

MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

September 13, 2022

Hillary Johnson, MHS

Senior Epidemiology Advisor to Local Health, Division of Epidemiology

Scott Troppy, MPH, PMP, CIC

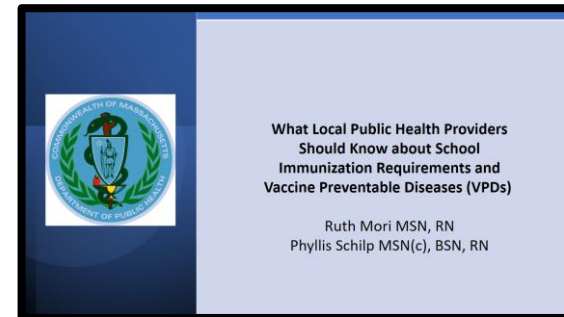
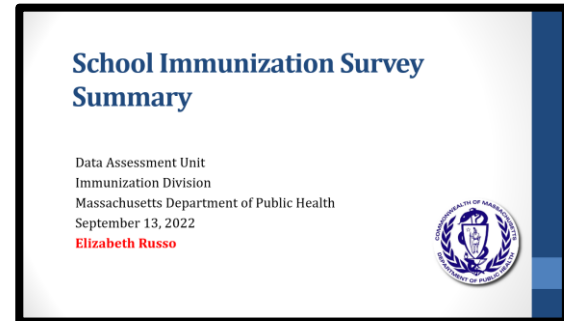
Senior Epidemiologist – MAVEN User Management & Data Visualization Lead

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Epidemiologist II – Pandemic Response Coordinator, Division of Epidemiology



Topics Today

- **MAVEN Help Updates Coming Soon!**
- **Upcoming Webinar Sessions**
 - **Save the Date: October 11, 2022 – General Review and FAQs. Send us your questions!**
- **COVID-19**
 - **Quick Review of Key Resources**
 - **Key Vaccine Pages**
- **Monkeypox**
 - **New Multilingual Materials!**
 - **New Data Dashboard!**
 - **Critical Follow-up for Monkeypox Cases with Atypical Risk**
- **Today's Guest Presentations:**
 - **School Immunization Survey Summary**
 - Elizabeth Russo, MD
 - **What Local Public Health Programs Should Know about School Immunization Requirements and Vaccine Preventable Diseases:**
 - Ruth Mori MSN, RN, Phyllis Schilp MSN(c), BSN, RN



MDPH Conducts Infectious Disease Tools for LBOH Webinars Every Other Week

Upcoming Topics! Register Now!

| | |
|------------|----------------------------------------------------------------------|
| 27-Sept-22 | <u>Introduction to Pertussis Case Investigations</u> |
| 11-Oct-22 | <u>Local Health Check-In: Your FAQs</u> |
| 25-Oct-22 | <u>Introduction to Influenza Surveillance</u> |

Reminder: Each webinar begins with updates and timely topics prior to the featured disease training, so make sure to register each session to stay current!

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

**Webinar Schedule Update:
Every Other Tuesday @ 11am**

- **MDPH presents Every Other Week on Tuesdays 11:00-12:30**

- 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

MAVEN Onboarding: MavenTraining@mass.gov

MDPH MAVEN Help Desk: 617-983-6801

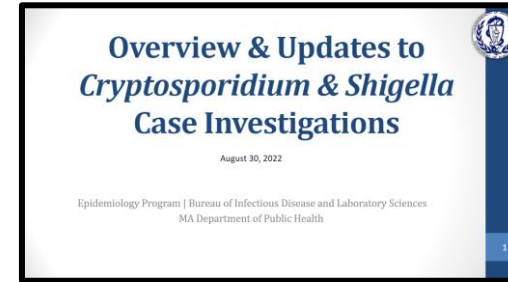
MDPH MAVEN Fax: 617-983-6813

Next Webinar: Tuesday, September 27, 2022

Updates – A quick recap for Sept. 13, 2022

We Last Met Aug. 30, 2022:

- **Institutes of Higher Ed (IHEs) & COVID-19 Response Planning**
- **Review Updated CDC and State Guidance for COVID-19.**
 - Guidance Summary
 - Exposed Contacts
 - When to Test (**It's Day 6!**)
 - What if you've had Covid in last 90 days? (**There's a chart!**)
 - New Cases
 - Masking for Cases Days 6-10
- **Monkeypox and Demographics Reminders**
 - Key required variables (Race & Ethnicity)
 - Tips for Calling Providers
- **Featured Disease Training:** Overview & Updates to *Cryptosporidium & Shigella* Case Investigations
 - Emily Harvey



[Presentation Slides PDF](#)
[Presentation Recording](#)



**Always Remember you can
see recent webinar
recordings and slides in
MAVEN Help.**



Bookmark the URL!

