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

Tools for LBOHs

August 17, 2021

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MA Department of Public Health
Topics Today

• CTC Update on CI/CT
• MassNotify Overview
• MIIS & MAVEN Integration
• IHE Reminder for LBOH to review and submit approvals
• Quick Updates
  • New Third Dose for Some Immunocompromised Individuals now recommended
  • Requesting Vaccine Records
  • New Study Shows Vaccine Good at Preventing Reinfection
• Delta Variant - Summary
• DESE Updates
MDPH Conducts Weekly COVID-19 Case Investigation Webinars

• 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.

MAVEN Help has Guidance Documents and Previous Webinars:

Webinars: Tuesdays @ 11am

MDPH Epi Program: 617-983-6800
MDPH MAVEN Help Desk: isishelp@mass.gov
MDPH ISIS Help Desk: 617-983-6801
MDPH ISIS Fax: 617-983-6813
CTC Help Desk: 857-305-2828
CTC Local Health Help ctclocalhealthhelp@ covid19.pih.org
CTC Supervisor Contact List
Higher Ed Contact List
COVID-19 Case Investigations
Tools for LBOHs

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Updates for today, Tuesday, 8/17/2021

- MassNotify Overview – Jill Finnerty and Ian Cutler
- CTC Staff Transition Update & CTC updates - Molly Dunn
- MIIS (Vaccination Information) & MAVEN Integration Overview – Allison O’Donnell
- MAVEN Training Process Review – Kate Hamdan/Scott Troppy
  - LBOH users & IHE/Boarding Schools
- LBOH Immediate Workflow – COVID-19 event only – please check your workflow TODAY and clear out the workflow
- CTC Staff Transition Update & CTC update - Molly Dunn
- LBOH Action Needed for your IHE/Boarding Schools – email spreadsheet back to DPH was 8/11
MassNotify Update

What do health agents need to know about automated exposure notifications in Massachusetts

August 17, 2021
What is MassNotify?

MassNotify is a voluntary smartphone-based service that can notify users of possible exposures to COVID-19 by alerting them if they have recently been in close proximity with another user who anonymously reported a positive test result.

MassNotify is another tool in the pandemic response toolkit: it is a complement to contact tracing—not a substitute—and is completely anonymous and private for users.

- **Opt in system** – people choose to participate or not
- Notifies users about potential exposures from people they have been in close proximity with — *even total strangers*
- Alerts are sent automatically
- **No surveillance** information is gathered about where the exposure occurred, how it occurred, or who was involved
- All notifications are completely anonymous
- Serves as an early warning system to help facilitate swift testing/self-quarantine of potential exposures

Image credit: https://www.freepik.com/vectors/people
How MassNotify works

When two people using MassNotify on their smartphones are near each other, their phones exchange random codes using Bluetooth. The codes are completely anonymous, with no location tracking or exchange of identifying personal information.

When someone in Massachusetts tests positive, they will receive a text message from DPH with a verification link.

The person who tests positive can choose to follow the link to anonymously share their positive test result with other MassNotify users.

Anyone who also has MassNotify and has been near the user who tested positive for a significant length of time in the last 14 days may receive an anonymous alert that they might have been exposed.

Notifications have a link to information about what to do next to protect yourself and others. They do not contain any information about who tested positive or where the exposure may have happened.
What do MassNotify exposure notifications entail?

Those that receive an exposure notification alert are given the following information:

• Informed that they were likely exposed
• Instructed that the best course of action is to get tested for COVID-19 (information about getting tested is provided)
  • If unvaccinated: They should get tested after their exposure, and again if they develop symptoms within 14 days.
  • If fully vaccinated: They don’t need to get tested unless they have symptoms. If they develop symptoms at any point in the 14 days after their exposure, they should get tested.
• Exposed individuals receive a link to an additional mass.gov webpage with targeted information.

If they have questions or need support, they are directed to call the MassNotify inbound line supported by specially trained CTC staff.

• Once they call the MassNotify inbound line, a new contact record is created (no index case) and assigned to the MassNotify cluster. These contacts (and the contact event, which is linked to the MassNotify cluster) are visible in the relevant MAVEN workflows. Only contacts from your jurisdiction will be visible.
What to know about MassNotify cases

Individuals reported with Massachusetts home addresses on recent positive COVID-19 tests will receive an SMS with a MassNotify verification link sent to the phone number they provided on their test.

If they call their local public health authority or Higher Ed health services with questions about the verification link text message:

• If the individual is already a MassNotify user: You can encourage them to anonymously share their diagnosis by clicking the verification link in the SMS to anonymously inform others they have been near that they might have been exposed.

