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

Tools for LBOHs

February 15, 2022

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Topics Today

• MAVEN Reminders & Updates
• Local Health Internship Program
• The Tools in Our Toolbox
  • Vaccines
  • Masks
  • Contact Tracing
• Your Questions
MDPH Conducts COVID-19 Case Investigation Webinars – Now Every Other Week

- MDPH presents Every Other Week on Tuesdays 11:00-12:15
  - Updates in Guidance.
  - Troubleshooting MAVEN.
  - How to conduct case investigations and contact tracing in different settings.
  - Target Audience: Health Agents, Contact Tracers, and Public Health Nurses doing this work.

Next Webinar: Tuesday March 1, 2022


Webinar Schedule Update: Every Other Tuesday @ 11am

New URL!

MDPH Epi Program: 617-983-6800
MDPH MAVEN Help Desk: MavenHelp@mass.gov
MAVEN Onboarding: MavenTraining@mass.gov
MDPH MAVEN Help Desk: 617-983-6801
MDPH MAVEN Fax: 617-983-6813
DESE Rapid Response Help Center: (781) 338-3500
Updates for today, Tuesday, 2/15/2022

- Review 4 COVID Reports – reports to assist with prioritization
  - Pediatric <5 years of age
  - Pediatric Report - < 18 years of age
  - Adult Report (> or = to 18 years of age
  - LBOH Confirmed and Probable Report (extracts ALL Confirmed and Probable Cases)
- COVID Workflows – Name Change
  - Remove Immediate from title of workflow and move to Routine Categorization
    - LBOH Notification for Pediatric (<18 years) Disease (COVID only)
    - LBOH Notification for Adult (= or > 18 years) Disease (COVID only)
- COVID Wizard – updated wizard
- LBOH Steps for Completing Case Investigation – **Suggestions for Streamlined Approach**
  - Yes you spoke to case and updated question packages
  - No you didn’t reach case
- Reminder to scan and check your Immediate, Routine & Pending Workflows in MAVEN
LBOH Confirmed and Probable Report (All Cases)

- This report will extract **ALL** cases of Confirmed and Probable cases.
- As you know, our COVID Immediate workflow stops working at 5000 cases and given the number of cases we are now having, the workflow is not working.

![Maven Reporting Interface](image-url)
LBOH Confirmed and Probable <5
LBOH Confirmed and Probable <18
LBOH Confirmed and Probable ≥ 18

Three New Reports to assist with prioritization

1) Confirmed and Probable <5
2) Confirmed and Probable <18
3) Confirmed and Probable ≥ 18
As you know we have two COVID Workflows

Changes to Workflows for COVID

- **Remove** Immediate from workflow titles
- **Move** to LBOH Routine Notification Category
- Workflow will only hold cases for 72 hours (based on the first positive specimen date) – you will need to use your Confirmed and Probable Report to manage cases
COVID workflows renamed – removed Immediate from workflow titles
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 (based on first positive specimen result). Many cases are not going into the workflow based on first positive specimen date.
Updated COVID Wizard

- Updated the COVID Wizard
- Reduced the number of fields in the wizard to streamline cases.
- Do your best when you investigate your cases.
COVID Streamlined Steps Case Report Form Is Completed

- Acknowledge your Case – Step 1 as Yes
- If you interview a case, you can select Yes, for Case Report Form Completed, Step 4. Then select a reason.
- Selecting Yes will give you the option to show completed by someone at LBOH.
COVID Streamlined Steps Case Report Form Not Completed

- Acknowledge your Case – Step 1 as Yes
- If you decide not to interview a case, you can select No, for Case Report Form Completed, Step 4. Then select a reason.
- You can also select Other that will give you a text field where you can note a specific local protocol or policy.

