MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

April 12, 2022

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

• Occupational Health Surveillance Program – MAVEN Industry Field & Demographic Field Review
  • Angela Laramie and Caitlin Fields
• CDC’s Project Firstline
  • Katie Reilly
• MAVEN Updates
  • “No Follow-up Required” Workflow
• Webinar Updates for this Spring
• School Best Practices
• CDC Travel Reminders
• Reminders on MA Isolation & Quarantine Guidance
MDPH Conducts Infectious Disease Tools for LBOH Webinars Every Other Week

• MDPH presents Every Other Week 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.
  - Spring 2022 we will begin to incorporate other disease investigation topics. Stay Tuned!

Next Webinar: Tuesday, April 26, 2022

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

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
DESE Rapid Response Help Center: (781) 338-3500
EEC Childcare Helpline: (857) 488-4418 EEChealthline@primary.health

Webinar Schedule Update: Every Other Tuesday @ 11am
Introduction to Infectious Disease Epidemiology for Local Health (Beyond COVID-19) Parts 1 & 2

• Announcing two-part introductory series on the core components of infectious disease epidemiology in Massachusetts!

• Topics Include:
  • Reporting Requirements,
  • Surveillance,
  • Case Investigation Resources, and
  • The importance of Shoe-Leather Epidemiology in identifying and investigating cases and outbreaks in your local community.

• This Training will lay the foundation for additional disease-specific trainings this spring!

Registration:

• **Part 1: Infectious Disease Epidemiology for Local Health (Beyond COVID-19)**
  - Tuesday, April 26, 2022, 11:00-12:30 pm

• **Part 2: Infectious Disease Epidemiology for Local Health (Beyond COVID-19)**
  - Tuesday, May 10, 2022, 11:00-12:30 pm

• This training will be appropriate for new and existing local health staff and board members wishing to understand the core components of our work in MA as we respond to additional reportable infectious diseases (beyond COVID-19).

• These sessions will be recorded and posted for future use.
Updates for today, Tuesday, 4/12/2022

- Occupational Health Surveillance Program –
  - Angela Laramie and Caitlin Fields – capturing Industry and in the MAVEN Demographic Question Package 2
  - Learning objectives:
    - Participants will learn about what type of information to include in the new “industry” field.
    - Participants will understand the difference between occupation and industry variables.
    - Participants will learn how this information is useful to public health practitioners.

- CDC Project Firstline Discussion
  - Katie Reilly, MPH, MSN, RN, PHNA-BC, CIC

- MAVEN LBOH No Follow up Needed Workflow Review

- Reminder to scan and check your Immediate, Routine & Pending Workflows in MAVEN
Collecting Occupation & Industry data in MAVEN

Angela Laramie
and Caitlin Fields
Occupation

The title of the job a person holds

<table>
<thead>
<tr>
<th>Clothes Salesman</th>
<th>Department Store</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care Attendant</td>
<td>Home Health Care Services</td>
</tr>
<tr>
<td>Head Custodian</td>
<td>Elementary School</td>
</tr>
</tbody>
</table>
Head Custodian

Elementary School
Bank
Department Store

Full-Service Restaurant
Mall
Why Collect Occupation & Industry?

- Work is a recognized social determinant of health
- Occupations and industries hold specific health risks
- Occupation and industry helps describe burden of various health conditions among worker groups
- Useful for developing targeted prevention strategies for specific occupations and industries
Occupation: “What kind of work does this person do?”
(See reference list)

NEW!
Add industry in free-form text
How to Collect Information

- Ask “What is your **current** job title?”
  - Occupation

- Ask “What kind of **business** do you work in?”
  - Industry

- Ask for occupation first

- Get as much information and specifics as you can
  - If they are an engineer, what type of engineer?

Potential Case Hesitancy

If an individual is unwilling to share their information…

- Reassure them with the fact that their information is kept **private**

- Explain how the data is de-identified before use in analysis; personal identifiers are **never** shared with the public

- State how collecting this information is important to improving their work experience
Tips & Tricks

• An individual’s **primary** occupation is the one where they work the **most** hours

• Collect the **current** occupation and industry that an individual holds/is a part of

• “Works from home” and “Self-employed are neither occupations nor industries

• Ask follow-up questions about the kind of work they do

  • If someone refuses, write “refused” rather than “unknown”

• Try to get the most accurate spelling
How Data is Used

• We use data to see which occupations and industries are at the highest risk for various health issues and illnesses

• We can design & implement prevention strategies aimed at those with the greatest risk

• By having specific data, we’re able to see exactly who is most vulnerable to public health matters...whether viral or otherwise

   Example – Hepatitis A

Identifying cases among food service workers is critical to controlling the spread of cases.
- Share prevention information with relevant occupation and industry groups
- Contact relevant employers to share prevention information
COVID-19 Among Workers in Meat and Poultry Processing Facilities — 19 States, April 2020

Weekly / May 8, 2020 / 69(18):557-561

On May 1, 2020, this report was posted online as an MMWR. Early Release.

