

Norfolk County-8 Coalition

MDPH/LBOH Webinar 3/8/2022



- Jennifer Barrelle, Deputy Commissioner, DPH
- Jana Ferguson, Assistant Commissioner, DPH
- Sam Wong, Erica Piedade, Aimee Petrosky, and Michael Coughlin, 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
- Amy Kaplan, Director of Policy & Regulatory Affairs, 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:

Deputy Commissioner: Jennifer Barrelle.

Covid-19 vaccine update: J&J Vaccine Expiration Extension. The shelf life has been updated from 6 months to 9 months. Decision is based on data from ongoing stability assessment studies which have demonstrated that the vaccine is stable at 9 months when refrigerated at temperatures of 36F-46F. This extension applies to all inventory dated to expire on March 7, 2022 or later. Vaccine dates prior to March 7 2022 should be disposed of. J&J vaccine expiration dates will be updated in the MIIS by 3/11. Can also find this information on the weekly bulletin released today.

Stop the Spread (STS) update: On 3/4/2022, Gov. Baker announced that STS will downsize to 11 sites effective April 1st 2022. Sites have seen a rapid decline in volume across locations, with an 80% decrease in volume since the beginning of January. Locations remaining open are selected by volume of testing and geographic equity. From Jan 20 to Feb 16, these 11 sites (Everett, Framingham, Lawrence (2 locations), Lynn, New Bedford, Randolph, Revere, Springfield (2 locations), Worcester) accounted for nearly 72% of all STS testing volume. These sites will continue through at least May 15 2022. At the same time, Massachusetts has continued to see positive trends in COVID-19 metrics. As of March 1, 7-day average of cases reported is down 96% from its peak in Jan of 2022 and overall positive rate is less than 2%. STS sites will remain free to any Massachusetts resident, with no insurance or ID necessary. Rapid Antigen At-home Tests: over 450 locations across MA for residents to get tested for COVID-10, and residents can visit www.mass.gov/gettested to find a location near them. Antigen tests can be bought at local pharmacies and through Amazon and Walmart. Also now covered by insurance as required by the federal government. They will cover 8 over-the-counter antigen tests per individual per month. MassHealth members are included.

Q: Will there be a plan to reintroduce STS for future waves?

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A: Those relationships and contracts are in place if needed.

Q: Does Medicare cover the home tests?

A: This is a federal program so we will get back to you.

Q&A session:

Questions to Dr. Catie Brown

Q: Is isolation when it still required regardless of community risk level?

A: Isolation following a covid diagnosis is still required regardless of community risk level and people who have covid-like symptoms are still recommended to arrange for testing and stay home pending the result. It would not be a bad thing if one outcome of COVID is that people stay home when they are sick generally and we could certainly see reductions in flu, norovirus, and other contagious disease.

Q: What are the odds that we will see a severely damaging variant in 2022?

A: There are many parts of the US and world where vaccination rates are low, virus transmission will continue especially in those areas and every infection offers opportunities for viral mutation.

Q: What does DPH think about CDC community risk metrics? Will we be assisted in setting these up for COVID transmission in the future after the post-omicron lull is over?

A: The community burden metrics are an improvement over the previous community transmission metrics. They are more appropriate for a virus that is clearly not eradicable and make more sense in the setting of vaccines and therapeutics. I don't know if it will make sense to calculate these at the municipal level and the hospital metrics still require individual reporting from every hospital which is quite burdensome and may not be sustainable. Definitely worth discussing as we move forward.

Q: Where are we with upcoming mosquito season? Task force made recommendations, that if implemented would be big changes for us at the local level. What would be the timeline for possible adoption?

A: Task force final recommendations are due at the end of this month. Not sure what we'll see quite yet but do not anticipate any significant changes to current Arbovirus Surveillance and Response Plan. I anticipate the legislature will review the recommendations and make decisions about possible legislative action. We can't predict what those changes might be or how quickly they might be implemented but I would recommend that once the final report from the Task Force is out that you discuss any concerns or issues you have with your town leadership and your legislators.

Questions to Laure Courtney

Q: Do you have any idea when a decision will be made regarding the availability of covid-19 vaccine boosters in the fall? Many of us got boosted this past fall and will be approaching almost a year since our last dose.

