MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

August 16, 2022

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Topics Today

• Updated CDC and State Guidance for COVID-19.
  • Background/New Resource Pages
  • Isolation
  • Contacts & Exposures

• Updated CDC and State Guidance for Monkeypox
  • New CDC Resources Pages
  • LBOH Reminders/Updates
  • Risk Assessment for Contacts

• Today’s Disease Training: Introduction to Hepatitis C Case Investigations
  • Julie Coco
MDPH Conducts Infectious Disease Tools for LBOH Webinars Every Other Week

Upcoming Topics! Register Now!

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• 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.

MAVEN Help has Guidance Documents and Previous Webinars:

Webinar Schedule Update:
Every Other Tuesday @ 11am

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
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Next Webinar: Tuesday, August 30, 2022
Updates – A quick recap for August 16, 2022

We Last Met July 26, 2022:

- Monkeypox Background
  - Signs and Symptoms
  - Transmission
  - High Risk Exposures
  - Testing Updates
- Vaccination & Treatment
- Cases and Contacts
  - Case Interviews
    - Data Collection
    - Contact Elicitation
    - Ensuring Proper Isolation
  - Contact Follow-up
    - Creating Contact Events in MAVEN
    - Notifying Contacts
    - Contact Monitoring
- Tips, Tools, & Resources

CDC Updates COVID-19 Guidance

• August 11, 2022 CDC updated some streamlined guidance regarding COVID.

  • Acknowledges that COVID-19 continues to circulate globally, yet we have many tools available to us for reducing COVID-19 severity (the goal).

  • There is significantly less risk of severe illness, hospitalization and death compared to earlier in the pandemic.

  • To prevent medically significant COVID-19 illness and death, persons must understand their risk, take steps to protect themselves and others with vaccines, therapeutics, and nonpharmaceutical interventions when needed, receive testing and wear masks when exposed, receive testing if symptomatic, and isolate for ≥5 days if infected.
Updated Pages for CDC COVID-19 Guidance


- CDC: Understanding Your Risk

- CDC: What to Do If You Were Exposed to COVID-19

- CDC: Isolation and Precautions for People with COVID-19
COVID-19: Exposure Risks & Prevention

- CDC has consolidated and simplified their information on factors that lower or increase risk of transmission:
  - Length of time: How long were you with the infected person?
  - Cough or heavy breathing: Was the infected person coughing, singing, shouting, or breathing heavily?
  - Symptoms: Did the infected person have symptoms at the time?
  - Masks: Were you or the infected person or both wearing a respirator (for example, N95) or high-quality mask?
  - Ventilation and filtration: How well-ventilated was the space?
  - Distance: How close was the infected person to you?
Isolation for Most Cases

**Days to Isolate**

- **Day 0**, first day of symptoms OR day the positive test was taken, whichever is earlier
- **Days 1-4**, continue to isolate
- **Day 5**, last day of Isolation if asymptomatic or symptoms are improving
- **Day 6**, leave isolation (if you are able to wear a mask at all times when around other people, including in your household, through day 10). You may remove your mask prior to day 10, if you have had two negative tests taken 48 hours apart.

**Reminder:** Some cases should isolate longer (i.e., if your symptoms haven’t improved/resolved, you are severely immunocompromised, etc.)

Antigen Testing to End Masking Early

• **CASES:** Persons who have access to antigen tests and who choose to use testing to determine when they can discontinue masking should wait to take the first test until at least day 6 and they are without a fever for ≥24 hours without the use of fever-reducing medication and all other symptoms have improved.

  • Use of two antigen tests with ≥48 hours between tests provides more reliable information because of improved test sensitivity.

  • Two consecutive test results must be negative for persons to discontinue masking. If either test result is positive, persons should continue to wear a mask around others and continue testing every 48 hours until they have two sequential negative results.
COVID-19 Exposure Updates

CDC: What to Do If You Were Exposed to COVID-19 (August 11, 2022)

• The steps that you should take, regardless of your vaccination status or if you have had a previous infection:
  • Exposure= Day 0
  • Mask through 10 full days after exposure.
    • Do not go places where you are unable to wear a mask, including travel and public transportation settings.
    • Take extra precautions if you will be around people who are more likely to get very sick from COVID-19.
  • Get Tested at on DAY 6 or LATER after exposure.
    • Negative Tests aren’t perfect. You may need to test again.
    • Had COVID in last 90 days?
      • Use antigen tests.
      • You should still test (except at ≤30 days and not symptomatic)

Note this is Day 6, not Day 5.
New Exposure & Testing when you had COVID-19 before...

