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

Tools for LBOHs

January 11, 2022

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Topics Today

• MAVEN Updates
  • Two New Reports – Adult and Pediatric
  • Streamlined Steps for Admin Steps
  • Upcoming Changes to Workflows
  • Upcoming Changes to COVID Wizard

• Testing Concepts

• CDC & MA Updates to Isolation & Quarantine
  • General Guidelines
  • DESE Updated K-12 Protocols
  • EEC Updated Guidance for Childcare Settings

• Your 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, Contact Tracers, and Public Health Nurses doing this work.

MAVEN Help has Guidance Documents and Previous Webinars: http://www.maven-help.maventrainingsite.com/toc.html

Webinars: Tuesdays @ 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
COVID-19 Case Investigations
Tools for LBOHs

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Updates for today, Tuesday, 1/11/2022

- COVID Reports – two new reports to assist with prioritization
  - **New:** Pediatric Report - < 18 years of age
  - **New:** Adult Report (> or = to 18 years of age)
  - **Existing Report:** LBOH Confirmed and Probable Report (extracts ALL Confirmed and Probable Cases)
- Planned New COVID Workflows – update is forthcoming
  - <18 Pediatric workflow
  - >=18 Adult workflow
- COVID Wizard – working on updating the wizard to reduce questions
- 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
- Email addresses in your events
- Reminder to scan and check your Immediate, Routine & Pending Workflows in MAVEN
LBOH Confirmed and Probable <18
LBOH Confirmed and Probable ≥ 18

Two New Reports to assist with prioritization
1) Confirmed and Probable <18
2) Confirmed and Probable ≥ 18

COVID-19 LBOH Confirmed and Probable Case line list Report for <18 years of age
COVID-19 LBOH Confirmed and Probable Case line list Report for ≥ 18 years of age
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.

**Fun Fact:** This report has been **ran 70,348 times** since 6/1/2021.
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** (based on the first positive specimen date) – you will need to use your Confirmed and Probable Report to manage cases
- Workflow is not fully functional given the number of cases we are seeing on a daily basis.

![Image of bulk action feature with text: add Bulk action & only have 72 hours of cases](Image)
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.
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.
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

- Patient lost to follow-up
- Physician not reachable
- Language barrier
- Inadequate resources at LBOH
- No investigation needed per MDPH
- Other
- ISIS - LBOH investigation not attempted/completed
Requests for Email Address for your cases

- Receiving requests for email addresses
  - We do request email addresses from providers/reporters
  - Actively working to improve completeness
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 (675 cases currently waiting for you today)
  - LBOH Case Report Forms (CRF) are pending (1,098 cases in this workflow)

--- Cases in this workflow range from Jan 2020 – Jan 2021
Key Guidance Links 1/11/22

- CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population
  - Press Release that started it all (Dec 27, 2021)

- New mass.gov page for Isolation and Quarantine:
  - [https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19](https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19)
  - Mass.gov webpage has been updated to reflect these new I&Q timelines for the general public, but not all questions have been addressed at this time.

- DESE Updated Protocols – December 30, 2021
  - [https://www.doe.mass.edu/covid19/on-desktop/protocols/](https://www.doe.mass.edu/covid19/on-desktop/protocols/)
  - Updated DESE I&Q Flow Charts [https://www.doe.mass.edu/covid19/on-desktop/flowcharts.pdf](https://www.doe.mass.edu/covid19/on-desktop/flowcharts.pdf)

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

- EEC Guidance for Childcare Settings (Jan 6, 2022)

- COVID-19 Antigen Testing Resources:
  - [https://www.mass.gov/info-details/covid-19-statewide-contract-resources-for-antigen-test-kits](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.

- **CDC guidance on VACCINATED PEOPLE:**
    - Talks about what precautions are still needed for fully vaccinated people, etc.
    - Some recommendations are still under consideration here in MA.
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 Jan 11, 2022

We Last Met Dec. 21, 2021:

• MAVEN Updates
• Updated Mask Advisory 12/21/21
• Mass.gov website updates  
  • New Isolation & Quarantine Pages of Note
• Omicron Updates
  • Variants of Concern MAVEN Report
• Local Health Prioritization
• FAQs & Review  
  • Test-Based Strategy Questions
  • Self-Tests
  • Exposures after Vaccination
  • Breakthrough Information

Updated Mask Advisory 12/21/21

• **Mask Advisory:** DPH released an updated mask advisory in December, recommending that all individuals, regardless of vaccination status, wear a mask or face covering in indoor, public spaces.

