Graphical user interface, text, application

Description automatically generated **Announcements**

***Academic Public Health Corps*** ***Update*** – Erica Piedade, DPH

* APHC members can support LBOH’s COVID-19 case investigation, COVID-19 response support/vaccination, data analysis, health communications, translation services, equity support and admin, etc. (<https://www.mass.gov/info-details/academic-health-department-academic-public-health-corps>).
* If you would like APHC assistance, complete the APHC/MHOA Request From that will be sent on Wednesday, January 5th by Jen Tsoi (jtsoi@mhoa).
* APHC will follow-up and connect you with support.

***COVID-19 Community Impact Survey Preliminary Analysis Results: People With Disabilities*** *–* Nassira Nicole, DPH

* Goals of CCIS
  + 1) Identify the most pressing immediate and long-term health needs created by the pandemic, including its social and economic consequences
  + 2) Determine which populations have been most disproportionately impacted
  + In order to inform and prioritize resource deployment and policy actions
* CCIS Approach
  + Self-administered online survey (Sept. & Nov 2020) with 33,000 adult and 3,000 youth respondents (available in 11 languages; additional focus groups conducted in ASL).
  + Topics: perceptions and experiences of COVID-19, basic needs, access to health care, pandemic-related changes in employment, mental health, substance use, and safety
  + Recruitment via community-based organizations and snowball sampling
* Ableism acts at multiple levels: internalized, interpersonal, structural, & institutional
  + Does not act alone- for each aspect of our identities the systems we live in can cause cumulative and compounding inequities
* Ableism, Disability, & COVID-19
  + Limited systematic data on COVID-19 outcomes by disability status.
  + Media messaging that “only people with pre-existing conditions” were at risk perceived as devaluing disabled lives.
  + Prioritization of health care resources based on assumptions regarding quality of life.
  + Increase in telehealth removes some barriers to health care and creates others.
  + Support systems were disrupted.
  + COVID-19 swept through congregate settings, restrictions on movement from congregate settings limit independence and safety of residents.
  + Barriers to following best practices for preventing virus exposure (ex. wearing masks).
  + Challenging to get a pre-COVID-19 accommodations for people with disabilities, whereas employers moved swiftly to make telecommuting possible.
  + Fast changing health information may not be adopted or accessible.
* Reaching the Disability Population in MA CCIS
  + 4,100+ participants had 1+ disability.
  + CCIS allows us to examine the experiences of multiple disability groups.
  + MA CCIS helps fill an important gap in COVID-19 data by disability status and type.
* *Spotlight: Deaf and Hard of Hearing People*
  + Focus groups highlighted how practices to prevent virus transmission served as barriers to communication.
  + Respondents are 1.5X more likely to experience a job loss and 1.4X more likely to experience reduced hours or leave due to pandemic.
  + 39% worry about paying for 1+ expense or bills in the coming weeks.
* *Spotlight: Blind and Visually Impaired People*
  + May need to be guided by holding someone’s elbow; elbows used for sneezing & coughing.
  + 1.9X more likely to not be able to keep 6 ft. distance when outside the home.
  + 1.5X more likely to report 15+ poor mental health days in the past 30 days.
* *Spotlight: People With Self-Care/Independent Living Disabilities*
  + 2.6X more likely to worry about getting medications.
  + 2X more likely to have not gotten medical care needed since July 2020.
  + 1.8X more likely to be “very worried” about getting infected with COVID-19.
* *Spotlight: People With Cognitive Disabilities*
  + 2X more likely to worry about getting food or groceries.
  + 2.3X more likely to report 3+ PTSD-like reactions in past month.
  + Rapid changes to routine may strain day-to-day activities & support, increase stress.
* Upcoming CCIS Live Webinar
  + Caregivers (caregivers of adults with special needs and parents of children & youth with special healthcare needs)
  + January 13, 2022 1:00-2:30pm
  + Register at [www.mass.gov/covidsurvey](http://www.mass.gov/covidsurvey)