Coronavirus Disease among Workers in Food Processing, Food Manufacturing, and Agriculture Workplaces

<table>
<thead>
<tr>
<th>Instead of This...</th>
<th>Do This...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putting “healthcare” in either the occupation or industry fields...</td>
<td>Be specific!</td>
</tr>
<tr>
<td></td>
<td>• Occupation: Registered nurse, doctor, registration clerk</td>
</tr>
<tr>
<td></td>
<td>• Industry: Hospital, nursing home, clinic</td>
</tr>
<tr>
<td>Using acronyms...</td>
<td>Spell it out!</td>
</tr>
<tr>
<td></td>
<td>• VNA = Visiting Nurse Association</td>
</tr>
<tr>
<td></td>
<td>• ABA = Applied Behavior Analysis</td>
</tr>
<tr>
<td>Writing “works from home” or “self-employed”...</td>
<td>Elaborate!</td>
</tr>
<tr>
<td></td>
<td>• Accountant, Author, Software programmer</td>
</tr>
<tr>
<td>Putting complete sentences “Works as a veterinarian”...</td>
<td>Be concise but clear!</td>
</tr>
<tr>
<td></td>
<td>• Veterinarian (as opposed to vet)</td>
</tr>
</tbody>
</table>
Resources

NIOSH Video on Collecting Occupation & Industry
https://youtu.be/kXDWJxKAG3A

New Hampshire Video on Collecting Industry and Occupation Data
https://youtu.be/zr53yP5xf_c

Examples of Adequate & Inadequate Information

Tips from the Behavioral Risk Factor Surveillance System (BRFSS)
https://www.cdc.gov/niosh/topics/surveillance/brfss/tips.html
QUESTIONS?

Angela Laramie (angela.laramie@mass.gov)
Caitlin Fields (caitlin.fields@mass.gov)

Occupational Health Surveillance Program
Massachusetts Department of Public Health
April 11, 2022
Project Firstline

CDC’s National Training Collaborative for Healthcare Infection Control

Katie Reilly, MPH, MSN, RN, PHNA-BC, CIC
MDPH HAI/AR Nurse Advisor
Project Firstline Lead
PROJECT FIRSTLINE

CDC’s National Training Collaborative for Healthcare Infection Control

The COVID-19 pandemic highlighted gaps in infection control knowledge and practice in healthcare settings nationwide.

Launched in FY2020, CDC’s Project Firstline is a collaborative of diverse healthcare, public health and academic partners committed to providing infection control training designed especially for healthcare workers.

Healthcare workers need and deserve clear and trustworthy information not only on CDC’s infection control recommendations, but also on the rationale and science behind them.

Project Firstline delivers comprehensive, transparent, and responsive training and education to the millions of frontline healthcare workers in the United States.

Project Firstline is funded through American Rescue Plan investments for FY22-FY26.

The need for infection control training, education and innovation is ongoing.

https://www.cdc.gov/infectioncontrol/pdf/projectfirstline/PFL-FactSheet-508.pdf
Recognize Infection Risks in Health Care

Learn to recognize the potential for germs to spread and cause infection in health care so you can prevent it from happening.

Learn Where Germs Live in Health Care

Learn where germs live in health care and the pathways for them to spread and make people sick.

Access Educational Materials

Find materials and resources to help you lead a training or learn more about recognizing infection risks and stopping the spread of germs in health care.

https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare.html
Posters

Infographics

Print Materials and Job Aids

https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/print.html
Project Firstline Videos

Project Firstline Educational Videos

Watch Project Firstline’s educational videos to learn about different infection control topics, such as respiratory droplet basics and safe use of multi-dose vials.

