

# Norfolk County-8 Coalition

## MDPH/LBOH Webinar 2/1/2022



### 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, Laurie Courtney, and Julie Coco, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Pam Waksmonski, Health Care Safety and Quality
- 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:**

**Q&A Session** (questions submitted before the webinar):

#### Questions to Dr. Brown

**Q:** Regarding contact tracing for sports teams, if contact tracing for school-sponsored sports is to end with the new testing policies, how should LBOH move forward with contact tracing in non-school related sports, such as non-school basketball team that uses the school's facilities and for recreational sports?

**A:** A continued priority is to keep children in school safely. If any districts are continuing to use Test and Stay, contact tracing for out of school exposures continues to be important. In districts that have discontinued Test and Stay, sports teams might still benefit from information about how to minimize risk and a reminder about how important it is for anyone with symptoms to stay home and arrange testing.

**Q:** Could DPH give tighter guidance on who to contact at this stage, such as only those under 18 or over 65?

**A:** We continue to encourage you to consider these are public health decisions that LBOH has both the authority and responsibility to make. DPH provided guidance about priority settings and situations but those recommendations need to be applied by you in a way that makes sense for your LBOH and your municipality. The priority settings continue to be K-12 schools and EEC programs and school districts have been given opportunities to stop contact tracing in schools and utilize some combination of symptomatic testing, pooled testing, and at home tests. EEC programs have also recently rolled out a Test and Stay program. Investigation of clusters you learn about is also a recommended priority. Adults over 65 were not on the original

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list of priorities but they are at higher risk from severe disease despite vaccination so are a reasonable focus. And if you see multiple cases with the same address suggestive of household transmission that is a setting that might benefit from contact.

**Q:** Are LBOH-private school-college arrangements still in place? Do we need to be doing all that work of collecting contacts for contact tracing from the schools?

**A:** LBOH should continue to work with private schools and colleges/universities in their jurisdictions to develop and coordinate any necessary public health response.

**Q:** Could DPH change MAVEN to allow for a batch LBOH acknowledgement of COVID cases with no closeout required like influenza or Lyme?

**A:** There is a bulk action in the COVID workflows, "Populate Step 1 to Yes". However, because there are still a relatively large number of cases, only cases with a first positive specimen result date within 72 hours are going into the workflow.

**Q:** Can LBOH use antigen testing in resident in a shelter?

**A:** Shelters can order tests from the state but not all of them have done so. If you have a situation with a shelter and you feel testing is necessary/recommended and they do not have any on hand, this is an appropriate place for you to use your tests.

**Q:** Is it okay to use test kits beyond the expiration date on the box and for how long after the expiration date?

**A:** Tests should only be used as directed by the FDA. In most cases, tests should NOT be used past the expiration date on the product. Abbot has been gathering additional data on their product and FDA has granted all of the Abbott BinaxNow antigen test expiration dates an extension to 15 months. From DESE: The lot # on the box of tests (also called kit) should be referenced against the expiration date list—not the lot # on the individual tests. Districts with expiring kits should check whether the expiration date has been extended by downloading the [Abbot BinaxNOW Product Expiration Extension-May 2021](#). For other brands, make sure you go to the manufacturer's website to see the most up-to-date information and typically they'll have the FDA approval.

**Q:** Could the state require all in-person testing sites to send out emails with isolation guidance to anyone who tests positive?

**A:** DPH can discuss with EHS opportunities for improving communication about what to do following a positive test from testing sites. We all also need to focus on helping everyone understand what they should do following a positive test/or exposure. DPH has an updated [webpage with this information](#) and we would encourage you to link to it or include similar types of information on your own sites.

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**Q:** We are consistently seeing a gap between the percentage of people who have received the first dose only vs. complete series, currently 90% vs 75%. On a state level, the different is slightly less but consistent with our trend. While this likely reflects some vaccine hesitancy, I'm wondering how much of this is due to clerical errors such as slightly different names, spelling etc. What are your thoughts on this? What could be done at the state level to address this?

**A:** MIIS is able to automatically reconcile minor differences in demographic information, and for more major discrepancies there is a manual review process which members of the MIIS team have been working diligently on in order to minimize these errors. We also know that we don't have 100% of all shots administered reported to MIIS (and as a reminder, shots administered outside of Massachusetts will not be included). Missingness of data does seem to be non-randomly associated with retail pharmacies, so if someone completed a series at CVS, that could explain the lack of data. This is also something that the MIIS team have worked on assiduously and have made progress but the large retail pharmacies continue to be problematic in terms of data completeness. For municipalities that have questions like this, one suggestion is to run a "patients vaccinated report" or a "COVID coverage report" which allows you to look at trends in which patients are showing up as incomplete. This may reveal clues into resident behavior or gaps in data quality.