***Isolation and Quarantine Guidance –*** Dr. Katie Brown, DPH

* December 28th, 2021 – CDC shortened the recommended time for isolation for individuals with COVID-19. (<https://www.mass.gov/info-details/isolation-and-quarantine-guidance-for-the-general-public>)
  + If the individual shows no symptoms, the recommended isolation period is shortened from 10 days to 5 days, followed by 5 days of wearing a mask when around others.
    - For individuals unvaccinated or more than six months out from their second Pfizer or Moderna dose (or more than two months after the J&J vaccine) and not yet boosted who have been exposed to COVID-19, the CDC now recommends quarantine for 5 days followed by strict mask use for an additional 5 days.
  + If a 5 day quarantine is not feasible, it is imperative that an exposed person wear a well-fitting mask at all times when around others for 10 days after exposure.
  + Individuals who have received their booster do not need to quarantine following an exposure, but should wear a mask for 10 days after exposure.
  + For all those exposed, best practice would also include a test for COVID-19 at day 5 after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19.
* Isolation and Quarantine Guidance for Health Care Personnel
  + DPH on December 29, 2021: Effective immediately, fully vaccinated, asymptomatic health care providers and health care personnel may return to work five days following a positive COVID test.
* Isolation and Quarantine Guidance
  + K-12 school settings should refer to DESE guidance.
  + Child care program should partner with local boards of health for support in developing program quarantine/isolation policies following CDC guidance.
    - EEC guidance is forthcoming this week.

***Omicron*** – Dr. Katie Brown, DPH

* Sequencing data are coming into MAVEN and you can find information on cases by running Variants of Concern report.
  + Assume that as of December 27th, most people have the Omicron variant even if the sample is not sequenced.
* Increased evidence disease is milder; reinfection after infection with Delta (even within 90 days) is occurring, incubation period is shorter than Delta and other variants, not yet clear if it will entirely replace Delta.
* Omicron and Antigen Tests
  + Antigen tests are less sensitive than PCR tests.
    - Most likely to be negative early and late in disease.
    - Antigen tests are most likely to detect virus when it is occurring at levels that mean someone is currently infectious.
  + A positive result indicates likely infection and should be assumed to be positive.
  + A negative result when someone is symptomatic should trigger a follow up PCR or another antigen test within 24-48 hours.

**Q:**Which day should we count as day 0?

**A*:*** For the moment, for symptomatic people, you start on the day of symptom onset. This day of symptom onset is day 0. For people who are asymptomatic, the day their positive test was taken is day 0. This applies to general population and health care personnel.

***At-Home Covid Test Kits – Ordering/Purchasing –*** Jana Ferguson, DPH

* Have announced contracts with 3 COVID-19 at-home test manufacturers (Ellume Limited, iHealth, and Intrivo)
  + Contracts will allow municipalities and eligible entities to begin the process of placing orders for rapid test kits at the state-negotiated prices ranging from $5-$26.
* Municipalities are eligible to utilize American Rescue Plan Act (APRA) funds to purchase the test kits.
  + Cannot use FEMA reimbursement funds.
* Private organizations need to confirm with Operational Services Division (OSD) if they are eligible to purchase kits through statewide contracts.
* Operational Services Division Upcoming Webinar – January 6th
  + Best Practices for Ordering COVID-19 Rapid Antigen Test Kits
    - Date: Thursday, January 6th 2022
    - Time: 1-1:45pm
  + Register here: <https://register.gotowebinar.com/register/3686731077697187596>

**Q**: Do we know for the municipalities that received at-home test kits a couple weeks ago if there will be additional shipments?

**A**: No, this was a one-time shipment.

**Q**: Through the state contracts with the three manufacturers, the price seems to vary a lot. Is there a recommendation on which one to pick?

