

Norfolk County-8 Coalition

MDPH/LBOH Webinar 12/14/2021



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, Barry Callis, 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

Announcements

LBOH Workforce Wellness Opportunities: LBOH are on the frontline caring for our Massachusetts Residents. In advance of holiday preparation, identify ideal time that you need for yourself each day. It can be four 15-min intervals, three 20-min interviews, or two half-hour intervals. Be specific about what activity you will do during each interval that is realistic for your scheduled interval.

Carve out “you” time to: sit and relax; read your favorite book or magazine; take a walk, bike, run/jog; focus on quiet time away from electronics and breathing; meditate and stretch your muscles; enjoy a healthy snack or have a cup of tea; take part in an activity that rejuvenates you! Plan it out in your schedule each day in December and beyond.

Benefits: Increased energy to accomplish your goals each day; feeling happier, less stress, reduction in blood pressure, a good attitude, and feelings of comfort; better contribute to work-life balance and family/friends/colleagues; recognize the need to prioritize yourself through the year.

Public Health Nurse Support Group: Bi-weekly on Wednesdays at 5:00 pm started 12/22/2021. For more information contact Corinne Sheets, LICSW at ctherien@comcounseling.org

Vaccine Equity Initiative Update: Started in Feb 2021 focusing on 20 municipalities most impacted by COVID-19. Population/resident-based focus (People of Color/Transportation obstacles/people not wanting to go to a clinic/LGBTQ+/ESL/people with SUD/Mental health needs) and approaches, lessons and best practices Monitoring vaccination rates weekly and identifying gaps in access.

Framingham and Revere both have working groups and leveraging faith, community, and business partners to ensure access to information and vaccine clinics. They held forums in the beginning of the pandemic with clinical residents in their communities.

Using social media (Facebook, TikTok, Instagram, Twitter): To share messages with residents. Ask partner organizations to share & retweet these messages with their followers. Use a community-specific hashtag.

Use our communications materials: [Trust the Facts, Get the Vax Campaign](#)—complete suite of videos, flyers, social media graphics. Additional materials include list of clinic promotion ideas, scripts for “selfie”

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videos, multilingual education and outreach. Many materials in 12 languages, including Somali. [COVID-19 Vaccine Equity Initiative Communications materials.](#)

Partnering with Physicians: The COVID-19 Community Impact Survey indicates that residents most often want vaccine information from a trusted source—their healthcare provider. Build relationships with medical providers (e.g. bring lunch to providers during lunch hour and talk in break room). Provide communication materials to medical offices. Host clinic in the medical building or just outside. Also working with people of color who work in the clinical space to share information about the vaccine.

Support and engage local venues: Collaborate with local food trucks/restaurants to offer coupons for discounted food when a person receives a vaccine; with foundations and businesses to offer free food at community clinic events; tailor education to managers and owners of local businesses to support vaccine efforts for their employees; sponsor clinics at personal care settings.

Touch the truck: Invite local police, fire, ambulance, public works, and car groups to bring their vehicles to a vaccine clinic or event. Big draw for children and adults.

Raffles & Giveaways: Partner with local foundations and business for donations (cash, gift card, electronic equipment etc.); tailor options based on audience, for example, Best Buy or GameStop gift cards for youth; seek donations from bike shops/sports equipment retailers for raffles.

Animals: Many local police departments have “comfort dogs” which can be invited; local animal shelter may bring animals that are up for adoption to showcase; local dog breeders have brought dogs to clinics; animals can be a draw for families with children.

Family Fun & Community events: Clinics that are held overtime in a series of vaccine clinics vs pop up clinics. Hold clinic in the center of the community event (i.e. Festival of Lights, local museum kid days, etc.) so that residents can observe the vaccine administration process for themselves. Host mobile clinics, but consistently. Wear reusable vests with the agency logo on the front. On the back, imprint this saying “I speak English. How can I help you?” Have multiple vests made for multiple languages. Identifies staff as approachable sources of information.

Branding: Agency logo/health department logo. This helps to build trust.

Engaging vulnerable populations: Bring the education and vaccine to them at locations where individuals congregate (shelter, soup kitchen, a specific street, homeless encampment, etc.). Share that you’ll be back at a certain time of day so people can share with their networks, repetition works. Provide DPH-funded grocery store cards to those who get vaccinated. Offer free PPE and other basic need items. Partner with a local pantry to provide food.

