

# Norfolk County-8 Coalition

## MDPH/LBOH Webinar 7/12/2022



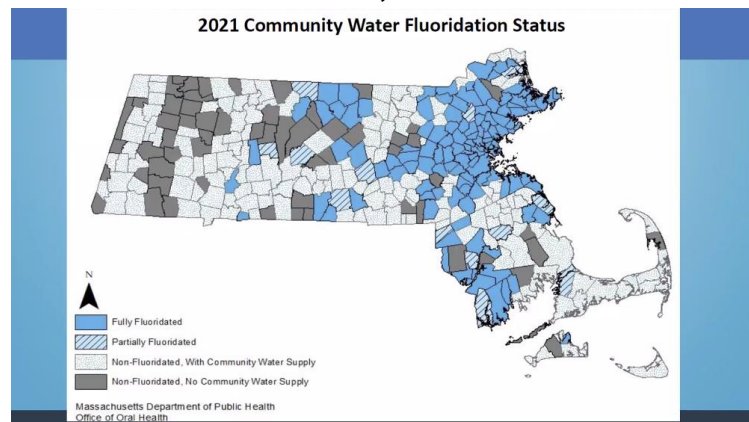
### Inter-agency Staff on the Webinar

- Sam Wong, Aimee Petrosky, Erica Piedade, and Michael Coughlin, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Laurie Courtney, and Glynnis LaRosa, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Dr. Matthew Horan, Office of Oral Health, Bureau of Community Health and Prevention
- Anne Gilligan and Anne Marie Stronach, Department of Elementary and Secondary Education
- Cheryl Sbarra, Massachusetts Association of Health Boards

**Current Drought Status** - Majority of MA is in varying degrees of drought. This can impact public water supply and private wells. See EEA's Drought Management website for information on the current status, outreach & response resources, and info on the drought management task force. Let us know if you are notified of a well drought.

<https://www.mass.gov/orgs/drought-management-task-force>

### Fluoride - Dr. Horan - DMD, MPH



What is fluoride? It exists naturally. It is not a medicine, it is a naturally occurring mineral that can help with tooth decay. We can adjust concentration of fluoride for optimal dental health. This is a safe and effective public health practice chosen by communities. This can reduce cavities by 25% in kids – less pain, less missed school, less medical bills. Note that prevention, diet, and home care is still important.

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Fluoride in Community Water Supplies - Safe, cost-effective practice that promotes good and equitable oral health in our communities. 2022 represented the 75th year of fluoridation of public water supplies in the US, reaching over 4 million people in 133 communities. Each community's water system reports fluoride level to their office of oral health. MA goal is to have all reporting communities adjust their fluoride concentration to the optimal range for 12 months each year.

Congratulations Haverhill, Ipswich, Lincoln, Needham, North Reading, and Southbridge for being recognized for the optimally adjusted fluoride concentration in their drinking water!

Supply Chain-Induced Additives - Intermittent suspensions of Community Water Fluoridation for multiple communities in MA. Supply chain issues impact some of the raw materials (sodium fluoride, sodium fluorosilicate, and others) required for water supply operators to optimally fluoridate. We are actively engaging with partners around potential solutions and we will continue to monitor the situation and track available data. Some cities/towns are returning to fluoridate relatively quickly as they find solutions.

Clinical Recommendations - We do not recommend any clinical changes from the currently available evidence-based guidance for fluoride. This could change over time.

Clinical recommendations for infancy, childhood, and adolescence:

- Confirm or refer to dental home, perform risk assessment
- Apply topical fluoride varnish (*in MA, many care team members may be eligible to apply fluoride varnish including medical assistants, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, etc*)
- For non-fluoridated communities, providers should consider prescription oral fluoride supplementation

2021 List of MA cities/towns by Community Water Fluoridation Status:

<https://www.mass.gov/doc/massachusetts-communities-receiving-communities-water-fluoridation/download>

*\*Note that adding fluoride is a local decision to be ordered by a board of health. However, this may be overturned by a municipal referendum vote.*

Sources:

CDC- <https://www.cdc.gov/fluoridation/index.html>

ADA - <https://www.ada.org/resources/community-initiatives/fluoride-in-water>

AFS - <https://americanfluoridationsociety.org>

CDH- <https://ilikemyteeth.org>

Contact:

[oral.health@mass.gov](mailto:oral.health@mass.gov)

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### Q&A Session - Fluoride - Dr. Horan

**Q:** Our town water dept is running out of fluoride soon, is there a recommended communication/press release to the public from the BoH?

