Graphical user interface, text, application

Description automatically generated

**Announcements**

***Vax Records***

* Access vaccination records using [My Vax Records](https://www.mass.gov/guides/how-to-access-your-vaccination-records-using-my-vax-records) which is now live.
* To request records for multiple dependents (ex. children), a new request needs to be submitted for each dependent.
* The portal provides a digital copy of vaccine records that have been reported to MIIS.
  + If there are missing records, you can submit that information through the portal so that the system can update your records on MIIS (process could take up to 10 days).
* Once you have gained access, in most cases you should be able to access records right away (potentially 24 hours).
* There will be an option to create a QR code that can be scanned at various venues.
* For troubleshooting: <https://www.mass.gov/guides/how-to-access-your-vaccination-records-using-my-vax-records#-troubleshooting>

***Free COVID-19 At-Home Tests***

* Every home in the U.S. is eligible to order 4 free at-home COVID-19 tests.
  + Orders will usually ship in 7-12 days.
* You can start ordering tests today: <https://www.covidtests.gov/>

***COVID-19 Update – Dr. Katie Brown, DPH***

* Number of cases are appearing to drop (have data to show that this decrease is real and not an artifact caused by people shifting to a different type of testing).
* This past weekend was the first weekend in a while that the COVID-19 hospitalization numbers went down.
  + Have also heard from hospitals that the number of staff out due to isolation or quarantine have decreased measurably.
* Still seeing unprecedented numbers of cases, but it does seem that the numbers are trending in the right direction.
* Surveillance data from wastewater has been showing significant decreases.
* Still at a point where more than 95% of cases are due to the Omicron variant and have seen no evidence that this will change in the near future.

**Q**: What are the best tools we have to combat COVID? Should local health be focusing on vaccinations, mask mandates, or other interventions?

**A***:* Vaccines are the single most important tool to combat COVID-19. Having people get the primary series and the booster when eligible, remains the single most important thing that we can all do to protect against COVID-19.Numbers are high so we want to still encourage mask use and if they are sick, stay away from others and get tested. If you test positive, you need to isolate. If you are a close contact, you need to quarantine. If you become a case, you need to notify close contacts.  **Q**:There is an update from DESE that was released this morning. The details are still to be worked out and information is forthcoming. Is there anything else you would like to share with the group? **A**:The change to the DESE recommendations that were announced in the memo – there will be more details about this and the timeline later. There will also be additional EEC guidance. Nothing specific to mention at this time.

**Q**: When are we going to end contact tracing?

**A**: Not sure contact tracing will ever really “end” – there will always be situations when it is important. In December, recommendations were made to stop attempting contact tracing for every single case (up for local decision making about what is most appropriate for the municipality). The recommendation is to continue contact tracing for specific settings (ex. K-12). The memo from DESE suggests that K-12 is a moving target at the moment. There are going to continue to be settings and outbreaks where contact tracing will be necessary.

**Q**: Based on the changes from DESE and a likely announcement from EEC this week, there may be limited opportunity for local health to continue to do contact tracing for COVID cases?

**A:** Yes. There are local decisions to be made about school districts and which path they want to choose. It does seem as if this will reduce the burden of contact tracing even further.

***DESE – Upcoming Webinar***

* DESE has expanded the January 19th webinar to welcome local health officials.
* Encouraging everyone to attend who is interested in learning about the DESE guidance.
* Please click the link below to join the webinar: <https://us02web.zoom.us/j/85855365802?pwd=MzJybFpVUTF6Tm5yUmJ1b2txemlWZz09>
  + When: Jan 19, 2022 01:00 PM Eastern Time (US and Canada)
  + Topic: COVID Testing Program Update Webinar
  + Passcode: 671734
  + Or One tap mobile: US: +16465588656,,85855365802#

***Q&A Process Reminder***

* Written Q&A document will be updated and sent out again to reflect the updated guidance.
* Questions related to DPH’s isolation and quarantine guidance, or questions related to MAVEN
  + Contact the Epi Line at 617-983-6800
* Questions related to DESE’s COVID-19 guidance
  + Contact DESE’s Rapid Response Help Center at 781-338-3500
* For other general questions
  + Contact OLRH at [LocalRegionalPublicHealth@mass.gov](mailto:LocalRegionalPublicHealth@mass.gov)
  + Questions submitted to this email will be addressed at the next webinar
    - Submit questions by Thursday, January 19th by noon

***Other Updates***

**Q**: Is there a way for day cares and schools to directly order at-home antigen tests to distribute to their populations?

**A**: As part of the DESE guidance released this morning, it includes distribution of at-home test kits for the K-12 population. We expect EEC will come out with a similar announcement later this week.

