

Norfolk County-8 Coalition

MDPH/LBOH Webinar 11/9/2021



Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Sam Wong, Erica Piedade, Michael Coughlin, Rachael Cain, Aimee Petrosky, and Phyllis Williams-Thompson, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Glynnis LaRosa, and Katie Reilly, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Kirby Lecy, MA State Office of Rural Health, 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
- Dr. John Welch, Community Tracing Collaborative

Announcements:

Reopening of the PHE grant: Hopefully posted by this afternoon on COMMBUYS.

Rural Vaccine Equity Initiative:

Background: Will adapt current framework and best practices to rural regions, devoting appropriate resources to rural communities to address needs for COVID-19 vaccination and mitigation, and to develop needed infrastructure. Led by DPH's State Office of Rural Health, resources include direct funding to local CBOs, rural-specific technical assistance, DPH staff to navigate resources, and a peer learning network. This 3-year initiative (\$75,000/year, about 15 awards available) will allow rural communities to both meet immediate needs for COVID-19 mitigation and implement long range strategies to ensure resiliency from the factors that created poor outcomes during the COVID-19 pandemic. Funding can be used in two ways 1) dollars coming right now are to help meet immediate needs of COVID-19 mitigation—could be education and outreach, coordinating vaccine services, looking at micro-populations in these rural areas 2) Establishing resiliency—looking at root causes, and how to build infrastructure to address these root causes.

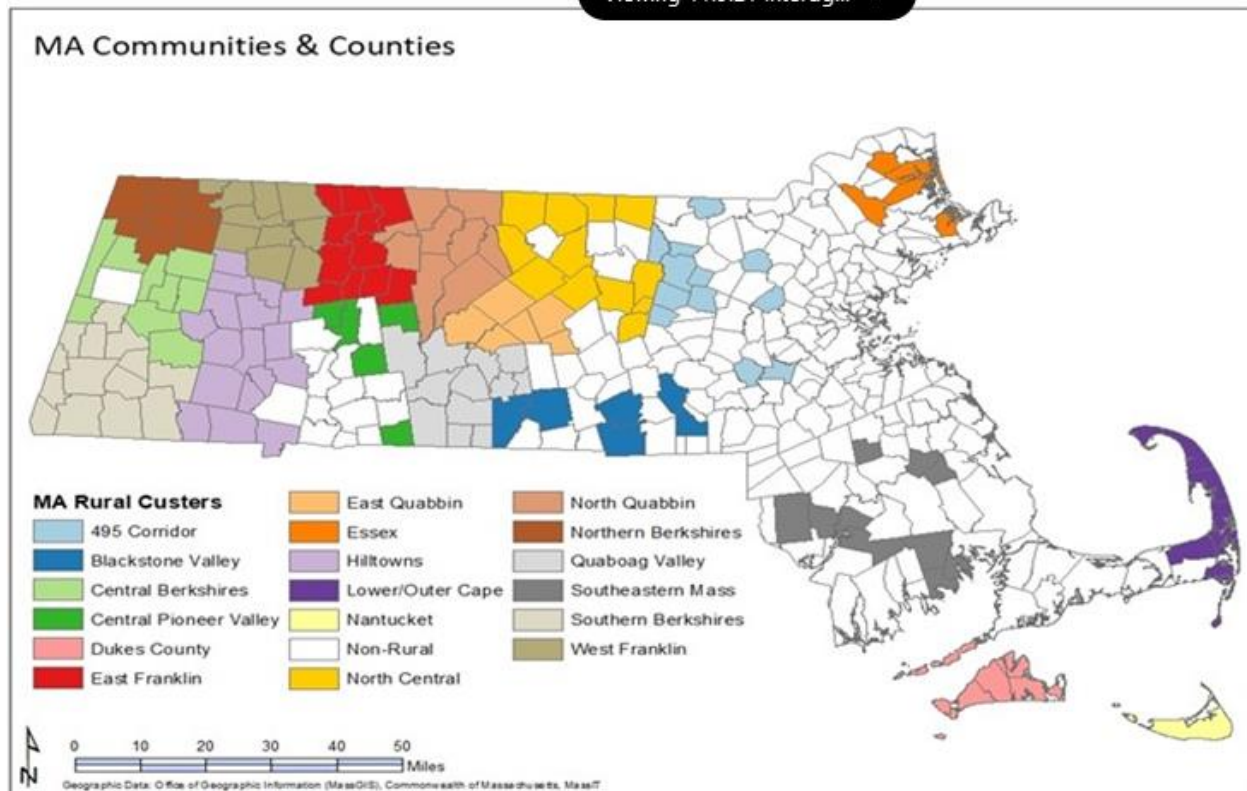
Eligible applicants: Rural nonprofit private or rural public entities—LBOH and Regional Collabs could be applicants. At minimum, we want to encourage partnership with LBOH where possible. Funded applicants will be expected to convene local partners and engage community members to identify and coordinate various activities related to COVID-19 mitigation. This funding will allow rural communities to both meet immediate needs for COVID-19 mitigation and implement long range strategies to ensure resiliency from the factors that created poor outcomes during the pandemic.