Partnering with Faith-Based Organizations (FBO): Collaborating with leaders to provide education and information. Hold clinics after a religious service. Host an interfaith discussion group using social media. Create PSA with religious leader.

Partnering with Schools and Youth Serving Organizations: Partner with schools to host education tables at Parent-Teacher nights; collaborate with local hospital or CHC to host school-based clinics (i.e. Free Book Giveaways); host vax days after school where both students and their families can be vaccinated; host clinics in collaboration with local libraries and youth-focused organizations (i.e. Trampoline Parks); include raffles and free food.

Q: Are these types of activities authorized expenditures for reimbursement? I.e. ARPA/FEMA?

A: Will loop back about ARPA funds.

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Case Investigations and Contact Tracing: Beginning now, DPH and LHDs can prioritize case investigation and contact tracing specifically setting with vulnerable populations or those likely to support ongoing transmission.

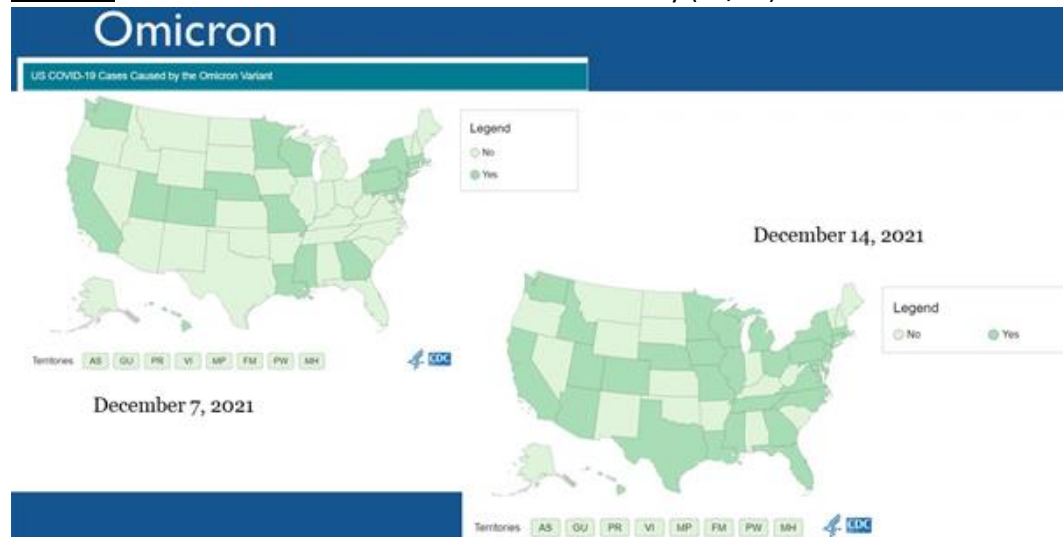
- Healthcare facilities, including SNFs and LTCFs—DPH lead
- Large congregate settings such as shelters, corrections—DPH and LBOH
 - DPH primary in correctional settings
 - LBOH should have right of first refusal in shelters
- EEC programs—LBOH in cooperation with programs
- K-12 schools—LBOH in cooperation with schools
- Higher Ed—LBOH in cooperation with facility health services
- Disease clusters—LBOH in cooperation with DPH.

Not every case or close contact needs outreach. We will continue to monitor data to re-prioritize case investigation and contact tracing efforts to other settings or newly evident vulnerable populations as necessary. Note: Any individual case investigation you do, you should encourage people to notify their own close contacts. If they are unwilling or unable to do so, we would ask you to assist them.

Promoting effective public health tools: vaccines and authorized boosters—people who are vaccinated do not need to quarantine following an exposure but should get tested if they are ill and should isolate if they test positive; 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, immunocompromised, and where required by local governments and individual institutions and businesses; promote MassNotify and urge its use; support those in isolation or quarantine where needed.

MassNotify: 25% of MA population have enrolled. MassNotify has sent more than 190k exposure notifications since it launched in June. For MassNotify tech issues or questions contact massnotifyhelp@mass.gov . Promotional materials.

Omicron: Presence in states from December 7th to today (12/14)



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Cases in the US: Earliest case in the US was on 11/15 and it was travel associated.

