Follow-up for Positive COVID-19 Cases and their Close Contacts

Tools for LBOHs

December 14, 2021

Hillary Johnson, MHS, Infectious Disease Epidemiologist
Scott Troppy, MPH, PMP, CIC, Surveillance Epidemiologist
Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health

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Topics Today

- **MAVEN Updates**
- **CTC Timeline Reminder**
- **Sexual Orientation and Gender Identity (SOGI) data collection**
- **Reminders and FAQs**
  - **Self-Tests**
  - **Exposures after Vaccination**
- **Mass.gov Updates**
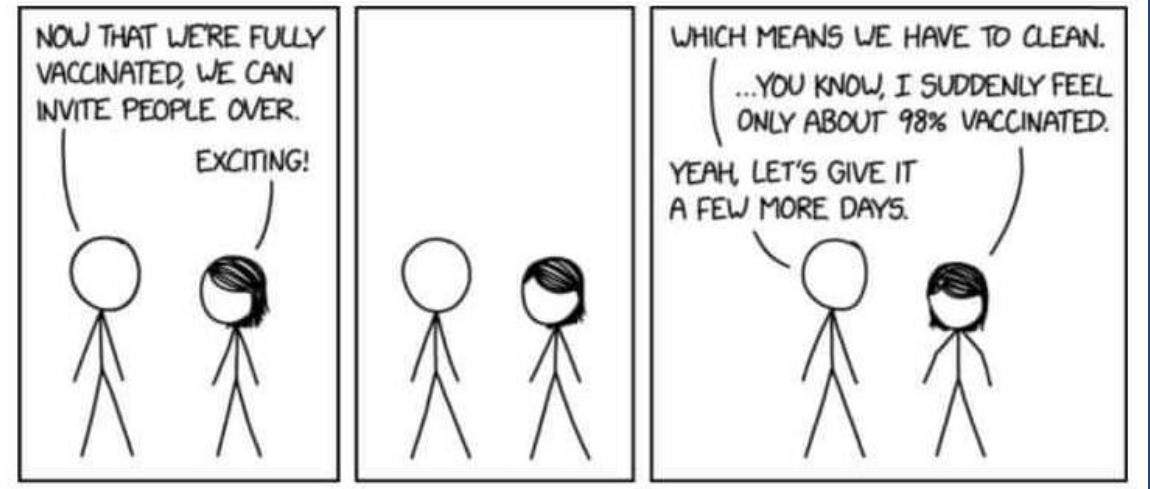
MDPH Conducts Weekly COVID-19 Case Investigation Webinars

ALL COMPANIES NAMED AFTER GREEK LETTERS

MAVEN Help has Guidance Documents and Previous Webinars:
http://www.maventrainingsite.com/maven-help/toc.html

Webinars: Tuesdays @ 11am

- **MDPH presents weekly on Tuesdays 11:00-12:15**

  - Updates in Guidance
  - Troubleshooting MAVEN
  - How to conduct case investigations and contact tracing in different settings.
  - Target Audience: Health Agents, Contact Tracers, and Public Health Nurses doing this work.

MDPH Epi Program: 617-983-6800
MDPH MAVEN Help Desk: mavenhelp@mass.gov
   MDPH ISIS Help Desk: 617-983-6801
   MDPH ISIS Fax: 617-983-6813
DESE Rapid Response Help Center: (781) 338-3500
CTC Help Desk: 857-305-2828
   CTC Local Health Help ctclocalhealthhelp@covid19.pih.org
   CTC Supervisor Contact List
   Higher Ed Contact List

UPDATED Fall 2021 Introduction to Case Investigation & Contact Tracing for Local Public Health & Higher Education Series

New Staff? Start Here

Part ONE: COVID-19 Basics (Oct. 5, 2021)

- **Part One: COVID-19 Basics Slides**

- **Part One: COVID-19 Basics Recording**

- **Part One training will include:**

  - **COVID-19 Basics**
    - Background
    - Signs & Symptoms
    - Transmission
    - Defining Close Contact
  - **Vaccination**
  - **Isolation & Quarantine**
    - Calculations & Guidance

Part TWO: COVID-19 Labs & Case Investigation (Oct. 12, 2021)

- **Part TWO: COVID-19 Labs & Case Investigation Slides**

- **Part TWO: COVID-19 Labs & Case Investigation Recording**

- **Part Two: Case Investigation** will include:

  - **Review of Part 1 Key Concepts**
    - Your FAQs
  - **Laboratory Testing for COVID-19**
    - PCR, Antigen, and Serology (antibody)
    - Home Tests
    - Sequencing for Variant Identification
  - **Case Investigation**
    - The Interview Tool
  - **Contact Tracing and Notification**
    - Contact Identification Forms
  - **Key Resources**

New and onboarding staff are encouraged to review these trainings. You do not have to be a MAVEN user.

COVID-19 Case Investigations

Tools for LBOHs

December 14, 2021

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MA Department of Public Health

Updates for today, Tuesday, 12/14/2021

- **New MAVEN Demographics: Sexual Orientation and Sex/Gender (SOGI) – Presentation by**
  - SarahEvan Colvario (they/them/theirs & she/her/hers)
  - Jaisyn Melenciano (he/him/his), Field Epidemiologists, MDPH, BIDLS
  - Ryan Burke(he/him/his), Surveillance Epidemiologist, MDPH, BIDLS, DSAI
  - Caroline Stack (she/her/hers), MDPH, OSE (Office of Statistics & Evaluation) within BCHAP (Bureau of Community Health and Prevention
- **CTC Timeline – last day is 12/30**
- **Office name change: Division of Surveillance, Analytics and Informatics**
  - **isishelp@mass.gov is now using mavenhelp@mass.gov**
- **COVID Workflows Changes as of 12/1**
  - **LBOH Immediate Workflow** – COVID-19 events only –added bulk action feature and will only hold cases for 72 hours (based on the first positive specimen date)
  - **LBOH Confirmed and Probable Report** – use this daily to check for cases
- **Future MAVEN updates for Prioritization – stay tuned**

Changes to COVID Workflows, 12/1/2021

Changes to Workflows for COVID

- **Added** a bulk action feature for COVID cases workflow to allow you to update Step 1 to Yes (LBOH Notification)

- Workflow will only hold cases for 72 hours (based on the first positive specimen date) – you will need to use your Confirmed and Probable Report to manage cases

- CTC Set Assistance to Yes for Contacts Workflow **disabled**

- CTC Set Assistance to Yes for Cases Workflow **disabled**

LBOH Notification for Immediate Disease – COVID Only – Update to the workflow

Bulk Action Feature will allow you to populate Step 1 to Yes. Workflow will only hold cases for 72 hours.

LBOH Confirmed and Probable Report Reminder

Reminder--Starting Dec 1st you will need to plan on running this report daily – as you know our COVID Immediate workflow stops working at 5000 cases

Maven Reporting

Maven Reporting

Category:	Custom Reports
Select Report:	COVID-19 LBOH Confirmed and Probable Case line list Report
Description:	COVID-19 Confirmed & Probable Case Line List. Your city/town name must be in all CAPS. Limit the date parameter to 30 days. Report displays the first positive specimen date for the labs.
Report Period*:	⦿ Date Range ◯ Period
	Start Date: 12/01/2021 End Date: 11/30/2021
Official City*:	FLORIDA
Disease classification status*:	Suspect / Probable / Confirmed / Revoked / Contact
Output Type:	CSV

This report has been configured to run on the reporting database.

