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

Part 2

October 12, 2021

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Epidemiology Program | Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health
Topics Today: Part 2

• **Review Part 1 Key Concepts**
  • Reminder that Kindergarten – 12th Grade have a separate COVID-19 protocol.
  • Updated Quarantine Guidance
    • Abbott BinaxNOW no longer specified for antigen testing.
  • **Isolation for Cases**
  • Quarantine for Contacts
    • Use the tools!
  • Your Questions

• **Lab Tests**
  • PCR, Antigen, and Serology (antibody)
  • Self Tests
  • Sequencing for Variant Identification

• **Case Investigation**
  • The Interview Tool

• **Contact Tracing and Notification**
  • Contact Identification Forms

• **Key Resources** ([MAVEN Help](#))
Last Week and Today

- Some SARS-CoV-2 Basics (define close contact, symptoms, transmission)
- Vaccination
- I&Q Calculations

**In Case You missed Part One:**
- PowerPoint Presentation Training Slides from Tuesday, October 5th: Part 1 COVID-19 Basics
- Recording link to the training webinar: https://register.gotowebinar.com/recording/155371306626984195

**Introduction to COVID-19 Part 2: Case Investigation. October 12, 2021**
- Review of Key Concepts
- Familiarity with Different Lab Tests
- Deeper Dive into Case Interview
- Deeper Dive into Contact Notification
- Frequently Asked Questions
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 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
DESE Rapid Response Help Center: (781) 338-3500
CTC Help Desk: 857-305-2828
CTC Local Health Help ctclocalhealthhelp@cov19.pih.org
CTC Supervisor Contact List
Higher Ed Contact List
Today we will be talking about the fundamentals and data collection components of an interview, but there are many additional skills beyond these that will help you to become a good patient interviewer and contact tracer. These include:

- Ethics, privacy, autonomy, and confidentiality
- Interviewing tips and techniques
- Active Listening and Good Communication Skills
- Best Practices when utilizing Interpreter Services

**Upcoming Skills Building Opportunities:**

- Johns Hopkins Coursera online Contact Tracing training.
  - [https://www.coursera.org/learn/covid-19-contact-tracing](https://www.coursera.org/learn/covid-19-contact-tracing)

- Additionally, MDPH will be offering skills building webinars (in collaboration with CTC) in November so stay tuned.
COVID-19: A Review

Be like Darth Vader

- Wears a mask
- Doesn’t visit his son and daughter
- Socially and emotionally distant
- Follows orders
Review Time: The Basics

- **SARS-CoV-2 is a novel respiratory virus.**
  - **COVID-19 is the disease.** Symptoms can be mild (colds, coughs, fever, loss of taste/smell, etc.) or severe (acute respiratory distress, pneumonia, etc.) or even death.

- **Transmission: Spread by respiratory droplets.**
  - **Possible Modes:** 1. Breathe in, 2. Land on your mucus membranes, or 3. You touch virus on an object and then touch your mucus membranes

- **Close contact** is defined as being **within 6 feet of an infectious person while indoors for a cumulative total of 15 minutes or more over a 24-hour period**
  - Masks reduce risk but they do not eliminate risk. We still consider mask wearers exposed.

- **Incubation Period:** The time interval from exposure to the onset of symptoms of an infectious disease.
  - **COVID-19 Incubation:** 2-14 days. (Thus, we Quarantine Contacts for standard 14 Days)
    - May meet criteria for reduced strict quarantine options within that 14 days.

- **Infectious Period:** The time interval someone can transmit infectious virus to others.
  - **COVID-19 Infectious Period:** 2 days before symptom onset (or positive test), through minimum 10 days after.
    - Must also meet additional symptom-improvement criteria. (Thus, Cases should Isolate for at least 10 days after onset.)
Keeping Quarantine Guidance Straight

- Clarify: Are we discussing a contact in the community? Or are we referencing school-age children in the K-12 school setting?
  - If it is a contact in the community, apply normal State Quarantine Guidance.  
    - This includes childcare/daycare settings. (As of this time, they do not have their own specific protocol this year so follow regular state guidance.)
    - Exposed individuals can opt for reduced strict quarantine guidance ONLY if they remain asymptomatic the entire 14 days.
  - If the contact attends K-12, apply the DESE COVID-19 Protocols to determine the appropriate quarantine schedule.
    - Test & Stay Only Applies:
      - If the school HAS this program.
      - Exposure occurred AT school or school activity. (Cannot apply to home or community exposures)
    - 7- or 10-day strict quarantine options are for quarantine at home (No going out or participating in any activities for the duration.)
  - There may be additional nuanced differences in protocol for K-12, so please be sure to review their guidance. We will not be discussing Schools today, but previous recordings and future Tuesday presentations address this protocol at length.
Discontinuing Isolation – Which Strategy?

If the patient had a symptom onset date, use that date to apply a **Symptom-Based Strategy**.

- At least 10 days have passed since symptoms first appeared, **AND**
- At least 24 hours have passed since:
  - Resolution of fever without the use of fever-reducing medications; **AND**
  - Improvement in other symptoms (e.g., cough, shortness of breath)

If the patient never developed symptoms, use a **Time-Based Strategy**.

- At least 10 days have passed since positive test was collected, **AND**
- No symptoms develop

**Test Based Strategy**: Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized PCR Test. **AND** any symptoms have resolved per above requirements. **Must be asymptomatic prior to starting this testing. 1st negative test must not be same day as initial positive test.**

This is no longer a recommended or preferred strategy but could be used providing all the conditions were met (all symptoms have been resolved, observed specimen collection to ensure accurate specimens, etc.). We do not recommend this strategy as a larger routine protocol – particularly in congregate settings, but technically it could be applied on a case-by-case basis per CDC.
Determining Infectious Period – for Case

- Obtain exact symptom onset date to determine Infectious Period.
  - Symptom onset date should be day of first noticed symptom
    - Often sore throat, cough, aches/myalgias or fevers.
  - Consider from two calendar days prior to onset until the last time they had contact with others (entered isolation)
  - Use a Calendar and ask what the case did each day, counting back 2 days from the onset of the first symptom.
  - Remember – if symptoms persist at Day 10, isolation should continue.