**A**: Not really. Look at the different types of tests that are available and determine what you are looking for. The tests that went out to the 102 municipalities were the iHealth tests which are very basic.

***COVID-19 Vaccine Update*** – Jana Ferguson and Laurie Courtney, DPH  
Table

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* Most of the sites take advance registration appointments and most will take walk-ins.
* FDA/CDC Updates Pfzier Vaccine
  + January 3rd the FDA amended the EUA for the Pfizer COVID-19 vaccine
    - Expanded the use of a single booster dose to include use in individuals 12 through 15 years of age.
    - Shorten the time between the completion of primary vaccination of the Pfizer COVID-19 vaccine and the booster dose to at least five months.
    - Allow for a third primary series dose for certain immunocompromised children 5 to 11 years of age.
  + CDC updated some recommendations ahead of Jan. 5th ACIP meeting
    - Shorten the interval from six months to five months for people who receive the Pfizer vaccine
      * The booster interval recommendation for people who receive the J&J (2 months) or Moderna (6 months) vaccines has not changed.
    - Moderately or severely immunocompromised 5 to 11 year old’s receive an additional primary dose of vaccine 28 days after their second shot (only Pfizer is authorized and recommended for children 5-11).

***Questions not answered out loud from the Q&A chat***

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­Tricia McGean­­ - 14:45­

Q: ­Hi Erica, are the APHC people trained in contact tracing and/or know MAVEN? Tricia McGean PHN for LIncoln, Concord, Carlisle so I could def. use the help.­­­‑

‑­erica.m.piedade­­­­ - 14:45­

A: ­#Tricia McGean: thank you for your question. If the LBOH asks for APHC specifically for contact tracing, yes they receive training on MAVEN. Calling and follow up are some of the activities. If you want them to put the information into MAVEN and have access to MAVEN they will need a municipal email address and a MAVEN APHC access form must be filled out and sent in. If you need more information, please contact me erica.m.piedade@mass.gov­‑

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Sandra Malzone­­ - 14:45­

Q: ­What is recommended for the school lunch settings if a student returns on day 6 but needs to follow strict mask wearing. No guidance on this!­­­‑

‑­Anne Marie Stronach­­­­ - 14:45­

A: ­Distance as much a feasible and uimask only while actively eating. and masking reuire befor and after active eating. This is a best practice for all students.­

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Jill Connolly­­ - 14:11­

Q: ­Why are the return to work guidelines for HCP different than the general population? HCP need a negative test on day 5 or later, however the general population does not? Is that correct? Very confusing.­­­‑

‑­Catherine Brown­­­­ - 14:48­

A: ­HCW are treated differently because they are working around people who are more vulnerable and providing direct patient care­

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­Maribeth Ting­­ - 14:49­

Q: ­for K12 schools if there is a student not fully vaccinated who is exposed outside of school, are they subject to quarantine?­­­‑

‑­Anne Marie Stronach­­­­ - 14:49­

A: ­Yes you would follow Protocol B-2.­‑

‑­Anne Marie Stronach­­­­ - 14:51­

A: ­Test & Stay remains unchanged for now and is intended for in-school close contacts only with the exception of EEC program with partnership with districts. ­

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Jennifer Brown­­ - 14:50­

Q: ­Hi Erica, happy new year! Do you know if there are opportunities to receive more rapid tests for communities that have shelters? Concerned about Craig's Doors here in Amherst. Many thanks.­­­‑

‑­erica.m.piedade­­­­ - 14:50­

A: ­#Jennifer Brown: Jana is going over how municipalities can acquire more test kits.