Run Report   Dashboard   Help

Check your Immediate, Routine & Pending Workflows

- **Reminder to check your Immediate, Routine, Pending Case Report Form Workflows**
  - **LBOH Notification for Immediate Disease**
  - **LBOH Notification for Routine disease (738 cases sitting in this workflow today)**
  - **LBOH Case Report Forms (CRF) are pending (1,001 cases)**

"A Gentle Reminder"

NEW MAVEN DEMOGRAPHICS: SEXUAL ORIENTATION AND SEX/GENDER

Presentation by
SarahEvan Colvario (they/them/theirs & she/her/hers)
and Jaisyn Melenciano (he/him/his),
Field Epidemiologists, MDPH, BIDLS

What's changed?

◦ Not (yet) in the field record wizards for COVID cases or contacts

◦ TBD which disease wizards will have which demographic variables

◦ One variable in "Participant" tab

◦ 3 now under "Demographic" package

📁 Event Data	⚗ Labs	⚠ Concerns	👤 Participants	Event History Trail

Question Packages

Question Package
1. Administrative
2. Demographic
3. Clinical
4. Vaccine and IG Information
5. Risk/Exposure/Control & Prevention
6. Contact Monitoring
6. Epi-linked and Outbreak Information
8. ECR Information
9. Exposure Notification (ENX) Information

I LOVE CHANGES

CHANGES ARE MY FAVORITE
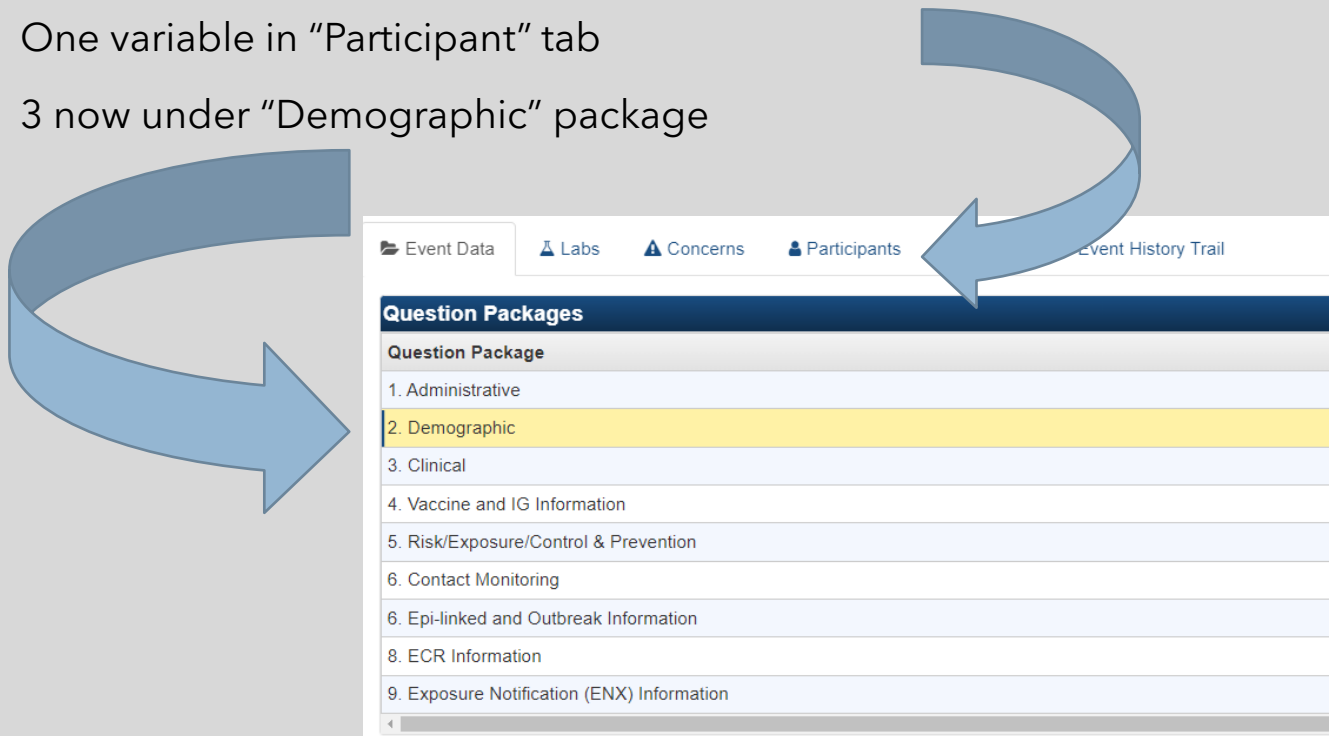
The 4 variables we are focusing on today:

Why were these added to MAVEN?

- There are health inequities for many diseases related to sex, transgender experience, and sexual orientation
- Caroline Stack will be presenting after this on what the COVID Community Impact Survey showed related to these variables, as an example.

New MAVEN Tip Sheet –

Tip Sheet: Sex, Gender and Sexual Orientation

https://www.glsen.org/
https://www.glaad.org/

Terms Regarding Gender and Sex

Cisgender or Cis- Describes a person whose gender identity aligns with their assigned sex at birth, based on traditional expectations (e.g., a person assigned female sex at birth whose gender identity is woman/female).

Intersex – An umbrella term describing people born with reproductive or sexual anatomy and/or a chromosome pattern that can't be classified as typically male or female. While some people can have an intersex condition and identify as transgender, the two are separate and should not be conflated. ("Hermaphrodite" is the outdated term which is considered offensive.)

Non-binary – An umbrella term used by some people who experience their gender identity as falling outside the categories of man and woman. They may define their gender as falling somewhere in between man and woman, or they may define it as wholly different from these terms. The term is not a synonym for transgender and should only be used if someone self-identifies as non-binary.

Transgender, Trans, or being of Transgender Experience– An umbrella term for people whose gender identity and sex assigned at birth do not align based on traditional expectations. Transgender can also describe people whose gender identities do not exist within a gender binary structure; e.g., people who are non-binary or gender fluid, though not all of these individuals identify as transgender.

Terms Regarding Sexual Orientation

Asexual – Describes a person who experiences little or no sexual attraction to others. A person can additionally be aromantic, meaning they do not experience romantic attraction.

Bisexual - Describes a person who is physically, romantically, and/ or emotionally attracted to those of the same gender or to those of another gender. Some define bisexuality as an attraction to all genders.

Gay – Describes a person who is primarily physically, romantically, and/ or emotionally attracted to people of the same sex and/or gender as themselves. While often used to describe men who are primarily attracted to men, it can also describe women who are attracted to women. (Homosexual is the outdated clinical term which is sometimes considered offensive.)

Heterosexual/straight – Describes women who are primarily physically, romantically, and/ or emotionally attracted to men, and men who are primarily romantically and sexually attracted to women.

Lesbian – Describes a woman who is primarily physically, romantically, and/ or emotionally attracted to other women.

LGBTQIA+ – An acronym for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, and others. May be shortened to LGBT, LGBTQ+, etc.

Pansexual – Describes a person who is physically, romantically, and/ or emotionally attracted to people of all gender identities, or whose attractions are not related to other people's gender.

Queer – An adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual. Typically, for those who identify as queer, the terms lesbian, gay, and bisexual are perceived to be too limiting and/or fraught with cultural connotations they feel don't apply to them. Some people may use queer, or more commonly genderqueer, to describe their gender identity and/or gender expression. Once considered a pejorative term, queer has been reclaimed by some LGBT people to describe themselves; however, it is not a universally accepted term even within the LGBT community. When Q is seen at the end of LGBT, it typically means queer and, less often, questioning.

Important note

◦ We don't expect everyone to know all these terms, but we do want to familiarize you with them since they are part of demographic package questions and answers.