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

October 11 Webinar: Your Questions/Topics

Time for a check-in!

- **Tue, Oct 11, 2022 11:00 AM - 12:30 PM EDT**
 - In this webinar, we'll touch base on reminders, updates, and case investigation tools as driven by your submitted questions. We'll review some of the most recent presentation resources, highlighting key takeaways, and discuss answers to some of the most common questions we receive from Local Health. Be sure to send us your questions ahead of time via the registration link below, or email [Hillary](#) and [Scott](#) directly!
- **Agenda:**
 - Review New Tools and Tip Sheets.
 - Discuss Your Submitted FAQs.
 - Demo Requested MAVEN functionality (Tasks, Reports, Workflows, Sharing of Cases).
- **[Register HERE](#)**

COVID-19 Key Resources

- **COVID-19 CDC References & Helpful Background Info**
 - **NEW** [CDC MMWR: Summary of New COVID-19 Guidance \(Aug 2022\)](#)
 - **NEW** [CDC Understanding Your COVID-19 Risk](#)
 - **NEW** [CDC: Guidance for Exposed Individuals](#)
 - **UPDATED** [CDC: Isolation Guidance](#)
 - [CDC Masking Guidance](#)
 - [CDC COVID-19 Community Levels](#)
 - **UPDATED** [CDC Staying Up to Date on Your Vaccines Page](#)
 - **UPDATED** [CDC Interim Clinical Considerations \(COVID-19 Vaccines\)](#)
- **COVID-19 Main DPH Guidance Pages for 2022:**
 - **NEW** [MA Isolation & Exposure Guidance for General Public](#)
 - **UPDATED** [MA Isolation and Exposure Guidance for Schools, Childcare, and Camps](#)
 - [DPH I&Q for Health Care Personnel \(12/29/21\)](#)

CDC: Stay Up to Date with COVID-19 Vaccines Including Boosters

What You Need to Know

CDC recommends everyone stay up to date with COVID-19 vaccination, including all primary series doses and boosters for their age group:

- People ages **6 months through 4 years** should get all COVID-19 primary series doses.
- People ages **5 years and older** should get all primary series doses, and the booster dose recommended for them by CDC, if eligible.
 - People ages **5 years to 11 years** are currently recommended to get the **original (monovalent) booster**.
 - People ages **12 years and older** are recommended to receive one **updated Pfizer or Moderna (bivalent) booster**.
 - This includes people who have received all primary series doses and people who have previously received one or more original (monovalent) boosters.
 - At this time, people aged **12 years to 17 years** can only receive the **updated Pfizer bivalent booster**.

CDC: Stay Up to Date with COVID-19 Vaccines Including Boosters

What You Need to Know continued...

- Getting a COVID-19 vaccine after you recover from COVID-19 infection provides added protection against COVID-19.
- People who are moderately or severely immunocompromised have [different recommendations for COVID-19 vaccines](#), including boosters.
- [COVID-19 vaccine and booster recommendations](#) may be updated as CDC continues to monitor the latest data.

CDC: Use of COVID-19 Vaccines in the US

Interim Clinical Considerations

Summary of recent changes (last updated September 2, 2022):

- New booster recommendation for people ages 12 years and older to receive 1 bivalent mRNA booster after completion of a monovalent primary series; it replaces all prior booster recommendations for this age group
 - Recommendations for use of a bivalent Moderna booster dose in people ages 18 years and older
 - Recommendations for use of a bivalent Pfizer-BioNTech booster dose in people ages 12 years and older
- Updated guidance for observation periods following COVID-19 vaccination
- Updated guidance on COVID-19 vaccination and multisystem inflammatory syndrome (MIS) in children (MIS-C) and in adults (MIS-A)