**Q:** Update on BA.2 Omicron variant?

**A:** BA.2 is a sub-lineage of Omicron so you can call it the same. BA.2 has a somewhat different set of mutations from the original Omicron, but in places where BA.2 is prevalent, reports suggest it behaves similarly to Omicron. It is not causing a huge surge but as always bears watching.

### Questions to DESE

**Q:** Is there a threshold for ending contact tracing based on percentage of families who opt into rapid antigen testing program?

**A:** Currently, there is no minimum participation rate to implement the new testing option and discontinue Test and Stay. However, the program must be offered to all grade levels and all staff (i.e. a district/school cannot select specific grades or only staff to participate).

**Q:** Please clarify if a person is exposed to a case, regardless if the exposure was in or out of the school setting, and the person exposed is fully vaccinated but not up to date, that person can attend school per DESE protocols but the person must quarantine when outside of school to comply with general guidelines?

**A:** At this time, and as provided in the updated DPH/DESE Protocols for Responding to COVID-19 Scenarios, fully vaccinated is still defined as two-weeks following the completion of Pfizer or Moderna series or two-weeks following single dose of J&J. The DESE/DPH definition of fully

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vaccinated allows staff and student to participate in the school setting but they should quarantine if not “fully vaccinated and up to date” when outside of the school setting.

**Clinical Lab Program:** [Part of the Bureau of Healthcare and Safety and Quality](#). Most testing sites that do on-site testing (performing a test, doing an analysis and reporting results) would need a state clinical laboratory license and federal CLIA certificate of some type. For example, rapid antigen tests. I.e. a hospital performing rapid antigen test out in the community would probably not need a license, but a private group might need the license. Patients can also go through this avenue to file a complaint.

The Clinical Laboratory Program is part of the Mass. Dept of Public Health, Bureau of Health Care Safety and Quality (BHCSQ). The program has a role in Clinical Laboratory Improvement Amendments (CLIA) certification for Centers of Medicare and Medicaid Services (CMS) as well as Mass. clinical laboratory licensure.

- **Licensure/CLIA Certificate Requirements:**

- A Mass. clinical laboratory license and a CLIA certificate are generally required if on-site laboratory testing is actually performed by the facility and results are reported by them, e.g. rapid COVID-19 antigen testing.
- Facilities typically do not need a Mass. clinical laboratory license or CLIA a certificate if they are only collecting samples and sending them to a laboratory for testing, e.g. collection for PCR tests.

- **Complaints:**

- Information about reporting complaints related to clinical laboratories may be obtained here: <https://www.mass.gov/how-to/file-a-complaint-regarding-a-nursing-home-or-other-health-care-facility>

- **Contact/Website Information:**

- General email: [CLIALab@mass.gov](mailto:CLIALab@mass.gov)
- Call line: (617)660-5385
- Program Manager: [Pamela.Waksmonski@mass.gov](mailto:Pamela.Waksmonski@mass.gov)
- Website: [www.mass.gov/clinical-laboratory-program](http://www.mass.gov/clinical-laboratory-program)

**Q:** If a private testing location i.e. a private business testing their own employees, do they need to get a license from the state?

**A:** At this point, it is not required. We are in the process of developing guidance/more information about this. They would still need to have a CLIA certificate on the federal side.

**DESE Webinar:** Hosted on Wednesday, February 2<sup>nd</sup>, 2:30 pm – 3:30 pm to review the updated K-12 protocols and to review details related to the new COVID-19 testing option, such as updating participating student and staff numbers on time.

[Link to join](#)

Meeting ID: 844 8467 8206

Passcode: 714123

**COVID-19 Vaccine Updates:** Yesterday, FDA gave full approval to Moderna vaccine and the name has changed to [Spikevax](#). Approved for people 18+, no additional guidance.

**LBOH Internship Program:** Provide graduate public health students with the opportunity to supplement their classroom education by gaining an understanding of the critical role of local

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health departments and to support local health departments in undertaking and completing public health projects. If you're interested please complete the [2022 Summer Local Health Internship Host Application](#) Form by February 18<sup>th</sup>. Requirements—develop a solid outline of tasks the student will be required to perform. Be able to host mid-May until mid-August (most interns will need around 160 cumulative internship hours). If you have questions please reach out to: Kayleigh Sandhu at [Kayleigh.sandhu@mass.gov](mailto:Kayleigh.sandhu@mass.gov)

**Q&A Process Reminder:** Questions about DPH isolation and quarantine guidance or MAVEN, call Epi Line at 617 983 6800. Questions about DESE's guidance, call Rapid Response Help Center at 781 338 3500. For general questions, contact OLRH at [LocalRegionalPublicHealth@mass.gov](mailto:LocalRegionalPublicHealth@mass.gov). Questions submitted to this email address will be addressed on the next webinar. Submit your questions by Thursday, Feb 3 at noon.