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**Infectious Period Calculation Tip Sheet**

- Symptom Onset = Day 0
- **Infectious Period Start Date** = 2 days prior to onset (or test collection)
- **Infectious Period END date** = when patient is released from isolation
  - May only need to inquire up to the date they entered isolation (last contact with others) for contact elicitation.
Who is considered a close contact?

The mass.gov definition of Close Contact Excludes Outdoor Exposures.

- Close Contact is Defined as:
  - a) Someone who was within 6 feet of an infectious person while indoors for a cumulative total of 15 minutes or more over a 24-hour period.
    - Close contact can occur while caring for, living with, visiting or sharing a healthcare waiting area or room with an infectious COVID-19 case
    - OR-
  - b) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection).

(Click here for Mass.gov reference to close contact).
Your FAQs: A Review

• Q. If people are within six feet, but wearing masks, is that close contact?
  • A. Yes, masks are great and reduce the risk of infection, however we would still consider this close contact if it met the indoors, ≥15 minutes criteria.
    • There may be exemptions to quarantine based upon the contact’s status (fully vaccinated? Recently recovered from COVID-19 < 90 days?)
    • There may be additional exemptions to quarantine in the K-12 setting based upon DESE K-12 Protocols. Be sure to reference those when working with children in the K-12 setting.

• Q. If a recovered case becomes symptomatic 1 month later, what should they do?
  • A. There is no recommendation to re-test a recently recovered case in the 90 days following their initial illness – many people continue to test positive for quite some time (even though they are no longer infectious to others).
    • If someone develops symptoms in those 90 days following recovery from COVID-19, they should stay home (isolate) while ill and not return to activities until they are better.
    • Providers should test for other causes of illness (flu, strep throat, etc.) and rule everything else out prior to seeking additional COVID-19 testing.
    • If no other etiologies can be identified and COVID-19 is still suspected, an ID Consult is recommended.
Your FAQs: A Review

Q. If you are in quarantine after an exposure and on Day 11 you begin having symptoms, and test positive on Day 12, when does your infectious period start? Do you just complete the rest of your 14-day quarantine?

A. Once someone tests positive, they are a case, and they switch from quarantine to a new isolation period. In this situation, the symptom onset came first, so that is Day 0, and this new case will be in isolation for the next 10 days, regardless of how much time they spent in Quarantine.

Remember, the infectious period begins 2 days prior to Day 0, so hopefully there are no exposed contacts because they were effectively quarantining away from others. But if there are household contacts that were not separated from the quarantining individual (who is now a case), then they are now close contacts who should be evaluated for quarantine.
Calculating Infectious Period

Q. If an individual tests PCR POSITIVE while asymptomatic, but later has an initial symptom onset 4 days later, which date should be used to calculate their isolation period (test date or symptom onset date)?

• **Answer:** The recommended minimum 10-day isolation period should begin utilizing the date of whichever came first – the specimen collection date or the symptom onset date.
  • In this case, utilize the date the first positive test was collected as Day 0. Also, clearance should occur only when afebrile for >24 hours off of antipyretics and with improvement in other symptoms.

- At least 24 hours have passed since:
  - Resolution of fever without the use of fever-reducing medications;
  - Improvement in other symptoms (e.g., cough, shortness of breath)

When you get to the end of your initial 10 days, you want to make sure any symptoms that did develop have now gone or improved to meet this symptom criteria, regardless of if you started the 10 days with symptoms.
## Options for Shortened Strict Quarantine Period

<table>
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<tr>
<th>OPTIONS</th>
<th>CRITERIA</th>
<th>ACTIVE MONITORING</th>
<th>RESIDUAL RISK</th>
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<tr>
<td><strong>7 Days of Strict Quarantine</strong></td>
<td><strong>Release on Day 8 after last exposure IF:</strong></td>
<td>Individual must actively monitor symptoms and take temperature once daily. IF even mild symptoms develop or the individual has a temperature of 100.0 F, they must immediately self-isolate, contact the public health authority overseeing their quarantine and get tested.</td>
<td>Approximately 5% residual risk of disease development</td>
</tr>
<tr>
<td></td>
<td>• A test (either PCR or <strong>antigen</strong>) taken on Day 5 or later is negative; AND</td>
<td></td>
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<tr>
<td></td>
<td>• The individual has not experienced any symptoms up to that point; AND</td>
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<td></td>
<td>• The individual conducts active monitoring through Day 14</td>
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<tr>
<td></td>
<td><strong>Test Required</strong></td>
<td></td>
<td><strong>Specific “BinaxNOW” Antigen Test is no longer required</strong></td>
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<td><strong>10 Days of Strict Quarantine</strong></td>
<td><strong>Release on Day 11 after last exposure IF:</strong></td>
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<td>Approximately 1% residual risk of disease development</td>
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<td>• The individual has not experienced any symptoms up to that point; AND</td>
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<td>• The individual conducts active monitoring through Day 14.</td>
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<td>• No test is necessary under this option</td>
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<td></td>
<td><strong>No Test</strong></td>
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<tr>
<td><strong>14 Days of Strict Quarantine</strong></td>
<td><strong>Release on Day 15 after last exposure IF:</strong></td>
<td>No additional active monitoring required</td>
<td>Maximal risk reduction</td>
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<td>• The individual has experienced <strong>ANY symptoms</strong> during the quarantine period EVEN if they have a negative COVID-19 test; OR</td>
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<td>• The individual indicates they are unwilling or unable to conduct active monitoring.</td>
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**BIG 9/29/21 UPDATE**

Specific "BinaxNOW" Antigen Test is no longer required.