◦ This (right now) is a pre-cursor presentation and tip sheet to a more comprehensive training that will be delivered in early 2022
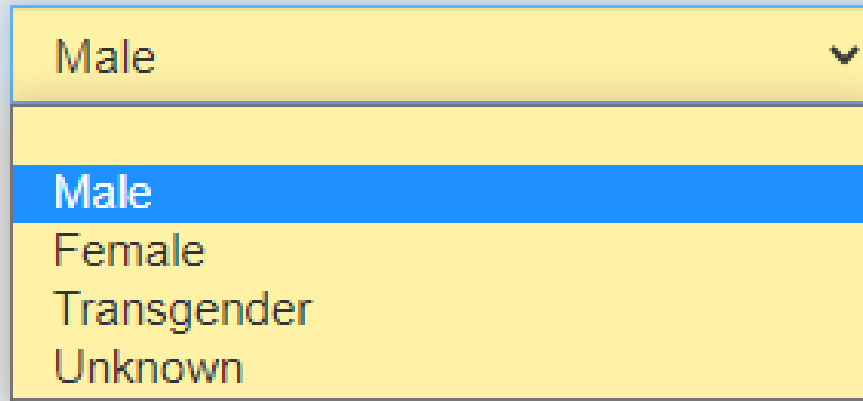
QUESTIONS RELATED TO GENDER AND SEX

3 variables related to sex and gender

- Under Participant Tab
  - **Gender**
    - This tends to be what the Medical Records give us
    - This is sometimes worded as "Gender Identity"
- In Demographics Package
  - **Sex Assigned at Birth**, sometimes this will be shortened to just "Sex"
  - **Transgender Experience**

Gender – from medical/lab record *(Participant tab)*

Gender

Male ⌄

Male
Female
Transgender
Unknown

○ Note, this will likely be changing to include other options that are based on the MDPH Data Standards.

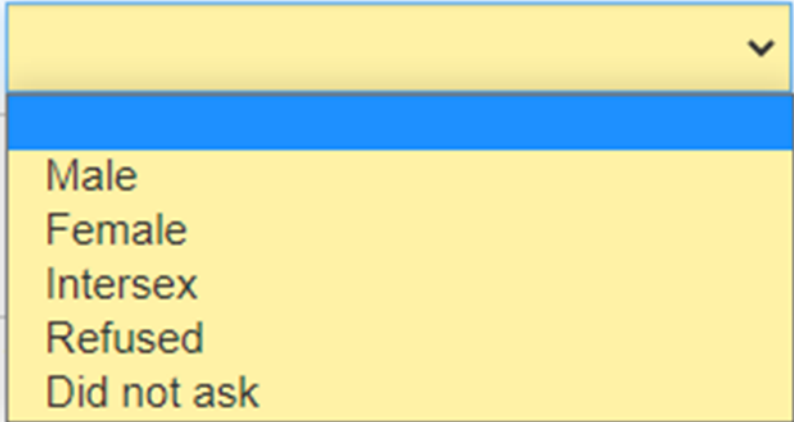**Future options (anticipated) based on MDPH Data Standards:**

- Male
- Female

Likely additions:
- **Nonbinary**, Genderqueer, not exclusively male or female
- I am questioning/not sure of my gender identity
- I don't understand what this question is asking
- I prefer not to answer

*Note: **Nonbinary** and **Transgender** are defined in the tip sheet that is in the MAVEN help section*

Assigned Sex At Birth *(Demographics package)*

As in MAVEN

Assigned Sex at Birth

- Male
- Female
- Intersex
- Refused
- Did not ask

Definitions (on Tip Sheet):

Intersex – An umbrella term describing people born with reproductive or sexual anatomy and/or a chromosome pattern that can't be classified as typically male or female. While some people can have an intersex condition and identify as transgender, the two are separate and should not be conflated. ("Hermaphrodite" is the outdated term which is considered offensive.)
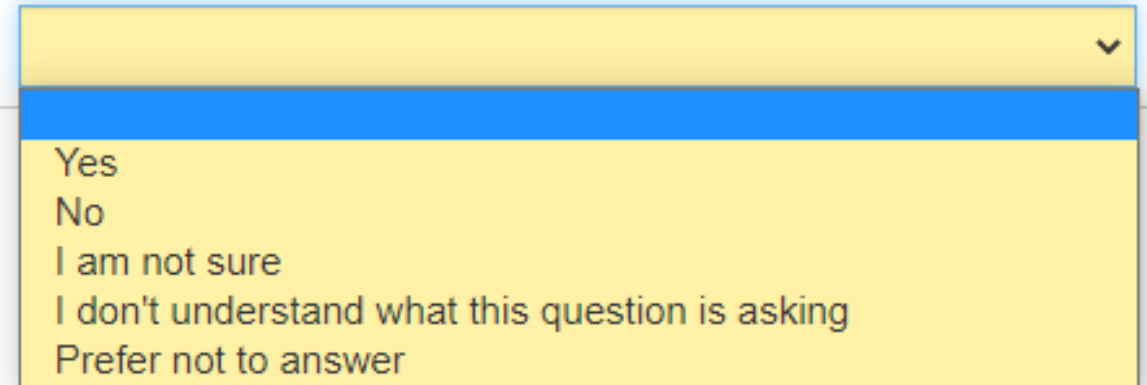
Transgender Experience *(Demographics package)*

Definitions (on Tip Sheet):

◦ **Cisgender (Cis) -** Describes a person whose gender identity aligns with their assigned sex at birth, based on traditional expectations (e.g., a person assigned female sex at birth whose gender identity is woman/female).

◦ **Transgender (Trans and Transgender Experience)** – An umbrella term for people whose gender identity and sex assigned at birth do not align based on traditional expectations. Transgender can also describe people whose gender identities do not exist within a gender binary structure; e.g., people who are non-binary or gender fluid, though not all of these individuals identify as transgender.

Question as in MAVEN

QUESTION RELATED TO SEXUAL ORIENTATION

Sexual Orientation *(Demographics package)*

Appears in MAVEN

Sexual orientation

Bisexual and/or Pansexual
Lesbian, gay, or homosexual
Straight or heterosexual
Something else/Other not listed above (e.g. queer, asexual)
Don't know

Definitions (on Tip Sheet)

Asexual – Describes a person who experiences little or no sexual attraction to others. A person can additionally be aromantic, meaning they do not experience romantic attraction.

Bisexual - Describes a person who is physically, romantically, and/ or emotionally attracted to those of the same gender or to those of another gender. Some define bisexuality as an attraction to all genders.

Definitions (con't)

◦ **Gay** – Describes a person who is primarily physically, romantically, and/ or emotionally attracted to people of the same sex and/or gender as themselves. While often used to describe men who are primarily attracted to men, it can also describe women who are attracted to women. (Homosexual is the outdated clinical term which is sometimes considered offensive.)

◦ **Heterosexual/straight** – Describes women who are primarily physically, romantically, and/ or emotionally attracted to men, and men who are primarily romantically and sexually attracted to women.

◦ **Lesbian** – Describes a woman who is primarily physically, romantically, and/ or emotionally attracted to other women.

◦ **Pansexual** – Describes a person who is physically, romantically, and/ or emotionally attracted to people of all gender identities, or whose attractions are not related to other people's gender.

◦ **Queer** -An adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual. Typically, for those who identify as queer, the terms lesbian, gay, and bisexual are perceived to be too limiting and/or fraught with cultural connotations they feel don't apply to them. Some people may use queer, or more commonly genderqueer, to describe their gender identity and/or gender expression. Once considered a pejorative term, queer has been reclaimed by some LGBT people to describe themselves; however, it is not a universally accepted term even within the LGBT community. When Q is seen at the end of LGBT, it typically means queer and, less often, questioning.

QUESTIONS?

