

Norfolk County-8 Coalition

MDPH/LBOH Webinar 1/11/2022



Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Sam Wong, Erica Piedade, Michael Coughlin, Rachael Cain, and Aimee Petrosky, 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
- 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:

COVID-19 Vaccine Updates/expanded recommendations: A primary series is recommended for everyone ages 5 and up. In most situations, Pfizer or Moderna COVID-19 vaccines are preferred over the J&J for primary and booster vaccination. An additional primary series dose is recommended at least 28 days later for moderately or severely immunocompromised people ages 5 years and over who received a 2-dose mRNA vaccine primary series. A booster dose is recommended for everyone ages 12 and older. Graphic describing the eligibility is [here](#).

Recent timeline

- Jan 3: FDA Expands EUA for Pfizer vaccine to allow for
Boosters for ages 12-15
Boosters at 5 months (previously 6 months)
Third primary dose for immunocompromised children aged 5-11
- Jan 4: CDC recommends
Pfizer booster at 5 months
Third primary dose for immunocompromised children ages 5-11
- Jan 5: ACIP and CDC recommends the boosters for children 12-15
- Jan 7: FDA and CDC shortens interval for booster dose of Moderna vaccine to 5 months

Questions to Dr. Brown:

When is COVID going to be considered endemic/when do we stop responding to COVID-19 as if it's an emergency? Now. I feel we made progress in that direction, progress is us updating the recommendation of discontinuing all individual contact tracing and instead focusing on vulnerable populations and settings. Right now, in the middle of Omicron, staffing levels in many sectors are reduced because so many people are out due to sickness. Need to continue our efforts so we can preserve health care capacity and increase vax and booster percentages. Although it is endemic, we still have to respond in an emergency mode.

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What is considered fully vaxed? Fully vaxed is either having completed 2 doses of Pfizer/Moderna or 1 dose of J&J. CDC now using the term “up to date” having received all vaccines you’re eligible for. I.e. if you have had 2 doses of mRNA vaccine but it’s only been 3 months since last dose, you aren’t eligible for a booster yet but you are up to date. If you are 6 months after the first series and don’t have the booster dose, you do not have all the eligible doses and you would not be considered up to date.

DPH’s latest guidance on isolation and quarantine for healthcare workers. Who are healthcare workers and are EMTs healthcare workers? A healthcare worker is anyone working in a healthcare setting at the risk of exposure. EMTs are healthcare workers, the ambulance is considered a healthcare setting. They should follow [healthcare guidance](#). This does not include all first responders, just those that work in healthcare settings. Healthcare worker guidance describes this more fully.

What if a healthcare worker tests positive on day 5? Isolation and quarantine applies to everyone regardless of vax status. If a healthcare worker is up to date they do not need to isolate as long as they don’t have symptoms.

Should staff and volunteers at LBOH vax clinics follow isolation and quarantine for healthcare personnel? Yes, but only for that particular setting. Outside of this setting, you would apply guidance for [general public](#).

Isolation and quarantine guidance, what are the key differences between DPH, DESE, and EEC? For DESE, staff and teachers fully vaxed don’t need to quarantine (don’t need to be “up to date”) for in-school settings, but outside of school they should be quarantining if they’re not up to date on vaccinations. There are also a set of symptoms that if they occur in isolation and are mild, they don’t need to get tested. [DESE guidance more details](#). DESE guidance also allows students in special education who cannot mask to participate in Test and Stay because in that setting teachers and staff need to take additional precautions for themselves. Individuals exposed outside of school settings do need to quarantine and do not participate in Test and Stay. [EEC](#): Similar list of symptoms if someone has a single/isolated symptoms that are mild then testing is not necessarily recommended. Individuals that cannot mask are allowed to return without mask if by day 5 they have negative test.

Why is the contagious period shorter now than it was at the beginning of the pandemic? It’s not actually shorter, people can be infectious up to 10 days after symptom onset, and for immunocompromised maybe infectiousness even longer. But, people in general are less infectious in days 5-10. This residual risk is addressed by additional recommendation to mask for days 6-10.

What is day zero? Day of symptom onset or positive test.

What does “symptoms improving” mean? Have to be fever free for at least 24 hours without the use of fever reducing medicine and other symptoms need to be improving.

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For those in days 6-10 of isolation and quarantine, what about situations where masking is not possible (e.g. swimming, young children)? People who cannot mask should continue to isolate/quarantine for a full 10 days and should not participate in those activities.

Possibility of reinfection and immunity with omicron and the implication of reporting in MAVEN? When a positive test result comes in that is more than 90 days from their last event date, it will automatically create a new event. If someone tests positive within those 90 days, those results automatically go into the previous event. It's possible for people to get infected sooner than 90 days, it doesn't happen often. We've only had one case in MA of a recent delta infection followed by an omicron infection.

Can rapid antigen tests can be used to return to work? Yes. PCR is the preferred test if someone has symptoms and tested negative.

