

Norfolk County-8 Coalition

MDPH/LBOH Webinar 11/30/2021



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, Laurie Courtney, Juliana Jacoboski, and Dawn Fukuda, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Dawn Sibor, Massachusetts Health Officers Association
- 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

COVID-19 Sports Clusters Data: Majority of recent cases since August 1st 2021 were those over 18. However, in recent weeks it has shifted to those <18. Beginning 8/1/21 most sports clusters were associated with football until the week of 10/3/21 when ice hockey emerged as the predominant sport. Indoor exposures are more common, and although outdoor exposures have been reported, especially among football clusters, they have been decreasing since the week of 10/17/2021. Club and youth sports are responsible for more clusters than IHE and K-12 sectors.

Sports Clusters Documented in MAVEN since 8/1/2021

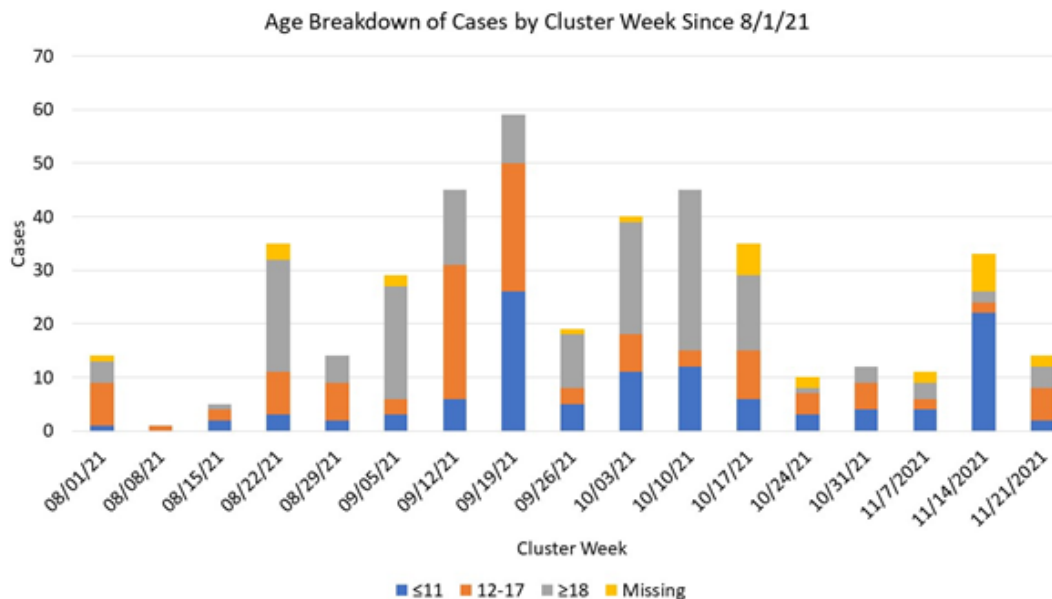
Sport	N	Cases	Contacts	Current Case Trend ²
Ice Hockey	29	158	70	Decreasing
Football	15	91	36	Decreasing
Soccer	7	25	29	Increasing
Basketball	6	36	58	Increasing
Cheer	6	20	48	Increasing
Other Sports ¹	5	35	2	Decreasing
Dance	5	24	19	No change
Baseball	3	27	29	Decreasing
Gymnastics	3	11	15	Decreasing
Volleyball	3	9	38	Decreasing
Lacrosse	1	5	0	No change

¹Other sports include Gaelic football, swimming, cornhole, rowing and Jiu jitsu

²Current trend compares cases from 11/1-11/29 to 10/3-10/31/21

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Cumulative sports clusters:

Sports Clusters Documented in MAVEN*

	N	Cases (Confirmed & Probable)	Contacts	Risk Level [†]
Hockey	194	842	1775	High
Basketball	68	246	336	High
All Others	41	190	135	Varies
Football	38	227	377	High
Dance	35	193	139	Moderate
Soccer	31	112	154	Moderate
Baseball	20	104	228	Moderate
Gymnastics	20	99	163	Low
Lacrosse	19	138	185	Moderate (F); High (M)
Cheer	16	138	206	High
Volleyball	11	53	86	Moderate
Skiing	7	46	9	Low
Wrestling	2	49	44	High

*This table represents total clusters, confirmed & probable cases, and contacts among ALL sports related clusters with linked cases as of 11/29/2021
[†]Risk levels were designated by the EEA. All EEA guidance was rescinded as of 5/29/2021

Academic Public Health Corps: Social Media and Poster Graphics for Public Health Outreach can be found [here](#) (Mass.gov) and [here](#) (MHOA.com). Additional Information about the APHC and list of services can be found [here](#). If you need help creating social media content, graphics, edit/change existing graphics, please contact aphvs.comms@gmail.com

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Mobile Vaccination Clinic Update: Please provide 2 weeks' notice for Mobile

Vaccination support requests. Due to cold weather, the mobile vaccination program has determined that it is too cold to host clinics outside. We are requiring mobile clinics to move to an indoor venue. Start thinking about venues and mobile teams can still be deployed to staff those sites. We are also looking into propping up a heated tent. More information to come.