  • DPH particularly urges this recommendation for individuals who have a weakened immune system, or are at increased risk for severe disease because of age or an underlying medical condition, or if someone in their household has a weakened immune system, is at increased risk for severe disease, or is unvaccinated. To read the full advisory, visit: [here](#).

  • All people in Massachusetts (regardless of vaccination status) are required to continue wearing face coverings in certain settings, including transportation and health care facilities. Please see [here](#) for a complete list of venues where face coverings have remained mandatory since May 29, 2021.

  • **Additionally, masks continue to be required in the following locations (except for those exempted by age or medical conditions):**
    - On Public and Private Transportation,
    - Healthcare facilities
    - Congregate care facilities
    - Emergency shelter programs,
    - Houses of Correction, Department of Correction prisons, jails, and other correctional facilities.
    - Health Care and Day Services and Programs operated, licensed, certified, regulated, or funded by the state.
    - Home health care workers
    - K-12 schools and Day Cares, subject to DESE and EEC guidance.
The New CDC Guidance...

Algonquin K Farquhar, Esq
@buddhatree

CDC says when you've reached the center of a Tootsie Pop, your quarantine is over.

11:18 PM · Dec 27, 2021 · Twitter Web App

silent nate, holy nate @MNateSh...

the CDC just announced you can fill a theme park with dinosaurs again if you really learned your lesson last time

119 18.1K 150K

Gibbs Free Energy
@bye_ology

The CDC says you can now talk about fight club

6:28 PM · Dec 28, 2021 from Dallas, TX

mx claws
@alicegoldfuss

the CDC recommends simply walking into Mordor

9:38 PM · Dec 28, 2021

7.1K Reply Share this Tweet
New CDC Isolation & Quarantine Guidance Page

- **New Guidance Page is Up.**
  - Not every bullet point of the CDC guidance is being adopted in MA. More clarification and mass.gov FAQs are in the works.

- There is a STRONG focus on the need to effectively mask throughout the 10 day period – especially in the household setting.

- Many sector-specific guidance pages from CDC have not been updated yet to reflect these new I&Q timelines.

- **New Background Page is helpful.**
  - Studies suggest that only a small percentage of people (25-30%) isolate for a full 10 days [12,13].
  - 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 [16].

Studies suggest that only a small percentage of people (25-30%) isolate for a full 10 days [12,13]. 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 [16].
Following the CDC Guidance Updates...

• MA updated our isolation and quarantine page and incorporated much of the new guidance here:
  • [https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19](https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19)

• DESE Updated Protocols – December 30, 2021
  • [https://www.doe.mass.edu/covid19/on-desktop/protocols/](https://www.doe.mass.edu/covid19/on-desktop/protocols/)
  • Updated DESE I&Q Flow Charts [https://www.doe.mass.edu/covid19/on-desktop/flowcharts.pdf](https://www.doe.mass.edu/covid19/on-desktop/flowcharts.pdf)

• EEC Guidance for Childcare Settings (Jan 6, 2022)
Two Concepts are Key for the Updated Guidance

• Understanding lab tests and what they can (and cannot) tell us.

• Understanding that 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.
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 or specimen types (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 care about the first two types of tests (Molecular/PCR & Antigen Tests) also called VIRAL TESTS*
# 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>
<tbody>
<tr>
<td>Listed in Lab Tab as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 2019-nCoV Real-time RT-PCR (PCR)</td>
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<td></td>
</tr>
<tr>
<td>• SARS coronavirus 2 RdRp gene (PCR RAPID)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Panel Tests that Include COVID-19:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 2019-NCoV RNA PNL XXX NAA+PROBE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Flu A/Flu B/SARS COVID-2/SARS-related coronavirus RNA panel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Resp virus Pnl XXX PCR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listed in Lab Tab as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SARS-CoV-2 Ag (Antigen Test)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listed in Lab Tab as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SARS-CoV-2 IgM (Serology IgM specific)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SARS-CoV-2 IgG (Serology IgG specific)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SARS-CoV-2 IgA (Serology IgA specific)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SARS-CoV-2 IgG + IgM (Serology Antibody Type Unspecified)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SARS-CoV-2 TCRB Bld Ql Seq (T-cell receptor beta (TCRB) gene)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SARS coronavirus 2 spike protein RBD Ab.neut : PrThr : Pt : Ser/Plas:Ord:IA (Serology for antibodies against spike protein)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Positive Molecular Test:**
Case Classification = CONFIRMED

**Positive Antigen Test:**
Case Classification = PROBABLE

**Positive Antibody Test:**
Case Classification = SUSPECT

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.