1. Step 1 is Yes
2. Step 4 = No when you don't talk to the case

Choose or type Other
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 (440 cases currently waiting for you today)
  - LBOH Case Report Forms (CRF) are pending (979 cases in this workflow)

--- Cases in this workflow range from Jan 2020 – Feb 2021
Key Guidance Links 2/15/22

- New Digital Vaccination Record https://www.mass.gov/massachusetts-vaccination-records

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

- CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population
  - New CDC Isolation and Quarantine Guidance Page (Jan 9, 2022)
  - New CDC Background Page (Jan 4, 2022)
  - Press Release that started it all (Dec 27, 2021)

- DESE Updated Protocols – January 31, 2022
  - https://www.doe.mass.edu/covid19/ondesktop/protocols/

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

- EEC Guidance for Childcare Settings (Jan 19, 2022)
  - Main Page (PDF Guidance at Bottom): English PDF Guidance, NEW CHILDCARE Testing Programs through Neighborhood Villages

- COVID-19 Antigen Testing Resources:
  - https://www.mass.gov/info-details/covid-19-self-test-distribution (Distribution to Towns Program)
  - https://www.mass.gov/info-details/covid-19-statewide-contract-resources-for-antigen-test-kits (Resources for Procurement)
CDC Updated Pages

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

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

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

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

- **Main Landing Page for All things COVID-19 Testing:**
  [https://www.mass.gov/covid-19-testing](https://www.mass.gov/covid-19-testing)

- **Search Engine for Finding COVID-19 Testing:**

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

- **Self-Tests (Over-the-Counter (OTC) Tests) FAQs and General Guidance for the Public**
Updates – A quick recap for Feb 15, 2022

We Last Met Feb. 8, 2022:

• MAVEN Reminders & Updates
  - Reviewed Bulk Action Workflow Functionality – watch video on how to do this in your workflows
  - Two COVID Workflows – Proposed Name Change
    - Remove Immediate from workflow name and move to Routine Categorization in MAVEN
      - LBOH Notification for Pediatric (<18 years) Disease (COVID only)
      - LBOH Notification for Adult (= or > 18 years) Disease (COVID only)
  - Local Health Internship Program
  - Your Questions
    - MA Updates to Isolation & Quarantine
    - DESE K-12 Updated Protocol
    - EEC Updated Protocol

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

2022 MDPH Summer Local Health Internship Program

Goal:
• Provide graduate public health students with the opportunity to supplement their classroom education by gaining an understanding of the critical role of local health departments, and to support local health departments in undertaking and completing public health projects.

Interested?:
• Please complete the online 2022 Summer Local Health Internship Host Application Form (DEADLINE: February 18th).

Requirements:
• Develop a solid outline of tasks the student will be required to perform.
• Be able to host mid-May until mid-August (most interns will need around 160 cumulative internship hours).

Questions:
• Please reach out to Kayleigh Sandhu, Kayleigh.Sandhu@mass.gov
Back to Basics – Our Tools to Reduce Risk

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

  • **VACCINES** remain the biggest bang for the buck in terms of risk reduction. Vaccines Work.

  • Effective and consistent **MASKING** is critical to reducing risk under these new Isolation and Quarantine periods. Masks Work.

  • **CONTACT TRACING** has a role to play, too, but it is no longer our primary tool and now requires cases themselves to share in the response. Tools are Available.
Vaccines work!

- Reported COVID-19 cases, hospitalizations, and deaths occurring among persons aged ≥18 years during April 4–July 17, 2021, were analyzed by vaccination status across 13 U.S. jurisdictions that routinely linked case surveillance and immunization registry data.