• If they are a MassNotify user that tested positive but didn’t get an SMS: Direct them to contact the MassNotify helpdesk at massnotifyhelp@mass.gov

• If they are not an existing MassNotify user: They will not be able to anonymously notify contacts through MassNotify. They can:
  • Use the link in the SMS to enable MassNotify on their phone for future use, or
  • Disregard the SMS message

MassNotify users who choose to anonymously share their diagnosis to alert their contacts are provided a link to mass.gov/massnotify/share and mass.gov/isolate with instructions to stay home. They are informed they will receive separate outreach from local health or the CTC (via existing case investigation processes—no special action needs to be taken for COVID-positive MassNotify users).
What to know about MassNotify contacts

Due to the anonymous nature of MassNotify, we don’t know who received an EN unless they choose to self-report, we don’t by whom they were exposed, and we don’t know where the exposure occurred.

If they call their local public health authority or Higher Ed health services about the MassNotify exposure notification alert:

• You can encourage them to call the MassNotify inbound line included in their exposure notification alert if they need support.
• Alternatively, you can choose to provide information you normally would for someone with a potential exposure to COVID-19, including the best way to get tested (if applicable).
• There is no expectation for local health or higher ed MAVEN users to create MAVEN records for those that receive a MassNotify exposure notification.

• If a MAVEN user still wishes to track the exposed individual as a contact event in MAVEN, be sure to search for an existing record first, or contact MDPH to assist in creating a stand alone contact event.
MassNotify by the numbers

Any level of adoption of MassNotify is powerful. Even a small number of people using exposure notification solutions like MassNotify can help reduce COVID-19 infections and deaths, and the more people who use MassNotify, the more impact it can have.

Since launching statewide on June 17, 2021:

• More than 1.25 million users have opted into using MassNotify on their phones
• Over 1,800 positive cases have elected to notify their contacts through MassNotify — approximately 8% of all cases since launch
• An estimated 21,800 contacts alerted of potential exposure through MassNotify; average of just under 12 contacts per case shared

MassNotify’s privacy-focused design limits the data available for public health surveillance.
How to assess the impact of MassNotify

MassNotify was designed with a focus on privacy, which limits our ability to directly measure its *additive* impact.

- We don’t know which of the cases being shared in MassNotify are the same cases that are also reached by case investigators and which are new cases we wouldn’t otherwise reach
- We don’t know which of the contacts that receive a MassNotify exposure notification are the same contacts that are also notified by contact tracing and which are new contacts who wouldn’t otherwise be notified
- We don’t know which contacts are first notified of their exposure by a contact tracer and which contacts are first notified of their exposure by MassNotify

Answering these questions is critical to understanding the impact MassNotify has as an *added layer* of the public health response to COVID-19 in Massachusetts.

We can’t get this information from MassNotify.

Instead, we need to get information from case and contact interviews to learn and document which cases and contacts are *also* using MassNotify.

We rely on public health authorities and Higher Ed services to capture this information in MAVEN.
MassNotify resources for local health and higher ed

General questions about MassNotify: www.mass.gov/massnotify

More specific MassNotify resources:

➢ Answers to FAQs: www.mass.gov/massnotify/faq
➢ How to enable MassNotify on your phone: www.mass.gov/addyourphone
➢ Privacy policy: www.mass.gov/massnotify/privacypolicy

**Technical issues:** Anyone having technical trouble with MassNotify can email the help desk at massnotifyhelp@mass.gov.

Appendix
If you test positive for COVID-19, you can choose to help by sharing your result anonymously with other MassNotify users through this system. This is how other MassNotify users learn that they were exposed to someone who tested positive, although they will not learn your identity.

Sharing this information helps stop the spread of the virus. For more information, including tips on how to isolate safely, please visit mass.gov/isolate.

Your local public health authority or the Commonwealth’s Community Tracing Collaborative (the “CTC”) may also independently reach out to you about your positive test result.

Step 1
Stay at home alone if you have tested positive for COVID-19:
• Stay away from others. Stay away from the people you live with.
• Go to mass.gov/isolate for more information on how to safely isolate and help stop the spread of the virus.
• Your local public health authority or the Commonwealth’s Community Tracing Collaborative (the “CTC”) may also independently reach out to you about your positive test result.