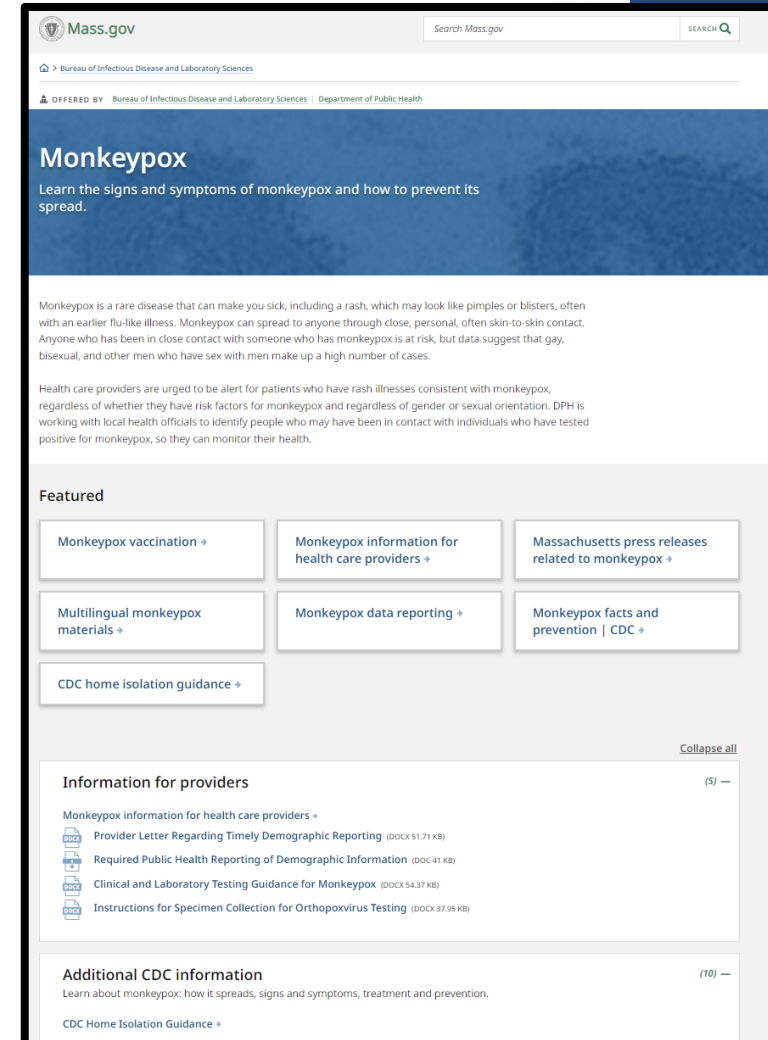
Updates COVID-19 Guidance

- Summary Table based upon updates from CDC (8/11/22) & MA (8/15/22) Isolation and Exposure Guidance.

| | <u>General Population</u> | <u>School & Childcare</u> |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Isolation for Cases | <ul style="list-style-type: none"> Isolate 5 Days Masking Days 6-10 <p><u>To End Masking Early:</u></p> <ul style="list-style-type: none"> 2 Negative Tests to end masking in Day 6-10. Start testing Day 6 <p><u>No Testing/Refuse Masking?</u></p> <ul style="list-style-type: none"> Isolate 10 days | <ul style="list-style-type: none"> Isolate 5 Days Masking Days 6-10 <p><u>To End Masking Early:</u></p> <ul style="list-style-type: none"> 1 Negative Test to end masking in Day 6-10. Start testing Day 5 <p><u>No Testing/Refuse Masking?</u></p> <ul style="list-style-type: none"> Isolate 10 days <p>Follow Gen Pop Guidelines OUTSIDE School Time</p> |
| Exposed Contacts | <ul style="list-style-type: none"> Must Mask 10 Days Get Tested Day 6 or Later <p><u>No Guidance for Ending Masking Early.</u></p> <ul style="list-style-type: none"> Must Mask Whole 10 Days if you CAN mask. | <ul style="list-style-type: none"> Must Mask 10 Days Get Tested Day 6 or Later <p><u>No Guidance for Ending Masking Early.</u></p> <ul style="list-style-type: none"> Should Mask Whole 10 Days if you CAN mask. <p>Follow Gen Pop Guidelines OUTSIDE School Time</p> |

Updates to mass.gov/monkeypox

- MDPH has enhanced the state webpage for monkeypox to now cover numerous MA-specific resources and information. Features of note:
- **Monkeypox [VACCINATION](#) resources.**
 - Who, Where, How to obtain vaccine.
- **Monkeypox [Information for Providers](#)**
 - Clinical Guidance, Specimen Collection, Treatment, etc.
- **NEW! [Multilingual Monkeypox Materials](#)**
 - Resources related to monkeypox in multiple languages.
- **NEW! [Monkeypox Data Reporting](#)**
 - Weekly report on MA Monkeypox Cases and Vaccination Data



Monkeypox Demographics

- For the majority of disease events in MAVEN, most relevant demographic questions will be in the Demographic Question Package.