Ryan Burke, DSAI, Ryan.J.Burke@mass.gov
SarahEvan Colvario, DSTDP, Sarah.E.Colvario@mass.gov
Epidemiologists and members of the SOGI Data Standards WG
Jaisyn Melenciano, DSTDP, Epidemiologist

Massachusetts Department of Public Health

COVID-19
Community Impact Survey (CCIS)

MAVEN Discussion: Sexual Orientation and Gender Identity (SOGI) Data Collection

December 14, 2021

CCIS TEAM MEMBERS

CCIS Project Leads

W.W. Sanouri Ursprung, Lauren Cardoso, Beth Beatriz, Glory Song, Caroline Stack, Kathleen Fitzsimmons, Emily Sparer-Fine, Ben Wood, Lisa Bandoian, Heather Nelson, Amy Flynn, Lisa Arsenault, Abby Atkins

CCIS Analytic Team

Beth Beatriz, Glory Song, Caroline Stack, Kathleen Fitzsimmons, Emily Sparer-Fine, Ziming Xuan, Matthew Tumpney, Rebecca Han, Lauren Larochelle, Arielle Coq, Anne Marie Matteucci, Lauren Fogharty, Vera Mouradian, Melody Kingsley, Ta Wei Lin, Anna Agan, Justine Egan, Allison Guarino, Elizabeth Showalter, Beatriz Pazos Vautin, Priyokti Rana, Mayowa Sanusi, Emily Lawson, Alana LeBrón Lauren Cardoso, W.W. Sanouri Ursprung

CCIS Data to Action Workgroup

Jessica del Rosario, Kim Etingoff, Lisa Bandoian, Andrea Mooney, Ben Kingston, Lauren Cardoso; Dawn Fukuda, Lamar Polk, Hermik Babakhanlou-Chase, Glennon Beresin, Mahsa Yazdy, Emily White, Timothy St. Laurent, Fareesa Hasan, Nicole Roos

CCIS Steering Committee

Lauren Cardoso, W.W. Sanouri Ursprung, Beth Beatriz, Abbie Averbach, Ruth Blodgett, Ben Wood, Sabrina Selk, Nicole Daley, Lisa Bandoian

CCIS Data Dissemination Workgroup

Beth Beatriz, Glory Song, Emily Sparer-Fine, Ta Wei Lin, Vera Mouradian, Rebecca Han

CCIS COMMUNITY PARTNERS

Many groups that were critical in the success of this effort and gave important input on the development and deployment of the survey:

- Academic Public Health Volunteer Corps and their work with local boards of health and on social media
- Mass in Motion programs, including Springfield, Malden, and Chelsea
- Cambodian Mutual Assistance
- The Mashpee Wampanoag Tribe
- The Immigrants' Assistance Center, Inc
- Families for Justice as Healing
- City of Lawrence Mayor's Health Task Force
- The 84 Coalitions, including the Lawrence/Methuen Coalition
- Boys and Girls Clubs, including those in Fitchburg and Leominster and the Metro South area

- Chinatown Neighborhood Association
- Father Bill's
- UTEC
- MassCOSH
- Stavros Center for Independent Living
- Greater Springfield Senior Services
- Center for Living and Working
- DEAF, Inc.
- Massachusetts Commission for the Deaf and Hard of Hearing
- Viability, Inc.

BACKGROUND

Gap

Existing health surveillance systems monitor important health-related data, but due to the unprecedented nature of the pandemic could not capture the range of impacts caused by the crisis, nor could they enable the stratification needed to understand the inequitable impact of the pandemic on priority populations.

Goal

DPH conducted a survey (and then focus groups) to understand the specific needs of populations that had been disproportionately impacted by the pandemic, including its social, health, and economic impacts.

Actions

DPH committed to using and sharing these data to prioritize our pandemic response and to create new, collaborative solutions with community partners.

CCIS APPROACH

- Conducted a self-administered online survey (fall 2020) with over **33,000** adults and **3,000** youth in the final sample
  - Paired with population-specific focus groups

- Covered a wide range of topics specific to adults and youth respectively
  - Perceptions & experiences of COVID-19, Basic needs, Access to healthcare, Pandemic-related changes in employment, Mental health, Substance use, and Safety

- Available in 11 languages; additional focus groups also conducted in ASL

- Open ended questions captured previously unknown needs and barriers

- Weighted results to the state average, with different weights applied to youth and adult samples

- Recruitment via network of community-based organizations (CBOs)

- Employed a snowballing sampling strategy to ensure we reach key populations
  - eg. People of color, LGBTQ+ individuals, People with disabilities, Essential workers, People experiencing housing instability, Older adults, and Individuals living in areas hardest hit by COVID-19

Recruitment efforts were overwhelmingly successful

- Unprecedented sample sizes allow results by number of groups including:
    - race, ethnicity, substance use history, incarceration history, sexual orientation, gender identity, transgender status, types of disability, income, education, language spoken, industry/occupation, geography, employment status, age, etc.

- Compared to past surveillance surveys, CCIS priority population samples reached:
    - **10x** as many American Indians/Alaska Natives
    - **10x** as many LGBTQ respondents
    - **5x** as many residents who speak languages other than English
    - **5x** as many Hispanic residents
    - **5x** as many Asian residents
    - **Over twice** as many respondents in other populations including the deaf/hard of hearing and Black community

*example comparison rates were calculated in comparison to the 2019 Behavioral Risk Factor Surveillance Survey (BRFSS) sample sizes

REACHING LGBTQ+ COMMUNITIES ON CCIS

Through intentional outreach efforts conducted by CCIS partners, LGBTQ+ adults and youth participated in the survey at unprecedented rates:

4,102 Adults (aged 25+) identifying as:

Asexual (n=639)	Queer (n=464)
Bisexual and/or pansexual (n=1242)	Questioning (n=213)
Gay or lesbian (n=1351)	Other (n=107)

Of **transgender experience** (n=242) or **not sure of transgender experience** (n =108)

And/or of **non-binary, qenderqueer, or not exclusively male or female gender** (n=312); **questioning** gender (n =53), and **other** gender (n=26)

923 Youth (aged 14-24) identifying as:

Asexual (n=71)	Queer (n=81)
Bisexual and/or pansexual (n=445)	Questioning (n=137)
Gay or lesbian (n=175)	Other (n=15)

Of **transgender experience** (n=103) or **not sure of transgender experience** (n =36)

And/or of **non-binary, qenderqueer, or not exclusively male or female gender** (n=124); **questioning** gender (n =31); and other gender*

*Suppressed due to low sample size.

- Sexual orientation and gender identity (SOGI) survey questions:
  - Developed under the guidance and recommendation of the MDPH SOGI Data Standards Group.
  - 3 separate measures: sexual orientation, gender identity, transgender experience
- The development of SOGI data collection and analysis recommendations are part of an on-going process that will continue to incorporate lessons learned and feedback of community members.

Thank you to our community partners and the MDPH SOGI Data Standards Group for this effort.

DISSEMINATION

- Chapters
- Data Tables
- Recorded Webinars

- Monthly public data releases
- Present to external stakeholder groups

Website

Presentations

ACCESSIBILITY

Regional Technical Assistance Providers

To Come: **Interactive Data Dashboard**

- Conduct community-specific analyses
- Present data locally

INNOVATIONS

Innovations essential to advancing health equity through data

Population focused

Use of data standards

Community engagement

Mixed methods

Granularity & Intersectionality

Justice Framing

POPULATION SPOTLIGHT:
Sexual Orientation, Gender Identity, and Transgender Experience

Caroline Stack, MPH

Sabrina Selk, ScD

Amy Flynn, MS

Despite the dominant perception that LGBTQ+ health inequities in MA have all been addressed through the implementation of progressive LGBTQ+-supportive laws and policies, the data show that **Massachusetts LGBTQ+ adults and youth continue to be systematically discriminated against** and excluded from the systems that drive the social determinants of health, causing inequities in multiple domains. This **persistent exclusion**, and the resulting impacts on health, have been further exacerbated by the pandemic.