Step 2
Anonymously share your COVID-19 positive test result with other MassNotify users:
• If you test positive for COVID-19, the Massachusetts Department of Public Health (DPH) will send you a text message with a link you can choose to use to anonymously share your positive test result with other MassNotify users.
• If you’re having technical trouble with MassNotify, or if you’re having trouble sharing your positive test result (for example, your link is expired, or you never got a link), you can email our help desk at massnotifyhelp@mass.gov.
• When you anonymously share your test result with other users, MassNotify users who were close to you during the past 14 days may receive an alert about their possible exposure to COVID-19. They will not be told who tested positive or where the potential exposure may have happened.
• These alerts help people who may have been exposed to get tested and stay safe to help stop the spread of the virus.
• For more information, go to mass.gov/massnotify.
MassNotify Inbound Line Script for Contacts

*MassNotify inbound line script opener:*

"Since MassNotify is a privacy-preserving service, we do not have any information about you, except what you provide on this call. The information you provide to us will allow us to properly to support you throughout your quarantine, and will also inform pandemic response efforts in Massachusetts. All information is entered into a confidential, secure system."

*Once the staff member gets into confirming details:*

"All the information you share with us is kept strictly confidential and is only shared with the Massachusetts Department of Public Health and your local board of health. If you are affiliated with a higher education institution or boarding school in Massachusetts, it may be shared with representatives from your school. It will not be shared with anyone else."
Cases and Contacts Opened by Week

Molly Dunn – CTC Slide (8/17/21)
MAVEN – MIIS Immunization Integration for COVID Events (March 2021)

- Massachusetts Immunization Information System (MIIS) Integration into MAVEN [MAEDSS-12966, 12965, 12964, 12963, 12962, 12961, 12960, 12959, 12958, 12957]

- MIIS was queried for COVID contacts and confirmed/probable cases in MAVEN from 12/15/2020 – present

- Two MIIS queries each for contacts and confirmed/probable cases, separated by 14 days
  - If a contact later becomes a case, MIIS will be queried again
MAVEN – MIIS Immunization Integration for COVID Events

- MIIS Information Questions are in the Administrative Question Package
- These date fields show the 1st and 2nd query has occurred
  - These are not editable
- If a match is found, MIIS data will automatically populate the MAVEN Vaccine Question Package
  - MIIS query may successfully find the person, but that does not mean the vaccine information is in the MIIS system

<table>
<thead>
<tr>
<th>MIIS Information</th>
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<tbody>
<tr>
<td>First MIIS Query Response Date for Contact</td>
</tr>
<tr>
<td>[ ]</td>
</tr>
<tr>
<td>Latest MIIS Query Response Date for Contact</td>
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<tr>
<td>[ ]</td>
</tr>
<tr>
<td>First MIIS Query Response Date for Confirmed or Probable</td>
</tr>
<tr>
<td>03/19/2021</td>
</tr>
<tr>
<td>Latest MIIS Query Response Date for Confirmed or Probable</td>
</tr>
<tr>
<td>[ ]</td>
</tr>
<tr>
<td>Last date MIIS manually reviewed</td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
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</tbody>
</table>
MIIS Integration to MAVEN
COVID - MIIS Manual Review Workflow

Criteria for Entry:
Data sharing in the MIIS is set to “NO” or “UNKNOWN” or Multiple potential matches in the MIIS are returned

AND

Both the first and second automatic MIIS queries have been attempted

In these situations, the cases would flow into a workflow for manual review by MDPH staff.
Immediate Notification workflow (COVID-19 Only)

- **UPDATE:** COVID-19 Immediate Notification Workflow - 844 events in this workflow this morning

- This will allow proper notification of all new COVID-19 events for your jurisdiction. *(Confirmed and Probable Cases)*

- Please review all events/cases in this workflow and complete your **Step 1 - LBOH Notification to “Yes”** to clear out this workflow.

- If you are retaining ownership then complete **Step 2** (Investigation Started) & **Step 3** (LBOH Investigator (name, lboh, phone number))

- When you are done then complete Step 4 (Case Report Form Complete)

- You can complete **Step 5** if you want – if not then leave blank
Reminder sent to schools who have not yet submitted approval sheets 8/16

Plan and Communication with IHE/Boarding Schools

Email maventraining@mass.gov with questions

Follow up: Higher Education MAVEN Approvals - Fall 2021

Dear Higher Education, Boarding School and Local Health Partners,

As a follow up to our request to add/approve Higher Education and Boarding School MAVEN users for the 2021-2022 school year – attached please find a list of schools whose Excel approval sheets we have not yet received. Local health departments must complete the attached approval spreadsheet as soon as possible and send it to maventraining@mass.gov. Instructions for completing this spreadsheet are below.

If we do not receive a submission we will assume that no institute of higher education users will need access to MAVEN for the upcoming school year and any higher ed users with current access will be removed on September 1st. The local board of health will be primarily responsible for case investigation and follow up for these schools at that time.