15


9/29/2021 Update
Calculating Quarantine Period

Calculate Quarantine Key Dates for Current Contact (Attendee/Staff Member):

<table>
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<th>Final Exposure</th>
<th>Day 0</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
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<th>Day 9</th>
<th>Day 10</th>
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<th>Day 12</th>
<th>Day 13</th>
<th>Day 14</th>
<th>Day 15</th>
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<td>Can Obtain Test</td>
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<tr>
<td>Can Return to Program with No Symptoms and with a Negative Test Result</td>
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<tr>
<td>Can Return to Program with No Symptoms (no test required)</td>
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<td>Return to Activities</td>
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</table>

Final Exposure to confirmed case is Day 0

- 7 Days in Strict Quarantine
- 10 Days in Strict Quarantine

If Contact has ANY symptoms, even if joined by a Negative Test, must complete the full 14 days in Strict Quarantine.

**Negative Test, No Symptoms, & 7 Day Strict Quarantine Option:**
- May obtain a test beginning Day 5 = ___/___/___
- If no symptoms develop & appropriately timed negative test result is received, may exit Strict Quarantine beginning Day 8 = ___/___/___

**Active Self-Monitoring is**
Day 8 = ___/___/___ through Day 14 = ___/___/___

**No Symptoms & 10 Day Strict Quarantine Option (Test-Free):**
- If no symptoms, may exit Strict Quarantine beginning Day 11 = ___/___/___

Active Self-Monitoring is
Day 11 = ___/___/___ through Day 14 = ___/___/___

Close Contact Calculation Form
Quarantine Key Reminders

- Quarantine remains 14 days, and contacts should remember they still face some residual risk of disease development for the full 14 days.

- MA Quarantine Guidance allows for a shortened “Strict Quarantine” period in which the individual must remain at home and separated from others.
  - If the Contact completes a shortened “strict quarantine,” they may then return to socially distanced activities & proper mask wearing. They are in Active Monitoring for the remainder of their 14 days, and must self-monitor and take their temperature daily.
  - Shortened Strict Quarantine options are ONLY available to contacts that NEVER developed any symptoms (even mild), even if symptoms coincided with a negative COVID-19 test.

Please Note: there are different guidelines set forth by the Department of Elementary and Secondary Education (DESE) for Grades K-12. Consult DESE COVID-19 Protocols when applicable.
Quarantine Key Reminders

• If a contact utilizes a reduced strict quarantine option (like the 7- or 10-day option), but later develops symptoms during their active monitoring period, they should:
  • Return to Strict Quarantine
  • Obtain another PCR test

• Remember that quarantine calculations are based upon your LAST exposure, so if you keep getting re-exposed (like at home), then your quarantine will keep getting extended.

• LBOH can sign off on MAVEN Contact event once contact is released from Strict Quarantine & are not expected to follow-up during active monitoring period. Make sure they know what to do if they experience symptoms during their Active Monitoring Phase.

• Fully vaccinated individuals and recently recovered (< 90 days) individuals are exempt from quarantine in most low-risk settings as long as they remain asymptomatic.
Quarantine Guidance Reminders

• Fully Vaccinated Individuals are NOT subject to Quarantine Guidance. They are exempt from quarantine and can continue normal activities following an exposure.
  • “If you are fully vaccinated, you are not required to quarantine following an exposure. However, you should still monitor for symptoms of COVID-19 for 14 days following an exposure. If you experience symptoms, isolate yourself from others, seek testing, and contact your healthcare provider.”

• Because fully vaccinated individuals are not required to quarantine, they do not fall into a 14-day quarantine if they develop symptoms.
  • There is no need to determine which 7-, 10-, or 14-day quarantine option applies because none are applicable for fully vaccinated close contacts.
Questions about Contacts

Q. If a close contact is a child and is in quarantine and cannot separate from the family, are the parents and other children in the family also quarantined, or only if the child tests positive or has symptoms?

• **A.** Household settings are tricky. We want anyone in quarantine to separate from others as best they can. However, if a child goes home to quarantine (ex, from an outside exposure), the rest of the family is not in quarantine, as they are only contacts of a contact.

• However, once the child develops symptoms or becomes a case, the rest of the family should quarantine immediately if they have had recent exposure.

  • This is why, if someone is in Quarantine at home, they should do their best to separate from the rest of their household and prevent additional exposures if they DO become a case.
Exemptions Only Apply to Being Asymptomatic and/or Negative Tests

- Remember that the exemption to exit quarantine ONLY applies to a contact who has been exposed but remains asymptomatic and DOES NOT have a positive test.

- Once ANYONE tests positive, they are a CASE. Regardless of critical/essential/HCW status, no cases can work during their infectious period.

- Even if a case is asymptomatic, they CANNOT work during their isolation period.
When Exemptions Apply for Isolation or Quarantine

<table>
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<tr>
<th>Identified as a Contact</th>
<th>COVID – Recovered*</th>
<th>Fully Vaccinated*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;90 Days since symptom onset or lab date = NO Quarantine</td>
<td>NO quarantine required (No test needed unless symptoms develop.)</td>
</tr>
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<td></td>
<td>&gt;90 Days since symptom onset or lab date = YES Quarantine</td>
<td></td>
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<table>
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<tr>
<th>New Positive Lab Result</th>
<th>COVID – Recovered*</th>
<th>Fully Vaccinated*</th>
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<tbody>
<tr>
<td></td>
<td>&lt;90 Days since symptom onset or lab date = NO new Isolation</td>
<td>YES, a positive lab is a case and would need to isolate accordingly/their contacts should quarantine.</td>
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<td></td>
<td>&gt;90 Days since symptom onset or lab date = YES Isolate</td>
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*This table applies to community cases in non-healthcare and non-congregate settings.