Respiratory Droplet Basics

View on Web Respiratory Droplet Basics. [Video – 0:45]
YouTube Respiratory Droplet Basics [Video – 0:45]
Facebook Respiratory Droplet Basics
Respiratory Droplet Basics Transcript. [DOC – 24 KB]

Multi Dose Vial

View on Web Multi Dose Vial. [Video – 3:35]
YouTube Multi Dose Vial [Video – 3:35]
Multi Dose Vial Transcript. [DOC – 21 KB]

Ventilation and Infection Control in Healthcare

View on Web Ventilation and Infection Control in Healthcare. [Video – 1:04]
YouTube Ventilation and Infection Control in Healthcare [Video – 1:04]
Ventilation and Infection Control in Healthcare Transcript. [DOC – 21 KB]
Videos on Ventilation from American Society for Health Care Engineering

https://www.cdc.gov/infectioncontrol/projectfirstline/resources/videos.html#CE
Project Firstline Inside Infection Control Series

Check out these videos with CDC’s Dr. Abby Carlson to learn the basic ideas behind infection control, how they work to prevent COVID-19, and how using infection control actions while you’re at work can protect you, your patients, your coworkers and your community.

Earn a certificate of completion for watching Inside Infection Control episodes on CDC TRAIN. Launch the video from TRAIN to receive your certificate.

Earn continuing education through Training and Continuing Education Online (TCEO).

- Group One – Introduction to Infection Control and Virus Basics
- Group Two – Injection Safety
- Group Three – PPE Basics
- Group Four – Respirator Basics
- Group Five – Environmental Cleaning and Disinfection Basics
- Group Six – Ventilation, Source Control, and Hand Hygiene
- Group Seven – How COVID-19 Spreads

https://www.cdc.gov/infectioncontrol/projectfirstline/resources/videos.html#CE
Recursos en español sobre el control de infecciones

Translated Resources

Inside Infection Control Videos can also be viewed with subtitles in Bengali, Simplified Chinese, Traditional Chinese, Tagalog, Vietnamese, Himong, Samoan, and Tongan.

https://www.cdc.gov/infectioncontrol/projectfirstline/essources/spanish.html

https://www.cdc.gov/infectioncontrol/projectfirstline/resources/videos.html
Welcome to your resource hub for infection prevention and control (IPC) training and materials.

Here you will find trainings and educational resources to advance your own IPC knowledge, and that of your staff.

Recorded webinars, short videos, print material & toolkits will be available on a variety of IPC topics. Free continuing education credits will be offered for some of the recorded webinars.

Be sure to sign up here to receive an email when new material is added.

https://mainfectioncontrol.populationhealthexchange.org/
Infection Prevention and Control Resource Hub

Project Firstline

The Massachusetts Department of Public Health (MDPH) is partnering with the Centers for Disease Control and Prevention (CDC) in launching a new training initiative for frontline healthcare workers.

To get started, please register here or, if you have an account, sign in. Then go to the Inside Infection Control training module and select “Enroll”.

Project Firstline will provide every person working in a healthcare facility the foundational understanding of infection control need to protect themselves, their patients and communities from infectious disease threats including COVID-19 and antibiotic resistance. Resources include:

- Web content
- Videos & Social Media Graphics
- Interactive Resources
- Print Materials & Job Aids
- Training Toolkits

Project Firstline Videos

Click here to watch Project Firstline’s educational videos and learn about different infection control topics, such as respiratory droplet basics and safe use of multi-dose vials.

To view captions in a language other than English, follow these steps:

- Select YouTube option
- Click on the gear icon (Settings)
- Select Subtitles/CC
- Select Auto-Translate
- Select from 95+ languages

https://mainfectioncontrol.populationhealthexchange.org/project-firstline/
Additional IPC Webinars

Select the webinar you wish to view below and then click “Enroll.”

Q&A
Live Q&A About Ventilation Strategies to Reduce Spread of COVID-19
Date: 12.15.21

Winter Holiday Ventilation Tips to Reduce Spread of COVID-19
Date: 12.07.21

Developing Resilience in Challenging Times

CDC MDRO Webinar Series
Select the webinar you wish to view below and then click “Enroll.”

Combating the Multidrug-Resistant Organism Together: C. Auris and CPO Colonization Screening 101
Date: 11.15.21

https://mainfectioncontrol.populationhealthexchange.org/webinars/
Long-Term Care Facility Antibiotic Stewardship

The Massachusetts Department of Public Health is excited to announce a renewed collaboration with antimicrobial stewardship (AS) experts from Tufts Medical Center on a program to enhance AS support and activities in our long-term care facilities. Drs. Shira Doron, Gabriela Andujar Vazquez, and Maureen Campion will share their experience as leaders of a successful program recognized as a Center of Excellence by the Infectious Diseases Society of America.