**Over the Counter (OTC)**

**Medically Proctored (could be telehealth or in person)**
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) Home Tests)

• Q. Should LBOHs recommend PCR tests to follow up on a positive self-test?
  
  • A. No. People who test positive on an at-home test should isolate according to current DPH protocols and should notify their close contacts.
    
    • These individuals do not need a PCR.

  • People who test negative on an at-home antigen test AND have COVID symptoms should consider re-testing with an antigen test in 24-48 hours or get a PCR test.

• Self-Tests (Over-the-Counter (OTC) Tests) FAQs and General Guidance for the Public
  
Q. Please discuss PCR and antigen test accuracy. Do both tests pick up Omicron?

- The FDA evaluates EUA tests against variants including Omicron
- The FDA has not identified any antigen tests that are expected to fail to detect the Omicron variant (the surface proteins remain relatively consistent across variants)
- FDA has provided information that antigen tests may be less sensitive at detecting Omicron
  - This may be in part due to lower levels of virus in the nose being seen with Omicron
  - It has been reported that the Omicron variant produces a higher level of virus in the throat
  - People should not take throat swabs and use them in antigen tests as the tests are not validated for that type of sample

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)

<table>
<thead>
<tr>
<th>Virus</th>
<th>Strain</th>
<th>Source</th>
<th>2019-nCoV_ N1</th>
<th>2019-nCoV_ N2</th>
<th>Final Result</th>
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<tbody>
<tr>
<td>Human coronavirus</td>
<td>229E</td>
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<td>0/3</td>
<td>0/3</td>
<td>Neg.</td>
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<td>0/3</td>
<td>Neg.</td>
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<td>0/3</td>
<td>Neg.</td>
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<tr>
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<td>clinical specimen</td>
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<td>0/3</td>
<td>Neg.</td>
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<td>0/3</td>
<td>Neg.</td>
</tr>
<tr>
<td>SARS-coronavirus</td>
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<td>Isolate</td>
<td>0/3</td>
<td>0/3</td>
<td>Neg.</td>
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<tr>
<td>Human coronavirus</td>
<td></td>
<td>clinical specimen</td>
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<td>0/3</td>
<td>Neg.</td>
</tr>
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<tr>
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<td>0/3</td>
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<td>Neg.</td>
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<td>M-25</td>
<td>0/3</td>
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<td>Neg.</td>
</tr>
</tbody>
</table>

Basically, no, a positive PCR is a positive, and SARS-CoV-2 was detected.
Your Questions: Lab Tests

• Q. Does someone need to test PCR 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. It amplifies traces of the virus – so if you have a small amount of virus, it can still detect it.

• Thus, it is not generally recommended for someone to stay in isolation until they test PCR 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.

• Antigen tests don’t magnify the amount of virus in the sample you take, so you need a pretty high viral load to test positive.
  • Are false positives possible due to other pathogens or issues? Yes. But in a global pandemic where everyone has COVID-19, odds are in favor of COVID-19
Your Questions: Testing

• 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.
Testing Concepts

• No test is perfect. But they are the best indicators we have at the moment. Thus, we can apply some generalities to their results – understanding that we will not be correct 100% of the time.

• Generalities:
  • The PCR will be positive for a while. So probably not the best test for trying to test out of isolation earlier or determining if you are no longer infectious.
  • The antigen test is more likely to be positive when you have more virus, so the thought would be that this is the better test for testing out of isolation earlier or a preliminary indicator if your viral load has gone down. This test would become negative first.
  • **Are you not infectious towards others if your antigen is negative?** Not always, but you are probably less infectious, so this is a helpful sign.
Infectious Period for COVID-19

• **What is the infectious period for COVID-19? Has this changed with the new guidance?**

• **A.** People can still be infectious up to 10 days after symptom onset. This has not changed.
  
  • Severely ill or immune compromised people may be infectious for longer
  
  • People are **most infectious** just before symptom onset and for the several days after
  
  • People are less infectious days 5-10 and this is addressed by the recommendation to mask during that time

• We are not saying there are no exposures after day 5, there may be. But infectiousness and risk is less after day 5 from onset.
Public Health Advisory Regarding COVID-19 Testing (NEW!)