How to use the approval sheet:

- For schools using MAVEN – Use the ‘Approve Existing Users’ tab to review all existing MAVEN users and note (Yes/No) whether they are approved for continued MAVEN use for the 2021-2022 school year.
- For schools using MAVEN – Use the ‘Add Approved New Users’ tab to note any new users that will need access to MAVEN for the 2021-2022 school year. The MAVEN training team will review and follow up with the new users around training.
- For all schools regardless of MAVEN status – Use the ‘Plan for 21-22 School Year’ tab to mark the primary entity responsible for case investigation and follow up this school year. Please also make any edits to the local board of health primary contact using this sheet.
- Please save your file with the following naming convention – IHE MAVEN User Approval Sheet_School_Name

Once submitted, DPH will reach out to new approved users with information to complete the User Request Form and begin their training process. If you have any questions, please email maventraining@mass.gov.

Thank you
Action Needed – Higher Education MAVEN Approvals Still Pending as of 8/17/21

- Amherst College
- Anna Maria College
- Babson College
- Bay Path University
- Becker College
- Berkshire Community College
- Bridgewater State University
- Bristol Community College
- Eastern Nazarene College
- Elms College
- Endicott College
- FINE Mortuary College
- Framingham State University
- Gordon College
- Greenfield Community College
- Hampshire College
- Holyoke Community College
- Hampshire College
- Holyoke Community College
- Hult International Business School
- Lasell University
- Lesley University
- Longy School of Music of Bard College
- Massachusetts Bay Community College
- Massachusetts College of Liberal Arts (MCLA)
- Massachusetts Institute of Technology
- Massachusetts Maritime Academy
- Massachusetts School of Law
- Massasoit Community College
- Merrimack College
- Middlesex Community College
- Montserrat College of Art
- Mount Holyoke College
- Nichols College
- North Shore Community College
- Northern Essex Community College
- Quincy College
- Signature Healthcare Brockton Hospital School of Nursing
- Thomas Aquinas College (aka Northfield College)
- Tufts - Cummings School of Veterinary Medicine
- University of Massachusetts Medical School Worcester
- University of Massachusetts-Amherst
- University of Massachusetts-Dartmouth
- University of Massachusetts-Lowell
- Wheaton College
- Williams College
- Worcester State University
Get the Training Basics Here:

**Introduction to COVID-19 Follow-up Part 1 – May 11, 2021**
- Part 1 Intro Training Slides
- Part 1 Intro Training Recording

**Introduction to COVID-19 Follow-up Part 2 – May 18, 2021**
- Part 2 Intro Training Slides
- Part 2 Intro Training Recording

**COVID-19 Cluster Events Training – May 25, 2021**
- Cluster Training Slides
- Cluster Training Recording

- There are tools available for you to help collect information on close contacts and to calculate out their quarantine period (and potential quarantine options as applicable).
  - All tools, including the Interview Tool, are available on MAVEN Help.
    - You do NOT have to be in MAVEN or be a MAVEN user to access these tools. They are available online.
  - Close Contact Form (1 Contact Extended Calculation Tool)
  - Close Contact Form (2 Contacts)
Summary of Key Guidance & Tools

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

- **MA Travel Information**
  - 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**
    - Guidance states recently recovered (in first 90 days) and fully vaccinated people do not need to quarantine.

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

- **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

- **Date: 10/21/2020 COVID-19 Testing Scenarios FAQ**
  - Describes different lab test results and what to do
  - Outlines discordant results and what they mean

- **05/06/2021 Updated COVID-19 Case Classification Manual**
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: 03/16/2021- Updated CDC Guidance on Duration of Isolation & Precautions for Adults with COVID-19
• 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.

• 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 August 16, 2021

We Last Met August 10, 2021:

- CTC Updates – John Welch
- MAVEN Training Site (upcoming) and Onboarding for Higher Ed – ISIS staff (Lionel White & Kate Hamdan)
- Reminders & FAQs
  - Exemptions to Quarantine
  - Vaccinated Close Contacts & Symptoms
- Provincetown Cluster

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

New ACIP 3rd Dose Recommendation

This email went out to Vaccine Providers from MDPH:

We are reviewing the actions by ACIP last Friday recommending a third dose of Moderna or Pfizer vaccine for some individuals with compromised immune systems including individuals who have:

• Been receiving active cancer treatment for tumors or cancers of the blood
• Received an organ transplant and are taking medicine to suppress the immune system
• Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
• Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
• Advanced or untreated HIV infection
• Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

We are urging Massachusetts residents who have questions about whether a third dose of vaccine is recommended for them to contact their medical provider to discuss these recommendations.


Further information and guidance will be issued soon.
New ACIP 3rd Dose Recommendation

The clinical considerations for use of an additional dose of an mRNA COVID-19 vaccine apply only to people who are moderately or severely immunocompromised.