Most cases between 18-39 years old. 33% of cases reported international travel and others reported domestic travel, attendance of large gatherings and household transmission. 80% were vaccinated, included 14 people with a booster dose. Most common symptoms include cough, fatigue, congestions. 1 person briefly hospitalized. Already evidence of transmission in the US.

Cases in Massachusetts (Essex, Middlesex, Suffolk, and Worcester Counties): 16 cases reported into MAVEN, other currently under investigation. 10 female, 6 male, ages pediatric to 60s. 5 fully vaccinated including one with a booster dose. None reported as hospitalized.

Omicron

- Data suggest Omicron is very transmissible
 - More transmissible than Delta, 3.2 x more likely to cause a household infection
- Unknown if causes more or less severe illness
 - Still unknown, early reports suggest less severe but population affected is younger
- Unknown if there is decreased efficacy of vaccines
 - Decreased efficacy of Pfizer and AstraZeneca
 - Efficacy improves with booster dose - Pfizer
- Unknown if monoclonal antibodies will maintain efficacy
 - Sotrovimab reported to be effective
- Antivirals
 - Merck and Pfizer expect their therapeutics to be effective

Q: Confirming tests from at-home/antigen tests. Are you still recommending PCR confirmation?

A: In most cases, no need to confirm an antigen result with a PCR. There are circumstances where this needs to be reconsidered i.e. someone who has symptoms but tests negative on antigen. They should get a PCR. If you have a PCR result that is positive, and a subsequent antigen negative, the PCR result stands because it remains the gold-standard test.

At-home COVID-19 Test Kits Distribution: On 12/13, Baker-Polito Administration announced plans to increase access to at-home COVID-19 test kits for residents across the Commonwealth. They secured 2.1 million iHealth Labs OTC at-home rapid antigen tests that will be delivered to 102 towns (account for 3.7 million of MA population) with the highest percentages of families living below the federal poverty level. The number of tests each town will receive range from 180 to 488,700. MEMA will distribute tests from the warehouse and using the National Guard. This is based on US Census Data. The administration is finalizing plans to allow municipalities and other public entities to directly purchase tests from test manufacturers at fixed, state-negotiated prices. Each city or town will be able to determine how best to distribute tests within their community municipalities. The tests can be completed in 15 minutes without the need to send a sample to a laboratory. A mobile phone or computer is not needed for any part of the test. Those over 2 years old can use the tests regardless of vaccination status or whether or

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not they have symptoms. Residents are not required to contact local public health on test results however, Directions are only in English but we are translating materials/creating an infographic and will be shared when that's completed.

Resources:

MDPH Epi Program/Speak to on-call Epidemiologist: 617-983-6800

MAVEN Help Desk: 617-983-6801, isishelp@mass.gov

MDPH Food protection program: 617-983-6712

DESE Rapid Response Help Center: 781-338-3500

Interpreter Services Available to LBOH: http://www.maventrainingssite.com/maven-help/pdf/LBOH%20Translation%20Services_Ver%203.0_July_2021.pdf

Send general questions, concerns, requests to local.regionalpublichealth@mass.gov

Get tested: <https://www.mass.gov/covid-19-testing>

Isolation and Quarantine Tips: <https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19>

CDC Self-testing page: <https://www.cdc.gov/coronavirus/2019-ncov/testing/self-testing.html>

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

-Pamela Crehan - 3:04 PM

Q: I was on the MAVEN ZOOM today and they said you can continue vaccination series as soon as out of isolation and asymptomatic and not wait 90 days to get the next dose in series or booster. Please confirm I heard this right. Thanks-

-laurie courtney - 3:06 PM

A: Correct. "People with known current SARS-CoV-2 infection should defer vaccination at least until recovery from the acute illness (if symptoms were present) has been achieved and criteria to discontinue isolation have been met. Current evidence about the optimal timing between SARS-CoV-2 infection and vaccination is insufficient to inform guidance." Please see the Clinical Considerations for more detail: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#CoV-19-vaccination->

-laurie courtney - 3:08 PM

A: the link was slightly cut off. Here it is: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#CoV-19-vaccination->

-glynnis larosa - 3:22 PM

A: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#booster-dose->

-Michael Hugo - 3:03 PM

Q: As for the Free rapid test kits to be distributed: How do we predict how many tests will be distributed per municipality? Who are the tests sent to for distribution? When will the distribution be made?-