• New Mass.gov Guidance Page! (as of 10am this morning!)
  • When should I get tested?
  • What kind of test should I get?
  • What is the difference between PCR tests and rapid tests?
  • Other important public health measures to help prevent the spread of COVID-19, including the Omicron variant,

• https://www.mass.gov/advisory/public-health-advisory-regarding-covid-19-testing
New Isolation and Quarantine Guidance

• On December 28, 2021, CDC shortened the recommended time for isolation for individuals with COVID-19.

  • **ISOLATION:** If the *individual shows no symptoms*, the recommended isolation period is shortened from 10 days to 5 days, followed by 5 days of wearing a mask when around others.

  • **QUARANTINE:** For *individuals unvaccinated or are more than six months out from their second Pfizer or Moderna dose (or more than 2 months after the J&J vaccine) and not yet boosted* who have been *exposed to COVID-19*, the CDC now recommends quarantine for 5 days followed by strict mask use for an additional 5 days.
New Quarantine Guidance

• Alternatively, **if a 5-day quarantine is not feasible**, it is imperative that an exposed person **wear a well-fitting mask** at all times when around others for 10 days after exposure.
  • Individuals who have received their booster do not need to quarantine following an exposure but should wear a mask for 10 days after the exposure.

• **For all those exposed**, best practice would also include a test for COVID-19 at day 5 after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19.

• For more information, visit: [https://www.mass.gov/info-details/isolation-and-quarantine-guidance-for-the-general-public](https://www.mass.gov/info-details/isolation-and-quarantine-guidance-for-the-general-public)
General Public
If you test positive for COVID-19 (Isolate)

<table>
<thead>
<tr>
<th>Everyone, regardless of vaccination status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stay home for 5 days.</td>
</tr>
<tr>
<td>• If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.</td>
</tr>
<tr>
<td>• Continue to wear a mask around others for 5 additional days.</td>
</tr>
</tbody>
</table>

*If you have a fever, continue to stay home until 24 hours after your fever resolves (without fever reducing medications).*

Cases isolate. But you may be able to discontinue isolation earlier than 10 days based upon symptom criteria. Masking will be important to reduce additional exposure.

If you were exposed to someone with COVID-19 (Quarantine)

Q to determine if you need to quarantine: Are you up to date with your vaccines?

If you:

Yes, Up to Date!

- Have been boosted
- OR
- Completed the primary series of Pfizer or Moderna vaccine within the last 6 months
- OR
- Completed the primary series of J&J vaccine within the last 2 months

- Wear a mask around others for 10 days.
- Test on day 5, if possible.

If you develop symptoms get a test and stay home.

No, Not Up to Date!

- Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted
- OR
- Completed the primary series of J&J over 2 months ago and are not boosted
- OR
- Are unvaccinated

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If you can't quarantine you must wear a mask for 10 days.
- Test on day 5, if possible.

If you develop symptoms get a test and stay home


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.
Stay Up to Date with Your Vaccines

COVID-19 vaccines are effective at protecting you from getting sick. Based on what we know about COVID-19 vaccines, and similar to what we know from other recommended vaccines, people who are up to date with their vaccines are well protected from serious illness or other health outcomes.

Get Vaccinated

Everyone 5 years and older is recommended to receive a primary series of a COVID-19 vaccine to be considered fully vaccinated. For children 5 years through 17 years of age, a primary series consists of 2 doses of the Pfizer-BioNTech COVID-19 vaccine. For persons 18 and older, a primary series consists of:

- A 2-dose series of an mRNA-COVID-19 vaccine (Pfizer-BioNTech or Moderna)
- A single-dose COVID-19 vaccine (Johnson & Johnson's Janssen vaccine)

Pfizer-BioNTech or Moderna (COVID-19 mRNA vaccines) are preferred. You may get Johnson & Johnson’s Janssen COVID-19 vaccine in some situations.

Stay Up to Date with Your Vaccines

CDC recommends that people remain up to date with their vaccines, which includes additional doses for individuals who are immunocompromised or booster doses at regular time points. Individuals who are moderately or severely immunocompromised should get an additional primary shot and a booster shot.
Healthcare Personnel
Healthcare Personnel Guidance

Health Care Professionals (Guidance Section on Mass.gov)

- New as of 12/29/21: Isolation and Quarantine Guidance for Health Care Personnel

This guidance replaces the Exposure & Return to Work Guidance revision issued March 8, 2021.