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A: No. Nationally, the possible need for additional booster doses for persons >=12 years old and initial booster doses for persons 5-11 years old is being looked at carefully and regularly as data accumulates. It continues to be monitored in real time, as we all move towards through this pandemic. We need to continue to collect data on vaccine breakthrough infections so we can monitor for waning vaccine efficacy. We also need to continue to monitor for emergency or new variants and there may be additional vaccine candidates (Covaxin) which could affect recommendations. DPH will continue to look to FDA and ACIP for data and recommendations. At the present time, ACIP/CDC/FDA has given no specific anticipated time frame regarding additional boosters.

Q: Can you go over Pfizer 5-11 vaccine dosage and lack of coverage for such age groups?

A:

Vaccine manufacturer	Age indication	Vaccine vial cap color	Dilution required	Primary Series		Booster dose	
				Dose	Injection volume	Dose	Injection volume
Pfizer-BioNTech	5-11 years	Orange	Yes	10 µg	0.2 mL	NA	NA
<i>Orange cap must be diluted before use</i>							

Schedule for the general population

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month
Pfizer-BioNTech (ages 5-11 years)	1 st dose	2 nd dose (3 weeks after 1 st dose)						

Schedule for People Who Are Moderately or Severely Immunocompromised

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month
Pfizer-BioNTech (ages 5-11 years)	1 st dose	2 nd dose (3 weeks after 1 st dose)	3 rd dose (at least 4 weeks after 2 nd dose)			

Regarding the lack of coverage for such age groups, in Massachusetts we have had good uptake of vaccine in kids ages 5-17. Most counties have 75% or greater of eligible population in that age group being fully vaccinated. Bristol, Hampden, and Hampshire counties are at 68-70%. There is recent information that vaccine efficacy particularly in the 5-11 year age group may be less than for adults but protection against severe disease and hospitalization remains high. We are still collecting data on this.

Q: Where can I find municipal level data on vaccine rates for children?

A: DPH publishes municipal level vaccine information weekly on Thursday. The most recent data are here. Data includes breakdowns by age, sex and race/ethnicity by municipality and by zip code. <https://www.mass.gov/info-details/covid-19-response-reporting>

Q: How are hospitals defining covid cases? Are they in the hospital because of covid or did they get covid but are there for another reason?

A: Includes people who are testing positive for covid and are hospitalized. Because this doesn't differentiate between people who are hospitalized being treated for covid or someone in the hospital for breaking their arm, we recently added a new reporting metric. In addition to how

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many patients have tested positive for COVID, it is important to know that even if the person is not symptomatic, the fact that they are in the hospital is still important and this required additional infection control requirements. New metric is to make an attempt to differentiate amongst these two groups. If the person is being treated or been treated with steroid therapy for covid-19, then they are being counted as being hospitalized with covid. “Primary covid” (hospital because of covid) vs “secondary covid” (broken arm). This metric will be on interactive dashboard next week.

Q: Will LPH be involved in giving vaccines to toddlers?

A: Need to wait to hear from CDC and FDA but for now, consider this something you could be engaged with.

Q: Training for vaccinators for how to vaccinate children under the age of 5?

A: We did have a training site on Boston University and this was taken down in January. Also, there was a list of resources on the weekly bulletin for how to navigate the CDC website. When we look at under 5, especially under 3, we like to go to the experts (nurses, providers) and how to approach the process. There are great webinars, videos, on [CDC training websites](#). In an ideal situation you would have a live training.

Q: Timeline for when antigen tests are going to be sent out to the municipalities?

A: We will loop back with exact timeframe.

Q: Commonwealth Medicine and reimbursements?

A: Commonwealth Medicine was meant to be on this week, but had other issues arise. Will be on next week.

Webinar poll: Was hosted last week, but if you were unable to attend last week’s webinar and would like to respond to the questions below please email

LocalRegionalPublicHealth@mass.gov with your answers:

-Would you like to see the LBOH webinar expand to additional local public health topics other than covid-19? Yes and still provide covid-19 update or no, continue with a major focus on covid-19 updates only.

-How often would you like the webinars to occur? 2x per month or continue with weekly schedule.

Next webinar: March 15th 3pm-4pm

Webinar ended at 3:57 pm