Event Data

Labs

Concerns

Participants

Question Packages

Question Package

1. Administrative

2. Demographic

3. Clinical

4. Vaccine and IG Information

5. Risk/Exposure/Control & Prevention

6. Contact Monitoring

8. ECR Information



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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TO: Healthcare Providers, Local Boards of Health, and Laboratories
FROM: Catherine Brown, DVM, MSc, MPH State Epidemiologist
Larry Madoff, MD, Medical Director, Bureau of Infectious Disease and Laboratory Sciences
SUBJECT: Required Public Health Reporting of Demographic Information
DATE: August 29, 2022

The Department of Public Health is conducting investigations as to the source and spread of monkeypox in the Commonwealth. The Department is responsible for ensuring that the information received from you is accurate and complete. The information received from you will be used to determine the extent of the outbreak and to develop an equitable response.

Local boards of health, laboratories, and local boards of health are required to report monkeypox cases to the Department of Public Health. Those reports must include the following information: name, address, phone number, date of birth, sex, race, ethnicity, and date of onset. This information is required for the Department to determine the extent of the outbreak and to develop an equitable response.

Healthcare providers are required to report monkeypox cases to the Department of Public Health. Those reports must include the following information: name, address, phone number, date of birth, sex, race, ethnicity, and date of onset. This information is required for the Department to determine the extent of the outbreak and to develop an equitable response.

HIPAA covered entities are required to report monkeypox cases to the Department of Public Health. Those reports must include the following information: name, address, phone number, date of birth, sex, race, ethnicity, and date of onset. This information is required for the Department to determine the extent of the outbreak and to develop an equitable response.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

CHARLES D. BAKER
GOVERNOR
KARYN POLITO
LT. GOVERNOR

MARYLOU SUDDERS
SECRETARY
MARGRET R. COOKE
COMMISSIONER

August 29, 2022

Dear Vaccinating Providers,

Thank you for helping Massachusetts respond to monkeypox in the Commonwealth. Your efforts to test, treat, and vaccinate patients for monkeypox are vital to our success in containing the outbreak in Massachusetts. As part of a strong and equitable monkeypox response, it is equally essential that you report patient demographic data to the Department of Public Health as required by law.

Our understanding of and response to this outbreak are only as effective as the data reported by you to DPH. To appropriately focus our interventions and response, we rely on your timely and complete reporting of demographic case data — including age, gender, race, ethnicity, and any other data element as defined by the Department.

Currently, the required data that is submitted on monkeypox vaccinations is incomplete for race and ethnicity. Accurate and complete data are critical for an equitable and culturally relevant response to monkeypox.

As with COVID, the clearer our understanding of the impacted individuals and communities, the better we can target our resources. The Department's disease reporting regulation 105 CMR 300.000 requires cases of reportable diseases — which includes monkeypox and over 90 other infectious diseases — be reported with complete demographic information within 24 hours and has been updated to clarify the demographic data that are required to be reported.

Meeting reporting requirements is critical to ensuring that Massachusetts continues to receive its federal allocation of vaccine and is central to an equitable response to monkeypox across the Commonwealth. The attached guidance document outlines infectious disease reporting requirements and how to report these data. We are monitoring reporting by institution, and your compliance is required and necessary to inform our continued response to monkeypox in Massachusetts.

Meeting this legal requirement is critical to our collective efforts to address monkeypox, and we appreciate your work to obtain complete demographic data.

Sincerely,

Catherine Brown, DVM, MSc, MPH State Epidemiologist
Larry Madoff, MD, Medical Director, Bureau of Infectious Disease and Laboratory Sciences
Massachusetts Department of Public Health

Monkeypox & Demographics

- Some of the most important variables we need include Race and Ethnicity (aka Hispanic, Latinx, or Spanish in origin).
- **Note: Hispanic, Latinx, or Spanish Origin status** in this variable is very important to capture in MAVEN for every event. This is typically what most reports and analyses are referencing when they talk about ethnicity.