- It defines Healthcare Personnel (HCP) and also Healthcare Settings (2nd page)
- Very clearly notes which settings this guidance applies to (otherwise apply GENERAL State I&Q Guidance).
Isolation for Healthcare Providers

- **Symptomatic HCPs who are isolating** can return to work when the following conditions have been met:
  - At least 5 days have passed since first positive test
  - Symptoms have substantially improved (and fever-free for 24 hours)
  - HCP is fully vaccinated
  - HCP tests negative on Day 5 or later*

- **Asymptomatic HCPs** may return to work after isolating for 5 days, so long as they:
  - Are fully vaccinated
  - Test negative on Day 5 or later*

*HCPs at acute-care hospitals are not required to obtain a negative test, but it is best practice and strongly recommended
- If a provider returns to work prior to the 10-day mark, they should avoid caring for immunocompromised patients until they reach the 10-day mark

HCP I&Q Guidance 12/29/21
Quarantine for Healthcare Providers

• HCPs may continue to work, even if subject to quarantine, provided they remain asymptomatic
• If a HCP had a community exposure, they should have a negative test prior to returning to work, even if they are not subject to quarantine outside of work following their exposure
  • Timing for this negative test is not specified—common practice in LTCFs is to Binax before each shift for at least the first 5 days following exposure
• For work exposures, no testing is required, though the facility may choose to conduct testing or exclude the HCP from work if they wish
• HCPs who are fully vaccinated do not need to quarantine, so long as they:
  • Have been boosted, or
  • Do not yet qualify to be boosted based on timing (e.g., they received a second dose of Pfizer <6 months ago)
• This guidance overrules the LTCF vaccine mandate which required unvaccinated HCPs to be excluded from work following an exposure
K-12 School Settings (DESE GUIDANCE)
DESE K-12 Guidance

• DESE Guidance has been updated to reflect new Isolation & Quarantine timelines.
  • NOTE: Initial email notification to LBOH stated that quarantine remained unchanged, however the updated DESE protocol DID CHANGE QUARANTINE on DECEMBER 30th.

• DESE Exemption Groups Remain Unchanged. The following close contacts are exempt from testing and quarantine response protocols:

  1. **Asymptomatic, fully vaccinated close contacts:** Individuals who are asymptomatic and fully vaccinated are exempt from testing and quarantine response protocols.

  2. **Classroom close contacts:** An individual who is exposed to a COVID-19 positive individual in the classroom while **both individuals were masked, so long as the individuals were spaced at least 3 feet apart**, is exempt from testing and quarantine response protocols.

  3. **Bus close contacts:** Individuals on buses must be masked according to federal requirements. As such, individuals who are masked on buses when windows are open are exempt from testing and quarantine response protocols.

  4. **Close contacts who have had COVID-19 within the past 90 days:** An individual who has been previously diagnosed with COVID-19 and then becomes a close contact of someone with COVID-19 is exempt from testing and quarantine response protocols if:
     • The exposure occurred within 90 days of the onset of their own illness AND
     • The exposed individual is recovered and remains without COVID-19 symptoms.
DESE K-12 Guidance

• At this time, fully vaccinated is defined as two-weeks following the completion of the Pfizer or Moderna series or two-weeks following a single dose of Johnson & Johnson’s Janssen vaccine.
  • DESE does NOT address Booster Status. At this time, consider fully vaccinated individuals exempt from quarantine protocols regardless of Booster Status.

• Overview of Protocol Categories:
  • Protocol A: For individuals who test positive for COVID-19
  • Protocol B: Protocol for asymptomatic close contacts
  • Protocol C: Protocol for symptomatic individuals
DESE Protocol A for individuals who test positive

- **Duration:** Self-isolation for COVID-19 positive cases is a minimum of 5 days after symptom onset or after positive PCR or antigen test, if asymptomatic.

- **Return to school:** After 5 days and once they have:
  - Been without fever for 24 hours (and without taking fever-reducing medications); and,
  - Experienced improvement in other symptoms.
  - Following the 5-day isolation period, individuals must mask for 5 additional days when around others. Individuals who are unable to mask should follow the information provided in the FAQ released on October 12, 2021.