LGBTQ+ Identities

Figure 1. Understanding LGBTQ Identities. Understanding LGBTQ Identities (one pager).pdf | Mass.gov. https://www.mass.gov/doc/understanding-lgbtq-identities/. Accessed June 3, 2021.

CCIS LGBTQ+ Data: Understanding the Analysis

While often analyzed as such, the LGBTQ+ population is not a monolith. Analyzing data using only one 'LGBTQ+' indicator variable can sometimes hide differences that exist within the LGBTQ+ population, particularly those that are associated with sexual orientation, gender identity, and transgender experience.

In order to better understand these differences, analyses presented in this report were conducted separately by each sexual orientation, transgender experience, and gender identity. Unless otherwise stated, each identity construct utilized a different reference group (the group in which the other groups are compared to), as described below:

- Sexual orientation: Reference group = Straight (heterosexual)
  - Asexual, bisexual and/or pansexual, gay or lesbian, queer, and questioning/unsure of sexual orientation were compared to straight/heterosexual

- Transgender identity/experience: Reference group = Not transgender (sometimes referred to as cisgender in presentation)
  - Transgender identity/of transgender experience was compared to not transgender/not of transgender experience (cisgender)

- Gender identity: Reference group = Male
  - Non-binary and questioning/unsure of gender identity were compared to male gender identity

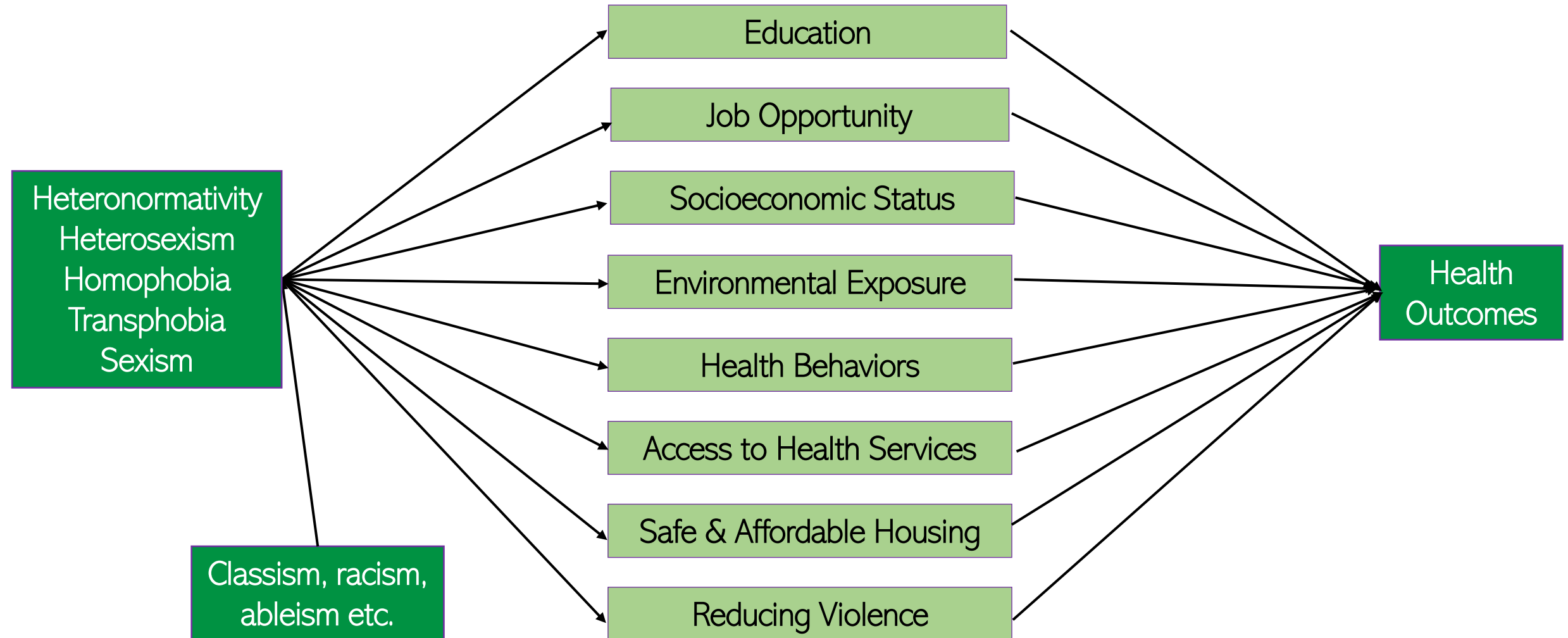# CCIS LGBTQ+ Data: Understanding the Analysis (cont.)

Within this report, the magnitude of difference in outcomes between LGBTQ+ groups and designated reference groups are sometimes presented as a ratio: an LGBTQ+ group (e.g., asexual) outcome percentage divided by the designated reference group outcome percentage. If the pattern of higher or lower percentages is consistent across multiple LGBTQ+ groups, and these differences are statistically significantly different at the $p<0.05$ level, these ratios are at times presented together as a range. For example:

- **Statement**: "BTQ and non-binary adults were up to 3x as likely to report delaying healthcare"
- **Interpretation**: The ratios of delayed health care for BTQ (bisexual and/or pansexual, transgender, and queer) and non-binary adults compared to their respective reference groups (bisexual and/or pansexual and queer were compared to straight; transgender was compared to not transgender (cisgender); nonbinary was compared to male) ranged from 1.8 (30% of bisexual and/or pansexual respondents delayed healthcare compared to 16% of straight respondents) to 2.5 (38% of non-binary respondents reported delaying healthcare compared to 15% of males). Sometimes these ratios are rounded to the nearest whole number (e.g., 3).
- In this example, differences in delayed healthcare did not differ significantly between lesbian or gay respondents and straight respondents, and between asexual respondents and straight respondents, so these sexual orientations were not included in the statement.

- Provided the data suggest similar patterns exist across sexual orientations and gender/transgender identities, future analyses will explore the aggregation of sexual orientation, gender identity, and trans experience and the intersection of these identities with other identities and characteristics, such as race, age, and income.

- Abbreviations used in presentation:
  - LG= Lesbian or Gay
  - B = Bisexual and/or Pansexual
  - Q = Queer
  - A = Asexual
  - T = Transgender/Of Transgender Experience

Systems of oppression impact the social determinants of health inequities:

Heteronormativity Heterosexism Homophobia Transphobia Sexism

Classism, racism, ableism etc.

- Education
- Job Opportunity
- Socioeconomic Status
- Environmental Exposure
- Health Behaviors
- Access to Health Services
- Safe & Affordable Housing
- Reducing Violence

Health Outcomes

Heternormativity, heterosexism, transphobia, and other oppressions act at multiple levels:

INTERNALIZED

- Conforming to normative views of relationships
- Following heteronormative scripts of binary masculinity/femininity

INTERPERSONAL

- Family rejection
- Bullying
- Domestic violence

INSTITUTIONAL

- Lack of affirmative medical care
- Denial of insurance coverage for trans-specific care
- Gatekeeping through gendered stereotypes or required therapist approval

STRUCTURAL

- Discrimination in legal benefits, tax codes, immigration policies
- Exclusion of those of trans experience from bathroom access, education, & sports opportunities

6.9.21 release

Pandemic has inequitably impacted LGBTQ+ youth and adults across domains affecting the social determinants of health.

Addressing any domain in isolation will not work.

Economic Stability

- Over 1 out of 2 BTQA and non-binary adults were worried about paying a bill in the next few weeks
- LGBTQA and non-binary youth were up to 2.1x as likely to say they may not continue their education in the fall
  - Non-binary youth aged 18+ were over 2x as likely as male youth aged 18+ to report that one of the reasons for not continuing was tuition expense

Employment

- 1 out of 5 working non-binary and transgender adults lost their job (vs. 1 out of 10 male and cis-gender adults).

