

**Announcements**

**COVID-19 Vaccine Updates** – Laurie Courtney, DPH

* COVID-19 vaccine for the 6 months through 4-year-old population delayed.
	+ FDA and Pfizer felt it was better to hold until the data came out on 3-dose series for this age group. They expect data in early April.
* Interim Clinical Considerations were updated Friday, February 11th.
* Emergency Use Instructions (EUI) Resources were updated Friday, February 11th.
* Updated guidance for moderately or severely immunocompromised people
	+ Clarification of existing recommendation to receive a 3-dose mRNA vaccine primary series followed by a booster dose for a total of 4 doses.
	+ New guidance to shorten interval between completion of mRNA vaccine primary series and the booster dose to at least 3 months (instead of 5 months).
		- Added a section giving healthcare providers some leeway; can use their knowledge and expertise and tweak things as they feel necessary for the situation. Should not go over the number of doses that is recommended.
	+ New guidance for those who received Janssen COVID-19 vaccine primary series to receive an additional dose and a booster dose, for a total of 3 doses to be up to date.

	 
	+ [Appendix B](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#appendix-b): Guidance for People who are Moderately or Severely Immunocompromised and Vaccinated with Janssen COVID-19 Vaccine
		- Have been getting questions about people who have were given a dose of Janssen and then they got a booster, and now there is an additional primary dose. Appendix B provides guidance for this situation.
	+ [Appendix E](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#appendix-e): People Who Received COVID-19 Vaccine Outside the United States.

**Updated Mask Advisory** –Jana Ferguson, DPH

* As of February 15th, DPH advises:
	+ A fully vaccinated person should wear a mask or face covering when indoors (not in your own home) if you have a weakened immune system, or if you are at increased risk for severe disease because of age or an underlying medical condition OR
	+ If someone in your household has a weakened immune system, is at increased risk for severe disease or is unvaccinated.
	+ This does not impact the K-12 settings; still need to comply with DESE standards.
* Those who are not fully vaccinated should continue to wear a face covering or mask.
* Individuals who are considered close contacts or have tested positive must follow the isolation and quarantine guidance – wearing a mask in public for 5 or more days after they leave isolation or quarantine regardless of vaccination status.
* All people in MA are required to continue to wear face coverings in certain settings, such as transportation and health care facilities.

**Q**: Why is this new guidance using the term “fully vaccinated” as opposed to “up to date”?

**A**: We are using the phrase “fully vaccinated” intentionally. We would, of course, like people to be up to date on their vaccines and are not trying to discourage people from getting a booster. The CDC continues to use the term fully vaccinated.

**Q**: Does this mean we are not following CDC guidance for areas with substantial COVID-19?

**A**: MA never adopted that officially. We never really went by the county-by-county delineation that CDC had in some of their materials. As you know, we have case reports that are based upon uncertain information, but we are also using wastewater data to see if numbers are declining.

**Wastewater Testing** – Dr. Katie Brown, DPH

* One of the new surveillance tools that has been developed during COVID is wastewater monitoring.
	+ It has rolled out in MA in various places, and is being used in 2 types of settings
		- Community level wastewater collection
		- Individual communities that have community level wastewater testing
	+ Other setting where wastewater testing is being used are individual facilities like correctional facilities and some long-term care facilities.
* Community level wastewater testing has been useful; in some circumstances you can see changes in the case trends in wastewater up to a week before you see those changes reflected in testing data.
* There is still some evaluation that needs to be done to use wastewater testing at an individual facility as it can be complicated.
* CDC has provided some funding and have since funded additional wastewater testing sites; asked for us to choose those sites and focus on areas with workers who work in the food industry.
	+ The newer sites selected are coastal and associated primarily with the fishing industry; have not seen data from those sites yet.
* Predicts that wastewater testing will become part of the surveillance landscape moving forward (ex. antibiotic resistance bacteria and influenza).

**Q**: If there is a municipality that would like to be included in this, what is the process?
**A**: This will be something I will find out for you. We have been funded specifically for certain locations. I can put together some information for how communities could pursue doing this if interested.