- **Note:** Return to school should be based on time and symptom resolution. **Even with a 5-day isolation period, repeat viral testing prior to return is not recommended.**
**DESE Quarantine Protocols (only 2 now)**

<table>
<thead>
<tr>
<th>Protocol B-1 (Recommended): Test and Stay</th>
</tr>
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<tbody>
<tr>
<td><strong>Duration of Test and Stay:</strong> 5 days from the date of exposure</td>
</tr>
<tr>
<td><strong>Return to School:</strong> Close contacts can remain in school and do not have to quarantine, as long as they:</td>
</tr>
<tr>
<td>O Are asymptomatic</td>
</tr>
<tr>
<td>O Wear masks in school at all times, other than when eating or drinking. When these individuals cannot be masked (i.e., when eating or drinking) they should maintain 3 feet of distance from other individuals to the extent feasible.</td>
</tr>
<tr>
<td>O Take a rapid antigen test (e.g., BinaxNOW) on each school day and receive a negative result. When the 5 days from date of exposure includes weekends or holidays, individuals should quarantine on weekends, and if they remain asymptomatic, upon return to school to school be tested immediately. If the individual remains negative, they can stay in school.</td>
</tr>
<tr>
<td>O Conduct active monitoring for symptoms through day 10, and self-isolate at home if symptoms develop.</td>
</tr>
<tr>
<td><strong>Note:</strong> If an individual has symptoms at the time they are designated as a close contact or develops symptoms during the Test and Stay period or the 10 days following initial exposure, they should follow the protocol for symptomatic individuals (Protocol C). If an individual tests positive at any time, they should follow the protocol for individuals who test positive for COVID-19 (Protocol A).</td>
</tr>
</tbody>
</table>
**DESE Quarantine Protocols (only 2 now)**

**Protocol B-2: Traditional protocol (if school does not have access to rapid daily testing or family or adult individual chooses not to participate in Test and Stay)**

- **Duration:** Quarantine is at least 5 days from the date of exposure.
- **Return to School:** After 5 days, returning on day 6, provided that they:
  - Remain asymptomatic, and
  - Conduct active monitoring for symptoms through day 10, self-isolate if symptoms develop, and adhere to strict mask use for an additional 5 days.
- **Note:** If an individual has symptoms at the time they are designated as a close contact or within the 5 days following initial exposure, they follow the protocol for symptomatic individuals (Protocol C). If an individual tests positive at any time, they follow the protocol for individuals who test positive for COVID-19 (Protocol A). For all those exposed, best practice would also include an antigen or PCR test for COVID-19 at day 5 after exposure. An antigen test may be self-administered and does not need to be proctored or performed by a healthcare professional.

Updated Protocol:
No 7- or 10-day quarantine mentioned.
### DESE Protocol for Symptomatic Individuals

<table>
<thead>
<tr>
<th>Protocol C for symptomatic individuals:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protocol C-1 (Recommended): Return to school post-symptoms with test</strong></td>
</tr>
</tbody>
</table>

- **Duration:** Dependent on symptom resolution
- **Return to School:** Individuals may return to school after they:
  - Have received a negative PCR or antigen test result for COVID-19. An antigen test may be self-administered and does not need to be proctored or performed by a healthcare professional. Note: So long as the individual is not a close contact, if a medical professional makes an alternative diagnosis for the COVID-19-like symptoms, the individual may use this recommendation (e.g., for influenza or strep pharyngitis) in lieu of a PCR test or antigen test.
  - Have improvement in symptoms
  - Have been without fever for at least 24 hours without the use of fever-reducing medications.
- **Note:** If the symptomatic individual was a close contact who is not exempt from testing and quarantine response protocols, after symptoms resolve and they receive a negative PCR test, they should follow Protocol B-1 for Test and Stay.
  - If Test and Stay is not available or the family or adult individual opts not to participate, they follow Protocol B-2.
Protocol C-2: Alternative protocol for symptomatic individuals who are not close contacts and choose not to receive a COVID test to return to school

- **Duration:** Isolation is at least 5 days from symptom onset.9
- **Return to School:** After 5 days, returning on day 6, assuming they:
  - Have improvement in symptoms
  - Have been without fever for at least 24 hours without the use of fever-reducing medication.
Childcare Settings (EEC Guidance)
EEC Updated Guidance Document


- Slide 17 has the key I&Q info.
- Daycare Team is updating reporting response templates accordingly.