Race:

American Indian / Alaskan Native

Asian

Black / African American

Native Hawaiian / Pacific Islander

White

Other

Unknown

Is case Hispanic, Latinx or Spanish origin?

Yes

No

Unknown

Refused

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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To our Providers, Laboratories, and Local Boards of Health,

Your efforts to test and treat patients for monkeypox and perform case follow-ups are vital to our success in containing the outbreak in Massachusetts. As part of a strong and equitable monkeypox response, it is equally essential that you report patient demographic data to the Department of Public Health as required by law.

Our understanding of and response to this outbreak are only as effective as the data reported by you to DPH. To appropriately focus our interventions and response, we rely on your timely and complete reporting of demographic case data — including age, gender, race, ethnicity, and any other data element as defined by the Department.

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Larry Madoff, MD, Medical Director, Bureau of Infectious Disease and Laboratory Sciences
Massachusetts Department of Public Health

Monkeypox & Demographics

- There is a SECOND variable actually labeled “Ethnicity” where there is a very long list of ethnicities A-Z. You can specify multiple ethnicities here.
- This variable will allow you to collect more specific and nuanced answers, however the “Hispanic, Latinx, or Spanish Origin” variable is the current focus for coverage and demographic data reports.

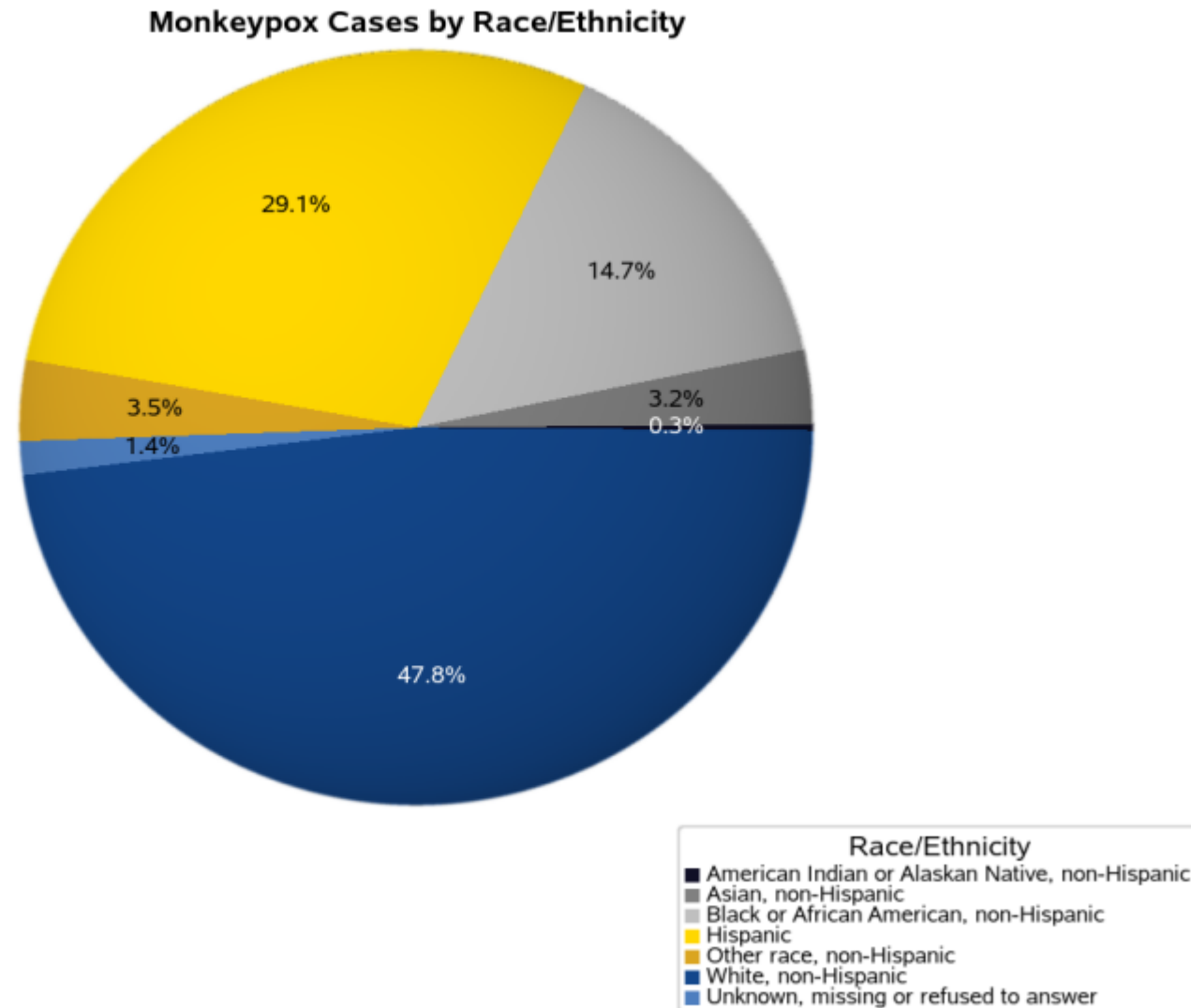
Is case Hispanic, Latinx or Spanish origin?

