

# Norfolk County-8 Coalition

## MDPH/LBOH Webinar 7/26/2022



### Inter-agency Staff on the Webinar

- Sam Wong, Antonella Lisanti-Park, 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
- Anne Gilligan and Anne Marie Stronach, Department of Elementary and Secondary Education
- Cheryl Sbarra, Massachusetts Association of Health Boards

### Stop the Spread Program Update - Sam Wong DPH

Stop the spread has been extended to March 23, 2023. The previously held date was August 31, 2022.

City	Provider
Everett	Cataldo
Framingham	Project Beacon
Lawrence (2 sites)	Lawrence General Hospital
Lynn	Cataldo
New Bedford	Project Beacon
Randolph	Cataldo
Revere	Project Beacon
Springfield (2 sites)	American Medical Response
Worcester	UMass Memorial Medical Center

### Vaccine Update - Laurie Courtney

COVID-19 Vaccines in the US: Four COVID-19 vaccines are currently approved under a BLA or authorized under an EUD by FDA.

- **Pfizer-BioNTech** is an mRNA vaccine authorized (EUA) for people 6 months-11 years and approved (BLA) for people ages 12 years and older.

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- **Moderna** is an mRNA vaccine authorized (EUA) for people 6 months-17 years and approved (BLA) for people ages 18 years and older.
- **J&J/Janssen** is a viral vector vaccine authorized (EUA) for people 18 years and older.
- **Novavax** is an adjuvanted protein subunit vaccine authorized (EUA) for people 18 years and older (primary series only).

### Novavax COVID-19 Vaccine, Adjuvanted

- July 13: FDA issued an EUA for the Novavax COVID-19 Vaccine
- July 19: ACIP recommended Novavax, and CDC director endorsed the recommendation
- Expands the available vaccine options
- Novavax is an adjuvanted protein subunit vaccine
  - Protein subunit vaccines package harmless proteins of the COVID-19 virus alongside another ingredient called an adjuvant that helps immune system respond to virus in the future
  - Vaccines using protein subunits have been used for more than 30 years in the United States, beginning with the first licensed hepatitis B vaccine
  - Other protein subunit vaccines used in the United States today include those to protect against influenza and whooping cough (acellular pertussis)

### Novavax COVID-19 Vaccine Characteristics

#### Per the Fact Sheet for Healthcare Providers

- Age indication: 18 years and older, primary series only
- Interval: 2 dose primary series, 21 days apart
- The vaccine is preservative free and does not require reconstitution or dilution
- Inject route/site: Intramuscular/deltoid
- Store the unpunctured multi-dose vial in a refrigerator between 2-8 degrees Celsius (or 36 to 36 degrees F)
  - Vial should be stored in original carton to protect from light
  - DO NOT FREEZE
- BUD: After the first needle puncture, store the vial between 2 to 25 degrees Celsius for up to 6 hours. Discard the vial 6 hours after the first puncture
- Each multi-dose vial contains 10 doses of 0.5 mL each
- Dose: 5mcg SARS-CoV-2rs 50 mcg Matrix-M adjuvant
- Expiration: no expiration date is printed on the vial or carton. Use expiry date checker: <https://www.novavaxcovidvaccine.com>

### Novavax COVID-19 Vaccine Clinical Considerations

Adults ages 18+ should receive a Novavax 2-dose primary series separated by 3-8 weeks. Currently, a booster dose using any COVID-19 vaccine is not authorized for adults in this age group who receive a Novavax primary series. For people who are not moderately or severely immunocompromised, first and second doses of Novavax should be administered 3-8 weeks

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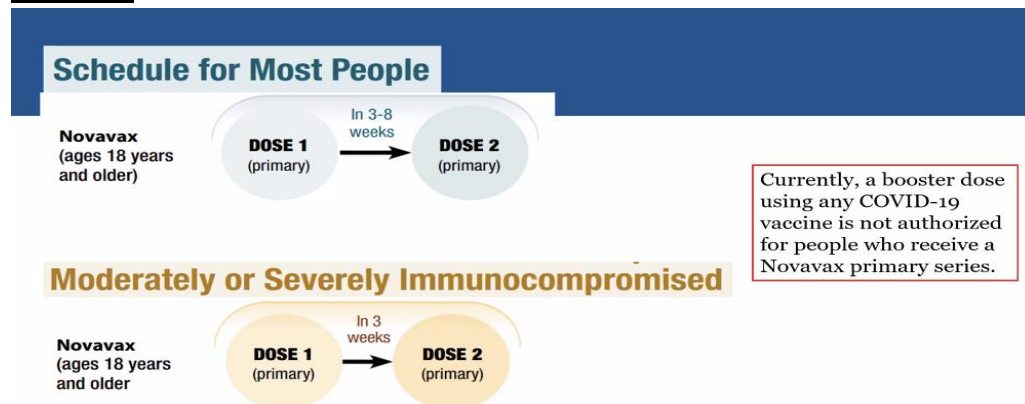
apart. For people who are moderately or severely immunocompromised, first and second doses of Novavax should be administered 3 weeks apart.

