Norfolk County-8 Coalition

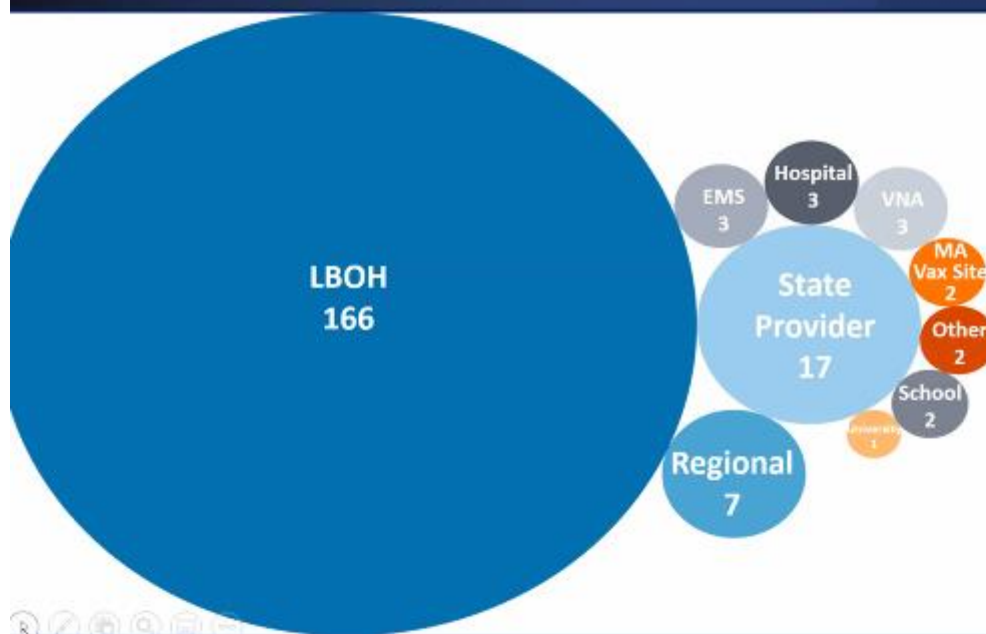
MDPH/LBOH Webinar 3/22/2022

Inter-agency Staff on the Webinar

- Sam Wong, Rachael Cain, Erica Piedade, Aimee Petrosky, and Michael Coughlin, Office of Local and Regional Health, DPH
- Glynnis LaRosa, Laurie Courtney, Arianne Henry, Regan Checchio, and Kyle Olsen, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- 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:

DPH Vaccine Clinic Management (VCM) Platform: It is a digital application that allows providers in the Commonwealth to streamline their vaccination clinics. Currently being contracted through Color. As of 2/2022, just under 13% of all COVID-19 vaccinations have been administered in Color. Initial product was pitched in Jan 2021, and then implemented in Feb 2021. Color was initially used by MA Vaccination Sites (CIC Health, LabCorp) and regional collaboratives to register, schedule, administer, and manage (reporting) COVID-19 vaccinations. In total, 160 sites across MA. The entire Immunization Division contributed to the development of Color. 7 additional vaccine types are accommodated in Color (flu, COVID-19, pneumococcal, Tdap, Zoster, meningococcal, meningococcal B, Hep B, HPV). As of 2.23.2022, 211 MA Organizations have onboarded to Color.



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LBOH has administered over 335k vaccinations at 1019 sites. High throughput at vaccine clinics: Between 2-8 min from check-in to vaccination with 3 minutes being the median. Just under 290k scheduled appointments and 70k walk ups. To learn more about Color/sign up visit: https://www.mass.gov/info-details/vaccine-clinic-management-platform

Q: Can the Color application be used during non-vaccine MCM distributions by additional towns?

A: Not sure what MCM means.

COVID-19 Vaccine Update: CDC reformatted/restructured the Clinical Considerations page. April 6th, the FDA's Advisory Committee will be having an all day meeting about boosters. CDC and NIH experts will also be attending that meeting. How to become a Vaccine Champion: Provide evidence-based strategies, including motivational interviewing, to help improve COVID-19 vaccine conversations with families with young children. Moderated by Dr. Estevan Garcia, Medical Officer at MDPH. Meeting Dates are March 23 12:00 pm – 1:00 pm and April 29 12:00 pm – 1:00 pm. Meetings are free and all are welcome. Simultaneous translation in Spanish and Portuguese. If you have questions, please contact katie.stetler@mass.gov

Q&A Session:

Questions to Laurie Courtney

Q: If someone has their primary series and booster dose of Moderna and they are immunocompromised, so they will need a 3rd dose of the primary series, do they need another booster after that? When would that be due?

A:

- **Scenario #1:** Individuals who were moderately or severely immunocompromised **at the time of vaccination** for their primary series and booster doses **but** received 0.25ml of Moderna vaccine at the time of dose #3.
  In this scenario, dose #3 is vaccination error (i.e. incorrect dose volume) and should be repeated immediately with 0.5ml of Moderna vaccine. Following this repeat dose (i.e. dose #4), a booster dose of 0.25ml should be given *at least 3months after the repeat dose.* In this scenario, patients receive a total of five doses due to a vaccination error with dose #3.

- **Scenario #2:** Individuals who were **not** moderately or severely immunocompromised when they received their primary series and booster doses.
  These individuals do **not** need further doses of COVID-19 vaccines because they were not immunocompromised **at the time of vaccination**. If a person is immunocompetent when vaccinated, there is no concern that the initial immune response was suboptimal.

Q: What are we supposed to be doing with the COVID vaccines which are set to expire soon? It seems like the fall boosters will be happening but potentially with a new version of the vaccine. We are a regional site here and we ordered vaccines based on the initial surge this fall, but the interest has dropped drastically. Will there be provisions for this, or will we be held responsible for the expired COVID vaccine?