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MDPH/LBOH Webinar 11/9/2021



Colored=rural communities



3 pieces to the Initiative:

- 1) Direct funding to CBOs. Impacts to 140+ communities across MA.
- 2) Technical assistance with rural TA Expert (NERHA) + DPH staff will provide information, best practices, and a learning network for CBOs to administer projects.
- 3) Resource navigation. TA provider and staff will work with CBOs to navigate and access state and federal resources to meet the needs of their rural cluster.

Application submission: Must be submitted through the online portal by Monday, November 29th, 2021 at 5:00 PM EST. Online portal can be found here: www.nerha.memberclicks.net/cbo-application Any questions should be directed to admin@newenglandrha.org by Friday, November 19th, 2021 at 5:00 PM EST. All submitted questions and answers will be posted on the online application portal by Monday, November 22nd at 5:00 pm EST. *Do not submit questions after November 19th.* For any problems with application submission please contact admin@newenglandrha.org

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MDPH/LBOH Webinar 11/9/2021



CTC and Transition:

Background: Since April 2020, CTC has assisted LBOH, upon request, with case investigation, contact tracing, and cluster analysis. The CTC also provided tangible supports for more than 115,000 households who were quarantining or isolating. More than 1.1 million individual COVID-19 cases and contacts have been identified for follow-up by health departments and the CTC. Local public health referred more than 722,000 cases and close contacts to CTC; CTC was able to reach 81% of individuals for education and isolation and quarantine. The CTC has made more than 2.6 million phone calls to cases and contacts. Local health departments have conducted case investigations and contact tracing for nearly 400,000 of the COVID cases and their contacts.

Funding, training, and technical support for LBOH: Since April 2020, DPH has awarded \$16.6 million in annual federal and state resources directly to LBOH. Of this funding, \$15.4 million is for local health to respond to infectious disease cases, to trace contacts in priority settings, and to investigate clusters and identify services for people needing to isolate and quarantine. \$1.2 million to LBOH for public health infrastructure development, including increased workforce. DPH is preparing an additional ~\$4 million in one-time funds to LBOH for contact tracing and case investigation. In total, investments for LBOH total \$20.6 million. Academic Public Health Corps placed volunteers and interns with LBOH to meet short term needs and to create training and development for a new public health workforce. DPH provides weekly education and training about case investigations, contact tracing, and cluster investigation and weekly all-towns webinars. DPH added 89 new Epis for technical assistance and to assist with clusters. DPH and CTC are finalizing training and other resources to onboard new staff. Local health can advertise jobs with CTC in order to attract experienced applicants.

MA is in a better position to respond to COVID-19 than in 2020: High rate of vaccination, over 10.4 M doses have been administered and 77% of the state's population has at least one dose. Pediatric vaccine was just approved for 5-11 year olds and as of 11/08, over 15k doses have been administered. Number of cases referred to the CTC continues to decrease. Test positivity rates have decreased from a 7-day average of over 27% in April 2020 to 1.7%. There are well-established testing and response protocols in place for priority locations, such as Test and Stay. We have saved more than 99,000 in-person days of learning through Test and Stay.

Where we were and where we are:

March 2020-new disease, no pre-existing immunity, no specific prevention or treatment, unknown spectrum of disease, unknown transmission, limited tested capacity, no vaccine.

November 2021-going to be living with COVID-19 for the foreseeable future, vaccines widely available with strong uptake across the Commonwealth and monoclonal antibodies available, widespread free testing and variety of in-home testing options available, known high risk individuals, transmission through droplet and aerosol and close contact settings increase spread.

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MDPH/LBOH Webinar 11/9/2021



Transition: CTC will cease taking new cases on November 30, 2021. CTC case work will be completed for referred cases by December 17, 2021. Local Health Liaisons will be available through the end of December. After these dates, local health departments and DPH will resume full responsibility for case investigations and any appropriate contact tracing activity, as they do with other infectious disease. Also, DPH will take sole responsibility for MassNotify beginning January 2022. Given the changed landscape of COVID-19 in MA, contact tracing should be focused to certain settings. Starting now, and through December, the CTC and local health departments may scale down their efforts to reach cases and contact by placing only one call per case and contact and eliminating follow-up calls. The CTC and local health will still need to convey isolation and quarantine instructions and indicate the local health department is available for more information or for requests for support with isolation and quarantine. Beginning Jan 2022, DPH and local health departments may prioritize case investigation and contact tracing in certain settings: health care facilities including SNFs and LTCFs—(DPH lead); large congregate settings such as shelters and corrections—(DPH lead); EEC programs—(DPH and LBOH support); K-12 schools—(LBOH in cooperation with schools and Epis/DESE response line can also support with more complicated situations); higher education (LBOH in cooperation with facility health services); disease clusters—(LBOH in cooperation with DPH). We will continue to monitor data to re-prioritize case investigation and contact tracing efforts to other settings as necessary.