*\*Cases of myocarditis and pericarditis were identified in clinical trials of Novavax COVID-19 vaccine and have also been reported during post-authorization use outside the United States. These findings suggest that an increased risk for these conditions may be present after receiving Novavax vaccine.*

The following are NOT currently authorized for people receiving a Novavax COVID-19 vaccine for primary series:

- 3rd primary dose for people who are moderately or severely immunocompromised
- Booster dose using ANY COVID-19 vaccine after a Novavax primary series
- CDC will provide clinical guidance for what FDA authorizes: once authorized, these does can be added to the COVID-19 vaccination schedule

### Schedule



### Novavax Vaccine Ordering

Specific details are still pending. Supplies will be very limited initially. Limit is likely to be 100 doses in total to any site. A potential requirement may be to post on VaxFinder.

### Coadministration Considerations for Orthopoxvirus Vaccines

To reduce the risk of myocarditis, people might consider waiting 4 weeks after orthopoxvirus vaccination (either JYNNEOS or ACAM2000) before receiving an mRNA COVID-19 vaccine, particularly adolescent or young adult males. However, if orthopoxvirus vaccine is recommended for prophylaxis in the setting of an outbreak, administration of orthopoxvirus vaccine should not be delayed because of recent receipt of an mRNA COVID-19 vaccine. No minimum interval between mRNA COVID-19 vaccination and orthopoxvirus vaccination is necessary.

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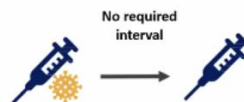


- In general, COVID-19 vaccines may be administered without regard for other vaccinations (same day, any time before, anytime after, etc.)
- Routine administration of all age-appropriate doses of vaccines simultaneously is recommended for people whom no specific contraindications exist at the time of the healthcare visit
- When deciding whether to co-administer another vaccine(s) with COVID-19 vaccine, providers may consider:
  - Whether a person is behind or at risk of becoming behind on recommended vaccines
  - Likelihood of the person returning for another vaccination
  - Person's risk of becoming infected with a vaccine-preventable disease
  - Person's risk for severe disease if infected
  - Reactogenicity profile of the vaccines

**If orthopoxvirus vaccine administered first:** Might consider waiting 4 weeks before receiving a Moderna, Novavax, or Pfizer-BioNTech vaccine



**If Moderna, Novavax, or Pfizer-BioNTech administered first:** No minimum interval necessary before receiving orthopoxvirus vaccination for prophylaxis in the setting of an outbreak



### COCA CALL

Recommendations for the Novavax COVID-19 Primary Series in Adults Ages 18 and Older – Thursday July 18, 2022, 2:00-3:00pm. Presenters discussed CDC's new guidelines during COVID-19 vaccine for adults ages 18 years and older including adults who are moderately or severely immunocompromised.

### **Q&A Session - Dr. Catherine Brown - DPH**

#### Monkeypox

**Q:** What do you think are the chances of monkeypox being in school-age children by fall? Can we alert local contact tracing and school RNs to prepare for this possibility, even if it is remote?

**A:** The possibility of monkeypox cases occurring in children exists now and will certainly also exist in the Fall. LBOHs have been given multiple funding opportunities to increase case investigation and contact tracing capacity. At this time, we would consider LBOHs with DPH backup to have primary responsibility for this work. As a reminder, the MAVEN webinar scheduled for Tuesday July 26 will focus on monkeypox virus training for LBOH. Remember, this situation is continuing to evolve and we will update information as needed. We are still in the process of developing support, training, and education materials. School nurses will not likely be asked to take primary responsibility for this work.

### COVID-19 and Wastewater Reports

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**Q:** What are the best tools for Local Boards of Health to assess to the nearest number of COVID-19 cases from wastewater lab reports?

**A:** You CANNOT use wastewater data to calculate the number of cases you have. Viral shedding associated with COVID-19 is highly variable by person. Wastewater data is best used for assessing trends over time to see if cases are increasing or decreasing. It is useful to confirm observable trends in case counts and has sometimes been a slightly early indicator (about one week prior to changes in case count trends).