- **Citation:** Scobie HM, Johnson AG, Suthar AB, et al. Monitoring Incidence of COVID-19 Cases, Hospitalizations, and Deaths, by Vaccination Status — 13 U.S. Jurisdictions, April 4–July 17, 2021. MMWR Morb Mortal Wkly Rep 2021;70:1284–1290. DOI: [http://dx.doi.org/10.15585/mmwr.mm7037e1](http://dx.doi.org/10.15585/mmwr.mm7037e1)
Vaccinations Reduce Infections, Hospitalizations, and Death

- **Jurisdictions:** **Alabama, Arizona, Colorado, Indiana, Los Angeles County (California), Louisiana, Maryland, Minnesota, New Mexico, New York City (New York), North Carolina, Seattle/King County (Washington), and Utah.**
- **Citation:** Scobie HM, Johnson AG, Suthar AB, et al. Monitoring Incidence of COVID-19 Cases, Hospitalizations, and Deaths, by Vaccination Status — 13 U.S. Jurisdictions, April 4–July 17, 2021. MMWR Morb Mortal Wkly Rep 2021;70:1284–1290. DOI: [http://dx.doi.org/10.15585/mmwr.mm7037e1](http://dx.doi.org/10.15585/mmwr.mm7037e1)

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- Rates are standardized by age, according to the enumerated 2000 U.S. Census age distribution. Blue vertical lines indicate when the B.1.617.2 (Delta) variant reached a threshold of >50%, using weighted estimates for 13 jurisdictions combined.
Boosters and Omicron

CDC examined data on 93,000 hospitalizations and 241,000 emergency department and urgent care visits across 10 states during the Delta and Omicron waves.

- **During Omicron**, vaccine effectiveness against hospitalization was 91% during the first two months after a third dose and remained high, at 78%, four or more months after a third dose.
  - Citation: Media statement on February 11, 2022: COVID-19 Boosters Remain Safe, Continue to Offer High Levels of Protection Against Severe Disease Over Time and During Omicron and Delta Waves

- During both **Delta- and Omicron-predominant periods**, receipt of a third vaccine dose was highly effective at preventing COVID-19–associated emergency department and urgent care encounters (94% and 82%, respectively) and preventing COVID-19–associated hospitalizations (94% and 90%, respectively).
Trends in Unvaccinated vs. Vaccinated

Citation:
JAMA Study from January 2022

Association Between 3 Doses of mRNA COVID-19 Vaccine and Symptomatic Infection Caused by the SARS-CoV-2 Omicron and Delta Variants

- These findings suggest that vaccination with 3 doses of mRNA COVID-19 vaccine, compared with being unvaccinated and with receipt of 2 doses, was associated with protection against both the Omicron and Delta variants, although higher odds ratios for the association with Omicron infection suggest less protection for Omicron than for Delta.

- In this test-negative case-control analysis that included 70,155 tests from symptomatic adults, the likelihood of vaccination with 3 mRNA vaccine doses (vs unvaccinated) was significantly lower among both Omicron (odds ratio, 0.33) and Delta (odds ratio, 0.065) cases than SARS-CoV-2–negative controls; a similar pattern was observed with 3 vaccine doses vs 2 doses (Omicron odds ratio, 0.34; Delta odds ratio, 0.16).

- Link to study: https://jamanetwork.com/journals/jama/fullarticle/2788485?guestAccessKey=9c11371f-96e1-4181-a7eb-c87a13eb9df9&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=ftm_links&utm_term=012122
Vaccines Help reduce Severity of Breakthrough Disease as well – MA

December 2021 Report in MA:

- Breakthrough case review finds 97% of COVID-19 cases in vaccinated individuals don't result in severe illness

- Unvaccinated residents are **five times more likely** to become infected than fully vaccinated residents.

- Unvaccinated residents are **31 times more likely to become infected** than fully vaccinated residents who have received a booster.

Vaccines Work!

During the emergence of the Omicron variant, being up to date with COVID-19 vaccines provided protection against infection*

Adults who were unvaccinated had 5x higher risk of infection compared with adults who were fully vaccinated with a booster

Page for “Staying up to Date on Your Vaccines”

Instead of asking if someone is “fully vaccinated” we should start to ask if they are “up to date.” Quarantine status is based upon if you are up to date, not if you have completed your primary series.