NOTE: Make sure you have the correct Quarantine Guidance Document. (Older versions did only give vaccinated people 90 days exemption from quarantine, but there is currently no time limit after vaccination. Additionally, previous versions required the antigen brand Abbott BinaxNOW, which is no longer specified for antigen testing.)
TESTING for SARS-CoV-2
Testing for SARS-CoV-2

- **Molecular (PCR) Testing** – swab is utilized to detect virus RNA *Gold Standard.*
  - Typically sent away to a lab and resulted there. May take a day or two for results.
  - A FEW rapid molecular tests, but more common to send away.

- **Antigen Testing** – swab is utilized to detect a protein on the surface of the virus.
  - Always a Rapid Test with results in minutes.

- **Swabs can be for PCR or Antigen Testing**
  - Lots of different types of swabs (oral, nasal, Nasopharyngeal Swab (NP swab), saliva, self-collected, etc.).
  - The type of swab matters less than the type of test that gets run with the specimen.

- For our purposes, COVID-19 tests fall into three main categories:
  1. Molecular (PCR) - swabs
  2. Antigen - swab
  3. Antibody (blood)

We mostly care about the first two types of tests (Molecular/PCR & Antigen Tests)
Antibody Testing (serology)

- Lots of serology tests are being developed which will look for antibodies. Some are being reported to MDPH and MAVEN. Questions remain:
  - What do the different antibody test results mean?
    - Evidence of old infection?
    - Evidence of immunity?
    - Evidence of acute infection?

- MDPH Does NOT recommend serology testing at this time to diagnose acute illness.
  - Questions about quality of individual test types remain
  - Unknown timing of COVID antibody development and duration

- PCR Testing (swabs) should be used for diagnostic purposes.
  - PCR tests are still the gold standard and trump serology results
# Molecular (PCR) and Antigen Testing

## Molecular Test (PCR)
- Detects genetic material of the virus using a lab technique called polymerase chain reaction (PCR).
- Also Known As:
  - Molecular test,
  - Diagnostic test,
  - Viral test,
  - Nucleic acid amplification test (NAAT),
  - RT-PCR test,
  - LAMP test
- MDPH uses “Molecular” & “PCR” interchangeably
- Usually Send to a Lab for Processing
  - Some molecular tests can be rapid, but most are not
  - Can be very sensitive.

## Antigen Test - Newer
- Detects certain proteins that are part of the virus.
- Also Known As:
  - Rapid Diagnostic Test
  - Point of Care Test
  - Viral Test
- Rapid Results
  - Usually, a rapid test is referring to an antigen test, although ‘could’ be molecular
  - If the Antigen test result is unexpected, confirm with PCR,
  - Ex: Asymptomatic & no exposure, but Positive, or symptomatic but negative, etc.
- PCR tests within two days of antigen tests would override antigen test result.
- Most Over the Counter Self-Tests are antigens.
Q. Is the PCR test cross-reactive with other coronaviruses?

- **A.** The PCR test is very specific for SARS-CoV-2. The CDC evaluated their assay for cross reactivity to all 4 seasonal coronaviruses and SARS and MERS. The data is at the end of the Instructions for use on the FDA website. If you want details, [https://www.fda.gov/media/134922/download](https://www.fda.gov/media/134922/download)