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­Vivian Franklin­­ - 14:13­

Q: ­Testing access is extremely limited or nonexistent at this time. Can you please cover the use of home tests to test out of isolation, quarantine, and test in response to new symptoms? Thank you.­­­‑

‑­Catherine Brown­­­­ - 14:51­

A: ­OTC tests are fine for use for testing out of I or Q and for symptomatic testing­‑

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­Jill Connolly­­ - 14:14­

Q: ­Does the quarantine countdown for a household contact begin after the 5 days of shortened isolation for the positive case, or after the full 10 day as it was previously? Will there be updated forms for calculating dates of isolation and quarantine given the new shortened guidelines for both?­­­‑

‑­Catherine Brown­­­­ - 14:53­

A: ­If the household case is masking in the household on days 6-10, the quarantine for the contact can start on Day 6 (day 5 last day of exposure). If the case is not masking in the household, it has to be day 10­‑

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Michael Theroux­­ - 14:53­

Q: ­What is DESE's definition of a fully vaccinated individual is it the same as the new DPH and CDC guidance or different?­­­‑

‑­Anne Marie Stronach­­­­ - 14:53­

A: ­https://www.doe.mass.edu/covid19/on-desktop/protocols/ See footnote At this time, fully vaccinated is defined as two-weeks following the completion of the Pfizer or Moderna series or

two-weeks following a single dose of Johnson & Johnson’s Janssen vaccine­‑

‑­Anne Marie Stronach­­­­ - 14:53­

A: ­Foot note #5­‑

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­Susannah­­ - 14:15­

Q: ­Does isolation start day 0 with first symptom or positive lab whichever comes first OR does it start with day 0 as positive lab ONLY? If it starts with symptoms, is it all symptoms or ONLY fever, cough and sore throat­­­‑

‑­Catherine Brown­­­­ - 14:54­

A: ­For the time being, yes and it should be any COVID symptom, not just fever, cough or sore throat­‑

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Lori Desmarais­­ - 14:20­

Q: ­What is the quarantine guidance for daycares?­­­‑

‑­Catherine Brown­­­­ - 14:54­

A: ­Hang tight - will be coming out this week­

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Tom Carbone­­ - 14:21­

Q: ­Please explain what it would look like when a close contact is "unable to quarantine".­­­‑

‑­Catherine Brown­­­­ - 14:56­

A: ­Tom - I think I answered this. Wea re still discussing but there are certainly some congregate settings where there are no quarantine facilities­

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­Jen Murphy­­ - 14:23­

Q: ­This is a worthy topic, but we are hemorrhaging out here with school cases alone. We need concrete help from this call. Thank you­­­‑

‑­Catherine Brown­­­­ - 14:56­

A: ­Jen - what can we help you with specifically?­

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Peggy Hart­­ - 14:22­

Q: ­Towns cn buy rapid tests from the state, but pricing seems to vary a lot. Can you recommend a test as being most effective?­­­‑

‑­Catherine Brown­­­­ - 14:57­

A: ­Any test that has received an FDA EUA is appropriate to use­

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­Maribeth Ting­­ - 14:57­

Q: ­If K12 staff are exposed outside of school are they subject to quarantine?­­­‑

‑­Anne Marie Stronach­­­­ - 14:57­

A: ­Can individuals identified as a close contact while at home (i.e., non-school based close contact) return to school and participate in the Test and Stay program?

The Test and Stay program is intended for school-based close contacts, only. Individuals identified as a close contact of an individual outside of school should follow Protocol B-2 or B-3 in the SY22 DESE/DPH Protocols for Responding to COVID-19 Scenarios.­‑

‑­Anne Marie Stronach­­­­ - 14:58­

A: ­[https://www.doe.mass.edu/covid19/faq/2021-0820faq-installment/2021-0820faq-installment.docx­‑](https://www.doe.mass.edu/covid19/faq/2021-0820faq-installment/2021-0820faq-installment.docx)

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Tom Carbone­­ - 14:23­

Q: ­Please explain how persons who have tested positive for Covid in the previous 90 days fit into the quarantine guidlines.­­­‑

‑­Catherine Brown­­­­ - 14:58­

A: ­For now people who have tested positive in the last 90 days do not need to quarantine­

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*Meeting concluded: 4:00pm*