• https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Stay Up to Date with Your Vaccines

Updated Jan. 18, 2022  |  Languages  |  Print

Get Vaccinated and Stay Up to Date

Up to date means a person has received all recommended COVID-19 vaccines, including any booster doses when eligible.

Fully vaccinated means a person has received their primary series of COVID-19 vaccines.

COVID-19 Vaccines

COVID-19 vaccines available in the United States are effective at protecting people from getting seriously ill, getting hospitalized, and even dying. As with vaccines for other diseases, people who are up to date are optimally protected. CDC recommends that everyone 5 years and older get their primary series of COVID-19 vaccines, and receive a booster dose when eligible.

When Are You Up to Date?

You are up to date with your COVID-19 vaccines when you have followed the current recommendations listed below. The recommendations will be different depending on your age, your health status, and when you first got vaccinated.

Many people who are immunocompromised may need an additional dose as part of their primary vaccine series.

Note that booster shots are not recommended for everyone at this time.

<table>
<thead>
<tr>
<th>Pfizer-BioNTech</th>
<th>Moderna</th>
<th>Johnson &amp; Johnson’s Janssen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages Recommended</td>
<td>Ages Recommended</td>
<td>Ages Recommended</td>
</tr>
<tr>
<td>5+ years old</td>
<td>18+ years old</td>
<td>18+ years old</td>
</tr>
<tr>
<td>Primary Series</td>
<td>Primary Series</td>
<td>Primary Series</td>
</tr>
<tr>
<td>2 doses*</td>
<td>2 doses</td>
<td>1 dose</td>
</tr>
<tr>
<td>Given 3 weeks (21 days) apart</td>
<td>Given 4 weeks (28 days) apart</td>
<td></td>
</tr>
<tr>
<td>Fully Vaccinated</td>
<td>Fully Vaccinated</td>
<td>Fully Vaccinated</td>
</tr>
<tr>
<td>2 weeks after final dose in primary series</td>
<td>2 weeks after final dose in primary series</td>
<td>2 weeks after 1st dose</td>
</tr>
<tr>
<td>Booster Dose</td>
<td>Booster Dose</td>
<td>Booster Dose</td>
</tr>
<tr>
<td>Everyone ages 12+ should get a booster dose at least 5 months after the last dose in their primary series.</td>
<td>Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 5 months after the last dose in their primary series.</td>
<td>Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 2 months after the first dose of J&amp;J/Janssen COVID-19 Vaccine. You may get J&amp;J/Janssen in some situations.</td>
</tr>
</tbody>
</table>

When Boosted

A person is considered “boosted” and up to date right after getting their booster dose.
Masks are Effective!

Effectiveness of Face Mask or Respirator Use in Indoor Public Settings for Prevention of SARS-CoV-2 Infection — California, February–December 2021 – Kristin L. Andrejko, et. al. MMWR February 4, 2022

- What is added by this report?
  - Consistent use of a face mask or respirator in indoor public settings was associated with lower odds of a positive SARS-CoV-2 test result (adjusted odds ratio = 0.44). Use of respirators with higher filtration capacity was associated with the most protection, compared with no mask use.

- What are the implications for public health practice?
  - In addition to being up to date with recommended COVID-19 vaccinations, consistently wearing a comfortable, well-fitting face mask or respirator in indoor public settings protects against acquisition of SARS-CoV-2 infection; a respirator offers the best protection.
Masking is Key for Updated Isolation and Quarantine Guidance

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

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

- If you have questions on what to do regarding a returning case in their day 6-10 of Isolation who does not mask, please contact DESE Rapid Response Line at this time.
  - (781) 338-3500 – DESE Line (They will help with masking issues.)

- The most up to date written guidance still references the October 12th FAQ (so the allowance is only for students in Special Education Settings).