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<td>Isolate</td>
<td>0/3</td>
<td>0/3</td>
<td>Neg.</td>
</tr>
<tr>
<td>Influenza B</td>
<td></td>
<td>Isolate</td>
<td>0/3</td>
<td>0/3</td>
<td>Neg.</td>
</tr>
<tr>
<td>Human adenovirus, type 1</td>
<td>Ad71</td>
<td>Isolate</td>
<td>0/3</td>
<td>0/3</td>
<td>Neg.</td>
</tr>
<tr>
<td>Human metapneumovirus</td>
<td></td>
<td>Isolate</td>
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<td>0/3</td>
<td>Neg.</td>
</tr>
<tr>
<td>Respiratory syncytial virus</td>
<td>Long A</td>
<td>Isolate</td>
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<td>0/3</td>
<td>Neg.</td>
</tr>
<tr>
<td>Rhinovirus</td>
<td></td>
<td>Isolate</td>
<td>0/3</td>
<td>0/3</td>
<td>Neg.</td>
</tr>
<tr>
<td>Parainfluenza 1</td>
<td></td>
<td>Isolate</td>
<td>0/3</td>
<td>0/3</td>
<td>Neg.</td>
</tr>
<tr>
<td>Parainfluenza 2</td>
<td></td>
<td>Isolate</td>
<td>0/3</td>
<td>0/3</td>
<td>Neg.</td>
</tr>
<tr>
<td>Parainfluenza 3</td>
<td></td>
<td>Isolate</td>
<td>0/3</td>
<td>0/3</td>
<td>Neg.</td>
</tr>
<tr>
<td>Parainfluenza 4</td>
<td></td>
<td>Isolate</td>
<td>0/3</td>
<td>0/3</td>
<td>Neg.</td>
</tr>
</tbody>
</table>
```

Basically, no, a positive PCR is a positive, and SARS-CoV-2 was detected.
Q. Does someone need to test negative to no longer be considered infectious to others?

A. No. In fact, the PCR test is so sensitive, it has been shown to continue to pick up viral RNA fragments in the respiratory tract of some adults for several weeks.

Thus, it is not generally recommended for someone to stay in isolation until they test negative. They may test positive for quite some time. (It is preferred to apply a symptom or time-based criteria for discontinuing isolation)

Remember, the **PCR test looks for genetic material, and that is not the same thing as live, replication-competent virus**.
Q. How is replication-competent virus tested?

A. The only way to know if a person is actually still infectious — shedding or emitting what’s known as “replication-competent virus” — is to try to grow virus from a specimen from that person. That process, called culturing, is time-consuming and in the case of SARS-CoV-2, not so easy to do.

The virus can only be worked on in laboratories that have a high level of biosecurity — BSL 3. Not every hospital would have that capacity. So yes, a test exists. Alas, it is not available in most settings.
# Molecular (PCR), Antigen, and Antibody (Serology) Testing

<table>
<thead>
<tr>
<th>Molecular Test (PCR)</th>
<th>Antigen Test - Newer (always rapid)</th>
<th>Antibody (Serology Test)</th>
</tr>
</thead>
</table>
| Listed in Lab Tab as follows:  
  • 2019-nCoV Real-time RT-PCR (PCR)  
  • SARS coronavirus 2 RdRp gene (PCR RAPID)  
  Panel Tests that Include COVID-19:  
  • 2019-nCoV RNA PNL XXX NAA+PROBE  
  • Flu A/Flu B/SARS COVID-2/SARS-related coronavirus RNA panel  
  • Resp virus Pnl XXX PCR  
| Listed in Lab Tab as follows:  
  • SARS-CoV-2 Ag (Antigen Test)  
| Listed in Lab Tab as follows:  
  • SARS-CoV-2 IgM (Serology IgM specific)  
  • SARS-CoV-2 IgG (Serology IgG specific)  
  • SARS-CoV-2 IgA (Serology IgA specific)  
  • SARS-CoV-2 IgG + IgM (Serology Antibody Type Unspecified)  
  • SARS-CoV-2 TCRB Bld Ql Seq (T-cell receptor beta (TCRB) gene)  
  • SARS coronavirus 2 spike protein RBD Ab.neut : PrThr : Pt : Ser/Plas:Ord:IA (Serology for antibodies against spike protein)  

**Positive Molecular Test:** Case Classification = CONFIRMED  
**Positive Antigen Test:** Case Classification = PROBABLE  
**Positive Antibody Test:** Case Classification = SUSPECT

Antigen Tests – Guidance

• PCR Results are preferred, and if timed correctly, can trump an antigen result.

• **A.** Guidance is available for how to follow up on Antigen Positive individuals who also obtain a PCR test.

  • If the PCR is collected at the same time or within 2 days of the Antigen Test, the PCR result trumps the antigen result.

http://www.maventrainingsite.com/maven-help/pdf/Antigen%20Results%20Follow-up%20Guidance_ver1.0_August_10.pdf
**TABLE 1: Public Health Follow-up for when Both Antigen & PCR Specimens are Collected**

<table>
<thead>
<tr>
<th>Antigen Positive Result</th>
<th>PCR Test Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCR Result Pending</td>
</tr>
<tr>
<td>PCR Collected within 2 Days Before or After Positive Antigen Test</td>
<td>Treat as a case. Isolate Case &amp; Quarantine Contacts until PCR Results are In.</td>
</tr>
<tr>
<td><strong>Surveillance Case Classification</strong></td>
<td>PROBABLE</td>
</tr>
<tr>
<td>PCR Collected &gt; 3 Days Before or After Positive Antigen Test</td>
<td>Treat as a case. Isolate Case &amp; Quarantine Contacts. (A negative PCR result collected 3 or more days from an antigen test would not negate the positive Antigen result)</td>
</tr>
<tr>
<td><strong>Surveillance Case Classification</strong></td>
<td>PROBABLE</td>
</tr>
</tbody>
</table>

**Health agent should contact isishelp@mass.gov or the Division of Epidemiology at 617-983-6800 with MAVEN ID# for cases requiring changes in surveillance case classification status. Be sure to update notes in your MAVEN cases accordingly.**

http://www.maventrainingsite.com/maven-help/pdf/Antigen%20Results%20Follow-up%20Guidance_ver1.0_August_10.pdf
Antigen+ & PCR-

- Any negative PCR collected within 2 days before or after will trump the Antigen result.

<table>
<thead>
<tr>
<th>- Day 4</th>
<th>- Day 3</th>
<th>- Day 2</th>
<th>- Day 1</th>
<th>Day 0</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This case is presumed negative. Revolve Case.**

**Health agent should contact isishelp@mass.gov or the Division of Epidemiology at 617-983-6800 with MAVEN ID# for cases requiring changes in surveillance case classification status. Be sure to update notes in your MAVEN cases accordingly.
Antigen+ & PCR-

- Any negative PCR collected ≥ 3 days before or after Positive Antigen does not change follow-up.

<table>
<thead>
<tr>
<th>Day 4</th>
<th>Day 3</th>
<th>Day 2</th>
<th>Day 1</th>
<th>Day 0</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCR-</td>
<td>PCR-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Antigen +

PCR-

PCR-

**Negative PCRs collected so far from the antigen test do not give us enough information to trump the +Antigen. Treat as a case and follow up.**
Help! I have a million questions about different lab results & what to do!


- COVID-19 Materials/Training Folder
  - Subfolder: Case Follow-Up Tools
      - Describes different test results and what to do
      - Outlines discordant results and what they mean

- Case Classification Manual Folder
  - The [Case Classification Manual](https://www.maventrainingsite.com/maven-help/toc.html) gives us nationally recognized definitions for classifying cases and ensures confirmed cases in Massachusetts are comparable to confirmed cases in Mississippi.