Omicron variant: 25% of S.African population is vaccinated, and as they were experiencing a drop-off in cases from Delta, the Omicron cases started surfacing. The reason why there is so much attention to this variant is because it has an unprecedented number of mutations, approximately 50 of them, and approximately 30 are associated with the spike protein. Since this has been around for such a short period of time, we don't know how it behaves in an environment besides the two weeks from when it emerges. We do know that some of the mutations identified have been associated with other variants and have been linked to decreased vaccine efficacy and increased opportunity for reinfection. Given how rapidly it emerged in S.Africa, there are concerns about transmissibility. There are more unknowns than knowns about this variant right now. Massachusetts is a very different place than S.Africa, particularly in regard to vaccination rate. And although this isn't doomsday, this is something that requires watching. You've all noticed the travel restrictions, and the suspicion is that the cat is out of the bag but this doesn't mean we don't have the opportunity to slow down transmission a bit. We have heard from CDC that in addition to the travel restrictions, we are expecting travel recommendations/regulations. They are likely to require a negative viral test within 1 day of departure if you're entering the USA. Also, might be a recommendation for people to test again once they enter the USA.

Q: Are you testing all samples for the new variant?

A: CDC has said that their surveillance program for variants is sensitive enough nationally to detect any variant that occurs in 0.1% of cases or higher. So, it's a very sensitive system. In MA, we are sequencing 30% of all + samples. This is a high proportion. Compared to other states, MA is about third in the numbers of samples that are sequenced (whole genome sequencing). Sequencing isn't limited to just Omicron, it includes all variants because it's a complete sequencing.

DPH is providing further guidance to local health departments on core requirements for COVID-19 case investigation and contact tracing taking into consideration the current status of the pandemic, the Commonwealth's success in vaccinating its residents, and the knowledge about viral transmission, risk of severe illness among certain vulnerable individuals, and the dynamics of outbreaks accumulated over the past 21 months.

The importance of contact tracing as a mitigation measure is significantly reduced as more than ¾ of Massachusetts residents are fully vaccinated. Fully vaccinated people are less likely to acquire COVID-19 infections, are not required to quarantine when exposed to a confirmed case, and even when they do get COVID-19 are likely to have a shorter infectious

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period. Therefore, the pre-vaccine urgency to reach out to every confirmed COVID-19 case and close contact and to manage daily these individuals through their isolation and quarantine periods has dramatically lessened.

Starting immediately if not already implemented, local health departments are advised to:

- 1) **Prioritize follow-up on those COVID-19 cases with positive lab results or known close contact exposures occurring within the previous 5 days.** Cases where testing occurred further back in time are likely already past their peak infectious period. People with exposures that occurred more than 5 days ago are already past their peak incubation period.
- 2) **Plan to make only one call per case.** If you do not reach the case, be sure your phone message to them includes the information about how to reach you if needed, advice on notifying their close contacts, and information about isolating for 10 days. If there are multiple cases in a single household, one call to a responsible adult in the household is sufficient to inform all household members.
- 3) **When you interview a case, please convey to them an expectation that they should notify their close contacts themselves.** If they express an inability to do that or are associated with a K-12 school, please capture the information about their close contacts, then plan for local health staff to notify them.
- 4) **In most circumstances, neither cases nor contacts need to be called multiple times during their isolation or quarantine periods unless there are exceptional circumstances.** People do not need to be contacted for a release from isolation as long as they are given information that they should isolate for 10 days and can resume normal activities on day 11 as long as their symptoms have resolved. Please feel free to direct people to the DPH isolation and quarantine information website on mass.gov for more information and detailed instructions. <https://www.mass.gov/info-details/covid-19-isolation-and-quarantine-information>
- 5) **Prioritize investigation of clusters that have evidence of ongoing transmissions.** You do not need to follow up on all individuals involved in a single super-spreader event such as a wedding, banquet, or other large social gathering. Rather, this information can be disseminated to attendees through organizers, the hosting facility, and your local website. DPH Epidemiologists are available for assistance particularly for coordination of clusters that cross municipal boundaries. Call 617-983-6800, 24hrs a day 7 days a week to speak with a DPH Epi. Remember, you can also share MAVEN events with MAVEN users in another municipality through an electronic handshake to support cross-jurisdictional coordination.

