

Norfolk County-8 Coalition

MDPH/LBOH Webinar 2/8/2022



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 Laurie Courtney, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- 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:

Vaccine update regarding Pfizer Maroon Cap/Under 5 years old: FDA’s Advisory Committee meeting Feb 15th. ACIP anticipated to meet within several days of any FDA decision. Current assumptions: Will ship at -80C, like all current Pfizer COVID-19 vaccines. Different color cap (maroon), different dose (3 micrograms/0.2 ml), different amount of diluent added (2.2 ml), and a new national drug code (NDC). Packaging configuration is expected to be 10-dose vials in cartons of 10 vials each (100 doses total) with a minimum order quantity of 100 doses. The diluent will be provided with ancillary supplies to support 100 doses per kit.

Pfizer-BioNTech COVID-19 Vaccine Products

**PRELIMINARY – SUBJECT TO CHANGE PENDING REGULATORY GUIDANCE AND AUTHORIZATION/APPROVAL;
CDC DOCUMENT – SHARED FOR JURISDICTIONAL PLANNING PURPOSES ONLY**

	Current Products		Future Product
Age Indications ^a	12 years and older	5 through 11 years	6 months through 4 years ^d
Vial Cap Color and Label with Color Border	GRAY 	ORANGE 	MAROON 
Preparation	Do Not Dilute	Dilute Before Use	Dilute Before Use
Amount of Diluent Needed per Vial ^b	Do Not Dilute	1.3 mL	2.2 mL
Dose Volume/Dose	0.3 mL/ 30 mcg	0.2 mL/ 10 mcg	0.2 mL/ 3 mcg
Doses per Vial	6 doses per vial	10 doses per vial (after dilution)	10 doses per vial (after dilution)
Storage Conditions			
ULT Freezer (-90°C to -60°C) ^c	9 months	9 months	9 months
Freezer (-25°C to -15°C)	DO NOT STORE	DO NOT STORE	DO NOT STORE
Refrigerator (2°C to 8°C)	10 weeks	10 weeks	10 weeks
Room Temperature (8°C to 25°C)	12 hours prior to first puncture (including any thaw time)	12 hours prior to first puncture (including any thaw time)	12 hours prior to first puncture (including any thaw time)

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At the ACIP meeting on Feb 4th, Moderna/Spikevax was approved by FDA on 1/31 and subsequently recommended by ACIP and endorsed by CDC on 2/4. Discussion of lengthened intervals between dose 1 and 2 of mRNA vaccines to 6-8 weeks—may see this in the future. Other updated recommendations are for moderately to severely immunocompromised persons ages 5 and older. For that population they should receive 3 primary doses and 1 booster and instead of waiting at least 5 months after the third dose it will be revised to at least 3 months for mRNA vaccines. The recommendations for the rest of the public remain the same. For J&J, an additional dose has been added to the primary series and booster dose at least 2 months following the additional dose.

REVISED COVID-19 Vaccination Schedule for People Who Are Moderately or Severely Immunocompromised

Vaccine	Vaccination Schedule			
Pfizer-BioNTech (ages 5 years and older)	1 st dose	2 nd dose (21 days after 1 st dose)	3 rd dose (at least 28 days after 2 nd dose)	Booster dose* (at least 3 months after 3 rd dose)
Moderna (ages 18 years and older)	1 st dose	2 nd dose (28 days after 1 st dose)	3 rd dose (at least 28 days after 2 nd dose)	Booster dose* (at least 3 months after 3 rd dose)
Janssen (ages 18 years and older)	1 st dose	Additional dose† (at least 28 days after 1 st dose)		Booster dose* (at least 2 months after additional dose)

*Any COVID-19 vaccine can be used for the booster dose in people ages 18 years and older, though mRNA vaccines are preferred. For people ages 12–17 years, only Pfizer-BioNTech can be used. People ages 5–11 years should not receive a booster dose.
 †Only Pfizer-BioNTech or Moderna COVID-19 Vaccine should be used

- Q:** If a person with J&J had 1 dose and a booster, should they go for a second dose?
- A:** To be up to date, they should have the second dose. We are expecting clarification when the clinical considerations are updated.
- Q:** Primary doses are full doses?
- A:** Yes. Boosters are not.

Q&A Session:

Questions for Dr. Brown

- Q:** Can you share about Paxlovid and when it and other COVID anti-virals will be available for residents?
- A:** Currently, supplies of Paxlovid and molnupirivir remain limited (both nationally and in Massachusetts). Supplied of Paxlovid and molnupirivir are available from a subset of healthcare providers caring for individuals who are at highest risk for moderate to severe COVID-19. We are looking at additional channels to help more widely distribute these antivirals as supply expands and demand declines. None of these treatments are currently authorized for use in

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individuals who have not been confirmed to be infected with COVID-19.

Remdesivir, approved in 2020, is more widely available and has shown efficacy at reducing severe outcomes from COVID infection. Providers may purchase Remdesivir through the manufacturer. It has been approved by the FDA for treatment out patients with early symptomatic COVID-19 at high risk progression to severe disease, as well for hospitalized patients with COVID-19. www.mass.gov/info-details/therapeutic-treatments-for-covid-19

Q: Are test kits that have been outside in temps below 36 degrees F all day still good?

A: Per the Abbott BinaxNow test specifications, storing below 36 degrees F is not advisable. 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. As long as the control line appears correctly when the test is run, the test can be assumed to be functioning correctly.