**Q&A Session**

*Dr. Katie Brown - DPH*

**Q**: Will the guidance explain how you are supposed to handle Moderna doses going forward if someone has already received their booster and are now being told they should have gotten a 3rd full dose and then their half dose booster?

**A**:Interpretation is that this question is about immunocompromised people that received a two-dose primary series of Moderna, then got a booster (half-dose) and are now realizing they should have gotten a three-dose primary series before a half-dose booster. This group of people should be small, but the recommendation is:

* In this scenario, dose #3 is vaccination error (incorrect dose volume) and should be repeated immediately with 0.5ml of Moderna vaccine. Following this repeat dose, a booster dose of 0.25ml should be given at least 3 months after the repeat dose. In this case, patients receive a total of five doses due to a vaccination error with dose #3.
* If the person was NOT immunocompromised at the time they received their vaccinations but has become so due to a new health condition, no further doses of the vaccine are recommended.
* Refer to Interim Clinical Considerations for additional information: [Appendix A](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Appendix-A) (information on errors and schedule deviations) and [Appendix B](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#appendix-b) (immunocompromised that received Janssen vaccine followed by Pfizer or Moderna booster).

**Q**:Are there any predictive models available for the current downward trajectory of this current Covid-19/Omicron cycle? As we move closer to the DESE unmasking date, we are meeting with the local school committee to discuss this process. It would be nice to have a guesstimate/all things being equal, for example, if we continue to move in this direction… our state positive rate will be…(towns may vary).

**A**: [CDC: Interpretation of Forecasts of New Cases.](https://www.cdc.gov/coronavirus/2019-ncov/science/forecasting/forecasts-cases.html) Ensemble forecasts combine diverse independent team forecasts into one forecast. They have been among the most reliable forecast in performance overtime, but even the ensemble forecasts do not reliably predict rapid changes in trends of reported cases, hospitalizations, and deaths. They should not be relied upon for making decisions about the possibility or timing of rapid changes and trends. Recent case forecasts have shown low reliability, with more reported cases than expected falling outside the forecast prediction intervals for 1, 2, 3, and 4 week ahead case forecasts. Therefore, case forecasts will continue to be collected and analyzed but will not be summarized until sustained improvements in performance are observed. [COVID-19 Forecast Hub](https://viz.covid19forecasthub.org/)

**Q**: Have repeat COVID infections been seen in the data?

**A**: Remember that PCR tests can be persistently positive for up to 90 days after infection as they have a high sensitivity. Antigen tests we would not expect to be persistently positive as they require a higher viral load to test positive. What we have been talking about internally is handling these scenarios on a case-by-case basis. In general, we do not see a lot of true re-infection within 90 days of a first infection.

*Jana Ferguson – DPH*

**Q**: Is there any information about the State discontinuing the free PCR testing? It is not found online, but there are rumors that PCR testing will be changed to fee-for-service or free if you have a referral from your MD.
**A**: The contract for the state’s Stop the Spread sites are currently approved through March. You’ll recall that the Stop the Spread contracts are renewed for 3 months at a time and evaluated for continued operations. There is no information yet about what changes, if any, will be made for Stop the Spread after March. Generally, PCR tests have been covered by insurance only when someone has been exposed or has COVID-19 symptoms; however, private testing providers have charged an out-of-pocket fee for tests not covered by insurance.

**Q**: Would you know if the Vax Bus is still available for towns to utilize and, if so, if there is a contact for them? We have been utilizing the mobile vaccination program but were looking to try something new in hopes that it might grab people’s attention.

**A**: The Vax Bus is no longer available. The state is no longer working with that particular vendor. The mobile vaccination program continues to be an option, and if you are interested in a clinic being brought to your community there are links on the website for how to request this.

*DESE – Anne Gilligan & Anne Marie Stronach*

**Q**: I have reviewed the mask wearing protocol updated January 10, 2022. However, where do I find information regarding positive COVID cases who are special needs and disabilities students and cannot wear masks in schools?

**A**: Information on positive COVID-19 cases in schools can be found on DESE webpage: <https://www.doe.mass.edu/covid19/positive-cases/default.html>. The data is not disaggregated by disability or students who cannot wear masks. COVID cases are reported from the school and not the official data. Official data is kept in MAVEN. If a school has a home test and are made aware, they will report those but not put those into MAVEN.