When is testing recommended after developing symptoms? 24-48 hours. People should stay home/isolate pending results of tests.

Some employers are still requiring employees to obtain clearance from LBOH to return to work, what will LBOH do? Advisory released today should help stop this, it says that LBOH is not responsible for distributing letters and those letters should be coming from their physician.

PCR and antigen test accuracy, do both tests detect omicron? FDA tests existing tests with different variants to see if they still work. Some PCRs will not pick up omicron but that is not how antigen test works. Antigen might be less sensitive at detecting omicron (maybe because low level of virus in the nasal passage) but overall antigen tests are accurate at detecting omicron as it's always been true early in infection before people's viral loads get higher. People should NOT take throat swabs and use them for antigen tests.

Should LBOH recommend PCR tests to follow up on a positive home test? In general, no. They should be treated as a positive.

Questions answered by DESE:

Does the type of/severity of symptoms matter for the students vs staff? DESE does not distinguish between staff and students. Sometimes those are interchangeable. On [October 12th, Section 8](#), severity of symptoms is based on clinical judgement of healthcare professional. If the healthcare provider believes the symptoms warrant testing, then that student should be tested.

What is the policy if someone tests outside of the school system and tests positive? If someone tests outside, you follow [protocol A](#), and then they would isolate for 5 days, they can return to school if they are fever free for 24 hours.

How does DESE guidance differ from people who are vax vs unvax? [Protocol documents](#), 3 sections. Section A, covid positive individual –no different if you're vaxed or unvaxed. Section B, Test and Stay, does differ between being vaxed and unvaxed. If you're unvaxed and in protocol B, you are exempt from testing and quarantining as its written today. Protocol C, if you're symptomatic and the nurse feels that you should be tested, you will be tested.

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What is the guidance for private schools? No authority over private schools but many of them use DESE's guidance.

How does DESE define fully vaccinated and how does it align with DPH's definition of fully vaccinated? DESE follows legal definition of fully vaccinated. We do not have the up-to-date booster in our definition.

Is testing required to return back to school? No.

If after 5 days of isolation and they return to school on day 6, but the individual cannot wear a mask until day 10, what happens during mealtimes and outdoors? For school, when someone has quarantined. Protocol C-2. Students unable to wear masks, October 12th quantifies how staff and direct service providers should wear additional PPE.

Who can enroll in Test and Stay any data available? Anyone can enroll if the school decides to do it and not sure what type of data the question is referring to.

Will additional mitigation strategies be put in place to protect staff and students? We extended mask mandate and we work every day to protect our students and staff. We have a rapid response line (781-338-3500) to address individual district needs and have also pushed for testing.

What is the criteria for going back to remote learning? It is very specific to what happens to a school, classroom, students, staff. They would call the response line and recommend what to do (also working with their LBOH). DESE makes the decision on what is presented. School can go back to being remote, but does that count as structured learning time? Need to fill out a waiver, reasons why it would support structured learning time, and why you need to go remote.

When are we going to end contact tracing in schools? Working with our partners to address this. For the district that said they stopped contact tracing, they actually put a pause on their Test and Stay program. We know its difficult to contact trace.

What should school nurses do when families call to report a positive at-home antigen test? We are taking antigen tests as positives. Document the person providing that information. Some people want to know the brand of the test for example.

Rapid Antigen Tests: Order in place to iHealth to supply state with 26 million rapid antigen tests over the next three months (subject to supply chain issues). This just happened, no shipping information, no timeline. We do know the tests will be prioritized to support k-12 schools and childcare settings.

Public Health Advisory: All residents to seek testing when exhibiting symptoms, or five days following a known close contact with someone diagnosed with covid pursuant to MDPH quarantine and isolation protocols, updated 12/29 in accordance with the new CDC guidance.

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Questions answered by Jana:

Is the governor considering a temporary statewide mask mandate at indoor public places?

DPH updated advisory on 12/29, recommends that everyone in MA, regardless of vaccination status, to wear masks indoors. No additional mask mandate expected at this time.

At home tests contracts are pricier than expected? Some prices either match the sticker price or are a notch less.

Minimum orders are very large, can we reduce?

No, but if you want to get a fewer number of kits you can group together with other entities.

How fast is the turnaround time? Are some vendors faster than others? 5-15 days before an order is shipped, but we don't have a comparison of shipment times for different vendors.

How does the order amount impact price? There isn't a volume discount. We were informed via FEMA that if tests are used for municipal staff costs would be reimbursed to test employees for the purposes of maintaining central operations. Cannot be shared with the public.

Question and Answer Process:

Questions related to DPH's isolation and quarantine guidance, or questions related to MAVEN, please contact Epi line: 617 983 6800

Questions about DESE's guidance, please contact DESE's Rapid Response Help Center: 781 338 3500

For other general questions, contact OLRH at LocalRegionalPublicHealth@mass.gov. Questions submitted to this email will be addressed on the next webinar.

End of call 4:03 pm