  - Case Classification Manual Folder will have the updated Case Definitions and also a list of different labs and how they will look in MAVEN.

- This is an Excellent Resource.
Clinical information, lab information, and epidemiological data combine to give you different Case Classifications.

- **CONFIRMED and PROBABLE COVID-19 MAVEN Events should be interviewed.**
  - Data Collection, Isolation & Contact Notification as applicable

- **Prioritize CONFIRMED cases (PCR+) & PROBABLE (Antigen+)**
  - Symptomatic & Asymptomatic Cases should be isolated & interviewed.

- **Antigen Positive Cases (Probable)**
  - Symptomatic & Asymptomatic Cases should be isolated & interviewed.
  - MDPH recommends that an Antigen result be confirmed with a PCR test. We have guidance on what to do with discordant results. But if you don’t get a PCR test as well, we treat these like active cases and isolate & contact trace accordingly.
  - **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.

- **SUSPECT Events are Serology (Antibody) Positive Cases**
  - Local jurisdiction may choose to follow-up, but it is not required by MDPH.
Over the Counter Self-Tests at Home

Your COVID-19 Self-Test Kit!
At Home Testing: Brands Vary

- Mail Away PCR tests have been available for a while now.
  - Patient can order a test, collects swab at home, and sends the specimen to a certified lab for processing and reporting. While fidelity isn’t perfect, these are reported as regular PCRs from the formal lab and should be treated as such.

- Newer to the market are At Home Rapid Antigen Tests where patient receives result at home. These vary in technology and reporting process:
  - **Self-Tests Over the Counter**: Over the counter purchase – patient buys and performs testing, result is unofficial and not reported. Public health does not do follow-up on these unofficial self-tests. Follow-up PCR is recommended for positives.
  - **At-Home Testing with Prescription & Teleproctoring**: At home testing with prescription and teleproctoring – patient is prescribed the test, obtains the kit, sample collection and test performance is done under observation of the healthcare professional, and results are reported via the app. These are official test results and would initiate public health reporting and follow-up.
  - **Apps/Prescriptions/Etc.**: There are many versions of home testing. Some use apps, some use teleproctoring, some use both. Distinctions are imperfect, but we typically follow-up on CLIA-certified provider tests (generally those are proctored tests that are officially reported).

- **More to Come**: This is a rapidly evolving market and home testing is likely a significant trend for the future.
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 Tests (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 Self-Test** are recommended to seek confirmatory (PCR testing) but should be advised to isolate, and to notify their close contacts about the exposure.

  - **Not Reporting A Home Positive:** If you don’t have an official test result documented (let’s say someone declines to download an app and report a positive at this time), then they are out of luck for the next 90 days and DO NOT get a quarantine exemption and a future positive would require isolation.

- **LBOH are not required to conduct additional follow-up at this time for nonmedically attended self-tests**
Non-Medically Attended At-Home Tests (Self-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 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 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.
Variants of Concern (VOCs)
Genetic Variants of SARS-CoV-2

- Genetic variants of SARS-CoV-2 have been emerging and circulating around the world throughout the COVID-19 pandemic.

- Viral mutations and variants in the United States are routinely monitored through sequence-based surveillance, laboratory studies, and epidemiological investigations.

Why Do We Want to Track Variants?

- **Mutations can:**
  - Change disease characteristics
  - Make virus less detectable by current tests
  - Increase reinfection frequency
  - Reduce efficacy of vaccination
  - Reduce efficacy of therapeutics
Genetic Variants of SARS-CoV-2

- A US government interagency group developed a Variant Classification scheme that defines three classes of SARS-CoV-2 variants:
  - Variant Being Monitored (VBM)
  - Variant of Interest (VOI)
  - Variant of Concern (VOC)
  - Variant of High Consequence (VOHC)

- The Delta variant (B.1.617.2 and AY lineages) circulating in the United States is classified as a variant of concern.

- For a full list of different variants in each of these categories and the state of the science regarding their individual attributes (increased transmission, hospitalization, disease severity, decreased susceptibility to treatments like monoclonal antibody treatment, etc.), see the latest from CDC: SARS-CoV-2 Variant Classifications and Definitions
Genetic Variants of SARS-CoV-2

• Q. How do we know if someone has a variant?

• A. The PCR test does not identify variants.
  • In order to identify a variant, the positive PCR specimen must be further tested through Whole Genome Sequencing (WGS).
    • More labs are performing this sequencing, but not every specimen will be sequenced.
    • Rapid tests do not allow for sequencing (the specimens are not preserved and sent to a sequencing lab). So, sequencing will only occur if a positive routine PCR result is then processed by a WGS lab.
  • At this time, WGS results are for surveillance purposes, and results are not CLIA-approved and reportable in the same way other test results are. Thus, providers and patients do not receive these results back directly.
Genetic Variants of SARS-CoV-2

• For new variants, we are looking for associations with travel vs. community transmission.
  • It is very important to note if a case had travel in the 2 weeks prior to their illness so that we can identify if/when a variant switches to community (local) transmission.
    • MDPH may come back and ask you to follow up with a case if a new or rare variant is sequenced to make sure you confirmed any travel or other risk associated with their infection.
  • Once a new variant is “here,” we do not have additional data points or extra interview processes for variant cases.

• At this time, there are NO additional isolation/quarantine recommendations for cases and their contacts. Please follow current isolation/quarantine practices.
Summary Time: Genetic Variants of SARS-CoV-2

- **To identify a variant**, a PCR specimen must be sent to a Whole Genome Sequencing (WGS) lab for sequencing.
  - This cannot be done with rapid test samples.
  - WGS of specimens to look for variants is primarily a surveillance function and most patients do not receive their results. Volume of sequenced specimens is growing nationally, but not all specimens are sequenced at this time.

