Topics Today

• MAVEN Updates
• CTC Timeline Reminder
• MassNotify Updates
• Variant Updates
  • Omicron – what we know
• Self-Testing & Follow-up
• Prioritization Guidance for LBOH
• Your FAQs
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: http://www.maventrainingsite.com/maven-help/toc.html

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
DESE Rapid Response Help Center: (781) 338-3500
CTC Help Desk: 857-305-2828
  - CTC Local Health Help ctclocalhealthhelp@ covid19.pih.org
  - CTC Supervisor Contact List
  - Higher Ed Contact List
COVID-19 Case Investigations

Tools for LBOHs

December 7, 2021

Hillary Johnson, MHS, Infectious Disease Epidemiologist
Scott Troppy, MPH, PMP, CIC, Surveillance Epidemiologist
Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health
Updates for today, Tuesday, 12/7/2021

- MassNotify update
- CTC Timeline for December requests – last day is 12/30
- COVID Workflows Changes as of 12/1
  - LBOH Immediate Workflow – COVID-19 events only – added bulk action feature and will only hold cases for 72 hours
  - LBOH Confirmed and Probable Report – use this daily to check for cases
- Updates to Prioritization for case followup
- Future MAVEN updates for Prioritization – stay tuned
- Training Process and Out of Office Coverage Reminder
- Reminder to scan and check your Immediate, Routine & Pending Workflows in MAVEN
MassNotify remains a powerful tool against the spread of COVID-19

MA residents are encouraged to enable MassNotify on their phone so they can be notified of possible exposure and take action.

- MassNotify should be used as a complement to other public health measures like vaccination, testing, and masking
- MassNotify uses Bluetooth technology to automatically notify users about potential exposures from other MassNotify users they have been in close proximity with—even total strangers
- It is privacy-focused and anonymous—MassNotify includes many privacy protections and won’t track where users go, and users won’t know where or by whom they were exposed

MassNotify has sent more than 160K exposure notifications since it launched in June.

25% User adoption as a percent of Massachusetts population (1.7M)

MassNotify promotional materials can be found at mass.gov/massnotify/toolkit
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.

Self-report would give users the ability to generate their own verification link from within MassNotify.
**Coming soon: Ability for positive cases to “Self-request” in MassNotify**

In order to share a positive diagnosis in MassNotify to alert MassNotify close contacts, the system requires positive cases to use a unique verification link. These links are currently issued by text message to every new case with a confirmed positive test in MAVEN. **In the coming weeks, MassNotify users will soon be able to self-request a verification link directly in the MassNotify system.**

**Who will be able to use this new feature?**

**Positive cases with at-home test results**  
Many at-home test results are not reported to DPH, so these users aren’t currently able to share their results via MassNotify.

**Positive cases that provided invalid phone numbers**  
Verification links are texted to the phone number associated with the positive test result in MAVEN, but some users may provide a number (e.g., a landline) that is not able to receive text messages.

**Individuals impacted by test reporting delays**  
Timing of when labs report results to MAVEN can sometimes introduce delays in the delivery of verification links to positive cases.

**Benefits of the “self-request” feature:**

- **Reduces wait times** for users to verify their positive COVID-19 test result.
- **Allows individuals to be notified sooner** if they were potentially exposed to COVID-19 so they can take quicker action.
- **Streamlines the process** for positive cases that want to alert their contacts.

**Protections will be in place to deter false reporting, including user attestation to a positive test result.**
Timeline for December Requests

- The final day to request specific reports from your Local Health Liaison is **this Friday, December 10th**. Reports will be delivered by **Friday, December 17th**.
- The final day to request specific trainings from the CTC Training team is **this Friday, December 10th**. Training will be delivered by **Thursday, December 30th**.
- The final day to download material from the CTC Sharepoint site is **Thursday, December 30th**. Please make sure you save these documents in a secure location, as they may contain PII/PHI.

