Norfolk County-8 Coalition

MDPH/LBOH Webinar 4/12/2022

Inter-agency Staff on the Webinar

- Sam Wong, Rachael Cain, Erica Piedade, Aimee Petrosky, and Michael Coughlin, Office of Local and Regional Health, DPH
- 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
- Oanh Bui, Office of Health Equity, 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
- Ojaswini "Wini" Bakshi, Local Public Health Institute of Massachusetts

Announcements:

Protect yourself, your family, and your community from COVID-19 flier: Here. Encourage to post this on your municipal websites or other media channels to share with your community.

COVID-19 vaccine updates: Last year there was initiative on distributing epi pens/auto injectors to LBOH. This was a success and we've been able to secure more for adults and pediatrics. First round of distribution at the MAPHN Conference. Let us name your name, the community you work for, and how many you want. Clinical Considerations page on CDC has tables (at bottom of the webpage) that display the vaccination schedule for people who are moderately or severely immunocompromised. New pneumococcal vaccine recommendations for adults. Additional link about the pneumococcal vaccine.

Culturally and linguistically appropriate services (CLAS):

What is CLAS? Feds: set of service-provision guidelines to best serve the nation's diverse communities. Principle standard to provide effective, equitable, understandable, quality care and services that are responsive to diverse cultural health beliefs, practices, and needs. At MDPH, there is the PMQI tool. CLAS Implementation, 6 areas of action: Aims to guide public

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health agencies of all sizes as they put CLAS standards into action. Foster cultural competences; Reflect and Respect Diversity; Ensure language access; Build community partnerships; Collect diversity data; Benchmarks, plan, and evaluate.

Title VI of the Civil Rights Act of 1964 requires recipients of Federal financial assistance to take reasonable steps to make their programs, services, and activities accessible by eligible persons with limited English proficiency.

CLAS Standard 1: Effective, equitable, understandable, and respectful quality care. Standards 2-4: Governance, leadership, and workforce. Standards 5-8: Communication and language assistance. Standards 9-15: Engagement, continuous improvement and accountability.

Standards 5-8, in order: Language assistance services (oral and written)/two-way meaningful communication; Health literacy, accessibility, and cultural relevance; Display inclusive images/signage; Bilingual bicultural staff. Research shows that limited English proficient (LEP) patients who may not be able to communicate effectively with their health care providers are at greater risk for medical errors.

What are language assistance services?

- Oral interpretation (simultaneous interpreting, consecutive interpreting and sight translation)—TIS (telephonic interpretation service) or language line; video remote interpreting services; in-person interpretation
- Written translation (vital documents, signage, etc.)
- American Sign Language/Communication Access Realtime Translation (CART)
- Braille materials/enlarge or large font
- Closed caption
- Voice over recordings

Steps to ensure language access

1. Conduct an annual language assessment (including data on people who are deaf and hard of hearing)
2. Ensure that staff is fully aware of, and trained in, the use of language assistance services, policies, and procedures
3. Use cultural brokers when an individual's cultural beliefs impact care
4. Ensure two mays meaningful communication (including foreign language interpretation, and ASL)
5. Ways to inform communities about your language assistance services offered
6. Evaluate and adapt LEP programs regularly
7. Train all staff interacting with the public

If you have questions, please contact Oanh Bui, MA, MHA at the Office of Health Equity, DPH. 617 624 5663 or email at oanh.t.bui@mass.gov

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Questions submitted before the webinar:

Laurie Courtney, RN

Q: Can we get a QR code without going through MyVaxRecords? Is a QR code necessary for travel abroad? What if someone is unable to access their MyVaxRecords account?

A: Great deal of info at www.mass.gov/massachusetts-vaccination-records. You can only get a QR code from DPH by using MyVaxRecords. Travel requirements vary around the globe. CDC Travel Website. If a person is not receiving a match in MyVaxRecords or noticed a clinical or demograpic issue with their record, they should submit an electronic request for MDPH to review their concern: www.myvaxrecords.mass.gov/pages/request. If there is a technical problem with MyVaxRecords, submit a form at www.myvaxrecords.mass.gov/pages/problem. They may also email myvaxrecords@mass.gov with any questions. Anyone can call 2-1-1 for general assistance using the portal, completing the paper immunization request process of submitting the electronic forms. If they do not want to use MyVaxRecords, they may obtain their vaccine records from their provider or opt to use the paper process to request a paper copy of their immunization certificate from MIIS.