**Other Updates**

*Crush COVID Community of Practice*

* A partnership between DESE and DPH – opportunity for schools and community leaders to come together monthly to learn from one another and navigate challenges related to COVID-19 mitigation, vaccine equity, and overall family and community wellbeing.
* First meeting: 12:00-1:30pm on Wednesday, February 16th

*Transition to Zoom*

* We will be switching platforms from WebEx to Zoom next week February 22nd, 2022.
* You will receive an email with registration information from localRegionalPublicHealth@mass.gov this week.
* This will only require one registration as the event can be reoccurring in your calendar with the same login link attached.
* Questions? Email localRegionalPublicHealth@mass.gov

**Questions answered from the Q&A chat**

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­Jeanne Galloway­­ - 14:12­

Q: ­Why does the new guidance use the term "fully vaccinated" and not "up to date"?­­­‑

 ‑­Glynnis LaRosa­­­­ - 14:14­

 A: ­Hi Jean, I think CDC is still working to update this new wording in all their guidance docs ­

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­Wendy Machmuller­­ - 14:16­

Q: ­For someone who had the one dose J & J then got covid before getting boosted, how long should that person wait before getting a booster? And how long is the immunity after covid, still ~90 days? ­­­‑

 ‑­Laurie Courtney­­­­ - 14:17­

 A: ­The Clinical Considerations’ guidance is that they can be vaccinated as soon as they are out of Q&I. You can read more details in the Clinical Considerations­‑

 ‑­Glynnis LaRosa­­­­ - 14:26­

 A: ­Link to CDC interim COVID-19 clinical considerations https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html­

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­Wesley Chin­­ - 14:17­

Q: ­Does DPH support DESE's new mask optional guidance for schools starting on 2/28? Getting lots of questions about this from people in the community who would like to see a statement from DPH. Sadly, some in our community question Gov. Baker & DESE's motivations and timing of making masks optional beginning on the day kids and teachers return from February vacation...­­­‑

 ‑­Jana Ferguson­­­­ - 14:18­

 A: ­Hi Wes - the guidance from DESE was co-issued by DPH and so reflects DPH support. ­

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­Tricia McGean, RN­­ - 14:09­

Q: ­We are getting many calls from our local day cares/preschools looking for guidance for their unvaccinated <5 population related to the lifting of the k-12 mask mandate on 2/28. Will EEC be providing guidance soon?­­­‑

 ‑­Jana Ferguson­­­­ - 14:20­

 A: ­We understand that EEC will be providing guidance to their providers soon. Please refer day care and preschool operators to EEC since they license them directly and can provide specific information. ­

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­Leanne McGuinness­­ - 14:14­

Q: ­Can local BOH override whatever the school department decides after Feb 28th ­­­‑

 ‑­Jana Ferguson­­­­ - 14:21­

 A: ­As with other situations, municipalities maintain legal authority to be more strict.

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Wesley Chin­­ - 14:14­

Q: ­How will the Updated Mask Advisory apply to kids in school after 2/28? Just think it may be hard for immunocompromised kids to mask up around their unmasked kids...­­­‑

 ‑­Jana Ferguson­­­­ - 14:22­

 A: ­Schools are asked to support anyone - staff or students - that want to continue to wear face coverings for any reason. ­‑

 ‑­Jana Ferguson­­­­ - 14:22­

 A: ­should say "who" want to continue to wear face coverings...­

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­Lauren Terzo­­ - 14:09­

Q: ­Does the additional primary dose of Janssen apply for the general public or only for moderately or severely immunocompromised individuals?­­­‑

 ‑­Glynnis LaRosa­­­­ - 14:23­

 A: ­H Lauren for J & J the additional dose is for moderately or severely immunocompromised people. So, a 3 dose primary series ­‑

 ‑­Glynnis LaRosa­­­­ - 14:39­

 A: ­Lauren sorry to clarify it is a 2 dose primary series plus a booster for J & J ­