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<td><strong>FRI 12/10</strong>&lt;br&gt; <em>Last day to request specific reports</em>&lt;br&gt; <em>Last day to request training from CTC</em>*</td>
<td><strong>FRI 12/17</strong>&lt;br&gt; Anticipated delivery of final reports</td>
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<td><strong>THURS 12/30</strong>&lt;br&gt; <em>Last day to download Sharepoint records from CTC</em>&lt;br&gt; <em>Last day for training delivery</em>*</td>
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Winter holidays
Changes to COVID Workflows, 12/1/2021

Changes to Workflows for COVID

- **Added** a bulk action feature for COVID cases workflow to allow you to update Step 1 to Yes (LBOH Notification)
- Workflow will only hold cases for **72 hours** – you will need to use your Confirmed and Probable Report to manage cases
- CTC Set Assistance to Yes for Contacts Workflow disabled
- CTC Set Assistance to Yes for Cases Workflow disabled

| ★  LBOH COVID-19: Set COVID Assistance to Yes (Contacts Only) | ✗ |
| ★  LBOH COVID-19: Set COVID Assistance to Yes (Probable and Confirmed) | ✗ |
| ★  LBOH Notification for Immediate Disease (COVID only) | ✔ |

*add Bulk action & only have 72 hours of cases*
LBOH Notification for Immediate Disease – COVID Only – Update to the workflow

Bulk Action Feature will allow you to populate Step 1 to Yes. Workflow will only hold cases for 72 hours.
Reminder—Starting Dec 1st you will need to plan on running this report daily – as you know our COVID Immediate workflow stops working at 5000 cases
Out of Office Protocols – MAVEN Coverage

- Ensure there is infectious disease response capacity while you are away. The steps you take depend on your circumstance.
- Review email that was sent out on 11/23/2021
- Check and review your communication events
Out of Office Protocols – MAVEN Coverage

**MAVEN Backup:**
- Have your backup log into MAVEN to make sure their account is active.

**NO MAVEN Backup:**
- Reach out within your LBOH or agency, local schools or neighboring communities
- If you are unable to find backup, reach out to DSAI immediately at isishelp@mass.gov
MAVEN Verification and Approval for MRC Volunteers

1. MRC coordinators provide a roster or MAVEN users to local health departments

2. Local health department provides written permissions of volunteers to be granted MAVEN access (maventraining@mass.gov)

3. Local health department provides volunteer with non-generic municipal email address (i.e. joe.smith@town.org) and provides general instructions for MAVEN training process
MAVEN Verification and Approval for APHC Volunteers

1. APHC coordinators provide a roster or MAVEN users to local health departments

2. Local health department provides written permissions of volunteers to be granted MAVEN access (maventraining@mass.gov)

3. Local health department provides volunteer with non-generic municipal email address (i.e. joe.smith@town.org) and provides general instructions for MAVEN training process
MAVEN Access Process (High level)

- Approved user fills out online MAVEN User Request Form
  - Must indicate the local health contact who has approved access
  - MAVEN training team verify approvals for access

- MAVEN team emails approved users training materials after review process

- User completes self paced online trainings and proficiency test
  - Review additional resources provided related to higher education case investigation and follow up

- User account is submitted to the Virtual Gateway for processing
  - New accounts can take 5-7 business days for processing

*In total this process can take 1-2 weeks*
CTC MAVEN user transition to LBOH

- Previous CTC users who are joining LBOH teams must meet the following requirements:
  - Staff at CTC were focused on specific tasks and they had a narrow lens into MAVEN functionality
  - Have written approval from LBOH point of contact
  - Be fully transitioned into the new role at LBOH
    - Cannot have MAVEN access at same time if you are working at CTC and LBOH (roles/groups/security is different for the two groups)
  - Be conducting active case investigation and follow up
  - Have an assigned town email address with name (first.last@town.org)
  - Complete the MAVEN 101 self paced training, contact tracing trainings & pass the proficiency test
  - Please note that the MAVEN onboarding process can take between 1-2 weeks

Any questions please contact us at maventraining@mass.gov
Check your Immediate, Routine & Pending Workflows

- Reminder to check your Immediate, Routine, Pending Case Report Form Workflows
  - LBOH Notification for Immediate Disease
  - LBOH Notification for Routine disease (711 cases sitting in this workflow today)
  - LBOH Case Report Forms (CRF) are pending (953 cases)