### COVID-19 Deaths Per Municipality

**Q:** The total number of deaths per municipality have been helpful but inaccurate. Is there further interest by DPH to tease out irrelevant info from death reports to increase accuracy?

**A:** I would be happy to hear more about these concerns. I don't doubt that there are both deaths counted as being related to COVID which are not, AND cases that are not being counted which are related to COVID. Because we do not have the ability to review every single death and make decisions about how to attribute it, we have applied a surveillance definition which was recommended by CSTE for all jurisdictions. The current surveillance definition is being reviewed and discussed at this time.

### Omicron B.5

**Q:** Can you share the state's level of concern regarding Omicron B.5?

**A:** The Omicron subvariant B.5 is showing ability to evade the immune system (as have the previous significant variant) and we are seeing increases in cases. Surges/waves of COVID activity have been associated with the emergence of new variants combined with patterns of human interaction. Just as delta emerged associated with July 4 and summer vacations, B.5 is emerging at a similar time. The biggest concern during surges is maintaining hospital capacity and monitoring for increases in disease severity.

### COVID-19 Comorbidities

**Q:** Are diabetes and/or obesity permitted comorbidities for getting the additional vaccine booster?

**A:** Short answer is yes. The longer answer can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

### COVID-19 Transmission

**Q:** To determine the risk to health care practitioners in community setting, which terms of transmission risk and additional need for transmission-based precautions should they use (which may include adding eye protection and higher level of source control/respirator use)?

**A:** CDC recommends health care facilities follow community transmission levels. MA has been in the high risk/red level for community transmission for months. The community COVID-19 levels are now changing several communities in the medium risk level with no changes in

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transmission-based PPE/precautions per MA DPH. CDC recommends the use of the Community Transmission levels for making decisions about PPE use outside of isolation, quarantine, or caring for known COVID case situations.

### Quarantine/Isolation

**Q:** When will we stop requiring quarantine and isolation for close contacts and positive cases?

**A:** I can imagine a world where there is no quarantine for close contacts but I am less convinced that the discontinuation of isolation is on the horizon. I have no specific knowledge that CDC is leaning in these directions.

### Vaccines for Omicron Variant

**Q:** Is there a new version in the works of the current vaccines that will address the Omicron Variant? If so, do we know when it might become available? Will the new version of the vaccine be available as a primary series and booster or just one or the other?

**A:** There is talk that a bi-valent COVID19 vaccine, updated with the Omicron variant, will be available this fall.

### Tracking Long COVID

**Q:** Is DPH able to track and characterize how many people in MA are suffering with Long COVID? Do you have recommendations as to how to do this and prepare for follow-up and support for these individuals at the local level?

**A:** We cannot at this point track and care for people struggling with long-COVID in MA because there are not yet solid definitions in place for long COVID.

### Monkeypox

**Q:** If a known close contact of a case of Monkeypox develops prodromal symptoms during the monitoring period but has not (yet) developed lesions, how do we test them? Also, can we require them to isolate at that point, given that they are already considered infectious prior to lesion development, or do we continue monitoring until a testable lesion appears?

**A:** The short answer is you cannot test them. The testing requires testing rash/lesions so you close contacts without rash/lesions should isolate since there is not a way to test.

**Q:** Monkeypox appears to be a huge concern, and I am curious as to why is special attention given to it? It seems inevitable it will spread and become as common as varicella.

**A:** The hope is that we could interrupt monkeypox transmission so it doesn't become as common as varicella. You could be right that it is inevitable but we don't actually know. Monkeypox virus is not actually related to chickenpox so it may behave very differently. It can also cause severe disease in certain susceptible populations. Lastly, anytime a virus starts behaving differently than it has before, it is worthy of attention.

### **Q&A Session - DESE - Anne Marie Stronach, Anne Gilligan** COVID-19 School Reporting

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**Q:** Will DESE/DPH reconsider the decision to cease school reporting?

**A:** DESE discontinued the collection of the known school COVID cases via the DESE security portal for the summer months. Like last school year, DESE could re-implement the collection in September. We will keep you posted in the upcoming meetings.

### **Q&A Session - Sam Wong**

#### Mold in Housing

**Q:** I have for the most part been tuning in to the Interagency LBOH COVID-19 webinars. I've appreciated the recent range of topics and would like to ask if a presentation could be done on mold in housing and how this interacts with the State Sanitary Code's 105 CMR 410.

**A:** DPH/s Community Sanitation Program in the Bureau of Environmental Health will provide an overview on responding to mold complaints at residential settings in late summer.