to assist with creating sustainable public health shared services.

Workforce Development: MHOA will also assist in the recruitment and development of the future public health workforce with a focus on local and regional health departments by working with them and the academic institutions to match Corps members with local public health departments and LBOH. Efforts will include: Provide paid and unpaid Corps members fellowships and internships to support local and regional health in responding to public health needs, including health promotion, disease prevention, and emergency response; Develop a rapid response program to support public health emergencies in coordination with MDPH; Provide Corps members with experiential learning opportunities in governmental public health across sectors; Engage with and deploy Corps members in partnership across different public health sectors to address public health gaps.

Color Onboarding Updates: Officially launched last night, and it's currently live!
47 existing color sites (31 have onboarded to host flu clinics, 16 are doing COVID-only); 103 net new sites; 2 sites on hold. Approximately 150 sites in total (either COVID-only or COVID/flu). Everyone is welcome to still join, we will enroll you on a rolling basis. If you are interested but haven't signed up yet, email us at colorhelp@mass.gov. Color team is looking for 3-5 health departments who are currently using it, and will continue to use them with upcoming clinics. The team is offering an intensive technical advisor and feedback program. They will provide you with a direct phone line and also schedule a feedback session to last between 30-60 min with you and their product and design team. They are hoping to give you the opportunity to let them know what is going well, what could be different, and help shape how this product can be enhanced. If you re interested in joining, email us and we will reach out to you. If you have any questions please reach out as well.

COVID-19 Case Definition Update: National COVID-19 case definition is changing. Normally, a case definition is voted on by all the states and territories, and then CDC considers the new definition and has it formally accepted by Jan 1 of the following year. But, with COVID-19, there

was an emergency/interim case definition put into place. This can be done without the full membership of the Council of State and Territorial Epidemiologists. New definition was discussed in June, and will now be active tomorrow. Case definitions do not apply retroactively. Reminder: case definitions are used for surveillance not clinical purposes (no diagnosing).

Summary of revisions: Specifies criteria for enumerating new cases in persons previously classified as a probable or confirmed case (i.e. reinfections). Individuals who test positive again (either PCR or antigen) more than 90 days after being a case of COVID-19 (from the positive specimen collection/first positive test) will automatically be counted as a new case. New definition includes genomic sequencing in laboratory criteria, updates clinical criteria indicative of infection, updates epidemiologic linkage criteria, and the definition of close contact. Acknowledges testing performed in non-traditional settings such as work sites, temporary testing sites, and residential homes.

We are going to make a change in MAVEN, people who test positive after 90 days (reinfections) will automatically become a new event in MAVEN, and this will trigger a new email to you to let you know there is a new case. We will send out notifications as soon as this new MAVEN feature is available.

Case classification:

Suspect—positive antibody test; antigen tests via autopsy specimens; PCR or antigen tests performed without CLIA oversight (i.e. at-home testing). These will not end up counting as part of our case count. It doesn't change the fact that we probably think this is a real positive. If someone calls you and says they did an at home test and its positive, your first recommendation should be for them to seek testing at a normal testing channel so it can be reported automatically. If they're not willing to do that, you can create a suspect event in MAVEN so you can track them and tell them to isolate.

Probable—meets clinical AND epi linkage without laboratory evidence; positive antigen test; meets vital records criteria.

Confirmed—positive PCR or genomic sequencing result.

Dr. Brown recently bought an at-home test, downloaded the NAVICA app, and it went to MAVEN less than 24 hours after scanning the code.

Q: If a nursing home resident tests positive with BinaxNOW, what is their case classification?
A: If it's done at a nursing home with supervision/CLIA guidelines, then it would be probable. The ones done at a residential home/without supervision is suspect.
Q: How does it overlap with the flu since the symptoms are similar?
A: Outside of a cluster setting, we don't really know if people have the right symptoms or have a link with COVID-19. If you're doing a cluster investigation, and you have people who know they were exposed to the cluster, and are clinically compatible, you might make those events in

MAVEN and list them as probable. As we enter influenza season, this is going to be more problematic, but I don't think this is a criteria we are going to rely on too much. We rely on the testing. I think we need to start recommending that people get tested for flu and COVID-19. There are PCR tests that are available that'll test for both. One swab for two results.
Q: Isolation and quarantine requirements for suspect and confirmed cases?
A: Confirmed and probable are no different than what we've been doing. If you are a positive BinaxNOW test, and you are tested in a school/testing site being proctored, the antigen tests are all probable. The only change here is for positive tests from at-home test kits being labeled as suspect.

I will reach out to our epi team to create cheat sheets for how review these definitions.

ACIP Meeting Update: Lots of updates on Clinical Considerations CDC page. Updated standing orders, screening forms. Health care provider cheat sheet. There is also a new section in there about people vaccinated in the US as part of a clinical study, about AstraZeneca. At the end of ACIP's meeting, ACIP unanimously (this doesn't always happen) formally recommended the Pfizer COVID-19 vaccine to ages 16 and older. They also discussed myocarditis, looked at data right through the middle of August, and they've determined that it's a rare occurrence and that the investigation and enhanced surveillance continues. Data shows that this is primarily happening to younger males after the second dose, and that these individuals have recovered from symptoms at the check-up visit. Discussions about the booster have been about opening it up to those highest at risk, and the time interval since their initial series.

COVID-19 Vaccine Booster Planning: There are a lot of unknowns. At some point, if/when boosters are approved, we are primarily planning on individuals getting their booster doses at pharmacies, healthcare providers, and we are not anticipating standing the mass vax sites back up. We have been reaching out to health departments who belong in regional collaboratives to see if they're interested in providing booster shots. There are no requirements for the booster shots to be given to particular groups. A survey will be sent out to everyone to see if you're interested in doing this at the local level.

Other Updates:
DESE is holding a webinar tomorrow afternoon, from 1-2, where school/district leadership will be updated on protocols and flowcharts related to statewide testing program. We can also capture some of the questions and send them to our colleagues who will be participating/facilitating the webinar so that these questions can get responses.

Questions answered out loud from the Q&A Chat:
Q&A from chat were not able to be retrieved due to functionality issues.