- Updated guidance and/or a comprehensive FAQ is in the works.
Appendix A Revised October 19, 2021: Additional Precautions for Staff Supporting Students Who Cannot Wear Masks

Please note: this guidance applies to students in special education settings.

- Some students cannot wear masks for medical or behavioral reasons and, like any other students, they might be identified as close contacts who can participate in Test and Stay. When this happens, the staff members who interact with such students should follow the guidelines that the Centers for Disease Control and Prevention describes for “direct service providers”. Direct service providers include educators, personal care attendants, paraprofessionals, therapists, related services personnel, assistants, school nurses, health office staff, and any other staff who must interact closely with students who cannot wear masks while participating in Test and Stay.

- Direct service providers are essential for the health and well-being of the students they serve. Direct service providers should be aware of and trained on how COVID-19 spreads, risk factors, and prevention actions. Additional preventive measures may need to be taken depending on the activity and the risk level of that activity. Below, please find additional information on the Personal Protective Equipment (PPE) for direct service providers:

Oct 12 FAQ Appendix: For students who come back to K-12 settings prior to day 10 and cannot mask, this is the DESE guidance on how to handle that. All Published DESE FAQs are [HERE](#).

DESE FAQ Date Oct. 12, 2021
How To Talk To Your Close Contacts

• As we move away from public health emergency response and towards a model of risk reduction and personal responsibility, contact notification will fall more to individual cases themselves, particularly as self-testing at home grows in popularity.

• There are several ways a case can notify their own contacts (directly and anonymously) and there are great tools online to help guide that process.

• Look for ways to add these tools to your local resources.
  • Guidance for Identifying Your Contacts - CDC
  • Hints and Talking Points for Notifying your Contacts
  • Tools for Anonymous Direct Notification to Known Contacts
  • Tools for Anonymous Notification to your UNKNOWN Contacts (MassNotify)
How To Talk To Your Close Contacts

• CDC has a great page that really simplifies the process of talking to your Close Contacts!
  • Who Are Your Close Contacts?
  • Make A List Of Close Contacts To Notify. Think About:
  • How to Notify People You Have Been Around That They May Have Been Exposed To COVID-19
  • An Example of What to Say to Your Close Contacts:

How To Notify Your Close Contacts

• Do you know them and feel comfortable disclosing to them?
  • Sample language for what to say is on CDC’s Page How to Talk to Your Close Contacts.

  OR

• Do you have their phone number or email address but still prefer to remain anonymous?
  • Use this website to send an email or text notification that still tells them about their exposure but does not identify you as the case.
  • https://tellyourcontacts.org/
Share your positive COVID test anonymously with MassNotify

- 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 didn’t receive a text message with a verification link, your link expired, or you tested positive with an at-home test, you can request one directly in the MassNotify system. To request a MassNotify verification link:
    - On an iPhone: Go to Settings, then the Exposure Notifications section. Click “Share a COVID-19 diagnosis”, tap the link at the bottom of the screen that says “Didn’t get a code?”, and follow the instructions to request your verification link.
    - On an Android: Go to the Google section within Settings, then the Exposure Notifications section. Click “Share a COVID-19 diagnosis”, tap continue at the bottom of the screen, and then click “I need a code”. Follow the instructions to request your verification link.

https://www.mass.gov/info-details/share-your-positive-covid-test-anonymously-with-massnotify
Positive Antigens During Isolation

• Q. If a case repeats an antigen and it is positive on Day 5 of isolation or later (despite no recommendation to do so), how long should they isolate?

• A. If they are still positive, they need to stay out until negative or day 11, whichever comes first.

  • This applies to cases in DESE, EEC, and general population settings.
Self-Tests Reminders (Over the Counter Home 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. For most of our sector guidance, they are acceptable, but there may be additional intuitions that require proctored or official test results. (Travel, etc.)

• **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 (PCR) is usually not needed

• **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.**

Self-Tests (Over-the-Counter (OTC) Tests) FAQs and General Guidance for the Public