- Part One: COVID-19 Basics Slides
- Part One: COVID-19 Basics Recording
- Part One training will include:
  - COVID-19 Basics
    - Background
    - Signs & Symptoms
    - Transmission
    - Defining Close Contact
  - Vaccination
  - Isolation & Quarantine
    o Calculations & Guidance

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

- Part TWO: COVID-19 Labs & Case Investigation Slides
- Part TWO: COVID-19 Labs & Case Investigation Recording
- Part Two: Case Investigation will include:
  - Review of Part 1 Key Concepts
    - Your FAQs
  - Laboratory Testing for COVID-19
    - PCR, Antigen, and Serology (antibody)
    - Home Tests
    - Sequencing for Variant Identification
  - Case Investigation
    - The Interview Tool
  - Contact Tracing and Notification
    - Contact Identification Forms
  - Key Resources

New and onboarding staff are encouraged to review these trainings. You do not have to be a MAVEN user.
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**
    - **Update:** Abbott BinaxNOW no longer specified for antigen testing out of strict quarantine.
    - Guidance states recently recovered (in first 90 days) and fully vaccinated people do not need to quarantine.

- **Date: March 8, 2021 – Occupational Exposure & 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: 10/13/2021 COVID-19 Testing Scenarios FAQ**
  - Describes different lab test results and what to do
  - Outlines discordant results and what they mean

- **09/03/2021 Updated COVID-19 Case Classification Manual**
  - COVID-19 now 90 days (so new event will be generated with a new positive lab after 90 days)

- **Updated Quarantine Guidance 9/29/21!**

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

- **Updated 9/3 with new 90-day COVID event time period!**
Date: 8/22/2020 - **MDPH COVID-19 PCR and Antibody Testing Public Health Response Recommendations**

- Table describes different Public Health Actions based upon different testing results.
- Big take home: PCR & Antigen positive patients should be treated like cases.
- Serology positive cases do not require public health follow-up.

Date 8/10/2020 - **MDPH Follow-up Table for Positive Antigen Test Results**

- Reminder that while Antigen Tests = Probable, we still treat like a case and isolate accordingly & do contact tracing.
- A PCR obtained at the same time (w/i 2 calendar days) will trump the antigen test result.

Date: 09/14/2021 - **Ending Isolation and Precautions for People with COVID-19: Interim Guidance**

- 10 Day Isolation Period now has more data supporting it.
- Ignore most additional PCR tests up to 3 months after initial illness onset.
- No need to quarantine up to 3 months after initial illness onset.
CDC Updated Pages

• CDC Vaccines Guidance Page:
  • “Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States”
    • Everything you need to know regarding vaccination guidelines.
      • Who should get what vaccine?
      • Timing of vaccines.
      • Recommendations for additional doses or boosters for different populations.
      • Contraindications and precautions.
      • Vaccine ingredients.
      • Administration of Vaccines (how to, what to use, etc.)
    • This is a living document that gets updated as recommendations are adopted and refined.

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

• CDC guidance on VACCINATED PEOPLE:
  • Interim Public Health Recommendations for Fully Vaccinated People
    • Talks about what precautions are still needed for fully vaccinated people, etc.
    • Some recommendations are still under consideration here in MA.
Updates – A quick recap for Dec. 7, 2021

We Last Met November 30, 2021:

- MAVEN Updates
- CTC Timeline Reminder
- Variant Updates
  - Omicron – what we know
- Prioritization Guidance for LBOH

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

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

Omicron Variant

- **December 30, 2020:** First U.S. case of UK variant reported in the U.S. in Colorado.
  - B.1.1.7 – First case in MA on January 3, 2021 (ALPHA)
  - B.1.351 – First case in MA on February 16, 2021 (BETA)
  - P.1 – First Case in MA on March 16, 2021 (GAMMA)
  - B.1.617.2 – First case in MA in early April 2021 (DELTA)
  - B.1.1.529 – First case in MA on December 4, 2021 (OMICRON)
Omicron Variant Detected in Massachusetts
Residents urged to get COVID-19 vaccine, booster

BOSTON (December 4, 2021) — The Massachusetts Department of Public Health (DPH) today announced that genetic sequencing has identified the COVID-19 Omicron variant for the first time in a case in Massachusetts. The individual is a female in her 20s and a resident of Middlesex County who traveled out of state. She is fully vaccinated, has experienced mild disease, and did not require hospitalization. The variant was identified through sequencing performed at New England Biolabs.