**A:** The Office of Oral Health is working to produce standard language to assist LBOHs with their response. Stay tuned for that. Thanks.

**Q:** How does this affect people with fluoride allergies?

**A:** Please email oral.health@mass.gov for a more detailed response. In general, there are no confirmed cases of allergy to fluoride.

### **Data Reporting Changes – Dr. Catherine Brown**

Shift to weekly reporting schedule. Each day will be included, no change in data collection process. Just updating info weekly. Maintain ability to increase frequency if needed.

Background – DPH responding to evolution of data needs. We’ve found that a focus on metrics is most useful, and monitoring trends remains particularly important.

Overview - No change to overview page.

Cases page – removing cluster and contact tracing data. Updating map to fit new reporting schedule.

Testing page – updated language to calculate the number of days since last report

Hospitalization - no change

Death Data - Update map to fit new reporting schedule. Change of language to “previous report” not “previous day” in order to fit with new 7-day reporting schedule

Higher Ed Page - This will be removed, as this was distorting the statewide data.

Patient Breakdown Page - Updating rate denominators to 2020 estimates for better accuracy.

City & Town Pages - Updating rate denominators to 2020 estimates for better accuracy. Dropdown menus are easier to find.

Vaccine Breakthrough Cases - Discontinued

Vaccine Data - Will be added to the weekly vaccination dashboard.

Weekly Vaccination Dashboard - Posted on Wednesday’

Municipality/Zip Code Tables – Slightly different breakdown (replacing partially vaccinated with individuals with one dose). This will show all the critical vaccine statuses.

Wastewater Report - New data element which will be helpful to have in one place

### Population Denominators:

- Updating to 2020 Estimates – 2020 Census data releases have been delayed
  - Census introduced “random noise” into the data to help protect privacy – problematic because it impacts smaller populations and breakdowns unequally
  - Delay is related to addressing these issues

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- DPH works with UMass Donahue Institute to get intercensal estimates
  - imperfect but improved from 2019 estimates

### Q&A Session - Data Reporting Changes

**Q:** Will this update also target the towns with federal and state prisons, and remove that population from the town's denominator (as we have previously discussed)? - From Harvard BoH

**A:** The population denominators from the Census (which is what our estimates are based on) use a standard set of definitions for where people live and are counted. Unfortunately for Harvard, those definitions include counting correctional populations in the town where the facility is.

**Q:** I think it's important to differentiate between fully vaccinated and up to date, rather than 1st booster or 2nd booster. CDC states "up to date" means obtaining the primary series and all boosters recommended for the person, when eligible.

**A:** We do not disagree with you. There is no denominator to describe who is eligible for which boosters because they are not just based on age but are also based on immune compromise. We hope that using the breakdowns we have proposed will still be helpful.

**Q:** Will DPH be updating prior calculations of incidence, etc. using the new population estimates or will they only be using the new estimates moving forward?

**A:** We are not making changes retrospectively

### **Monkeypox - Dr. Catherine Brown**

Update - 42 cases in MA. 3 commercial labs offering monkeypox testing: Mayo, LabCorps, Quest. Expansion of testing capacity at state public health lab coming soon. CDC expanded supply of post-exposure vaccines. Note that vaccines will be limited in capacity and not everyone will be able to get one.

### Q&A Session - Monkeypox

**Q:** What are the isolation requirements for a confirmed case?

**A:** Cases should isolate and avoid direct contact with anyone while they are symptomatic. They can be considered non-infectious when all rash lesions have healed, the scabs have fallen off and intact fresh skin is left

**Q:** Can you make predictions about monkeypox based on wastewater data?

**A:** Wastewater data can be helpful in monitoring trends. However, it is not useful for determining how many cases you have because different people have different amounts in their stool. Not a ton of advanced notice but it can be an early indicator of trends.

### **Q&A Session - COVID-19 - Dr. Catherine Brown**

**Q:** Have children with hepatitis of unknown origin been meticulously tested for previous SARS-CoV2 infection to rule out COVID as a cause, or contributing cause, to the Hep?