In the coming months, there will be new opportunities for education, feedback, and discussion with these experts around promoting and implementing AS strategies and leveraging your quarterly antibiotic start benchmarking reports. We look forward to partnering with and supporting you. Please explore some of the tools and resources we have available and begin reporting your facility antibiotic start data today. For more information on this program, please click here.

https://mainfectioncontrol.populationhealthexchange.org/other-topics/ltcf-as/
Thank you! Questions?

Katie Reilly, MPH, MSN, RN, PHNA-BC, CIC
MDPH HAI/AR Nurse Advisor
Project Firstline Lead
Catherine.reilly@mass.gov
InfectioncontrolMA@mass.gov

MDPH Division of Epidemiology: 617-983-6800
MAVEN updates (Scott)
LBOH Notification but no follow-up required

Currently the LBOH Notification but no follow-up required workflow includes the diseases listed below. Other than notification, no further follow up on these events is generally required by the LBOH. You can use the bulk action feature to update Step 1 (LBOH Notification) to Yes. If you want to continue to investigate and follow up on these events/cases, please feel free to do so in MAVEN.

Disease that flow into the workflow:
- Cryptococcus neoformans
- Encephalitis
- Enterovirus
- Influenza
- Invasive bacterial (other)
- Group B streptococcus
- Leptospirosis
- Lyme
- Hepatitis D
- Psittacosis
- Rickettsial pox
- Streptococcus pneumoniae (18 years and older)
- Typhus
- Viral meningitis

Open your workflow and clear them out when you have time.
LBOH Notification but no follow-up required

1) Click the box in the upper left-hand corner to select all cases – the page will highlight all cases (usually default setting on your computer).
LBOH Notification but no follow-up required

Cases are now highlighted as shown in yellow.

2) Click on the Populate LBOH Notified to Yes (Step 1)

3) No further follow-up is needed for these cases unless you decide you want to do case investigation
Check your Immediate, Routine & Pending Workflows

- Reminder to check your LBOH Workflows
  - LBOH Notification for Immediate Diseases
  - LBOH Notification for Routine disease (348 cases currently waiting for you today)
  - LBOH Case Report Forms (CRF) are pending (953 cases in this workflow)
    --- Cases in these workflows range from Jan 2021 – April 2022
  - LBOH Notification but no follow-up required (3,821 cases in this workflow)
Key Guidance Links 4/12/22

- New Digital Vaccination Record [https://www.mass.gov/massachusetts-vaccination-records](https://www.mass.gov/massachusetts-vaccination-records)

- Main DPH Guidance Pages for 2022:
  - Isolation & Quarantine: [https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19](https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19)

- CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population

- DESE Updated Protocols – 2022
  - [https://www.doe.mass.edu/covid19/on-desktop/protocols/](https://www.doe.mass.edu/covid19/on-desktop/protocols/)
  - New Testing Program [https://www.doe.mass.edu/covid19/testing/default.html](https://www.doe.mass.edu/covid19/testing/default.html)
  - New DESE Comprehensive FAQ (Feb 18, 2022): [https://www.doe.mass.edu/covid19/faq/default.html](https://www.doe.mass.edu/covid19/faq/default.html)
  - DESE Rapid Response Help Center: (781) 338-3500

- DPH Isolation and Quarantine for Health Care Personnel - December 29, 2021

- EEC Guidance for Childcare Settings (Feb 18, 2022)
  - [Main Page](https://www.mass.gov/doc/isolation-and-quarantine-guidance-for-health-care-personnel/download)
  - [NEW CHILDCARE Testing Programs](https://neighborhood-villages.org/)
  - EEC helpline can be reached by calling 857-488-4418 or via email at EECHealthline@primary.health

- COVID-19 Antigen Testing Resources:
  - [https://www.mass.gov/info-details/covid-19-statewide-contract-resources-for-antigen-test-kits](https://www.mass.gov/info-details/covid-19-statewide-contract-resources-for-antigen-test-kits) (Resources for Procurement)
CDC Updated Pages

• CDC Staying Up to Date on Your Vaccines
  • Important information for determining who is up to date and who is not (applicable for I&Q guidance)

• 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](https://www.immunize.org/askexperts/experts_cov.asp)
    • Great resource for all your vaccine questions in a Q&A format.
Mass.gov Updates!