- **Follow-up Guidance:**
  - There are no additional follow-up requirements for investigations at this time (although early on we want to make sure risk and travel are documented through the standard interview process to identify if a new variant is travel associated or the result of community transmission.)
  - **There are NO additional isolation/quarantine recommendations for cases and their contacts. Please follow current isolation/quarantine practices.**

- **Data:**
  - CDC Variant Data Tracker: Check out this data page to see numbers of variants reported in Massachusetts and around the country.
  - Check out latest from CDC: SARS-CoV-2 Variant Classifications and Definitions to learn about different variants, their classifications, and their attributes.
How are cases identified for interviews?

- All COVID lab tests are reportable to MDPH and are tracked in MAVEN (even the negatives).

- Once someone becomes positive, they show up on a report for their town’s new cases, and the LBOH oversees their investigation.
  - Sometimes universities and/or the Community Tracing Collaborative (CTC) will be utilized in the investigation.

- Data collected from patient interview and follow-up is entered into the patient’s event in MAVEN.
  - This data is required by law as part of public health reporting regulations.

- The data collected helps to track COVID-19 in the state of Massachusetts.
  - This is how we learn about this novel corona virus and how it affects different populations.
Case Investigation & Contact Tracing

1. Infected individual showing no symptoms has social contact with others.
2. Infected individual begins showing symptoms/tests positive.
3. Infected individual isolates and receives medical care.
4. Infected individual asked about contacts.
5. Contacts isolate for 14 days.
6. If after 14 days no symptoms appear, contact ends quarantine.
7. If during the 14 days the contacts show symptoms or test positive, individuals isolate and receive medical care.
8. Infected individuals asked about contacts. The process repeats until no new patients.

If no contacts, no further spread.

Source: Seattle Times reporting.
Washington State Department of Health
MARK NOWLIN / THE SEATTLE TIMES
Follow-Up: Cases

• Confirmed & Probable Cases
  • Interview Cases
    • Demographics
    • Clinical Information (e.g., symptoms, underlying conditions)
    • Risk history (how they may have been exposed)
    • Identifying Close Contacts/Exposures of Concern
  • Answering Questions/Concerns
  • Ensuring Isolation is Followed
    • Use Isolation Guidelines Document (email)
Follow-Up: Contact Notification

- Create Contact Event in MAVEN
- Contact Notification
  - Notify Contacts of Exposures
    - Instruct Contacts on Quarantine Period Requirements (or Exemption)
    - Establish Follow-Up Plan if Contact develops symptoms.
  - Confirm Demographics/Vaccine Info
- Answering Questions/Concerns
- Ensuring Quarantine is Followed
  - Use Quarantine Guidelines Document (email)
Let’s Look at the Interview Tool

• These paper tools are just that – tools. They are meant to help you become familiar with the components and flow of an interview but are not required to be used.

• Utilize them as you see fit, remembering that data ultimately needs to be entered in the electronic surveillance system, MAVEN.
Use the Interview Tool to Guide You

- Pages 6 & 7 are updated instructions and key information to help you.
Use the Interview Tool to Guide You

- Pages 6 & 7 are updated instructions and key information to help you.

1. Demographics, Clinical Info, Vaccine
2. Travel, Known Contact
3. Group Setting Questions:
   - LTCFs
   - Daycare/k-12
   - College
4. Risk Activities (if not a previous contact)
5. Contact Elicitation
6. Instructions
7. Extra Notes Page & Infectious Period Calculator
Use the Interview Tool to Guide You

- Page 1 Covers the Confirmed/Probable Case and their:
  - Clinical Symptoms/Complications;
  - Vaccination History; and,
  - Required Demographics & Occupation/Employment.

- We are trying to determine good contact information, work exposures, severity of illness, and if there are certain affected populations (through required demographic questions).
Patient Demographics

• Some of this information will already be in the MAVEN event when it is assigned to you, however incomplete information is not unusual.
• You may have to make a separate inquiry to a medical provider to obtain enough contact information.
• Race, Ethnicity, Gender and Disability can be sensitive topics. You may want to ask those missing variables after you have gotten the interview going.
Clinical Questions

• Obtaining information on the patient’s symptom history is key.
• Do the best you can with the patient’s recall.
• Treat this like a conversation, obtain general information, and then go back and ask them specific questions based upon their responses.

Start with a question like: How are you doing today?

• Can you tell me why you went in for COVID testing?

• Did you experience any of the following?
  • And when did that start?

The MOST IMPORTANT information piece here will be the SYMPTOM ONSET DATE.
Vaccine Questions

• Be sure to ask if the patient has previously been vaccinated and try to obtain information on the patient’s vaccination doses.

• It is just as important to note if the patient has NOT been vaccinated and the reason.

Have you been vaccinated for COVID-19?

• Do you have a record of the type of vaccine you received and the dates?

• There are several places you can obtain/verify this information. It may make sense to preliminarily ask the patient and then to separately confirm via the MIIS or a snapshot of their Vaccination Card to make sure you have the dates correct. Ultimately, please note the source if you record vaccine info.
Risk Questions

Page 2 collects Risk History and asks some key questions up top. Answers to these questions will inform which remaining sections in the Interview (Risk QP 5) need completion.

Yes to Travel: Complete Travel Questions.

Starting as a Contact in Quarantine (Per MDPH):
- YES: Complete Known Close Contact Exposure Questions
- NO: Complete Activities Questions (P4)

Other Possible Risk Settings:

Congregate Group Settings (ex., nursing homes, hospitals, jails, etc.)?:
- YES: Complete Group Setting Questions

Child care Programs/K-12 school (includes daycare, preschool, before/after school care, and K-12 school)?:
- YES, complete Daycare/School-Aged Childcare/K-12 Questions below.

College/university or Boarding School Affiliation?
- If YES, complete College/University and Boarding School Questions
Risk Questions

Most of Risk QP5 Questions focus on the 14 days prior to disease – we are trying to figure out risk activities.

Once these key questions are completed in MAVEN, relevant follow-up questions will open up. Many of the risk section questions require a Yes or No to appear.