### **Questions answered from the Q&A Box:**

-Julia Pingitore - 3:16 PM

Q: Can you send out the link for that webinar-

-Anne Gilligan - 3:20 PM

A: From 2:30 to 3:30 p.m. on Wednesday, February 2, DESE will hold a webinar to review the updated K-12 protocols and to review details related to the new COVID-19 testing option, such as updating participating student and staff numbers on time. School and district leaders who have not received a webinar link can email [k12covid19testing@mass.gov](mailto:k12covid19testing@mass.gov). -

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-Michael Hugo - 3:16 PM

Q: need links for webinar tomorrow as well as last week's recording please-

-Anne Gilligan - 3:21 PM

A: <https://www.doe.mass.edu/covid19/testing/default.html>-

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-Connie Dolan - 3:17 PM

Q: What temps should Binax be stored at? Thought the instructions say 36-86 degrees F-

-Glynnis LaRosa - 3:24 PM

A: For Abbott Binax store between 35.6-86 degrees F (2-30 degrees C) until use -

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-Brenda Healy - 3:26 PM

Q: are 11 and under who are vaccinated more than 5 month considered fully vaccinated-

-Laurie Courtney - 3:29 PM

A: You are considered fully vaccinated 2 weeks after your primary series. You are considered 'up to date' if you've had all vaccines recommended for your age/condition.-

-Laurie Courtney - 3:31 PM

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A: Boosters are not rec for this age group, so unless the child is immunocompromised (and a 3rd primary dose therefore recommended), they remain 'fully vaccinate' and also 'up to date'-

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-Connie Dolan - 3:25 PM

Q: Many distribution sites had tons of tests outside in temps below 36 all day. Are they still good?-

-Glynnis LaRosa - 3:30 PM

A: Per the Abbott BinaxNow test specifications storing below 36 degrees F is not advisable -

-Jana Ferguson - 3:39 PM

A: I checked with our team. They said that unless the tests are outside for an extended period of time (days), they can still be used. All test components should be allowed to return to room temperature before running a test. -

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-Jeff Paster - 3:30 PM

Q: please put link in chat so we can copy and paste-

-Anne Gilligan - 3:31 PM

A: DESE Webinar February 2, at 2:30 Click on the following link to join the webinar on Wednesday:  
<https://us02web.zoom.us/j/84484678206?pwd=MDZIT1VMd051WEhyVnU2Y2pxdkRSdz09&from=addon>

Meeting ID: 844 8467 8206

Passcode: 714123-

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-kitty mahoney - 3:30 PM

Q: Does "up to date" refer to being fully vaccinated AND boosted, yes?-

-Laurie Courtney - 3:33 PM

A: 'up to date' means they've received any additional doses they are eligible for, according to CDC's recommendations-

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-Alisha Deptula - 3:31 PM

Q: So if a 16 year old is not boosted and is a close contact outside of school (since our school is not contact tracing anymore), they would have to quarantine? During the 11 am webinar they made it seem different?-

-Anne Gilligan - 3:34 PM

A: DPH/DESE defines fully vaccinated as two weeks following completion of Pfizer/Moderna series or two weeks following single dose of J and J.-



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-Laurie Courtney - 3:39 PM

A: Vaccination-wise, both your statements are true. A 12-17 yo is considered fully vaccinated after their primary Pfizer series. If 5 months go by, they would be eligible for/recommended to get a booster. They remain 'fully vaccinated', but to be 'up to date' they would need to have rcvd their booster. -

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-Pamela Crehan - 3:34 PM

Q: To be up to date do 12-17 need boosters? Or are they considered fully vaccinated with the 2 dose series?-

-Anne Gilligan - 3:38 PM

A: As stated in DPH/DESE Protocols for Responding, fully vaccinated is defined as following the 2 dose series. -

-Laurie Courtney - 3:40 PM

A: Pam - I put a response to your question just above - sorry! wrong spot-

-Laurie Courtney - 3:40 PM

A: Here it is....Vaccination-wise, both your statements are true. A 12-17 yo is considered fully vaccinated after their primary Pfizer series. If 5 months go by, they would be eligible for/recommended to get a booster. They remain 'fully vaccinated', but to be 'up to date' they would need to have rcvd their booster. -

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-Teresa Riley-Singh - 3:30 PM

Q: with most people testing with at home tests, how can we properly account for cases and what if mask mandates are counting on these numbers?-

-Jana Ferguson - 3:42 PM

A: With people using at home tests in all sorts of circumstances, it is unlikely that we have a full account of true case numbers. If you have local mask requirements that depend on testing, you might consider your local reported test numbers and weekly positivity rates as extrapolated metrics. -

-Jana Ferguson - 3:43 PM

A: circumstances\*-

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-Jeff Paster - 3:47 PM

Q: can SpikeVax be used interchangeably with the mRNA moderna for a booster or second dose?-

-Laurie Courtney - 3:49 PM

A: Spikevax can be used exactly the same way as Moderna. The 'mix and match' is allowed for the booster. It is still recommended that a primary series try to be done with the same vaccine, when possible.-