- Studies indicate some immunocompromised people have a reduced immune response following a primary COVID-19 vaccine series compared to vaccine recipients who are not immunocompromised.

- Studies have further demonstrated that including an additional mRNA COVID-19 vaccine dose after an initial 2-dose primary mRNA COVID-19 vaccine series in some immunocompromised populations may enhance immune response.


In other words, this is to continue building up immunity for those who might not have built up the same initial level of immunity. This is not a booster to respond to waning immunity.
Requesting Vaccine Records: An Evolving Process

• **There are a few options for receiving a replacement Vaccine Card.**
  1. Contact your healthcare provider or the location where you were vaccinated. They can print out another copy of your immunization record from their EHR or the MIIS.
    • For those vaccinated at a Mass Vaccination Sites – mass.gov is working on posted instructions for each of the sites and where to request an update. More to come.
  2. Your provider is able to order blank COVID-19 vaccination cards. They may record your COVID-19 immunizations on that card.
  3. Your record will also be in v-safe, if you enrolled in the program.

• **If you are unable to contact your healthcare provider, you can fill out an Immunization Record Request Form.**
  • Please note that this form is required to be notarized before submission and must be mailed in hard copy.
  • They will receive all vaccine records – not just COVID.
  • They won’t receive a COVID-19 Vaccine Card.
  • The process takes about 10 days once receiving the record request.
Requesting Vaccine Records: International Travel

• Some international destinations are looking into a formal QR Code as a form of vaccine card which would show COVID-19 Vaccination Status and assist with travel entry.

• This has not yet been formalized widely.

• For MA residents inquiring about an “International QR Code” for their COVID vaccine prior to travel:
  • MA is in the development stages for a public access portal to the MIIS that will eventually include the ability to generate a QR code once there are national standards developed and shared with states.
  • At this time, a request by individuals looking for immunization records or replacement COVID cards should go to the MIIS HelpDesk if the previous options are not available: miishelpdesk@mass.gov
New CDC Study: Vaccination Offers Higher Protection than Previous COVID-19 Infection

• Aug 6, CDC put out a new study showing the effects of vaccination on preventing re-infection, versus just relying on “natural immunity.”


• These data further indicate that COVID-19 vaccines offer better protection than natural immunity alone and that vaccines, even after prior infection, help prevent reinfections.

• “If you have had COVID-19 before, please still get vaccinated,” said CDC Director Dr. Rochelle Walensky. “This study shows you are twice as likely to get infected again if you are unvaccinated. Getting the vaccine is the best way to protect yourself and others around you, especially as the more contagious Delta variant spreads around the country.”
The Delta Variant

my fall plans  the delta variant
Variants: Top Things You Need to Know

• Variants are expected. The best way to slow the emergence of new variants is to reduce the spread of infection by taking measures to protect yourself including getting a COVID-19 vaccine when available.

• Vaccines keep you from getting sick, being hospitalized, or dying from COVID-19.

• All COVID-19 tests can detect all variants, but they will not tell you which variant you have.
Types of Variants

• Scientists monitor all variants but may classify certain ones as variants of interest, concern, or high consequence based on how easily they spread, how severe their symptoms are, and how they are treated.

• Some variants seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19. An increase in the number of cases will put more strain on healthcare resources, lead to more hospitalizations, and potentially more deaths.
The Delta variant causes more infections and spreads faster than early forms of SARS-CoV-2

- **The Delta variant is more contagious:** The Delta variant is highly contagious, nearly twice as contagious as previous variants.

- **Some data suggest the Delta variant might cause more severe illness than previous strains in unvaccinated persons.** In two different studies from Canada and Scotland, patients infected with the Delta variant were more likely to be hospitalized than patients infected with Alpha or the original virus strains.

*Delta Variant: What We Know About the Science*  [CDC updated Aug. 6, 2021](https://www.cdc.gov/coronavirus/2019-ncov/delta-variant.html)
The Delta Variant: What the Science Currently Says:

- **Unvaccinated people remain the greatest concern:** Although breakthrough infections happen much less often than infections in unvaccinated people, individuals infected with the Delta variant, including fully vaccinated people with symptomatic breakthrough infections, can transmit it to others.

- CDC is continuing to assess data on whether fully vaccinated people with asymptomatic breakthrough infections can transmit. However, the greatest risk of transmission is among unvaccinated people who are much more likely to contract, and therefore transmit the virus.