P2. The most important “trigger” question is determining if your case started out as an official Contact Event first.
Risk Question – is your primary risk documented close contact or other activities?

- □ Yes  □ No  □ Unk  Was Case a known contact to a confirmed case? (Confirmed Source Case Name or Maven ID):_____

- If YES, Was case identified for quarantine by a public health official (i.e., began in MAVEN as a Contact)? □ Yes □ No □ Unk
  - If YES, complete Known Close Contact Exposure Questions below.
  - If NO, complete Activities Questions (P4)
- If NO or UNKNOWN, Case was not a known contact first, complete Activities Questions (P4).

The most important “trigger” question is determining if your case started out as an official Contact Event first.

We are basically trying to capture if this person started out in quarantine as a Contact that converted to a case. If yes, public health did contact tracing and identified this person as a contact first, then THAT is their primary risk we want to know about (p2).

If public health did not identify them as a contact first, even if they know someone who exposed them, we want you to fill out the separate activities section (p4).
Risk (started as known contact or not)

If YES, Was case identified for quarantine by a public health official (i.e., began in MAVEN as a Contact)?

- Complete Known Close Contact Exposure Questions (P2)

If NO or UNKNOWN, Case was not a known contact first,

- Complete Activities Questions (P4).
Risk: Group & Congregate Settings

Page 3:
- **Group Settings** (ex: Nursing homes, rest homes, hospitals, jails, etc.)
- **Daycares/School-Aged Childcare/K-12 Schools**
- **College/University and Boarding Schools**

- These sections only need to be completed if the case is affiliated with one of them. If not, leave blank!
Daycare & K-12 Settings

Create entry for each applicable enrollment/setting.

1. If enrolled in school, make sure that is included – even if completely remote.

2. Add second if also attending a childcare setting (for example, in 1st grade, but also attends YMCA for after school programming.)
Use the Interview Tool to Guide You

Page 4:

• **General Activities & Settings Questions**
  • This section only needs completion if the case wasn’t a known contact prior to becoming infected.
  • This page tries to capture what a case may have been doing in the 2 weeks prior to their illness.

• Where might they have gotten COVID-19?

• **In the 2 weeks prior to your illness, did you participate in any of the following activities?**
Contact Notification Tools

- 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).
  
  - **Close Contact Form (1 Contact Extended Calculation Tool)**
  
  - **Close Contact Form (2 Contacts)**
  
  - 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.
6 steps of Case Investigation and Contact Tracing

1. Introduce yourself to the case

2. **Patient Interview Part I: Patient Info (use the Interview Tool)**
   1. Confirm some of the demographic information (ensure you have the correct name, DOB, address, etc.)
   2. Ask how the Case is doing – this will start the conversation on symptoms, etc.
   3. Determine infectious period
   4. Ask about Risk activities in 14 days prior to illness (follow tool)

3. **Patient Interview Part II: Identify Contacts** (use the Interview Tool & Contact Identification Forms)

4. Issue isolation instructions to the case (includes identifying challenges to isolation and providing resources)

5. **Initiate contact tracing** (includes informing contacts that they were around someone with COVID-19, checking on their symptoms, issuing quarantine instructions, and identifying challenges to and providing resources for effective quarantine)

6. **Implement regular check-ins with cases and contacts**
Isolation & Quarantine Documents

This document has been updated (Sept. 29, 2021). Be sure you are using the most updated version.
Massachusetts Department of Public Health
Telephonic Interpreter Services

Available to Municipalities for Coronavirus Response
July 2021 Vendor Update

• Massachusetts has a new contract (PRF75) for telephonic interpretation services.
• Three vendors are shown on the next slide.
• Cities and towns should reach out to a vendor or vendors and set up an account with them, mentioning the state contract PRF75 to receive the best available rates.

  • When used for interpreters in response to coronavirus, a single monthly invoice from the vendors to cities and towns can be forwarded by the LBOH to MDPH at the following e-mail address - sli.invoices@state.ma.us
    • Invoices should be forwarded as soon as they are received by the LBOH each month (public schools should not submit them separately).
    • Invoices more than 30 days overdue may be rejected if the accounts payable period is closed.
  • MDPH will pay the vendors directly for telephonic interpretation services utilized by municipalities for coronavirus follow-up through June 2022.
<table>
<thead>
<tr>
<th>Vendor</th>
<th>Contact Person</th>
<th>Phone #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreters and Translators, Inc.</td>
<td>Pamela Jo McMahon</td>
<td>860-730-6149</td>
<td><a href="mailto:pmcmahon@ititranslates.com">pmcmahon@ititranslates.com</a></td>
</tr>
<tr>
<td>Language Line Services, Inc.</td>
<td>Stephen A. Medina</td>
<td>831-648-7155</td>
<td><a href="mailto:smedina@languageline.com">smedina@languageline.com</a></td>
</tr>
<tr>
<td>Telelanguage, Inc.</td>
<td>Manuela Villa</td>
<td>503-459-5655</td>
<td><a href="mailto:mvilla@telelanguage.com">mvilla@telelanguage.com</a></td>
</tr>
</tbody>
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Your Next Steps following this Training

• Onboarding and Training in your designated surveillance system.
  • Are you also training in MAVEN or another system?
  • Will you be doing your casework on paper or electronically?

• Confirming how cases will be reported and followed up in your jurisdiction.

• Understanding your role in working with your LBOH, any colleges/universities, the State Health Department, and any other players (University Health? Community Tracing Collaborative (CTC))? 

• Other wrap-around services and resources to ensure proper testing, isolation of cases and quarantine of contacts in your jurisdiction.

• Review MAVEN Help and the tools we have provided. http://www.maventrainingsite.com/maven-help/toc.html
MDPH Conducts Weekly COVID-19 Case Investigation Webinars

- MDPH presents weekly on Tuesdays 11:00-12:15

- Anyone can join. You don’t have to be on MAVEN, although we discuss MAVEN and Case investigation.

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
DESE Rapid Response Help Center: (781) 338-3500
CTC Help Desk: 857-305-2828
Email: COVID19CommunityTracingCollaborativeQuestions@mass.gov
CTC Supervisor Contact List
Higher Ed Contact List
Your Questions