Continue to promote effective public health tools: Vaccines and authorized boosters; widespread testing, including OTC tests for even mild symptoms and following known exposures, including for vaccinated people; people at risk for moderate to severe disease from COVID-19 should contact their healthcare providers promptly at diagnosis about potential therapeutic options including monoclonal antibodies; recommend general use of masks by people who are unvaccinated, immuno-compromised, and where required by local governments and individual institution and businesses; MassNotify and its use; guidance around isolation/quarantine in case of infection or close contact; support those in isolation and quarantine where needed (e.g. food security, alternative shelter).

Resources: Training materials are being finalized and will be distributed later in November. DPH Epi Program/Speak to on-call Epi: 617 983 6800. MAVEN health desk: 617 983 6801 and isishelp@mass.gov. DPH Food protection program: 617 989 6712. DESE Rapid Response: 781 338 3500. Interpreter services are available to LBOH. Send general questions, concerns, and requests to localregionalpublichealth@mass.gov

Q: How will this affect entering info into MAVEN?

A: These are things we want to work with you on, establishing new workflows. We won't be following up with every single contact, so this information doesn't need to be inputted into MAVEN. Need to focus on where these cases are occurring, and where we think public health intervention will have the most value. Also, over the counter tests results are not going to be in MAVEN.

Norfolk County-8 Coalition

MDPH/LBOH Webinar 11/9/2021



DESE: Commissioner extended mask requirement through at least January 15, 2022. Mask mandates can be lifted if school districts can demonstrate a vaccination rate of 80% or more of all students and staff in the entire building through an attestation form. DESE has received 21 requests to lift the mask mandates supported by their 80% vaccination attestations. 16 public high schools serving grades 9-12, 8 have been approved and 8 are in process. 1 public middle school serving grades 7-8 was approved. 4 approved special education schools serving primarily grades 9-12, 3 have been approved, 1 is in process. Unvaccinated students and staff would be required to continue wearing masks. DESE will continue to work with medical experts and state health officials to review and consider additional metrics to determine when individuals in schools would no longer be subject to the mask requirement.

Resources: On the desktop (extension of mask mandate, policy on vax threshold and attestation form, protocols for responding to COVID-19 scenarios) www.doe.mass.edu/covid19/on-desktop.html; General FAQs www.doe.mass.edu/covid19/faq

Please note: DESE COVID-19 help center remains available for consultation with districts and schools. Please do not hesitate to call with any questions at 781 338 3500. DESE and DPH will also issue FAQs related to this guidance. Protocols and other reopening FAQs are also sent out in the Commissioner's Weekly Update. Email: anne.marie.stronach@mass.gov

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

19784907091 Robinson - 3:42 PM

Q: Will state supplied free testing sites be continued after Dec 31 2021? -

-Jana Ferguson - 3:52 PM

A: Right now, the current end date is 12/31/2021 and we are evaluating an extension and will make a decision soon.-

-Deborah Vondal - 3:53 PM

Q: Will the list of interview questions for contact tracing be changed? shorter?-

-Catherine Brown - 3:55 PM

A: That is what we are strategizing about right now and we will share information about what to prioritize in the upcoming weeks.-

-Desiree Harding - 3:51 PM

Q: Are there any saliva test available in MA or RI. I just had a resident call and inquire about the availability and I can't seem to find any nearby. -

-Catherine Brown - 3:56 PM

A: There haven't been very many saliva based tests approved. I am not aware of any that are regularly available locally.-

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MDPH/LBOH Webinar 11/9/2021



-19784907091 Robinson - 3:55 PM

Q: LBOHs rely heavily on these free sites. We refer people to these locations all day everyday. Please strongly consider continuing them. -

-Jana Ferguson - 3:57 PM

A: Totally understand!-

-Kristin Kennedy - 3:55 PM

Q: Can you clarify, in January of 2022, there is the potential (and we hope likelihood) that single case investigations for adults will mirror flu? We will be expected to continue to coordinate with Schools to ensure any positive case is not in school and the necessary contact tracing is done and test and stay is used if available?-

-Catherine Brown - 3:58 PM

A: Probably not exactly like flu but definitely a more focused approach to case investigation and contact tracing-