*Delta Variant: What We Know About the Science  [CDC updated Aug. 6, 2021]*
The Delta Variant: What the Science Currently Says:

- Fully vaccinated people with Delta variant breakthrough infections can spread the virus to others. However, vaccinated people appear to be infectious for a shorter period:
  - Previous variants typically produced less virus in the body of infected fully vaccinated people (breakthrough infections) than in unvaccinated people.
  - In contrast, the Delta variant seems to produce the same high amount of virus in both unvaccinated and fully vaccinated people.
  - However, like other variants, the amount of virus produced by Delta breakthrough infections in fully vaccinated people also goes down faster than infections in unvaccinated people.
    - This means fully vaccinated people are likely infectious for less time than unvaccinated people.

*Delta Variant: What We Know About the Science*  [CDC updated Aug. 6, 2021](https://www.cdc.gov/coronavirus/2019-ncov/about/variants/delta-variant.html)
The Delta Variant: What the Science Currently Says:

- Vaccines in the US are highly effective, including against the Delta variant
  - The COVID-19 vaccines authorized in the United States are highly effective at preventing severe disease and death, including against the Delta variant.
  - But they are not 100% effective and some fully vaccinated people will become infected (called a breakthrough infection) and experience illness. For such people, the vaccine still provides them strong protection against serious illness and death

Delta Variant: What We Know About the Science  CDC updated Aug. 6, 2021
Vaccines in the US are highly effective, including against the Delta variant

- The COVID-19 vaccines authorized in the United States are highly effective at preventing severe disease and death, including against the Delta variant.
- But they are not 100% effective and some fully vaccinated people will become infected (called a breakthrough infection) and experience illness. For such people, the vaccine still provides them strong protection against serious illness and death.

*Delta Variant: What We Know About the Science*  
[CDC updated Aug. 6, 2021]
Variants of Concern in the US

- CDC: What You Need to Know about Variants
- CDC: Understanding Variants

**Alpha - B.1.1.7**
- First identified: United Kingdom
- Spread: Spreads much faster than other variants
- Severe illness and death: May potentially cause more people to get sicker and to die
- Vaccine: Currently authorized vaccines do work against this variant. Some breakthrough infections in fully vaccinated people are expected but remain rare. All vaccines are particularly effective against severe illness, hospitalization, and death.
- Treatments: Treatments are effective against this variant

**Beta - B.1.351**
- First identified: South Africa
- Spread: May spread faster than other variants
- Severe illness and death: Current data do not indicate more severe illness or death than other variants
- Vaccine: Currently authorized vaccines do work against this variant. Some breakthrough infections are expected, but remain rare. All vaccines are particularly effective against severe illness, hospitalization and death.
- Treatments: Certain monoclonal antibody treatments are less effective against this variant

**Gamma - P.1**
- First identified: Japan/Brazil
- Spread: Spreads faster than other variants
- Severe illness and death: Current data do not indicate more severe illness or death than other variants
- Vaccine: Currently authorized vaccines do work against this variant. Some breakthrough infections are expected, but remain rare. All vaccines are particularly effective against severe illness, hospitalization and death.
- Treatments: Certain monoclonal antibody treatments are less effective against this variant

**Delta - B.1.617.2**
- First identified: India
- Spread: Spreads much faster than other variants
- Severe illness and death: May cause more severe cases than the other variants
- Vaccine: Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. Some breakthrough infections are expected, but remain rare. However, preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others. Learn more [here](#). All vaccines are particularly effective against severe illness, hospitalization and death.
- Treatments: Certain monoclonal antibody treatments are less effective against this variant
School!!!!!

IN OTHER NEWS

KIDS ARE GOING BACK TO SCHOOL
DESE (K-12 Fall Guidance)

- DESE/DPH COVID-19 Guidance for Districts and Schools: Fall 2021
  - Emailed Guidance Doc for Schools came out Friday, July 30th.
    - Lots of encouraging vaccination and continuing to provide testing.
    - MASKING Guidance is HERE. This first document describes the Masking Guidance for K-12

- DESE/DPH Protocols for Responding to COVID-19 Scenarios - SY 2021-22
  - Emailed Covid Response Guidance Doc came out Friday August 13th.
    - Outlines Isolation & Quarantine for Cases & Contacts
      - COVID-19 symptoms
      - Definition of a close contact
      - Protocol A: For individuals who test positive for COVID-19
      - Protocol B: Protocol for asymptomatic close contacts
        - New “Test and Stay” option for asymptomatic contacts
      - Protocol C: Protocol for symptomatic individuals
        - (close contacts & not close contacts)
      - Routine COVID pooled testing protocols

Please contact the DESE Rapid Response Help Center at 781-338-3500 with any questions
DESE (K-12 Fall Guidance)

Masking

- This fall, DESE and DPH strongly recommend that all **students in kindergarten through grade 6** wear masks when indoors, except students who cannot do so due to medical conditions or behavioral needs.
  - Masks are not necessary outdoors and may be removed while eating indoors.