There have been important updates to mass.gov to help simplify language and guidance.


- Search Engine for Finding COVID-19 Testing:

- About COVID-19 Testing (General FAQs for the public about COVID-19 Testing)
  - Who should be tested, what are the tests, what to do if you are positive, resources in different languages, etc.

- Self-Tests (Over-the-Counter (OTC) Tests) FAQs and General Guidance for the Public
Updates – A quick recap for April 12, 2022

We Last Met March 29, 2022:

• Lab Tests
  • PCR, Antigen, and Serology (antibody)
  • Discordant Results
  • Lab Tests in MAVEN Lab Tab
  • Testing Concepts
  • Self-Tests
  • Sequencing for Variant Identification
  • Variant Surveillance and Resources
  • MAVEN Variant Report
  • Your Questions

Seeing Cases in Schools & Classrooms again?

- **Best Practice Suggestions for Reducing Classroom Spread:**
  - **Increase Outdoor Time.**
    - Can lunch be outside? Snack? Gym Time? Other activities?
    - Can you spread out during times of non-masking activities like lunch?
    - Remember to open windows when possible.
  - **Temporarily pause certain high-risk activities/events (dances, teams, etc.).**
  - **Reminders on Masking:**
    - Masking is a core component for the 10 days following an exposure (Even for those up to date on vaccines)
    - Masking is a core component for the full 10 days after diagnosis, even if home isolation has ended.
    - Encourage mask wearing for students experiencing mild symptoms even if there has been a negative rapid.
  - **Stay home longer than just 5 days of isolation if still antigen positive on a home rapid.**
  - **General Notifications to a classroom or cohort about a potential exposure and to be watchful for symptoms, even if no close contacts require quarantine may be helpful.**
  - **Consider additional testing among a classroom or cohort experiencing high numbers of cases.**
  - **Remind parents to keep their kids home when sick and COVID test as appropriate.**
  - **Reminder that LBOH can provide guidance for these school settings.**
CDC Quarantine Station Update

As of Thursday, April 7th: CDC has discontinued Do Not Board Orders and Exposure Notifications for COVID-19 on Airline Flights

- While it is **still recommended not to travel during the 10 days post diagnosis**, the quarantine station will not be preventing travel at this time.
  - Do Not Board Orders are no longer required for COVID-19 cases as of 4/7/22.
    - For example, if a traveler obtains a positive test at Logan before a flight, they will be advised not to travel, but there is no need for a Do Not Board Order and they will not be prevented from boarding a plane.

- **Flight Exposure Notifications can be discontinued as of 4/7/22.**
  - If a case is determined to have flown during their infectious period, we no longer need to notify the Quarantine Station as of 4/7/22. LBOH do not need to obtain flight info and call MDPH.

- At this time, no change has been made to the testing requirement for international travelers returning to the US.
  - Be sure to consult the [CDC Travel to and From the US](https://www.cdc.gov/travel) page for more updates on international travel.

A reminder that travelers should still look at their destination's requirements for testing/vaccination. Just because they won’t be prevented from boarding a plane in the US, that doesn't mean they meet local requirements at their destination.
Your Questions: Testing & Travel

• Q. Are home tests accepted as proof of a positive or negative test for international travel, and if so, how would that work?

• A. It is the responsibility of the traveler to determine what is required for their destination (every destination has different requirements). And they should plan accordingly to ensure they have documentation from an official test result and/or documentation from their provider.

  • Generally, at-home tests need to be officially proctored (via tele-health) to meet most travel requirements, however this needs to be determined by the traveler and is not the responsibility of MDPH or Local Health.


• If travelers need letters clearing them for travel after a COVID diagnosis, they should consult their medical provider FIRST before asking public health for a clearance letter.
Additional Boosters & Staying Up to Date

- **CDC’s Up to Date Definition currently only includes one booster.** So, a 65-year-old who hasn’t received the recommended second booster would still be considered Up to Date and is not subject to quarantine at this time.

- **Up to Date per CDC & MDPH:** A person has received all recommended doses in their primary series of COVID-19 vaccine, and one booster dose when eligible. Getting a second booster dose is not necessary to be considered up to date at this time.
Key Takeaways for Updated Isolation and Quarantine Guidance

• We are moving to a model of personal responsibility and best practices for risk reduction. COVID-19 is here to stay and we have tools to reduce risk, but not eliminate it completely.