| |
|---------|
| |
| |
| Yes |
| No |
| Unknown |
| Refused |

What is your ethnicity? (You can specify one or more)

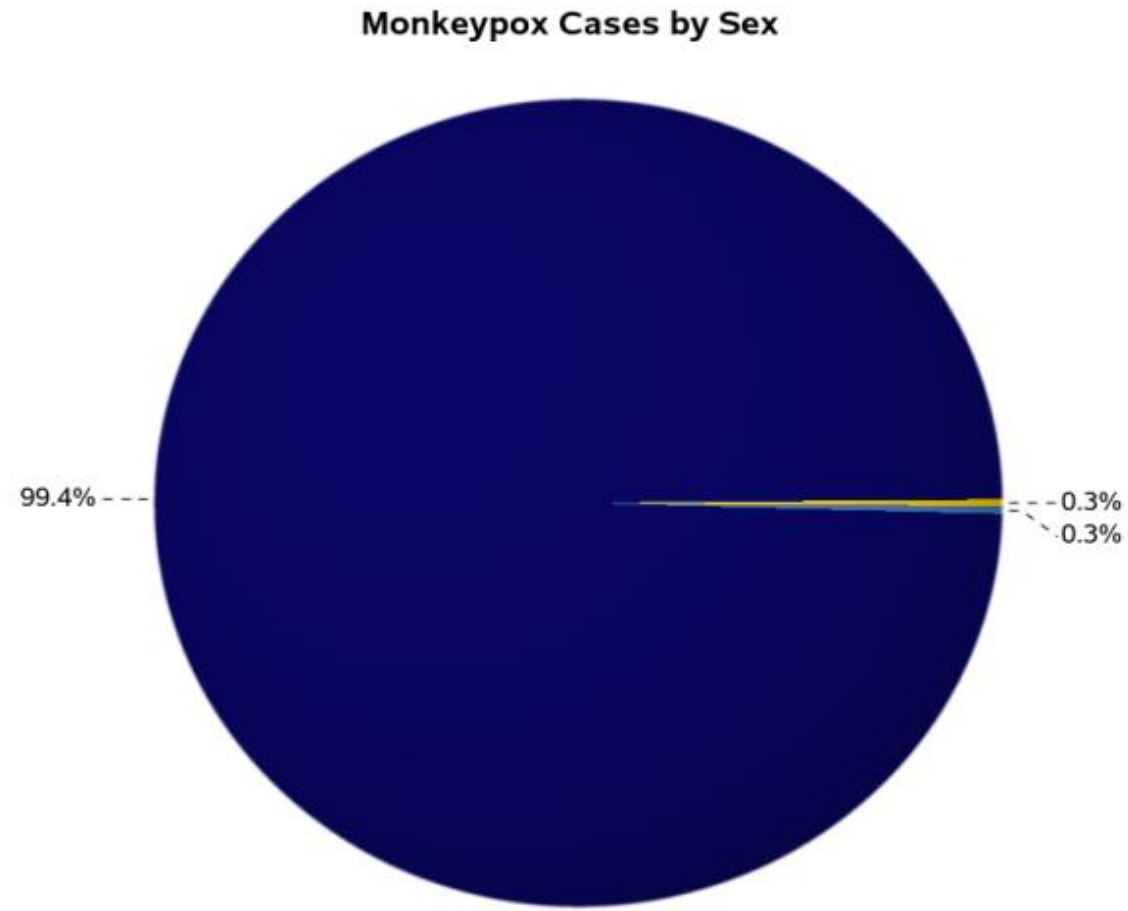
| |
|-----------------------------|
| |
| African American |
| African, specify |
| American |
| Asian Indian |
| Brazilian |
| Cambodian |
| Cape Verdean |
| Caribbean Islander, specify |
| Chinese |
| Colombian |
| Cuban |
| Dominican |
| European |
| Filipino |
| Guatemalan |
| Haitian |
| Honduran |
| Japanese |
| Korean |