Exposure: 10 days of Masking

(UPDATE: No Quarantine)

- If you are exposed to COVID-19, mask around others for 10 days, and a test is recommended on Day 6 or later after exposure.
School & EEC COVID-19 Updates

- CDC Guidance for K-12 Schools and Early Care and Ed Programs

- MA COVID-19 Isolation and Exposure Guidance for Children and Staff in Child Care, K-12, Out-of-School Time (OST) and Recreational Camp/Program Settings

- DESE Desktop
  - Update on COVID-19 Matters in K-12 Schools for Fall 2022

- EEC’s Health and Safety Guidance During COVID-19 Recovery for Child Care Providers
Monkeypox Key Resources

- CDC Preventing Spread to Others
- CDC Notifying Close Contacts
- CDC Disinfecting Home and Other Non-Healthcare Settings
- Infection Prevention and Control of Monkeypox in Healthcare Settings PPE, etc.
- CDC Monitoring and Risk Assessment for Persons Exposed in the Community
- CDC JYNNEOS Vaccine Interim Guidance Page

- MDPH Monkeypox Main Page
  - Updated Clinical Guidance & Specimen Collection Guidance & other Resources
    - MDPH Weekly Press Releases
    - MDPH Monkeypox Vaccination Information
      - Who, Where, and How to obtain Vaccine in MA
Monkepox Vaccine Pending Updates


- Please stay tuned until MDPH updates *state guidance for monkeypox vaccination*

  - Anticipated Updates:
    - The standard regimen for JYNNEOS involves a subcutaneous (Subcut) route of administration with an injection volume of 0.5mL. In the context of the current national *Public Health Emergency (PHE)*, an alternative regimen involving intradermal (ID) administration with an injection volume of 0.1mL may be used under an Emergency Use Authorization (EUA).

  - **What does this mean?** Limited vaccine supply will be able to go further!
LBOH Reminders

- Update your LBOH MAVEN Communication Event. (PDF / Video)
  - Be sure to note if there are specific staff for COVID or Monkeypox, etc. or who is the contact person for certain days/events.

- Cases and Contacts are ultimately the responsibility of local jurisdictions.
  - Occasionally MDPH may start an investigation or coordinate some activities before handing off to LBOH, but LBOH should be sure to review notes and handle any applicable wrap-up/monitoring/release from monitoring as needed.
    - Examples: MDPH Epis may begin follow-up on weekends, or MDPH may update case notes due to an interaction with the case (they called us, etc.)
Investigating New Events in MAVEN

- Increase in Commercial Testing & State Lab Results without Prior MDPH Epi Triage
  - The updated Testing Guidance no longer requires pre-approval by MDPH Epis for Monkeypox Testing (yay!).
  - As a result, more positive tests will be reported electronically with minimal demographic and clinical information. (AKA – MDPH Epis likely did not create the MAVEN event and add a lot of notes prior to test results reporting)
    - This is routine for many reportable diseases in MAVEN.
    - The first step in case investigation should be to call the ordering provider to obtain as much clinical, risk, and demographic information as is available.
      - Try Lab Tab.
        - Call the Lab itself and ask for ordering provider contact info.
      - Try the Infection Preventionist at a Facility
      - Try the Nursing Backline at a Facility
  - Even if the case is Lost to Follow-up, you should be able to obtain a decent amount of information from calling the provider office that saw the patient. There was a reason they tested.
Monitoring Cases & Contacts

**CASES**

- **Isolation Period:** People with monkeypox should isolate from symptom onset until rash has fully resolved, the scabs have fallen off, and a fresh layer of intact skin has formed.

- **Isolation Monitoring Period:** Local Health can determine the frequency of check-ins with a case during their isolation period. LBOH should officially release the case from isolation when applicable.

  - **Letters:** Unlike COVID-19 cases, confirmed monkeypox cases may need a letter showing that they have been released from isolation. DPH encourages LBOH to assist with this.

**CONTACTS**

- **Contact Monitoring Period:** Contacts should be instructed to monitor their temperature and conduct thorough skin examinations for the 21 days following exposure.

  - Exposure = Day 0.
  - **No traditional quarantine.** May continue routine activities if asymptomatic.

- **LBOH Monitoring Cadence Recommendation:**

  - **High Risk Contacts:** One Time Per Week
  - **Medium & Low Risk Contacts:** Passive Monitoring (notified of exposure and monitoring period recommendations, but additional LBOH follow-up is not required).
Exposure Risk Assessment for Community Settings

• Monkeypox typically spreads through prolonged close, skin-to-skin contact with a person who has monkeypox, or their contaminated materials (e.g., clothing, bed sheets). Transmission during quick interactions (e.g., brief conversation), between people in close proximity has not been reported for any persons with monkeypox.