While Omicron is classified by the US Centers for Disease Control and Prevention and the World Health Organization as a Variant of Concern, scientists are still working to determine how it may compare with the predominant Delta variant in terms of transmissibility and disease severity. There is some limited evidence that Omicron could be more transmissible than other COVID-19 virus variants, including Delta. This variant is being monitored closely by public health authorities around the world, and more information about what we know about Omicron is available on the CDC website.
New Variant of Concern in the US:

**Omicron - B.1.1.529**

First identified: South Africa

**Spread:** May spread more easily than other variants, including Delta.

**Severe illness and death:** Due to the small number of cases, the current severity of illness and death associated with this variant is unclear.

**Vaccine:** Breakthrough infections in people who are fully vaccinated are expected, but vaccines are effective at preventing severe illness, hospitalizations, and death. Early evidence suggests that fully vaccinated people who become infected with the Omicron variant can spread the virus to others. All FDA-approved or authorized vaccines are expected to be effective against severe illness, hospitalizations, and deaths. The recent emergence of the Omicron variant further emphasizes the importance of vaccination and boosters.

**Treatments:** Some monoclonal antibody treatments may not be as effective against infection with Omicron.
Key Resources for Variant Information

- **CDC’s What You Need to Know about Variants:**
  - **Omicron Variant**
    - The [Omicron variant](https://www.cdc.gov/coronavirus/2019-ncov/variants/variant.html) has been detected in the United States. CDC and its public health partners are closely monitoring the emergence of this variant of concern. Updates in the [CDC Newsroom](https://www.cdc.gov/coronavirus/2019-ncov/variants/variant.html).

- **Top Things You Need to Know**
  1. New variants of the virus are expected to occur. Taking measures to reduce the spread of infection, including getting a COVID-19 vaccine, is the best way to slow the emergence of new variants.
  2. Vaccines reduce your risk of severe illness, hospitalization, and death from COVID-19.
  3. All COVID-19 tests can detect known variants, but they will not tell you which variant you have.

Preventing Spread of New Variants

- Dr. Anthony Fauci, the country’s top infectious disease expert, said on Monday (11/29) that people “should not be freaking out” over Omicron, and he urged the country to do “the things we know work,” which include getting vaccinated or getting a booster shot.

- **Things We Know Work:**
  - Get Vaccinated
  - Wear a mask
  - Stay 6 feet away from others
  - Avoid crowds and poorly ventilated spaces
  - Test to prevent spread to others
  - Wash your hands often
  - Cover coughs and sneezes
  - Clean and disinfect
  - Monitor your health daily

Types of Variants

- Scientists monitor all variants but may classify certain ones as:
  - Variants Being Monitored,
  - Variants of Interest
  - Variants of Concern,
  - Variants of High Consequence.

- 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.

- These classifications are based on how easily the variant spreads, how severe the symptoms are, how the variant responds to treatments, or how well vaccines protect against the variant.
Variant Omicron – What’s the status?

- **Is Omicron here in MA?**
  - Yes.

- **Would our sequencing surveillance pick it up?**
  - Yes. PCR testing specimens submitted for sequencing would detect this genomic sequence.

- **Are there different guidelines for positive cases with the Omicron variant?**
  - Not at this time. People who test positive for COVID-19 should isolate and notify their contacts. Genomic sequencing may not be completed until several days after the initial positive, so clinical guidance is not dependent on a sequencing result.

- **Are there different guidelines for household or other contacts to the Omicron variant?**
  - Household prevention would mirror current strategies to prevent household spread.
Variant Omicron – What’s the status?

• How does Omicron compare to other variants like the Delta variant?
  • We don’t know yet. We need more data.

• What about travelers from countries where Omicron has been detected?
  • Travel Requirements have changed. Starting December 6, all air passengers, regardless of vaccination status, must show a negative COVID-19 test taken no more than 1 day before travel to the United States.
  • Still waiting to hear if there are additional location-specific travel and follow-up recommendations from CDC. This has not been clarified. TBD.