Monkeypox Cases by Race/Ethnicity



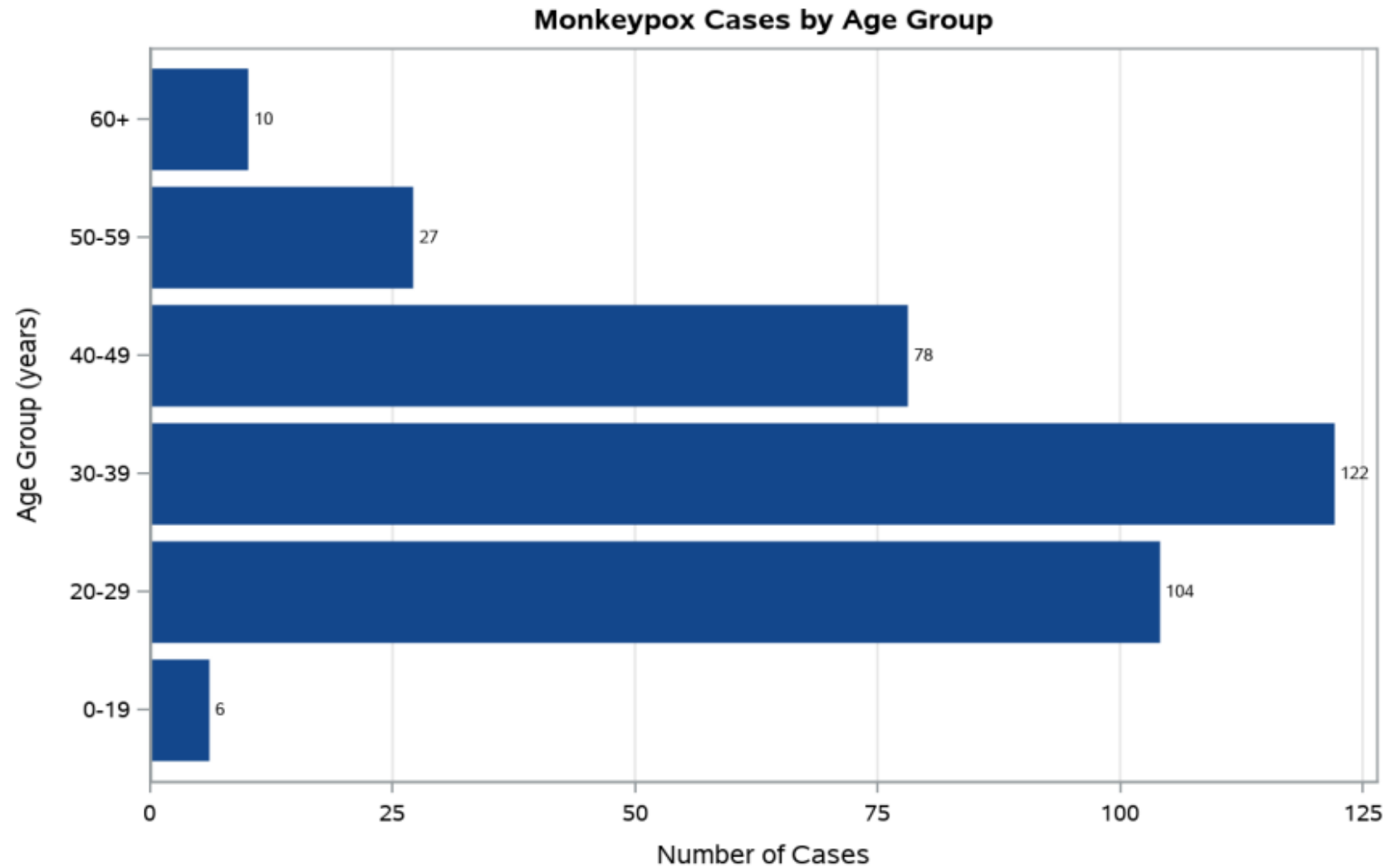
Data as of 09/08/2022 and subject to change.

Monkeypox Cases by Sex



Data as of 09/08/2022 and subject to change.