• There may be settings in which contact tracing is not feasible due to the characteristics of the setting (e.g., level of crowding, types of interactions occurring). In settings where contact tracing is not feasible, people who spent time in the same area as someone with monkeypox should be considered to have intermediate or lower degree of exposure.

• [CDC Risk Assessment for Community Settings]
# Monkeypox Contact Risk Assessment & Recommendations

## Degree of Exposure: Higher

### Recommendations
- Monitoring: Yes
- PEP\(^5\): Recommended

### Exposure Characteristics
- Contact between an exposed individual's broken skin or mucous membranes with the skin lesions or bodily fluids from a person with monkeypox - OR -
- Any sexual or intimate contact involving mucous membranes (e.g., kissing, oral-genital, oral-anal, vaginal, or anal sex (insertive or receptive)) with a person with monkeypox - OR -
- Contact between an exposed individual's broken skin or mucous membranes with materials (e.g., linens, clothing, objects, sex toys) that have contacted the skin lesions or bodily fluids of a person with monkeypox (e.g., sharing food, handling or sharing of linens used by a person with monkeypox without having been disinfected or laundered)
# Monkeypox Contact Risk Assessment & Recommendations

## Degree of Exposure: Intermediate

### Recommendations
- Monitoring: Yes
- PEP*: Informed clinical decision making recommended on an individual basis to determine if the benefits of PEP outweigh the risks

### Exposure Characteristics
- Being within 6 feet for a total of 3 hours or more (cumulative) of an unmasked person with monkeypox without wearing a surgical mask or respirator -OR-
- Contact between an exposed individual’s intact skin with the skin lesions or bodily fluids from a person with monkeypox -OR-
- Contact between an exposed individual’s intact skin with materials (e.g., linens, clothing, sex toys) that have contacted the skin lesions or bodily fluids from a person with monkeypox without having been disinfected† or laundered -OR-
- Contact between an exposed individual’s clothing with the person with monkeypox’s skin lesions or bodily fluids, or their soiled linens or dressings (e.g., during turning, bathing, or assisting with transfer)
Monkeypox Contact Risk Assessment & Recommendations

**Degree of Exposure:** Lower

**Recommendations**
- Monitoring: Yes
- PEP*: None

**Exposure Characteristics**
- Entry into the living space of a person with monkeypox (regardless of whether the person with monkeypox is present), and in the absence of any exposures above

*CDC Risk Assessment for Community Settings*
Community Exposure to Monkeypox

Who should be monitored and for how long?
• Anyone with an exposure to people or animals with monkeypox should monitor their health or be monitored for signs or symptoms consistent with monkeypox for 21 days after their last exposure.

What to monitor
• Monitoring should include assessing the person for **signs and symptoms** of monkeypox, including a thorough skin and mouth (oral) exam in good lighting. Skin examination can be performed by the person in isolation, a caregiver, or a healthcare provider and should include examination of the genitals and anus for rash or lesions.

[Community Exposures](#)

For more on **Infection Prevention in Healthcare Settings**
Development of rash, signs, or symptoms

**During the 21-day monitoring period:**

- **If a rash occurs:**
  - An individual should follow isolation and prevention practices until (1) the rash can be evaluated by a healthcare provider, (2) testing is performed, if recommended by their healthcare provider, and (3) results of testing are available and are negative.

- **If other signs or symptoms are present, but there is no rash:**
  - An individual should follow isolation and prevention practices for 5 days after the development of any new sign or symptom, even if this 5-day period extends beyond the original 21-day monitoring period. If 5 days have passed without the development of any new sign or symptom and a thorough skin and oral examination reveals no new skin changes such as rashes or lesions, isolation and prevention practices for monkeypox can be stopped.
  - If a new sign or symptom develops at any point during the 21-day monitoring period (including during a 5-day isolation if applicable), then a new 5-day period should begin where the individual follows isolation and prevention practices.
Contact Monitoring Question Package

- **Contact Monitoring** (For contacts to track their exposure dates and monitoring period)

- Other Question Packages may apply for a CONTACT (vaccine, demographic, etc.), however the CONTACT MONITORING Question Package is only for Contact Events.
Contact Monitoring Question Package

- Be sure to complete key variables for Contacts to the best of your ability.
- Exposure Date is critical.
- Most Types of Exposure will likely be “Community.” This includes household, sexual contact, etc.
QUESTIONS???

QUESTIONS ARE MY FAVORITE