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­Marina Lent­­ - 14:16­

Q: ­What are your existing metrics which will trigger going BACK TO non-pharmaceutical measures and have you communicated those to the public? or is this ratchet towards accepting COVID M&M whatever that may be?­­­‑

 ‑­Jana Ferguson­­­­ - 14:24­

 A: ­We do not have specific metrics to share but monitor a number of different situations such as case numbers, positivity rates, hospitalizations, wastewater data, etc. to make decisions about requirements and advisories. ­

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­Lida Brown­­ - 14:32­

Q: ­But the patient became immunocompromised after receiving the booster dose. ie cancer patients­­­‑

 ‑­erica piedade­­­­ - 14:30­

 A: ­Answered ­‑

 ‑­Laurie Courtney­­­­ - 14:34­

 A: ­If the situation was not present when they were vaccinated, the feeling is that they mounted an optimal response to the vaccine. - - - The immunocompromised advice is for people with the condition at the time of IZ - because they do NOT mount as good a response­‑

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­Leanne McGuinness­­ - 14:30­

Q: ­Vaccine question how long after monoclonals should we be vaccinating or boostering and does it matter if they are immune compromised ­­­‑

 ‑­Laurie Courtney­­­­ - 14:32­

 A: ­No waiting period at all after mAbs. This was just updated Friday in the Clinical Considerations.....People who received passive antibody products

People who previously received antibody products (anti-SARS-CoV-2 monoclonal antibodies or convalescent plasma) as part of COVID-19 treatment, post-exposure prophylaxis, or pre-exposure prophylaxis can be vaccinated at any time; COVID-19 vaccination does not need to be delayed following receipt of monoclonal antibodies or convalescent plasma.....­‑

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­Cheryl Snyder­­ - 14:15­

Q: ­What is the current definition of 'fully vaccinated'?­­­‑

 ‑­Laurie Courtney­­­­ - 14:35­

 A: ­this definition hasn't changed - 2 weeks after completion of the primary series­‑

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­Marykate Franks­­ - 14:39­

Q: ­Any insight into if/when more guidance will come from CDC or FDA on a second booster dose? Those who received their boosters in December (once eligible) will hit the 5-month mark following that booster in May 2022. ­­­‑

 ‑­Laurie Courtney­­­­ - 14:40­

 A: ­We haven't heard anything to indicate this is in the near future, but the data continues to be watched and assessed.­

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­Wendy Machmuller­­ - 14:42­

Q: ­Could you point me to the best solid research/data (not CDC) that shows WHY people who have been vaccinated and got covid should STILL get a booster? Some highly educated people are still questioning the need for a booster post-covid. \*sigh\*­­­‑

 ‑­Laurie Courtney­­­­ - 14:43­

 A: ­Look in the science briefs at https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/index.html­‑

 ‑­Laurie Courtney­­­­ - 14:45­

 A: ­and look thru the MMWRs, including https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm?s\_cid=mm7104e1\_w­

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MaryAnn O’Connor­­ - 14:40­

Q: ­DPH mask advisory today recommends unvaccinated continue to mask DESE says optional - how do we explain­­­‑

 ‑­Catherine Brown­­­­ - 14:44­

 A: ­MaryAnn - I don't think that the DESE guidance and the new mask advisory contradict each other. Unvaccinated people are recommended but not required to wear a mask and that is similar to being considered optional in the school setting.

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­Amyl L­­ - 14:40­

Q: ­Also. All are symptomatic again after getting better. At least 6 cases in 2 days. ­­­‑

 ‑­Catherine Brown­­­­ - 14:44­

 A: ­Interesting - thank you­

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­Claire Duffy­­ - 14:48­

Q: ­but this data does not be included in Maven?­­­‑

 ‑­Anne Gilligan­­­­ - 14:51­

 A: ­https://www.doe.mass.edu/covid19/positive-cases/default.html­

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Claire Duffy­­ - 14:48­

Q: ­Sorry Anne Marie can you clarify, schools are still supposed to report + cases even if on home antigen test? ­­­‑

 ‑­erica piedade­­­­ - 14:52­

 A: ­Thanks Phoebe!­

***Webinar ended at 3:53pm.***