Monkeypox Cases by Age Group



Data as of 09/08/2022 and subject to change.

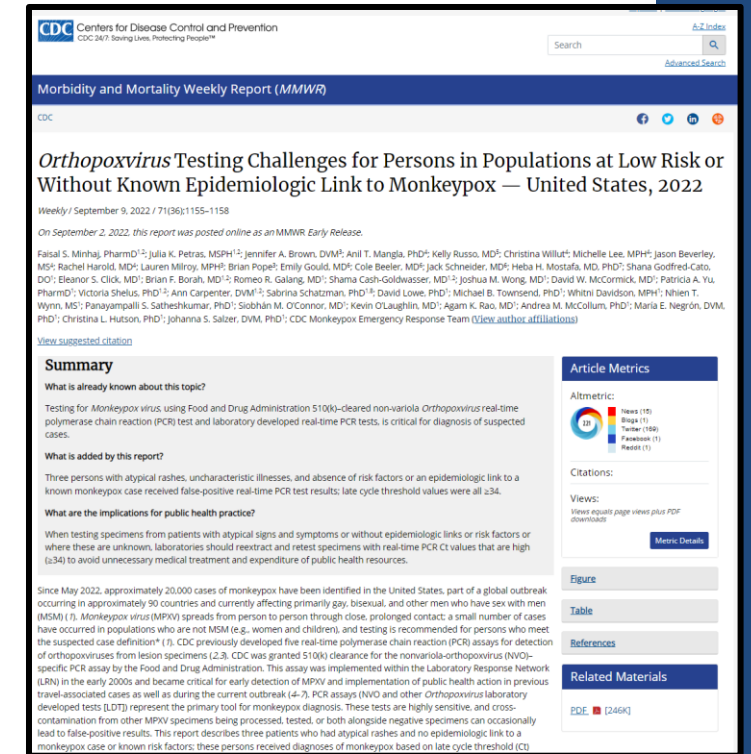
MMWR: Orthopox Testing Challenges among low risk or unknown Epi Links

- Report examined three persons with atypical rashes, uncharacteristic illnesses, and absence of risk factors or an epidemiologic link to a known monkeypox case that received false-positive real-time PCR test results; late cycle threshold values were all ≥ 34 .

- **Q. How does this relate to our work?**

- **A. When we find atypical cases for the current outbreak, we will want to conduct additional follow-up.**

1. Laboratory Information (Specimens – MDPH Epis)
2. Epidemiological Information (Interviews – LBOH/MDPH partnership)



[MMWR Sept. 9, 2022](#)

Monkeypox: Additional Follow-up

- *Women and children are atypical for the current outbreak and are easy to identify at the initial stages of MAVEN event reporting/creation:*
 - Positive cases in women and children should be flagged for immediate follow-up.
 - MDPH Epis will change classification status to suspect while investigation is ongoing. They will include a note in event: “Updated status to suspect despite positive lab result pending additional investigation.”
 - MDPH Epis and LBOH should coordinate to discuss capacity for a prioritized (AKA, speedy) patient interview to obtain key pieces of risk history and rash presentation and progression. This is critical to assist in determining the likelihood of an actual case vs. a (potential) false positive.
 - MDPH Epis will follow up on the specimens to obtain Ct values and possible specimen forwarding for retesting at SPHL.

For Monkeypox Investigations in Women or Children, we want immediate follow-up right away so we can accurately track shifts in this outbreak.

Monkeypox: Additional Follow-up

- *Adult Males require initial interviews to determine if risk history and clinical presentation are atypical.*
 - Did the case have **NO** known close skin-to-skin contact with others?
 - Does the case have **NO** known epidemiological link to a confirmed case or contact with similar symptoms?
 - Are there other potential activities in the incubation period that should be noted?
 - Transportation, housing, work setting, food sharing, personal care services, etc.?
 - These would be atypical sources of exposure for the current outbreak, but we would want to capture these risk histories to identify shifts in the outbreak.
- If you identify a case with atypical risk history, please note as much information as possible in the MAVEN event and contact MDPH Epi Program right away.
- MDPH Epi will pursue the specimen for additional follow-up, and that follow-up is time sensitive, as many labs dispose of specimens shortly after processing.

For Monkeypox Investigations in adult men,
immediately notify MDPH Epi if a case does not
have a clear risk history or clinical presentation.
Further investigation is needed.