• Understanding lab tests and what they can (and cannot) tell us.
  • Antigen Tests can be helpful tools for in-the-moment assessments.

• Effective and consistent MASKING is critical to reducing risk under these new Isolation and Quarantine periods.
  • Well-Fitting Masks for cases, contacts, and everyone in between.
  • If you cannot effectively mask, you may be subject to longer home isolation or quarantine, regardless of vaccination status.
You Must Mask for 10 Days

• CDC and MDPH have updated COVID-19 isolation and quarantine recommendations with shorter isolation (for asymptomatic and mildly ill people) and quarantine periods of 5 days to focus on the period when a person is most infectious, followed by continued masking for an additional 5 days.

• These updated recommendations also facilitate individual social and well-being needs, return to work, and maintenance of critical infrastructure.

• Preliminary data suggest that the Omicron variant is up to three times more infectious than the Delta variant [20].

• With the recommended shorter isolation and quarantine periods, it is critical that people continue to wear well-fitting masks and take additional precautions for 5 days after leaving isolation or quarantine [21].

[21] Science Brief: Community Use of Masks to Control the Spread of SARS-CoV-2 | CDC
You Must Mask for 10 Days

• In addition, isolation should only end if a person has been fever-free for at least 24 hours without the use of fever-reducing medication and other symptoms have resolved.

• Modeling data from the United Kingdom reinforce the importance of mask use; after the 5th day after a positive test, an estimated 31% of persons remain infectious [22].

• Mask use and layered prevention strategies, such as receiving all recommended vaccination and booster doses, physical distancing, screening testing, and improved ventilation, are key to preventing COVID-19 and decreasing transmission.

MA Isolation & Quarantine Guidance


- Remember, we use Massachusetts Guidance.
If you test positive for COVID-19 (Isolate)

**Masking Status**

<table>
<thead>
<tr>
<th>Yes, Able to Mask</th>
<th>Anyone who lives or goes to school in MA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stay home and isolate for at least 5 days.</td>
<td>• Stay home and isolate for at least 5 days.</td>
</tr>
<tr>
<td>• If you never had symptoms or symptoms are improving,* may resume most usual activities (except those that do not allow mask wearing) on day 6**</td>
<td>• If you never had symptoms or symptoms are improving,* you may resume usual activities on day 11</td>
</tr>
<tr>
<td>• Wear a mask around others for 10 days (including in the household)</td>
<td>• Wear a mask around others in the household for 10 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No, NOT Able to Consistently Mask</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stay home and isolate for 10 days</td>
<td></td>
</tr>
<tr>
<td>• If you never had symptoms or symptoms are improving,* you may resume usual activities on day 11</td>
<td></td>
</tr>
<tr>
<td>• Wear a mask around others in the household for 10 days</td>
<td></td>
</tr>
</tbody>
</table>

*Symptom Criteria: If you have or develop symptoms, you must continue to stay home, potentially beyond the 5 or 10 days, until you have not had a fever for 24-hours without the use of fever reducing medicine and your other symptoms are improving.

**Testing during isolation is not required. If you test on day 5 and are positive, you must continue to isolate.**

You may choose to retest sometime between days 6-9 and can resume normal activities while wearing a mask when you test negative or isolate for the full 10 days without retesting.

***MASKING Caveat: Applies whether the individual is unable to consistently wear a mask due to young age or medical or behavioral condition
Isolating Cases & Repeat Testing

• Q. What should a case do if they DO test on Day 5 and remain antigen positive? Can they exit isolation on Day 6?

• A. If a case tests positive via antigen test on Day 5 or later, we would NOT recommend that they exit isolation at that time.
  • The case could retest in a few days (for example Day 7-8) and they can exit isolation at that time if negative.
  • They should isolate until Day 11 or a negative test, whichever comes first.
  • In all cases, masking is required through Day 10. Many cases are likely still positive and presumably infectious at Day 5.
Can You Get COVID-19 Again?

• Reinfection is possible, and variant considerations have complicated the answer to this question, but here are some key points:

  • **Covid-recovered individuals** have presumed immunity for a short period of time. Additional positive tests that are reported to MAVEN within the next 90 days of their event time period will append to the first COVID-19 MAVEN event, and are assumed to be part of that initial infection.