Q: As a new Public Health Nurse (PHN) I wanted to check what people use for consent forms for administering vaccines from the state. Is there a consent form for TB skin testing the state might approve of?

A: Reach out to your PHN colleagues. Informed consent is a vital part of the vaccine administration process. Neither CDC or DPH require written consent for COVID-19 vaccine or any other vaccine. Some communities may choose to require consent. It does change for minors, though. Consent is obtained from a legally authorized representative on behalf of the child (usually a parent of guardian). The legally authorized representative does not need to accompany the minor to the vaccination appointment in order to provide consent for a vaccination. If the parent/guardian does not accompany them to the apt, written consent is encouraged. For the TB skin test, there is no state consent form. Model standing orders can be found here.

Dr. Catie Brown

Q: Is there a definition for long COVID?

A: Post-COVID Conditions (PCC). There is no single definition for PCC.

Q: Is the state tracking long COVID?

A: There is no standard surveillance system for PCC because there is no definition. The White House is creating two reports 1) outline of services and mechanisms of support across agencies for people with long COVID 2) national inter-agency research action plan—what is the research necessary to get a better handle on PCC? CDC is engaged in multiple studies including case-control, training providers on caring for people with PCC, analyzing big data (including insurance and EHR data)

Q: Are you able to project the future burden of long COVID for MA?

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A: Not at this time. Estimated suggest that 10% of people have PCC—proportion may be higher for those severely ill. This estimate does depend on the definition that is used. Research from UK shows that people who are vaccinated are less likely to report PCC.

Q: What is LBOH role on long COVID-19?

A: Most important role is to continue to message how to protect yourself from getting COVID-19. Reducing opportunities for getting COVID-19 reduces your chances of developing long COVID. Vaccination with boosters, masking, avoiding people who are sick, etc.

Q: What do we know about the new variant XE? Should we be concerned?

A: The virus is going to continue to evolve and new variants will emerge. The XD and XE variants are Delta and Omicron hybrids while XE is a hybrid between the original Omicron BA.1 and BA.2 Omicron. Far too early to have much information on epidemiological characteristics associated with these hybrids—transmissibility, disease severity, immune escape, etc.

Q: Is there a statewide threshold or incidence rate when people should return to mask mandates or case investigation/contact tracing?

A: Have not seen anyone develop a set of metrics or thresholds that work consistently well across different situations. If you have evidence that in-school transmission is increasing (as opposed to community level transmission) that is more than reasonable to use contact tracing and masks to help interrupt that transmission.

Q: Is there research about long covid for vaccinated individuals with mild illness?

A: Not just people who are severely ill, its anybody who gets covid whether vaccinated or not.

Ann Marie Stronach and Anne Gilligan

Q: DESE's position on classroom and school closures? Is there a certain number or percentage of students and/or teachers that have to fall ill? Do we simply advise the Superintendent to contact the DESE hotline?

A: There is no specific number or percentage which triggers a classroom/school closure. Call Rapid Response Line for more guidance. 781 873 9514

Q: Over 95% of our 5-11 year olds are vaccinated but absent the availability of boosters. They are falling ill to COVID-19 at a rate higher than the rest of the population. Any plans to implement new barriers or restrictions to protect this age group, such as a junior mask mandate?

A: At this time, DPH and DESE have no immediate [plans to implement a new restriction.

Reopening PHE Grant Program for Shared Services: Three rounds of funding for total of ~$12M. Current number of PHE partnerships: 43 (277 communities). Fourth round: approx. ~3.5M total. Deadline for submission of questions is April 19th at 5pm. Deadline for submission of applications is May 3 at 12 pm.

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Other updates: As of April 1st, the federal government is no longer requiring the reporting of negative antigen results directly to the federal government. DPH is also strongly considering following that change, so they wouldn't come into MAVEN. Primary reason for this is the reporting burden. Applications are open for NACCHO's Subject Matter Expert Advisory Workgroups. Local health department leaders and their staff are encouraged to apply to help inform and guide NACCHO's projects. NACCHO invites you to lead your professional organization by sharing your talents and expertise. The application period closes on April 30, 2022. For more information email advisorygroups@naccho.org

Upcoming Webinars:

LBOH COVID-19 Upcoming Webinars 2022 Dates	
April 26th	September 13th
May 10th	September 27th
May 24th	October 11th
June 14th	October 25th
June 28th	November 8th
July 12th	November 22nd
July 26th	December 13th
August 9th	December 27th
August 23rd	

Call ended at 4:00 pm.