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**A:** I don't have full insight into the national data set and what it shows but among MA cases there is no clear association with COVID-19 infection (either prior or current). You may also want to check out a June MMWR which suggested that there was no increase in pediatric hepatitis compared to pre-COVID levels. This suggests both that COVID-19 may not be involved AND that what has been observed has actually been happening all along but was noticed this year.

**Q:** Could you discuss how the BA.2.12.1 and BA.5 variants are spreading through the eastern and the central part of the state? Anecdotally, cases are reporting that they are symptomatic 3-4 days before they test positive antigen test. They are also reporting that they test ill/contagious by antigen test for a 3 to 4 day period. This appears to be significantly different from what residents were reporting for BA.2.

**A:** BA.4 and BA.5 have been increasing in New England (including MA) and reducing the frequency of BA.2.12.1. I am not aware of any systematic studies that show patterns of antigen tests positivity associated with different variants/subvariants.

**Q:** What are the risks of taking Paxlovid?

**A:** Paxlovid, like all medications, has potential side effects. There are pre-existing conditions and co-administration of certain medications that need to be considered prior to prescribing. Patients with moderate renal impairment should use recommended lower dosage

- Contraindicated in patients with known hypersensitivity to any of its ingredients
- Contraindicated for use with drugs that are either dependent on CYP3A for clearance or which induce CYP3A activity
- Administer with caution in patients with pre-existing liver disease
- May be a risk of HIV-1 developing resistance to HIV protease inhibitors if individuals have an uncontrolled or undiagnosed infection
- Reported adverse reactions include abdominal pain, nausea, malaise
- May reduce the efficacy of hormonal contraceptives

See FDA resources for Paxlovid: <https://www.fda.gov/drugs/news-events-human-drugs/fda-updates-paxlovid-health-care-providers>

**Q:** I came across an article indicating that Paxlovid may only be effective in unvaccinated persons. Have you any information about this?

**A:** The original study which Paxlovid was granted actually did not include any vaccinated people. More recent work from the manufacturer showed limited benefit for fully vaccinated people who are already at a low risk for progression to severe disease. However, a very large study out of Israel concluded Paxlovid reduced progression of disease in both vaccinated and unvaccinated individuals. Vaccination remains the most effective tool for those who are at higher risk from severe disease generally due to age or co-morbidity, Paxlovid remains an efficacious treatment.

**Q:** Has there been any discussion or new information regarding any combination covid/flu vaccines coming forward in the future?

**A:** There is no new information on this. These products are in development and not anticipated until 2023.



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### Q&A Session - Anne Gilligan - COVID-19 in Schools

**Q:** How will we be managing COVID in schools for the 2022/23 school year?

**A:** With regards to isolation and quarantine, DESE and DPH have the following guidance for children in child care K-12, out of school time, and recreational program settings in place . AT this time, we anticipate this will remain for the 22/23 school year. With regards to testing, on May 25 2022, DESE, the Executive Office of Health and Human Services and the Dept. of Public Health announced an update to the COVID-19 testing program for the rest of the 2021-2022 school year, summer, and fall of 2022. DESE website will post updates as it gets closer to the school year.

### Public Health Excellence Grant for Shared Services - Sarah Trager

Congratulations to the following Round 4 Awardees!

Round 4 Lead Grantee	Participating Munis
Brookline	Belmont, Brookline, Newton
Burlington	Burlington, Lexington, Wilmington
Charlton	Charlton, Spencer, Sturbridge, Sutton, Wales
Marshfield	Hanover, Hanson, Marshfield, Norwell, Pembroke, Rockland
Palmer	Ludlow, Palmer, Warren, West Brookfield
North Andover	Andover, Haverhill, North Andover, Lynnfield, North Reading, Reading
Orange	New Salem, Orange, Petersham, Warwick, Wendell
Westport	Freetown, Lakeville, Marion, Mattapoisett, Rochester, Westport
Greenfield	Deerfield, Greenfield, Leverett, Montague, Shutesbury, Sunderland

### New LPHI Module - Cyanobacteria and Harmful Algal Blooms - Aimee Petrosky

This training will provide an overview of cyanobacteria and CyanoHABs, outline processes and procedures for LBOH to follow, and provide resources that can aid in resolving this complex public health issue.

Developed by: Bureau of Environmental Health (DPH)

Format: Online, self-paced

Length: 1 hour

Contact hours: MA CHO and RS, National Environmental Health Association REHS/RS