A: There are no penalties for expiring vaccines. Be sure to check that expiry dates did not change. Once the vaccine expired, process a "storage and handling issue" in the MIIS for expired and wasted doses. Ensure all doses administered are reported to MIIS and your physical inventory matches your MIIS inventory. Expiry information for Pfizer COVID vaccines. Moderna Vial expiration date look-up tool. J&J Expiration Date Lookup Tool.

Q: Would DPH consider supporting two vaccination visits per year in the future: one in late August/early September aimed at school vaccinations, but including COVID as needed, and a second one in October (or early November at the latest) for covid/flu/shingles/pneumococcal? We could build on COVID public education drives to try to increase vaccination coverage of the population overall.

A: LBOH's run their own clinics, according to their community needs. If a community wants to run two (or more) clinics, they certainly can and DPH will support them by providing the vaccines as outlined in our availability tables.

Questions for Dr. Brown

Q: What is the current status of BA.2 in Massachusetts?

A: Estimated to be about 35% by CDC but may be already over 50% based on local sequencing data. Unpredictable to see if there will be an increase in cases due to BA.2. Wastewater levels have plateaued and may even be very slightly increasing by we are hopeful that the vaccination rates, the level of natural immunity due to the recent Omicron surge, and nice weather with people spending more time outside will help blunt the impact of BA.2. BA.2 is highly contagious but does not seem to cause more severe disease. There may be a recommendation to shift away from the use of sotrovimab to remdesivir and bebtelovimab (monoclonal antibodies) but Paxlovid and molnupirivir continue to be effective.

Questions to Dr. Wong

Q: Now that communities are seeing far less demand for testing, could you describe to us the population surveillance testing for MA, and how you are keeping up on sequencing? Also, is there any criteria you would identify for us to flag local cases for sequencing?

A: Wastewater surveillance is the population level surveillance tool. Surveillance testing also being done on long-term care facilities, colleges/universities, k-12 schools. Much of this is a response to current case trends. Decisions about sequencing are not generally made at the individual level; rather the goal is to conduct sequencing on a representative sample of cases (by age, geography, etc.) in order to track the emergency of variants. We are not asking LBOH to flag individual cases for sequencing at this time.

Q: At what point will DPH list COVID as LBOH notification but with no follow up required? Is it okay to just acknowledge cases but not follow up, so efforts can be put on other areas such as COVID-19 vaccination and booster efforts or other communicable diseases?

A: We don't know if, or at what point, COVID might be considered a disease like influenza where no public health follow-up is indicated. At this time, the recommendation continues to be that LBOH should make decisions about case investigation that are appropriate

for your municipality based on available resources and competing priorities. COVID case investigation should be put in the context of case investigation for other infectious diseases, vaccination, and everything else you do.

Q: At the end of the wastewater surveillance presentation several weeks ago, Dr. Brown stated that she would explore how additional communities might be able to utilize this program in the future. Are there any updates?

A: Dr. Monina Klevens from our Research and Evaluation Office will join us next week to present on this topic.

Questions to DESE

Q: Now that we are through the Omicron surge, several of the MetroWest Directors are encountering a new problem. Absent the need to contact trace, absent revised guidelines and with the proliferation of home testing, in-school cases are identified and there is no directive for the schools to do anything beyond sending the child home and notifying the Health Department of the positive child. Teachers are calling us upset because they know that the in-school case had close contact with one or more individuals that would have been quarantined. Could DESE or DPH provide guidance on in-school notification (contacts, parents, classroom, district) requirements?

A: DESE and DPH guidance instructs districts who are implementing at-home testing and no longer contact tracing that they must notify their LBOH of positive cases. LBOH work with districts and schools to address positive cases within the school. The LPH have the authority to implement contact tracing and other mitigation strategies as they deem necessary. DESE has provided communication templates which schools can adjust to their needs.

Q: Any guidance for out-of-state field trips where students are sleeping in the same room? Recommendations for screening?

A: No guidance on field trips. Those are handled at a local level. I would encourage school health professionals and administrators to collaborate with the LBOH to address how to handle this type of field trip challenges within their school/district.

OLRH Positions: Hiring for a Public Health Informatics Specialist and Workforce Development Credentialing Coordinator.

Webinar Poll Results:

1. Would you like to see the LBOH webinars expand to additional local public health topics other than COVID-19?

- Yes, and still provide COVID-19 updates : **278**
- No, continue with a major focus on COVID-19 updates only: **29**

2. How often would you like the webinars to occur?

- Continue with weekly schedule: **124**
- 2x per month: **183**

- Starting in April, we will move towards having the COVID-19 webinars every other week.
- **The webinars will be held every 2nd and 4th Tuesday of the month and will include other relevant LPH topics along with COVID-19 Updates.**
- If there is an urgent need to have a webinar in between, we will notify everyone and send out a calendar invite with the registration.
- Please send recommendations for topics to localregionalpublichealth@mass.gov.

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MassDEP Combined Sewer Overflow (CSO) Trainings for Boards of Health:
Training will cover the roles and responsibilities of BOH in implementing these new regulations. Specifically, as a BOH agent or member, you will need to know what it means when your office received a Public Advisory Notification from a permittee; coordinate with permittees in your area on placement of permanent signage at public access points by May 1, 2022; and understand your responsibilities, including issuing Public Health Warnings and posting temporary signs, when a CSO or certain SSO events occur in your community or in an upstream community.
Training dates are March 24 and April 7 from 2 pm-3:30 pm. Contact Andrea Briggs at 508 767 2734 or andrea.briggs@mass.gov if you have questions.

Call ended at 3:48 pm.