**Q**: How do you get reimbursement for at-home test kits? How do you go about test-kits for multi- family addresses?

**A**: Do not have the answers to these questions at the moment. Will look into getting answers.

**Q**: Higher education – Is the guidance for days 5-10 for quarantine and isolation with roommates?

**A**: In the past, higher education has had facilities for isolation and quarantine where they could get students out of situations with roommates. They may not be able to do this now with the current number of cases. It is now an issue of practicality (ex. don’t mask while sleeping). If the students are sleeping more than 6 feet away from each other, this is a reasonable path to follow; students would need to be masked in all other circumstances.

**Q**: How do you determine Day 0? **A**: Day 0 is still considered the day of the onset of symptoms. For those who do not have symptoms, it is the test date. If you had symptoms first and then tested positive, you would go by the symptoms. If you test positive and then develop symptoms later, you would go with that test date. There is room for judgment here depending on the situation.

**Q**: Will you be updating the website or guidance to reflect the “up to date” language instead of fully vaccinated and boosted?

**A**: Not sure. When talking about this Dr. Brown has been using both sets of terminology. CDC has shifted to the “up to date” language and expect that overtime we may end up following. It is important to recognize that “up to date” can mean either fully vaccinated or fully vaccinated and boosted depending on how long it has been since the primary series. “Up to date” is a bit of a vague term.

**Q**: The CDC has updated the guidance for people that develop symptoms after they have tested positive – the 5-day isolation period should start over.

**A:** In Massachusetts we have Massachusetts guidance. For the moment, you start based on when the earliest test is. Will let you know if things change.

**Q**: Is it still required for private businesses to have to report every positive case?  
**A**: The advice is that we want businesses to report if they have something unusual like multiple cases. They want to be able to identify clusters that are associated with specific businesses. If they start to see a cluster of multiple cases in a short period of time or a rapid increase in cases, it may be something that requires public health intervention.

**Q**: I-health tests are for ages 2 years and up. What is best for those under 2 years of age?

**A**: A PCR test would be the test of choice.

**Q**: Can you clarify the infectious period. Is it two days prior to symptom onset or a positive test?  
**A**: If someone has symptoms and then gets tested and are positive, you want to go two days prior to symptom onset. If they do not have symptoms and have a positive test, it would be two days prior to that positive test. If their symptoms are consistent with COVID, the recommendation is that you go with whichever is earlier (symptoms or test date) and two days prior to that is when the potential infectious period started.

**Q**: Is there evidence of individuals who were positive in November or December testing positive again?  
**A**: Have to be cautious about this. You can be PCR positive for up to 90 days following diagnosis. If they are now antigen positive, that is more unusual. Omicron has more immune invasion than previous variants. It is possible that within that 90 period and you held Delta the first time around, you could also get Omicron. This does not appear to be happening frequently.

**Q**: For people that do not have symptoms, when they test positive should we use time as the isolation period and not test again to test out. If they do, should we continue to ignore the second positive if they continue to be symptom free?

**A**: No. Do not test. If you are in isolation, do not test on day 5. You almost definitely would be positive for PCR and possibly on antigen as well for day 5. Use time instead of tests to test out of isolation if you have no symptoms.

**Q**: If someone tests antigen positive within 90 days, do you count this as a new case?  
**A**: Do not recommend people get retested within 90 days. The exception is if you develop new symptom onset that seems to be consistent with COVID. If they have new symptom onset and test antigen positive (and were potentially exposed), it would make sense to count them as a new case.

* Next Webinar
  + Tuesday, January 25th at 3:00pm

***Q&A from the chat***

Anita Arnum­­ - 14:07­

Q: ­Can you put up website to order test kits again??­­­‑

‑­Glynnis LaRosa­­­­ - 14:09­

A: ­COVIDtests.gov for the 4 free tests per household ­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­Camille Griffin­­ - 14:18­

Q: ­Can you please provide the link to tomorrow's DESE webinar in the chat?­­­‑

‑­erica Piedade­­­­ - 14:19­

A: ­When: Jan 19, 2022, 1:00 PM (ET)

Topic: COVID Testing Program Update Webinar

Click the link below to join the webinar:

https://us02web.zoom.us/j/85855365802?pwd=MzJybFpVUTF6Tm5yUmJ1b2txemlWZz09

Passcode: 671734

Or One tap mobile: US: +16465588656,,85855365802#

­‑

‑­Anne Gilligan­­­­ - 14:19­

A: ­Webinar Information

When: Jan 19, 2022 01:00 PM Eastern Time (US and Canada)

Topic: COVID Testing Program Update Webinar

Please click the link below to join the webinar:

https://us02web.zoom.us/j/85855365802?pwd=MzJybFpVUTF6Tm5yUmJ1b2txemlWZz09

Passcode: 671734

Or One tap mobile: US: +16465588656,,85855365802# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­Katie Tenaglia-O'Neill­­ - 14:12­

Q: ­Can someone from DESE please clarify the recommendation on how to consider if a sports team is a cluster event?­­­‑

‑­Catherine Brown­­­­ - 14:20­

A: ­Katie - If there are multiple cases in a team and your investigation indicates that transmission happened during team activities, that should be created as a cluster. ­=

*End of call 3:39pm*