Q: Can you go over how we should determine is a test kit is still good considering the expiration date? Do you know if the Operational Services Divisions has the same guidance?

A: All expiration dates are set by the FDA. Also, check the manufacturer's website. You'll have to look them up individually. These expiration dates also keep getting changed, so we don't have to have a standalone document but the FDA does update regularly.

<https://files.constantcontact.com/666eaa93201/d1d7e828-fa4b-427f-b40e-87f5fc9010c4.pdf>

Q: Any at-home tests that can be used for **under 2**?

A: Kids under two are tested at testing sites using PCR.

Questions for DESE

Q: Please clarify the following. In the updated DESE protocols document, the protocol for unvaccinated close contacts indicates that if a close contact develops symptoms, they should move to protocol C and follow the symptomatic individual guidance. When you then move to the protocol C symptomatic individual guidance, there isn't a mention of any difference between close contacts and others. However, it then says "Note: so long as the individual is not a close contact, if a medical professional makes an alternative diagnosis for covid-19 symptoms, the individual may use this recommendation in lieu of a PCR or antigen test." I'm just not quite sure why this note differentiates between close contacts and otherwise when none of the other guidance for symptomatic individuals mentions such a distinction.

A: This statement could address outside of school close contacts who would normally be required to quarantine. Also, it applies to districts who are implementing test and stay who are doing contact tracing. It is also recommended that individuals receive a negative PCR or antigen test result for COVID-19. An antigen test may be self-administered and does not need to be proctored or performed by a healthcare professional. Note: so long as the individual is not a close contact, if a medical professional makes an alternative diagnosis for COVID-19-like

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symptoms, the individual may use this recommendation (e.g. for the fly, or step) in lieu of a PCR test or antigen test.

Q: Protocol C is confusing in that it initially states having an antigen or PCR test is optional. If there is no test taken, is it based on our clinical judgment to decide if they should go home or remain in school?

A: Depends on the severity of the symptoms (clinical judgement) but in general, anyone with symptoms should go home until the symptoms resolve. Only if they are mild symptoms and they receive a negative test are they allowed to test in school. Otherwise, they should always go home if presenting COVID-19 symptoms. When a student or staff member presents the symptoms listed in the [DESE protocol document](#) they may be considered for testing using a rapid antigen test, is available. If a result is positive, they should be sent home and follow protocol A. If negative, they may be sent home at the discretion of the school health professional. The student's parent/guardian, or the staff member, should be advised to follow protocol C. If an individual has mild symptoms, if the result is negative they should remain in school. If minimal symptoms persist, the individual should be re-tested within the subsequent 3 days. Either a rapid or PCR test is suitable. If symptoms worsen, the individual should seek medical care and be evaluated for the need for additional testing.

Q: If a student is symptomatic and parents have not given consent for testing, are they just treated as "not having a positive test" (Protocol C) or does it have to be a scenario where they have tested negative?

A: DESE/SPH protocols have no scenario where we require testing. So, if a student is presenting symptoms, they should go home until symptoms resolve. Student may return to school when they have improvement in symptoms and fever free for at least 24 hours without the use of fever-reducing medications (testing may be recommended but not required).

Upcoming DESE Testing Webinar on Feb 9th at 1:00 pm. We encourage local health to subscribe to the DESE Commissioner's Weekly Update so you get the latest guidance/updates firsthand.

Other updates:

-For the under-5s, if people are interested in vaccinating this population in your communities please let us know. There is a pre-order in process (email sent earlier today) but this is not the only way to order vaccine. You can also order through MIIS.

-DPH/OPHM webinar: To present an overview of the PHEP funding opportunity, including the work plan and budget being submitted by DPH. Webinar will be held on 2/17 at 1:00 pm EST.

<https://massmed.zoom.us/j/99915836679>

-If you are not receiving the MailChimp newsletters from OLRH, please reach out to Lisa McCarty Licorish.

-Also, OLRH is moving away from Webex and changing to Zoom.

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-If questions were presented in a previous webinar, they will not be re-answered.

Questions answered from the Q&A Box:

Thomas FitzGerald - 3:02 PM

Q: Mask updates?-

-Jana Ferguson - 3:10 PM

A: Hi Tom, We dont have any changes to announce today. We certainly are reviewing the decreasing case numbers and some of the actions in other states and will let folks know if and as soon as there is something to announce. -

-Dawn Baxter - 3:17 PM

Q: Is this guidance that we should be publicizing now ? Thanks. -

-Laurie Courtney - 3:18 PM

A: I'd watch the Clinical Considerations so that you have official references. Until it is updated you have no official guidance to go on. It should be updated any time.-

-Meghan Doherty - 3:18 PM

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?-

-Laurie Courtney - 3:19 PM

A: It will be a big question, so I'm sure they'll address it.-

-Tricia McGean - 3:31 PM

Q: Any idea if the mask mandate in the K-12 schools will continue after 2/28?-

-Anne Marie Stronach - 3:34 PM

A: At this time, no update on the mask mandate for K-12 to report.-

-Jill Salamon - 3:27 PM

Q: Re: Antigen tests. I thought they were approved for 2 years and older, including 2 year olds. -

-Catherine Brown - 3:39 PM

A: Correct Jill - 2+ and not for use under 2-

-sharon cameron - 3:39 PM

Q: Will the new Commissioner be introducing herself to LPH?-

-Jana Ferguson - 3:40 PM

A: She did at the MHOA conference, but I'm sure we can invite her to one of these as well.

Webinar ended at 3:41 pm