Housing Stability

- LGBTQA/non-binary adults were up to 2x as likely to report worrying about needing to move for any reason in the next few weeks

Access to Healthcare

BTQ and non-binary adults were more likely to:

- Report delaying: any care (up to 3x); sexual and reproductive health care (up to 6x*); and severe mental health care (up to 2x*)
- Report that not knowing where to go was a barrier to COVID testing (up to 6x)

Mental Health

- LGBTQ adults were up to 3x as likely to report 15+ days of poor mental health in past 30 days & 3+ PTSD-like reactions to COVID

Social Inclusion and Support

- BTQ and non-binary adults and those questioning their sexual orientation were up to 4x as likely to report experiencing intimate partner violence during COVID
- 4-9% of LGBTQ and non-binary youth reported experiencing violence at home during COVID (2-5x that of straight, cisgender, and male youth)
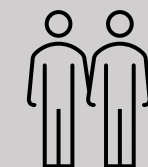
* Amongst those who had delayed routine care; delayed urgent care; never been tested for COVID-19, respectively.

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•LG= Lesbian or Gay • B = Bisexual and/or Pansexual • Q = Queer • A = Asexual • T = Transgender/Of Transgender Experience

Meeting basic needs is among the most critical concerns

Over 63% of LGBTQ adults expressed worry about attaining at least one household need in the next few weeks.

LGBTQ and non-binary adults were more likely to express worry about attaining:

- **Healthcare** (Up to 2.2x)

- **Technology** (Up to 1.7x)†

And more likely to express that the following resources would be helpful right now:

- **Goods & services for people with disabilities** (Up to 5x)

- **Help applying for benefits** (Up to 2.1x)

- **Housing stability resources** (Up to 3.1x)

Percentage of MA Adults Requesting Housing Stability Resources

Group	Percentage
Non-binary Gender*	26%
Male	10%
Of Trans Experience*	23%
Not of Trans Experience	8%
Queer*	23%
Questioning*	18%
Bi/pansexual*	15%
Asexual*	11%
Gay or Lesbian*	10%
Straight	7%
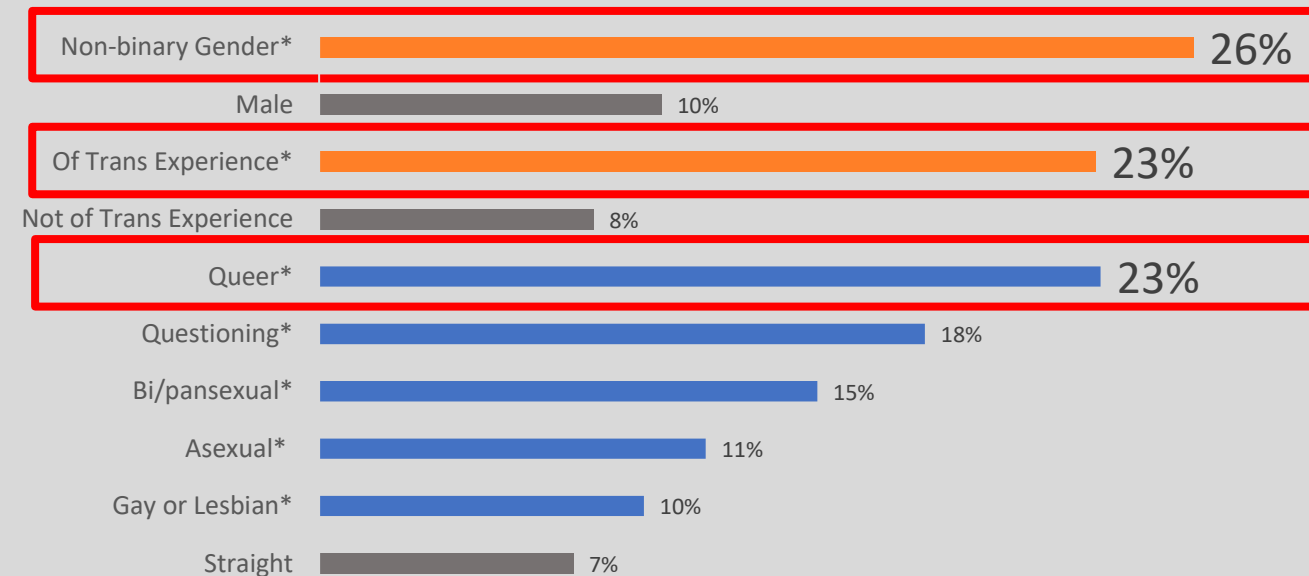
†Difference was not significantly different at p<0.05 level for gay or lesbian and queer respondents when compared to straight respondents . * denotes a statistically significant difference from reference group at p<0.05 level.

6.9.21 release

Resources that address mental & behavioral health are needed now to aid recovery.

LGBTQ adults and youth were more likely to request immediate resources around mental health, substance use, and social support.

Behavioral Health

LGBTQ and non-binary adults were more likely to request:

- Info on seeing a therapist (up to **2x**)
- Suicide prevention resources (up to **7x**)

Out of adults who reported using substances, LGBTA/non-binary adults were **1.4-1.7x** as likely to **request substance use resources.**

LGBTQ adults also requested mental health support other than therapy, including:
"Financial resources to access mental health care."
"Financial resources for rent and debt payment postponement to help relieve stress"
And mental health resources for LGBTQ people specifically:
"Social support events for transgendered people"
"Peer health worker (especially LGBTQ) 1-on-1"

Social Support

Bisexual, queer, non-binary, and youth questioning their gender were up to <u>twice</u> as likely to say that **having a mentor to talk to about problems** with would be helpful.

Among adults 65+, gay or lesbian adults and those questioning their sexual orientation were up to <u>twice</u> as likely as straight adults to request services for older adults, including social services:

"Someone from outside my social circle calling to check in with me regularly. For ex., senior center or my primary care physician…being checked on, even briefly, feels a comfort especially to people living alone" – *Gay male respondent aged 65+*

Systems of oppression impact the social determinants of health inequities:

Heteronormativity
Heterosexism
Homophobia
Transphobia
Sexism

Classism, racism, ableism etc.

Education

Job Opportunity

Socioeconomic Status

Environmental Exposure

Health Behaviors

Access to Health Services

Safe & Affordable Housing

Reducing Violence

Health Outcomes

Develop strategies to recruit and retain a workforce of educators diverse in gender identities and sexual orientation.

Train health, social service, and educational providers in LGBTQ cultural competency

Heteronormativity
Hete~~~~~~~
Homo~~~~
Trans~~~~
S~~~~

Provide comprehensive, youth-directed transition support for LGBTQ youth aging out of the foster care system.

Increase residential placement of LGBTQ youth with LGBTQ-affirming residential placements

ableism etc.

Education

Job Opportunity

Socioeconomic Status

Environmental Exposure

Health Behaviors

Access to Health Services

Safe & Affordable Housing

Reducing Violence

Health ~~~~mes

Utilize social media and dating apps to improve health service outreach to LGBTQ youth

Expand SOGI data collection for physicians and in electronic health records (EHRs)

KEY TAKEAWAYS

LGBTQ+ adults and youth have been disproportionately impacted by the pandemic, particularly POC and persons of trans experience

We need to prioritize inclusion of LGBTQ+ residents in all areas – families, schools, state entities, healthcare, social services, and data systems –

1) To support pandemic recovery, and

2) To address the conditions that contributed to these inequitable impacts

3) To promote optimal health and quality of life of LGBTQ+ individuals and families

LEARN MORE ABOUT CCIS

COVID-19 Community Impact Survey

The survey was done to better understand the many layered impacts of the pandemic. Please see below for a summary of key findings and other supporting materials.