Q: Are we suggesting that people not document close contacts or quarantines?

A: Yes.

Q: Can people leave medically sensitive information on a phone message? I.e. you have covid here are the rules.

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A: Make a judgment on how much information to share but you can convey the message appropriately too. For example, “hey I’m calling about covid, and I want to share information with you about what to do if you’re a case how to notify a close contact, and what to do in isolation/quarantine”

Q: MassNotify?

A: It tells people they might have been exposed to COVID-19 and this is how close contacts should also be approached.

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

John Kleschinsky - 3:08 PM

Q: Is there any plan at the state level to begin offering at-home COVID-19 tests free of charge to those in need (e.g., NH & OR) or any opportunity for local health departments to purchase at-home tests through the state to distribute to residents in need?-

-Jana Ferguson - 3:13 PM

A: Hi John, We are evaluating the work a couple of other states are doing in this area. In the meantime, we are providing rapid tests in congregate settings (e.g., long-term care and nursing homes) and schools. -

-Jana Ferguson - 3:15 PM

A: We also continue to support testing at Stop the Spread sites and have added Binax tests to those locations and at request by LBOH (but not for distribution to residents)

-Doug Kress - 3:00 PM

Q: How is the state defining fully vaccinated for the 5-11 yr old in the state data that is published? is it date of 2nd dose or 2weeks after the 2nd dose?-

-Catherine Brown - 3:16 PM

A: The vaccine dashboard and the municipal/zip code data use fully vaccinated as at the time they have received 2 doses-

-Wesley Chin - 3:15 PM

Q: Can you share with us the total number of Massachusetts residents who are eligible for covid booster vaccines and what percentage of this group is still in need of one?-

-Catherine Brown - 3:18 PM

A: The total number of people eligible for boosters is the population 18+ in MA (I don't have that off the top of my head). We have administered about 1.1 million booster doses-

-Catherine Brown - 3:23 PM

A: 5.58 million people 18 and over in MA-

-Tanja Ryden - 3:16 PM

Q: How long will Stop the Spread sites continue to operate?-

-Jana Ferguson - 3:21 PM

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A: The contracts for Stop the Spread are reviewed and extended in 3 month increments. All providers/municipalities were offered an extension through the end of March. Going forward after that, locations will be evaluated for additional extensions. -

-Phyllis Williams-Thompson - 3:23 PM

A: The toolkit is also on the mass.gov site here: <https://www.mass.gov/info-details/academic-health-department-academic-public-health-corps->

-James Philbrook - 3:20 PM

Q: Jana, Charlton is looking to use the Binex testing to keep our Police officer's safe and working on a daily basis. What is the process to acquire these test kits from the DPH ?-

-Jana Ferguson - 3:22 PM

A: Hi Jim, Binax kits are not available for regular testing of unvaccinated employees. If you otherwise want to make testing available you just need to go through the request process for a CLIA waiver and then request through OPEM. -

-John Kleschinsky - 3:17 PM

Q: Thanks Jana and in the meantime if Brookline DPH wants to move forward, is there any process for us to purchase or are we on our own for now?-

-Jana Ferguson - 3:23 PM

A: I will have to ask whether there is a way to purchase via the state. This wasn't an option before because it is a federal asset, but I don't know the rules at this time. Please send me an email and jana.ferguson@mass.gov and we can try to find out what the options are for you. -

-Tanja Ryden - 3:19 PM

Q: Can we get booster info by community & age group?-

-Catherine Brown - 3:24 PM

A: We are hoping to include those in the weekly data next week-

-sharon McCarthy - 3:24 PM

Q: Please re show the website for the graphics.-

-Mike Coughlin - 3:26 PM

A: <https://mhoa.com/aphvc-infographics>

-lee david - 3:43 PM

Q: Are schools going to stop contact tracing?-

-Jana Ferguson - 3:47 PM

A: It looks like our internet system just went down

-Jared Orsini - 3:47 PM

Q: This level of tracing is not sustainable. Many towns are going to collapse under the sight of this new wave.

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What is the plan to reduce the work load of our already overworked nurses and tracers?

We are still all doing every other job we are required.-

-Jana Ferguson - 3:48 PM

A: This is what Katie is talking about now. -

-Jana Ferguson - 3:52 PM

A: Our internet is really bad today-

End of Webinar.