- DESE and DPH also strongly recommend that **unvaccinated staff in all grades, unvaccinated students in grades 7 and above**, and unvaccinated visitors wear masks indoors, in alignment with the statewide advisory on masking.
DESE (K-12 Fall Guidance)

Masking

• **DESE and DPH recommend that schools allow vaccinated students to remain unmasked.**
  • Any individual at higher risk for severe disease from COVID or with a household member who is at high risk is encouraged to mask regardless of vaccination status consistent with the updated DPH Advisory on Face Coverings and Masks.
  • Any child or family who prefers to mask at school should be supported in this choice.

• **Bus Masking is Mandatory for All:** By federal public health order, all students and staff are required to wear masks on school buses at this time.

• **Health Office Masking is Mandatory for All:** All staff and students must wear masks while in school health offices. Additional guidance for school health professionals is forthcoming from DPH.
K-12 COVID-19 Response Protocol: Sick Kids

Here is the full list of symptoms for which caregivers should monitor their children, and staff should monitor themselves.

**SUMMARY:** Sick Kids need to follow the Protocol for Symptomatic Individuals (Protocol C). If you are vaccinated, the threshold is a little bit higher before you need to follow the sick kid protocol.

- **Unvaccinated individuals** presenting these symptoms should follow testing protocols as outlined in the document.

- **Vaccinated individuals who are not close contacts** should follow the testing protocols if they are experiencing symptoms **in bold**. These individuals may also seek clinical guidance to assess the need for PCR testing if they have other symptoms on this list.

**COVID-19 Symptoms List:**

- Fever (100.0° Fahrenheit or higher), chills, or shaking chills
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Muscle aches or body aches
- Cough (not due to other known cause, such as chronic cough)
- Sore throat, **when in combination with other symptoms**
- Nausea, vomiting, or diarrhea **when in combination with other symptoms**
- Headache **when in combination with other symptoms**
- Fatigue, **when in combination with other symptoms**
- Nasal congestion or runny nose (not due to other known causes, such as allergies) **when in combination with other symptoms**
K-12 COVID-19 Response Protocol: Sick Kids

So what is the protocol for a sick kid? Follow Protocol C for Symptomatic individuals:

**Protocol C-1 (Recommended): Return to school post-symptoms with test**

**Duration:** Dependent on symptom resolution

**Return to School:** Individuals may return to school after they:

- Have received a negative PCR test result for COVID-19.
  - Note: So long as the individual is not a close contact, if a medical professional makes an alternative diagnosis for the COVID-19-like symptoms, the individual may use this recommendation (e.g., for influenza or strep pharyngitis) in lieu of a PCR test.
- Have improvement in symptoms
- Have been without fever for at least 24 hours without the use of fever-reducing medications.

**Protocol C-2: Alternative protocol for symptomatic individuals who choose not to receive a COVID test to return to school**

**Duration:** Isolation is at least 10 days from symptom onset

**Return to School:** After 10 days, returning on day 11, assuming they:

- Have improvement in symptoms
- Have been without fever for at least 24 hours without the use of fever-reducing medication.

• If you are symptomatic AND an unvaccinated close contact, you need to follow the quarantine protocol outlined in the document.
### K-12 COVID-19 Response Protocol: Sick Kids

So what is the protocol for a sick kid?

**Follow Protocol C for Symptomatic individuals:**

<table>
<thead>
<tr>
<th>Protocol C-1 (Recommended): Return to school post-symptoms with test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You sick?</strong></td>
</tr>
<tr>
<td>• Get a negative PCR test and don't come back until you are better.</td>
</tr>
<tr>
<td><strong>But what if I clearly have something else like the flu? Do I still have to get a negative PCR test?</strong></td>
</tr>
<tr>
<td>• Ok, cool. If your doctor says something else explains your covid-like symptoms, that's cool and you wouldn't HAVE to get a negative PCR test. (Unless you are also a contact. If you are sick contact with an alternative diagnosis, please still get a PCR test.)</td>
</tr>
<tr>
<td><strong>When can I come back?</strong></td>
</tr>
<tr>
<td>• The usual deal – you are better, symptoms have improved, and you are at least 24 hours fever free (no meds)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protocol C-2: Alternative protocol for symptomatic individuals who choose not to receive a COVID test to return to school</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You sick but refuse to get a PCR test?</strong></td>
</tr>
<tr>
<td>• Cool. You can’t come back for 10 days.</td>
</tr>
</tbody>
</table>

- If you are symptomatic AND an unvaccinated close contact, you need to follow the quarantine protocol outlined in the document.

