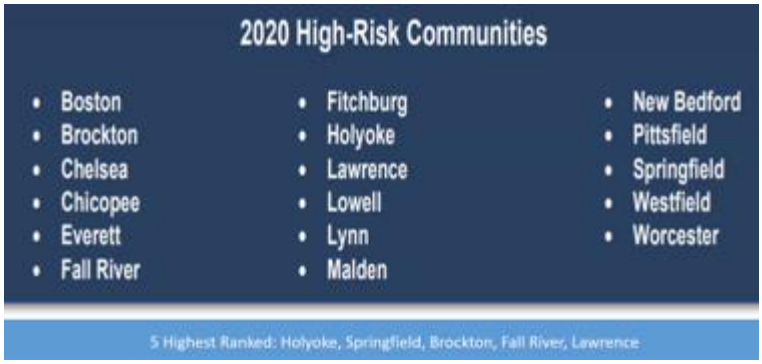
Norfolk County-8 Coalition

MDPH/LBOH Webinar 5/10/2022

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
- Terry Howard, Childhood Lead Poisoning Prevention Program, DPH
- Olivia Stenger, Local Public Health Institute
- 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

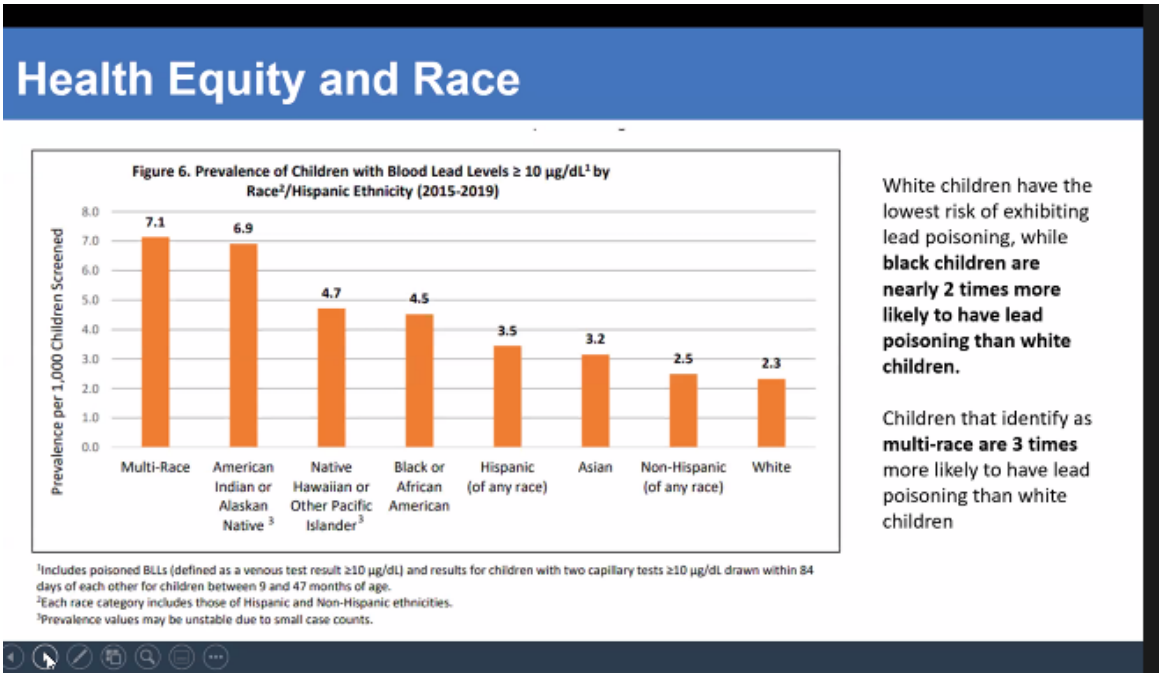
Childhood Lead Poisoning Prevention Program (CLPPP): Lead paint is the primary source of childhood lead exposure. MA has 3rd oldest housing stock in the country, making lead exposure a significant risk in Mass children. 20 high risk communities were identified, representing more than half of lead poisoning cases (420 in 2020). Lead exposure is more than an urban issue, impacts rural areas where the prevalence of elevated BLLs is often higher per capita. During the pandemic, screening rates went down (72% in 2019 then 62% in 2020) but the prevalence went up (BLLs ≥5 ug/dL increased from 1.1% in 2019 to 1.3% in 2020 and BLLs ≥10 ug/dL increased from 0.26% in 2019 to 0.28% in 2020).



September and October 2021: Lead Care II test kit recall, 96 pediatric health care providers impacted, faulty test kits. CDC lowered the reference value (there is no safe level of lead) to 3.5 ug/dL. Afghan refugee crisis, Surma is a common exposure source for Afghan families, 21 cases to date. MHOA Determinator trainings, MEHA Yankee conference this fall, backlog for field training. Remember to offer parent/tenants any

house inspection requests in housing built pre-1978. If you offer this out, we will go to you and this can help ameliorate some of this backlog.

Health Equity and Race:



LeadSafeHomes 2.0: Updated. Please check website. https://www.mass.gov/info-details/find-your-homes-lead-history

Administrative Issues: Sodium sulfide shortage due to supply chain (5.14.2022). Email (instead of faxing) your determination reports to CLPPPLeadInspectionReporting@mass.gov

Q: Do PCP in high risk communities know about the mandated lead screening?

A: Yes. Every year they are given a list and our clinical care staff is in touch with clinicians every day. Also looking towards hosting training vignettes for asynchronized training with Boston Children's Hospital.

Q: Where is the prevention piece?

A: Prevention by having lead determinators in the communities before children are exposed.