- This is a complicated guidance so make sure you have it available to reference.
Positive Cases in Childcare – Returning after Isolation

Q. When can the positive student/staff return?

- The individual can return to the childcare program at the end of their isolation, which begins with Day 0 on the date of symptom onset OR positive test result, whichever comes first, and lasts for at least 5 days.

  - If the individual:
    - can wear a well-fitting mask at all times when around others,
    - their symptoms have improved,
    - and they have been fever free for > 24 hours (without meds),

    Then they may return on Day 6 or later and mask for the rest of their 10 days.

- For individuals who can’t mask, programs may accept a negative test result taken on Day 5 or later. If an individual continues to test positive, is unable to test, or continues to be symptomatic, they should stay out for the full 10 days, returning Day 11.
Positive Cases in Childcare – Returning after Isolation

- **Can students/staff returning from isolation remove their masks to eat meals or nap?**
  - **A.** It is recommended that masks are only removed while actively eating, drinking, or napping. When students/staff must remove their masks, it is recommended that there is a minimum 6-foot distance kept between them and others.

- **What if the positive student/staff is unable to mask upon return for Days 6-10?**
  - **A.** If a student/staff is unable to mask, the best practice to reduce further risk is to remain home for 10 days, with return on day 11.
  - Alternatively, the positive student/staff may test on Day 5 or later. If they receive a negative test result, and are asymptomatic, they may return to the program the following day.
  - If a student/staff if unable to mask, they should maintain a 6-foot distance from others when feasible. During meals, nap time, or any other periods where other students/staff remove their masks, it is critical that a 6-foot distance is maintained. If it is not possible to maintain a 6-foot distance at all times, having the student/staff member stay home is best practice.
Exposed Contacts in Childcare: Return from Quarantine

Q. Who must quarantine in a childcare setting?

A. Individuals who were exposed to someone with COVID-19 would be considered close contacts and need to quarantine at home for a minimum of 5 days, unless they are exempt from quarantine for one of the following reasons:

- **Recent Cases:** Individuals who have been diagnosed with COVID-19 in the last 90 days are exempt from quarantine.

- **Fully vaccinated children or staff (with all recommended doses):** If students or staff are fully vaccinated with all recommended doses (including booster doses if greater than 5 months since completing their primary series), they would be exempt from quarantine. If a staff member has their primary series but is past due for a booster dose, they would be subject to quarantine requirements.

- Siblings of children who were exposed at the daycare do not need to quarantine unless the exposed child tests positive or develops symptoms.
Exposed Contacts in Childcare: Return from Quarantine

Q. When can an exposed close contact return from quarantine to the program?

A. Exposed students and staff required to quarantine will need to stay at home for a minimum of 5 days from their last exposure (Day 0), and can return on Days 6-10, provided they are able to wear a well-fitting mask at all times when around others for the full 10 days after exposure.

- If they remain asymptomatic and can mask, a test around Day 5 is recommended, but not required.

- If a student/staff becomes symptomatic at any point during the 10 days following their exposure, they must stay home and seek testing.

Q. Can students/staff returning from quarantine remove their masks to eat meals or nap?

A. It is only recommended that masks are removed while actively eating or napping. When students/staff must remove their masks, it is recommended that there is a minimum 6-foot distance kept between them and others.
Exposed Contacts in Childcare:
Return from Quarantine

- **Q. What if an exposed close contact is unable to mask upon return for Days 6-10?**
  - **A.** Programs may consider three negative tests in asymptomatic contacts who cannot mask upon return to the program.
    - **Testing Schedule:**
      - Test on Day 5 (stay home for last day of home quarantine),
      - Test Day 6 (attend program after negative test), and
      - Test Day 7 (attend program after negative test).
  
  - However, if the quarantining individual cannot mask and cannot test, the individual should stay out for 10 days, returning on Day 11.
  
  - If a student/staff if unable to mask, they should maintain a 6-foot distance from others when feasible. During meals, nap time, or any other periods where other students/staff remove their masks, it is critical that a 6-foot distance is maintained.

- **Q. Are at-home tests acceptable for release from quarantine?**
  - **A.** PCR tests are the gold-standard test for COVID-19 diagnosis. However, at-home rapid tests can be accepted for release from quarantine/isolation. If an individual tests positive on an at-home test, you should treat this as a true positive, and initiate contact tracing for your program.
QUESTION

DOES ANYONE HAVE QUESTIONS?