TABLE OF CONTENTS

- Introduction
- Findings
- Background

HOW HAS COVID-19 IMPACTED YOU?

CCIS Data is posted on its own webpage: https://www.mass.gov/covidsurvey

On the website you will find:

1. A **complete slide deck** of all the CCIS data that has been released to date.
2. **Recorded webinars** for each of the chapters released to date
3. **Data tables** with CCIS data by MA county, municipality, and demographic groups.
4. **Q&A document** with more information about the survey and high-level talking points from each chapter and spotlight.

"CHAPTERS" OF FINDINGS

Adult Survey

- General Methods/Descriptive Stats
- Personal Risk Mitigation
- Access to Testing
- Access to Healthcare
- Social Determinants of Health
- Vaccine Implications
- Mental Health
- Employment
- Substance Use
- Intimate Partner Violence
- Parents & Families

Youth Survey

- Part 1 - Mental health, changing responsibilities, and COVID experiences and perception
- Part 2 - Education & Employment
- *Coming soon: Part 3 - Access to care, safety, and protective factors*

Population Spotlights

- Young parents
- Persons with disability
- Sexual Orientation & Gender Identity (SOGI)
- AAPI
- Black AI/AN
- Hispanic/Latinx
- Discrimination/Framing Matters
- *Coming soon: Housing, Rural, Caretakers with special needs*

Summary of Key Guidance & Tools

- **MA Testing Guidance: Updated June 14, 2021**
  - **https://www.mass.gov/info-details/covid-19-testing-guidance**

  Updated in June

- **MA Travel Information**
  - https://www.mass.gov/info-details/covid-19-travel

  MA Travel Advisory is Gone.

  - Return to normal travel recommendations for vaccinated people, and says to check CDC pages for the latest on domestic and international travel.

- **Isolation & Quarantine Guidance Documents**
  - **09/29/21 Updated Quarantine Guidance:** https://www.mass.gov/guidance/information-and-guidance-for-persons-in-quarantine-due-to-covid-19
    - **Update: Abbott BinaxNOW no longer specified for antigen testing out of strict quarantine.**
    - **Guidance states recently recovered (in first 90 days) and fully vaccinated people do not need to quarantine.**
    - **Quarantine Guidance Translations available here**: https://www.mass.gov/guidance/information-and-guidance-for-persons-in-quarantine-due-to-covid-19#download-in-additional-languages

  Updated Quarantine Guidance 9/29/21!

  - **12/7/2020: Isolation Guidance Document** https://www.mass.gov/guidance/information-and-guidance-for-persons-in-isolation-due-to-covid-19

- **Date: March 8, 2021 – Occupational Exposure & Return to Work Guidance**
  - https://www.mass.gov/doc/return-to-work-guidance/download
  - **Now includes language about recently recovered and fully vaccinated people.**

  Helpful to get Docs to test Kids

- **Pediatric Clinical Testing Advisory**
  - 11/25/2020 Advises Pediatricians to Test for COVID-19 in all patients with symptoms compatible with COVID, regardless of age
  - https://www.mass.gov/doc/pediatric-and-adolescent-covid-19-testing-guidance/download

- **Date: 10/13/2021 COVID-19 Testing Scenarios FAQ**
  - Describes different lab test results and what to do
  - Outlines discordant results and what they mean
  - http://www.maventrainingsite.com/maven-help/pdf/COVID-19%20Testing%20Scenarios%20FAQ_Ver%202.0_October_13_2021.pdf

  NEW Lab Results FAQ!!! 10/13/21

- **09/03/2021 Updated COVID-19 Case Classification Manual**
  - http://www.maventrainingsite.com/maven-help/pdf/case-classification-manual/COVID19__08312021.pdf
  - COVID-19 now 90 days (so new event will be generated with a new positive lab after 90 days)

  Updated 9/3 with new 90-day COVID event time period!

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Summary of Key Guidance & Tools

Date: 8/22/2020 - **MDPH COVID-19 PCR and Antibody Testing Public Health Response Recommendations**
- Table describes different Public Health Actions based upon different testing results.
- Big take home: PCR & Antigen positive patients should be treated like cases.
- Serology positive cases do not require public health follow-up.

Date 8/10/2020 - **MDPH Follow-up Table for Positive Antigen Test Results**
- Reminder that while Antigen Tests = Probable, we still treat like a case and isolate accordingly & do contact tracing.
- A PCR obtained at the same time (w/i 2 calendar days) will trump the antigen test result.

Date: 09/14/2021– **Ending Isolation and Precautions for People with COVID-19: Interim Guidance**
- 10 Day Isolation Period now has more data supporting it.
- Ignore most additional PCR tests up to 3 months after initial illness onset.
- No need to quarantine up to 3 months after initial illness onset.

CDC Updated Pages

- **CDC Vaccines Guidance Page:**
  - "**[Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#)**"
    - Everything you need to know regarding vaccination guidelines.
      - Who should get what vaccine?
      - Timing of vaccines.
      - Recommendations for additional doses or boosters for different populations.
      - Contraindications and precautions.
      - Vaccine ingredients.
      - Administration of Vaccines (how to, what to use, etc.)

    - This is a living document that gets updated as recommendations are adopted and refined.

- **Immunization Action Coalition (IAC)'s Ask the Experts page**
  - https://www.immunize.org/askexperts/experts_cov.asp
    - Great resource for all your vaccine questions in a Q&A format.

- **CDC guidance on VACCINATED PEOPLE:**
  - [Interim Public Health Recommendations for Fully Vaccinated People](#)
    - Talks about what precautions are still needed for fully vaccinated people, etc.
    - Some recommendations are still under consideration here in MA.

Updates – A quick recap for Dec. 14, 2021

We Last Met Dec. 7, 2021:

- **MAVEN Updates**
- **CTC Timeline Reminder**
- **MassNotify Updates**
- **Variant Updates**
  - Omicron – what we know
- **Self-Testing & Follow-up**
- **Prioritization Guidance for LBOH**
- **Your FAQs**

Part ONE: COVID-19 Basics (Oct. 5, 2021)

- Part One: COVID-19 Basics Slides
- Part One: COVID-19 Basics Recording

Part TWO: COVID-19 Labs & Case Investigation (Oct. 12, 2021)

- Part TWO: COVID-19 Labs & Case Investigation Slides
- Part TWO: COVID-19 Labs & Case Investigation Recording

Always Remember you can see all previous webinar recordings and slides in MAVEN Help.

MAVEN Help: http://www.maventrainingsite.com/maven-help/toc.html

Self-Tests Reminders

- **Self-Tests** are great in many ways and have lots of utility, and more are likely coming on the market in the future. But they are the responsibility of the person taking them. They are NOT the responsibility of public health.

  - **People with Self-Tests should notify their OWN contacts.**
    - Shortly they will even be able to use MassNotify to do some of this!

  - **LBOHs do not need to enter self tests into MAVEN.** MAVEN is for OFFICIAL disease reporting.

  - **Self-Tests are NOT OFFICIAL TEST RESULTS for many scenarios**, and people should consider that when determining which test type to perform.

  - **If someone has a positive self test – they should act like they are positive and isolate. You can answer their questions around isolation and quarantine timing.**
    - Stress it is based upon the information they are telling you.
    - Confirmatory testing is recommended and may be beneficial (but is not required)

  - **Self-Tests are one more way we are trying to empower our citizens and lean a bit more on personal responsibility models for COVID-19 prevention.**

Cases After Being Fully Vaccinated

- **Breakthrough Disease** is any positive test obtained Day 14 or later following the final dose in a vaccine series.

- **Note:** Vaccination will not make you test positive. If you test positive, even if you are fully vaccinated, you are a case. You will need to isolate.

Positive Cases

Cases of Breakthrough Disease are positive tests from Day 14 or after.

Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17

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Final Dose

Any positive here is not official Breakthrough Disease.

Fully Vaccinated Day 14

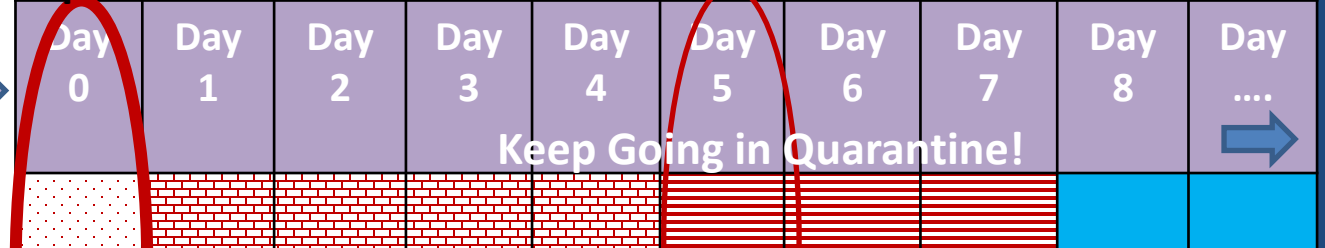# What if you are exposed after your final dose (before Day 14)?

Even if you have had that second dose, you are NOT fully vaccinated <u>until Day 14</u> afterwards.

- Any exposure before Day 14 requires a quarantine.
- Any exposure on Day 14 or after would have a quarantine exemption.
- If you start your quarantine and THEN become fully vaccinated while in your quarantine (reach Day 14), you still have to finish your designated quarantine period.
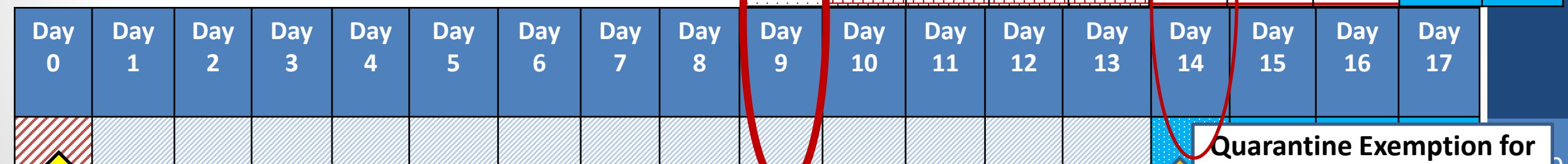
Must still complete the quarantine from the earlier exposure. Can pursue a shortened quarantine option like the 7 day Strict Quarantine (with neg test on or after Day 5)

MUST Quarantine because exposure occurred prior to being fully vaccinated

Exposure & Quarantine

Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day ....

Keep Going in Quarantine!

Vaccination Status

Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17

Quarantine Exemption for future exposures begins.

Final Dose

Not Fully Vaccinated.
Any exposure here (≤13 days) still requires full quarantine.

Fully Vaccinated Day 14

Vaccine FAQs

- **Q. Has the definition of fully vaccinated changed for those who are eligible for a third dose/booster dose?**

  - **A.** No. In general, people are considered fully vaccinated:

    - 2 weeks after their second dose in a 2-dose series, such as the Pfizer-BioNTech or Moderna vaccines, or
    - 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

  - This would apply for our definition of Breakthrough disease and for any exemptions to quarantine for fully vaccinated people at this time.

Vaccine FAQs

- **Q. Should a person who had Covid wait for 90 days before becoming vaccinated?**

  - **A.** This is where I go for ANY vaccine related question: [CDC's Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)

    - "People with known current SARS-CoV-2 infection should defer vaccination at least until the person has recovered from the acute illness (if the person had symptoms) and they have met [criteria](#) to discontinue isolation.

      - Current evidence about the optimal timing between SARS-CoV-2 infection and vaccination is insufficient to inform guidance.

      - This recommendation for vaccination applies to people who experience SARS-CoV-2 infection before receiving any vaccine dose and those who experience SARS-CoV-2 infection after the first dose of a COVID-19 vaccine but before receipt of subsequent doses."

In summary, you can get vaccinated at any point after your isolation period is done if you are due for a dose.

Your Questions:

- **Q. Where and how should we document monoclonal antibodies?**

  - **A.** This is a good question. You can currently document these and other treatments in the Medical Information Notes in the Clinical Question Package.

Medical information notes:

Your FAQs

- **When someone is exposed 90 days after their positive test, do they quarantine? Is the 90 days from test or end of isolation?**

  - Someone who tested positive for COVID-19 with a [viral test](#) within the previous 90 days **and** has subsequently recovered **and** remains without COVID-19 symptoms does not need to [quarantine](#).

  - ≥ 90 days later from their initial positive diagnosis, if they are unvaccinated and again exposed, they must quarantine. The 90 days begins from the date of the positive test (or onset), not the end of isolation.

	COVID – Recovered*	Fully Vaccinated*
Identified as a Contact	• <90 Days since symptom onset or lab date = NO Quarantine • ≥90 Days since symptom onset or lab date = YES Quarantine	• NO quarantine required (No test needed unless symptoms develop.)
New Positive Lab Result	• <90 Days since symptom onset or lab date = NO new Isolation • ≥90 Days since symptom onset or lab date = YES Isolate	• YES, a positive lab is a case and would need to isolate accordingly/their contacts should quarantine.

*This table applies to community cases in non-healthcare and non-congregate settings.

Flights & Cruises While Infectious

- **Q. Are we still reporting air travel during infectious period to Boston Quarantine station?**

  - **A. Yes.** If your confirmed or probable case traveled while infectious and may have exposed others via airplane or maritime vessel (cruise or cargo):

    1. Update MAVEN notes
    2. Call Epi program so MDPH can notify the Quarantine Station.
    3. **LBOH – please do not call the Quarantine Station Yourself.**

> **Do the best you can. Travel dates & flight numbers are key even if you don't have seat number.**

Key Demographic Data Needed:
- Case Name
- Date of Birth
- Full address
- Clinical Info:
  - Symptom Onset Date & Specific Symptoms

Travel Information:
- Airline or cruise company,
- Flight number,
- Seat or cabin number,
- Departure and arrival locations and times,
- Reason for travel and if they traveled alone or with others.

Mass.gov Updates!

- **The following pages are now live:**

  - https://www.mass.gov/info-details/find-a-covid-19-test
  - https://www.mass.gov/info-details/covid-19-self-test-distribution
  - https://www.mass.gov/covid-19-testing
  - https://www.mass.gov/info-details/about-covid-19-testing
  - https://www.mass.gov/info-details/using-a-covid-19-self-test
  - https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19

Case Investigations and Contact Tracing Starting ~~January 2022~~ **Now**

- Beginning now, DPH and local health departments can prioritize case investigation and contact tracing, specifically settings with vulnerable populations or those likely to support ongoing transmission:

  - Healthcare facilities including SNFs and LTCF – (DPH lead)
  - Large congregate settings such as shelters, corrections – DPH and LBOH
    - DPH primary in correctional settings
    - LBOH should have right of first refusal in shelters
  - EEC programs – (DPH and LBOH support) ←
  - K-12 schools – (LBOH in cooperation with schools)
  - Higher Education – (LBOH in cooperation with facility health services)
  - Disease Clusters – (LBOH in cooperation with DPH)

- Not every case of close contact needs outreach

- We will continue to monitor data to re-prioritize case investigation and contact tracing efforts to other settings or newly evident vulnerable populations as necessary.

- NOTE: Any individual case investigation you do, you should encourage people to notify their own close contacts. If they are unwilling or unable to do so, we would ask you to assist them.

> **LBOH still play a role in Childcare Follow-up. MDPH provides preliminary guidance following EEC report, but LBOH would oversee closures/enhanced follow-up.**