• Quarantine & Testing is NOT REQUIRED for these individuals:
  
  • School Bus Exposures:
    • When students are masked with windows open, regardless of distancing.
  
  • Asymptomatic, vaccinated close contacts
  
  • Classroom close contacts spaced at least three feet apart while students are masked
  
  • Individuals who have had COVID-19 in the past 90 days.

Fully Vaccinated Contacts will NOT need to follow Quarantine Guidance – they are exempt

• Please recall that all asymptomatic, fully vaccinated individuals are exempt from close contact testing and quarantine response protocols and therefore do not need to follow Protocol B (*Close Contact Protocol*).

• However, fully vaccinated individuals are expected to monitor for symptoms and stay home and get tested if they experience symptoms, in alignment with statewide guidance and Protocol C (*Sick Kid Protocol*).

- Quarantine & Testing is NOT REQUIRED for these individuals:
  - Asymptomatic, vaccinated close contacts

- What about Symptomatic VACCINATED close contacts?
  - You still don’t have to quarantine. We are sorta going to ignore that you are a contact and direct you to the sick kid guidance which says stay out while sick and get a PCR test. Come back when you are better and the test is negative.

Protocol B: Asymptomatic Close Contacts

- Do you have a good in-school testing program in place? That determines which B Protocol for contacts you should use.
  - Protocol B-1: Test & Stay (Preferred)
    - We have a good in-school testing program so we can pick this option and keep contacts in school while we test them daily.
  - Protocol B-2: Traditional Quarantine (7 days & neg. test)
    - We don’t have daily testing set up or the contact doesn’t want to participate. They can stay out for the normal quarantine options and come back with a negative test after Day 5.
  - Protocol B-3: Traditional Quarantine (10 days no symptoms & no test)
    - The normal 10 day strict quarantine option for people who remain asymptomatic and don’t try to test out earlier.

- **New Test and Stay Program** will allow asymptomatic close contacts to remain in school and participate in sports and extracurriculars so long as they:
  - Take a rapid antigen test daily,
    - If you want to participate in a weekend school sport/activity, you will need to test those days too.
  - Wear a mask in school at all times (except eating and drinking),
    - When you do take off your mask (for eating and drinking), you need to be 3ft from other people.
      - This should not be construed as a broad physical distancing requirement or recommendation; it is only in place as part of this single, narrow protocol.
  - Follow other guidelines as noted in the document (quarantine at home on weekends in that 7 days & conduct active monitoring for full 14 days).
- **DESE will issue an FAQ to continue to clarify that all school-wide distancing requirements are lifted.**

If districts do not have Test and Stay available, or an individual or family chooses not to participate:
- Close contact will need to quarantine at home for at least 7 days from the point of exposure.
### K-12 COVID-19 Response Protocol: Isolation for Positive Cases - Protocol A

**Normal Response for a Case:** A Positive is a Positive and you need to be out for your typical 10 day isolation.

<table>
<thead>
<tr>
<th>Protocol A for individuals who test positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duration:</strong> Self-isolation for COVID-19 positive cases is a minimum of 10 days after symptom onset or after positive PCR or antigen test, if asymptomatic.</td>
</tr>
<tr>
<td><strong>Return to school:</strong> After 10 days and once they have:</td>
</tr>
<tr>
<td>o Been without fever for 24 hours (and without taking fever-reducing medications); and</td>
</tr>
<tr>
<td>o Experienced improvement in other symptoms; and</td>
</tr>
<tr>
<td>o Individuals who do not meet these criteria after 10 days may receive clearance from either public health authority contact tracers (the local board of health or Community Tracing Collaborative) or school health professional before returning to school.</td>
</tr>
<tr>
<td><strong>Note:</strong> Return to school should be based on time and symptom resolution. Repeat testing prior to return is not recommended.</td>
</tr>
</tbody>
</table>
Big New Things from DESE (Summary)

• If you are out sick, you need a negative PCR test to return (although a doc CAN make an alternative diagnosis and not require a PCR in that instance).

• School Bus exposures do not require quarantine (everyone should be masked and the windows should be open).

• There is a new Test and Stay Program for asymptomatic Close Contacts. You can stay in school if you mask and get tested daily for the 7 days after your exposure.
  • Schools need a testing program to help monitor this, otherwise close contacts need to follow normal 7 or 10 day reduced strict quarantine options.

• The Symptoms List has been updated (there are more symptoms that require an additional symptom). Additionally, if you are fully vaccinated, you get a little pass on some of the lesser symptoms (follow the bolded list).