Local Public Health Institute (LPHI): On Your Time Trainings, 27 trainings on Environmental Health and Regulatory Programs, 19 trainings on Emergency Preparedness, 21 trainings on Community and Population Health, 17 trainings on Leadership, Management, and Comms.

Newest changes:

-We have disabled our audit function but included a Job Aid.

-On the Extended Studies page: courses that show up are "Foundations" Course, Mini-MPH, and MPHIT. "New to Local Public Health" Tab and the Training Calendar being organized in the State. It is updated every month. News and Events section, list

opportunities sent to us and that we. Seasonal Trainings for Spring and Summer: Recreational Camps for Children Programs for Regulators, Sanitary Surveys for Variances: A special bathing beach topic, Recreational waters: Bathing beach programs for regulators, Temporary (non-permanent) food establishments: A special food topic. Olivia Stenger, Please follow us on LinkedIn. If you have question, please reach out to: ostenger@bu.edu

Telehealth Program for Paxlovid: New telehealth program to help residents more easily access COVID-19 treatment. Quick, easy, and free way to see if Paxlovid is an appropriate treatment. Paxlovid is a pill taken orally and is available to COVID-19 positive individuals over 18 years old.

COVID-19 Vaccine Updates: FDA's Advisory Committee meeting in June, but these dates are tentative because the manufacturer has not submitted all of the data. Summary of the EUAs:

- Moderna under 5's vaccine (EUA submission was for <6 years old)
  - Two 25 mcgm doses 4 weeks apart (a quarter of the adult dose)
- Pfizer under 5's vaccine (EUA not yet submitted)
  - Similar shipping, storage, and product configuration to the 5–11yo (orange cap) vaccine
  - Different color cap (maroon), different dose (3 micrograms/0.2mL), different amount of diluent added (2.2mL), possibly a 3-dose series
- Concurrently
  - Moderna EUA for other 6-11yo and 12-17 years old
  - Pfizer boosters for 5-11 years old
  - Novavax

Effective May 5th, the FDA limited the authorized use of J&J vaccine (limited the authorized use of the Janssen COVID-19 Vaccine to individuals 18 years of age and older for whom other authorized or approved COVID-19 vaccines are not accessible or clinically appropriate, and to individuals 18 years of age and older who elect to receive the Janssen COVID-19 Vaccine because they would otherwise not receive a COVID-19 vaccine).

Q&A Session:

Questions to Dr. Brown

Q*:* Could you discuss the variety of Post-Covid Conditions (PCC) identified since the Omicron variant became dominant? I've been informed of multiple cases of vertigo, type 2 diabetes, gestational diabetic conditions, and nerve pain. Is DPH tracking these, what is the process? Is DPH able to provide statistics by county for PCC? How are we preparing both healthcare and public health to manage these cases?

A*:* PPC are not exclusive to Omicron. No single definition for PCC at this point. Most commonly reported symptoms of PCC include fatigue and malaise, respiratory and cardiac symptoms, neurologic symptoms (including pins and needles, tingling, and dizziness), and digestive symptoms. Because Covid is known to have multiorgan effects, people who have had Covid may be more likely to develop new health conditions such as diabetes, heart conditions, or

neurologic conditions. There have been studies demonstrating an increased occurrence of Type 2 diabetes in both adults and children soon after Covid. We cannot do true surveillance for this right now because we don't have a definition for what we're looking for. First, be sympathetic and empathetic when we are talking to people who may be experiencing PCC. Any information you collect on them can be captured in MAVEN in the notes section. While we may not have specific medical advice for them, encouraging self-care is appropriate. People should eat healthy food, stay hydrated, exercise as possible and appropriate for their condition, and get enough rest. Second, we should be encouraging providers to take these patients seriously and evaluate them as medically indicated. Most of the major medical centers in Massachusetts have established clinics specifically targeting Post-covid conditions. Providers should work with their patients and refer as appropriate.

Q: Case investigation and contact tracing. Any plan to communicate with the public on the increased transmissibility, shorter onset, and possibly longer period of infection of Omicron and its sub variants? Would the Commonwealth recommend indoor mask use at indoor events (i.e. prom, exams, graduations). Also, seeing cases rise in community and schools. Are they still linked to Omicron BA1 and BA2? Are all communities seeing a rise and in part due to school vacation/Easter? Anecdotal data collected during our completion of the COVID-19 Case Report Forms suggest that the BA2 and BA 2.12 cases are remaining infectious to day 14; day 8-14 has been the average. Has there been any data presented to DPH that we could utilize to formulate current and future discussions with our cases?

A: The most recent Omicron subvariant that is increasing especially in the northeast is the BA 2.12.1 and is more transmissible. 30% of our cases are likely attributed to this subvariant. Talking points that DPH uses are: more transmissible and shorter incubation period. Also heard of reports of antigen tests being positive past 5 days, data proving that that means people are infectious longer are inconclusive. At this time, the focus should be on testing if symptomatic and after a known exposure, isolating for days 0-5 and wearing a mask in public from day 6-10 and wearing a mask following an exposure.

Q: Is there any update on whether the 6 ft for 15 minute contact time is appropriate given the high transmissibility of Omicron?

A: That has always been a guideline to provide specific, actionable, implementable information in settings but has never been a perfect indicator of risk. Risk is a complex interface of factors such as: viral shedding, susceptibility of the contact, temperature, humidity, and air flow. This has been used for 2 years and changing it now could cause confusion.

Q: Is DPH doing anything to educate the public that nasal congestion is a symptom of covid and that close contacts need to mask for 10 days?

A: Congestion/runny nose has been one of the listed symptoms since the beginning. Information about isolation and quarantine are available online.

Q: How long does someone need to wait to get the 2nd covid booster if they got covid recently?

A: CDC website: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html