-Mike Coughlin - 3:09 PM

A: Mike-we'll be discussing that shortly on this webinar-

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-Jamie Terry - 3:13 PM

Q: During contact tracing if a health professional identifies somebody that sounds like a good Candidate for monoclonal antibodies what is a direct line that we can connect those folks to so they receive the treatment that they so desperately need.-

-Catherine Brown - 3:22 PM

A: Administration of mAbs generally requires referral by a healthcare provider so the best place to refer them is their provider-

-Jana Ferguson - 3:24 PM

A: Adding to Katie's response Patients with mild to moderate COVID-19 are referred for treatment by their providers when they are considered to be at high risk for progression to severe disease and treatment requires a medical order. If a provider is not available, then a patient can contact Gothams referral line directly (call (508) 974-3431)-

-Sharon McCarthy - 3:16 PM

Q: is any COVID information available in the language of Afgahan - think it is Pashtu?-

-Catherine Brown - 3:23 PM

A: Sharon - not that I am aware of but I will raise this-

-lauren kennedy - 3:30 PM

Q: are community health centers or healthcare providers such as urgent cares able to provide people with their vaccination record? Many people calling for a covid vax replacement card or copy of their record do not have primary care providers-

-laurie courtney - 3:31 PM

A: Anyone who can confirm the receipt of COVID-19 vaccines can provide people with their IZ record. It may not be the "card", which you may not have, but you can print out and/or provide the IZ record the same way you would any IZ record.-

-laurie courtney - 3:32 PM

A: Here is more info: <https://www.mass.gov/info-details/requesting-a-copy-of-your-covid-19-vaccination-record>-

-Fynn Crooks - 3:27 PM

Q: Here is info on Covid in Pashto:

<https://www.nhsinform.scot/translations/languages/pashto/illnesses-and-conditions/coronavirus-covid-19-pashto/>-

-Catherine Brown - 3:33 PM

A: Thanks Fynn!

-Larry Ramdin - 3:43 PM

Q: What is the minimum order for boosters-

-glynnis larosa - 3:55 PM

A: Hi Larry I checked with the MDPH Vaccine Unit and there is no minimum vaccine order. -

-glynnis larosa - 3:58 PM

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A: of course ordering one vial would not make sense but I think you are thinking about ordering larger volumes for your county -

-glynis larosa - 4:00 PM

A: Please check in with the Vaccine Unit to be sure I am understanding your question Larry

Thanks -

-Meghan Doherty - 3:39 PM

Q: Should LBOH still be the lead on group homes and adult day programs?-

-Catherine Brown - 3:58 PM

A: Meghan - in general, LBOH should have right of first refusal for everything. We can provide support and backup if needed-

-Kristin Black - 3:41 PM

Q: In last week we encountered two daycares that provided incorrect quarantine and isolation information to families. One of the daycares failed to report to EEC. How do we report negligent EEC programs? Can you share EEC contact?-

-Catherine Brown - 3:59 PM

A: Kristin - we can get that and distribute-

-Maribeth Ting - 3:44 PM

Q: I have had 3 cases who tried to use MassNotify once they received their positive test result - and the link did not work-

-Catherine Brown - 4:00 PM

A: The links expire if not used promptly. There is an email to request technology help massnotifyhelp@mass.gov-

-Kristin Black - 3:53 PM

Q: What percentage of MA cases are being sequenced (e.g. determined to be Omicron)?-

-Catherine Brown - 4:02 PM

A: Two different questions Kristen - about 30% of cases are being sequenced and we have 16 cases so far. Delta remains the predominant variant at >97%-

-Maribeth Ting - 3:56 PM

Q: the DESE guidance does read PCR test. for return to school after symptoms - will there be any move to address this language-

-Catherine Brown - 4:02 PM

A: That is a specific situation where a PCR test is required. I am not aware that we are changing this at this time-

-Pamela Crehan - 3:57 PM

Q: When we are getting home antigen tests that are positive, do we just inform how to isolate and that they need to notify their contacts. Do we need to make them a case in Maven?

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-
-Catherine Brown - 4:03 PM

A: Yes - isolate and they should notify their close contacts. You do not need to make them a case

-Catherine Brown - 4:04 PM

A: Updated website about what to do if you have a positive result <https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19>