  • **Additional PCR Results:** We know people continue to test PCR positive for a while, despite no longer being infectious towards others. There is no recommendation to retest and a COVID-recovered individual would **not need to re-isolate in the 90 days after their initial test (or symptom onset)** if they had an additional PCR positive at that time.

  • **Additional Antigen Results:** Antigen tests should NOT remain persistently positive from the initial infection. Additional antigen positive tests later in the 90 days following recovery will not automatically be flagged as new MAVEN events but should be treated with caution if identified. (See next slide)

  • **If you have a positive lab test > 90 days after your initial diagnosis, this SHOULD be considered a “new” infection, and a new MAVEN event will appear for officially reported lab results.**
Interpreting Additional Antigen+ Results in the 90 Days Following a COVID-19 Diagnosis

- Conventional wisdom suggests that cases should not remain persistently Antigen+ following a diagnosis. (this could change as data accumulate)
- Testing is not recommended within 90 days following a COVID diagnosis
- IF retesting occurs despite that:
  - Positive within 0-14 days post diagnosis, represents the current COVID infection
  - Positive >14 days post diagnosis + symptoms
    - Either isolation or medical evaluation
    - If medically evaluated and COVID ruled out, no isolation
  - Positive >14 days post diagnosis w/out symptoms
    - Evaluate patient risk
      - If done because of exposure, then considered true positive.
      - If done for no reason, absence of exposure, consider false positive, especially if other immediate prior/subsequent tests negative, and particularly when community prevalence is low.
If you were exposed to someone with COVID-19 (Quarantine)

• If you are a close contact of someone with COVID, quarantine recommendations are based on:
  • Your Vaccination Status (Are you Up To Date with your Covid Vaccines?)
  • Your ability to wear a well-fitting mask consistently and correctly.

• The MASKING Requirement applies whether the individual is unable to consistently wear a mask due to young age or medical or behavioral condition for general settings. (There may be exemptions in the school/childcare guidance specifically. Look for details in those sector guidances.)

MA Quarantine Guidance
**If you were exposed to someone with COVID-19 (Quarantine)**

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Yes, Up to Date!**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Able to Mask</strong>*</td>
<td><strong>Quarantine Guidance</strong></td>
</tr>
</tbody>
</table>
| Yes                | • No quarantine requirement  
                      • Wear a mask around others for 10 days (including in the household).  
                      • Rapid antigen or PCR on day 5.  
                      • Isolate and take a rapid antigen or PCR test anytime symptoms develop* |
| No                 | • Quarantine for 10 days after the exposure  
                      • Can end quarantine prior to day 10 if test negative after Day 5  
                      • If positive test or no test after day 5, must quarantine full 10 days  
                      • Isolate and take a rapid antigen or PCR test anytime symptoms develop* |

**Symptoms & Testing:** If you are symptomatic at any point during 10 days after your exposure, including at the very beginning, you must immediately isolate until you test negative by either a rapid antigen or PCR test. If you test positive, follow isolation requirements. If you test negative, continue to follow quarantine requirements.

**Up to Date Status**

**MASKING Caveat:** Applies whether the individual is unable to consistently wear a mask due to young age or medical or behavioral condition.
If you were exposed to someone with COVID-19 (Quarantine)

**Symptoms & Testing:** If you are symptomatic at any point during 10 days after your exposure, including at the very beginning, you must immediately isolate until you test negative by either a rapid antigen or PCR test. If you test positive, follow isolation requirements. If you test negative, continue to follow quarantine requirements.

**Up to Date Status**

**MASKING Caveat:** Applies whether the individual is unable to consistently wear a mask due to young age or medical or behavioral condition.
If you were exposed to someone with COVID-19 (Quarantine)

• Q. When is testing **Required** for Contacts (according to MA Quarantine Guidance for the General Population)?

• A. Testing is only required for NON-masking people if they wish to end quarantine earlier than 10 days. But it is not required for anyone who can mask (testing is only recommended).
  
  • **Up to date, Able to Mask:** No Quarantine, Test **RECOMMENDED** on day 5.
  • **Up to date, NOT Masking:** Yes Quarantine 10 full days. **Test recommended, but definitely REQUIRED** to end quarantine earlier.

• **Not up to date, Able to Mask:** Yes Quarantine 5 days, Test **RECOMMENDED** on day 5.
• **Not up to date, NOT Masking:** Yes, Quarantine 10 full days. **Test recommended, but definitely REQUIRED** to end quarantine earlier.