• Should we be asking about travel in our Interviews?
  • Yes. If the case traveled in the 2 weeks prior to illness, you can note that in the Risk Questions.

• Should we follow-up regarding sequencing for travelers?
  • Not at this time. Sequencing is for surveillance and our current systems should be able to identify trends. Encourage PCR testing in travelers with COVID-19 symptoms who may not have been tested.
**BinaxNOW SELF test vs. HOME test**

**SELF TEST:**
- No online guide (this is unobserved)
- No App for reporting is listed
- No Prescription: you can buy these anywhere over the counter.

**HOME TEST:**
- Certified video guide to supervise testing.
- App and reporting.
- Prescription home use.
Non-Medically Attended At-Home Self-Tests: (tests purchased over-the-counter without a prescription and conducted at home without telehealth oversight)

The following recommendations currently apply when an individual discloses they have tested positive via a non-medically attended At-Home Test:

• Cases reporting a positive Non-Medically Attended At-Home Test are recommended to seek confirmatory (PCR testing) but should be advised to isolate, and to notify their close contacts about the exposure.

• LBOH are not required to conduct additional follow-up at this time for nonmedically attended home tests
Non-Medically Attended At-Home Tests: (tests purchased over-the-counter without a prescription and conducted at home without telehealth oversight)

- **Confirmatory testing (PCR) is recommended** for self-testing. PCR specimens collected at the same time or within 2 days of the antigen test result override an antigen result if results are discordant (See [Discordant Test Results Follow-up Guidance](#)).

- **Cases with a positive non-medically attended At-Home Self-Test should isolate** while pending the results of an appropriately timed confirmatory test.
  - If the case decides to NOT seek confirmatory testing or the confirmatory test was not collected within 2 days, they will need to isolate for 10 days from symptom onset (or test date if asymptomatic).
  - Utilize the first positive test date as Day 0 if both at-home and confirmatory testing results are available in an asymptomatic individual.

At this time, non-medically attended home self-tests should not be utilized for testing out of strict quarantine early or for returning to school following symptoms when a negative test is required.
The importance of obtaining an official PCR following a Self-Test:

• While there is utility in quick access to a self-test at home, it is important to note that those results are not official and are not officially documented. Following up to get an official PCR on record may be critical for several future scenarios:

  • Future hospital stays/surgeries often require a pre-screening COVID-19 test. A positive test can delay hospital activities if there is no documentation of earlier diagnosis.

  • 90-Day Quarantine exemptions in the case of close contact exposure do not apply if there is no documentation of earlier diagnosis.

  • Many travel destinations require negative test results. A positive test can delay your travel activities if there is no documentation of earlier diagnosis.

  • Not all antigens are equal in performance quality. You may NOT actually be a case. (You don’t want to put yourself or others at risk due to a false sense of immunity.)
Self-Tests

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

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

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

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

- **If someone has a positive self test – they should act like they are positive and isolate. You can answer their questions around isolation and quarantine timing.**
  - Stress it is based upon the information they are telling you.
  - Confirmatory testing is recommended and may be beneficial.

- **Self-Tests are one more way we are trying to empower our citizens and lean a bit more on personal responsibility models for COVID-19 prevention.**
Looking to the Next Phase of COVID-19 Case Investigation

- DPH is providing further guidance to local health departments on core requirements for COVID-19 case investigation and contact tracing taking into consideration the current status of the pandemic, the Commonwealth’s success in vaccinating its residents, and the knowledge about viral transmission, risk of severe illness among certain vulnerable individuals, and the dynamics of outbreaks accumulated over the past 21 months.

Continue to Promote Effective Public Health Tools

- Vaccines and authorized boosters.
- Widespread testing, including OTC tests for even mild symptoms and following known exposures, including for vaccinated people.
- People at risk for moderate to severe disease from COVID-19 should contact their healthcare providers promptly at diagnosis about potential therapeutic options including monoclonal antibodies.
- Recommend general use of masks by people who are unvaccinated, immune-compromised, and where required by local governments and individual institutions and businesses.
- MassNotify and its use.
- Guidance around isolation/quarantine in case of infection or close contact.
- Support those in isolation or quarantine where needed (e.g., food security, alternative shelter).
Begin Focusing on Priority Populations Now:

- Focus on identified priority individuals/settings for case investigation/ contact tracing – focus on settings with vulnerable populations or those likely to support ongoing transmission

  - Healthcare facilities including SNFs and LTCF -done by DPH epidemiologists, BHCSQ and facilities
  - Large congregate settings such as shelters, corrections – done by DPH epidemiologists and facility staff
  - EEC programs – done largely through DPH epidemiologists with some LBOH support
  - K-12 schools – LBOH in cooperation with school staff
  - IHEs – LBOH in cooperation with facility
  - Clusters – LBOH in cooperation with DPH
Strategies for Local Prioritization

Starting immediately (if not already implemented) local health departments are advised to:

1. **Prioritize follow-up on those COVID-19 cases with positive lab results or known close contact exposures occurring within the previous 5 days.** Cases where testing occurred further back in time are likely already past their peak infectious period. People with exposures that occurred more than 5 days ago are already past their peak incubation period.
   - Check out Specimen Date of First Positive Test Result – in Workflow OR Confirmed & Probable Report

2. **Plan to make only one call per case.** If you do not reach the case, be sure your phone message to them includes information about how to reach you if needed, advice about notifying their close contacts, and information about isolating for 10 days. If there are multiple cases in a single household, one call to a responsible adult in the household is sufficient to inform all household members.
   - Your jurisdiction should establish your own approved scripts, but we will post some templates on MAVEN Help shortly if you need some ideas.

3. **When you interview a case, please convey to them an expectation that they should notify their close contacts themself.** If they express an inability to do that or are associated with a K-12 school, please capture the information about their close contacts, then plan for local health staff to notify them.
4. In most circumstances, neither cases nor contacts need to be called multiple times during their isolation or quarantine periods unless there are exceptional circumstances. People do not need to be contacted for a release from isolation as long as they are given information that they should isolate for 10 days and can resume normal activities on day 11 as long as their symptoms have resolved.
   • Please feel free to direct people to the DPH isolation and quarantine information website: COVID-19 isolation and quarantine information | Mass.gov for more information and detailed instructions.

5. Prioritize investigation of clusters that have evidence of ongoing transmission. You do not need to follow up on all individuals involved in a single super-spreader event such as a wedding, banquet, or other large social gathering; rather this information can be disseminated to attendees through organizers, the hosting facility, and your local website.
   • Prioritize disease intervention activities (utilizing existing networks to notify attendees about possible exposures and encourage testing). If you are creating a Cluster Event in MAVEN, focus on documenting your guidance and disease intervention/summarize the situation. You do not need to create and attach every Contact Event to the cluster.

6. DPH epidemiologists are available for assistance particularly for coordination of clusters that cross municipal boundaries. Call 617-983-6800 24 hours a day, 7 days a week to speak with a DPH epidemiologist.
   • Remember that you can also share MAVEN events with MAVEN users in another municipality through the SHARE a Case button to support cross-jurisdictional coordination.
MAVEN Tips & Recommendations

• You can individually acknowledge a COVID-19 case, or you can bulk acknowledge a whole group in the notification workflow to move them out of that preliminary workflow.

  • To track cases after that acknowledgement, you should use the Confirmed and Probable Line List Report to manage your cases and their status.

• Case Report Form Completed = is for when you complete an interview. If you do not contact a case, you can leave this Admin Question Package Step 4 = No, CRF not completed.

  • Reason Not Completed = Inadequate Resources at LBOH, or OTHER, and you can fill in a local reference (as determined by your jurisdiction).
Step 4: Case Report Form Not Completed

- If you don’t interview a patient, you can select NO, for Case Report Form Completed. Then select a reason.
- **Selecting Other** will give you a text field where you can note a local protocol or policy.
What Does Prioritization Mean for Me?

• MDPH does NOT expect you to call every case in your jurisdiction. You can focus on your priority populations and utilize some of the strategies just discussed.

• Focus on the “biggest bang for your buck” activities.

• Focus on giving people the information they need to successfully isolate or quarantine and not creating contact events in MAVEN for the sake of MAVEN sign-off.

• Work within your program to update standard operating procedures among your health agent staff. Determine what is right for you and your citizens.
YOUR QUESTIONS

GIVE THEM TO ME