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

Tools for LBOHs

January 25, 2022

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Topics Today

• MAVEN Updates & Reminders
• Testing Reminders/Review
• CDC & MA Updates to Isolation & Quarantine
  • Updates to MA General Guidelines!
  • EEC Updated Guidance for Childcare Settings
• Your Questions

Remember back in season one of COVID, when we thought maybe we’d be in this for just five seasons like Breaking Bad, and now it’s like, surprise y’all, this is Gray’s Anatomy.
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.

Welcome to 2022 where we are now entering the terrible two’s portion of this pandemic.

Jenna S.  
@Thatmidwestmom

MAVEN Help has Guidance Documents and Previous Webinars:  

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, 1/25/2022

- 4 COVID Reports – reports to assist with prioritization
  - Pediatric <5 years of age
  - Pediatric Report - < 18 years of age
  - Adult Report (> or = to 18 years of age
  - LBOH Confirmed and Probable Report (extracts ALL Confirmed and Probable Cases)

- COVID Workflows
  - <18 Pediatric workflow & > =18 Adult workflow

- COVID Wizard – updated wizard

- LBOH Steps for Completing Case Investigation – Suggestions for Streamlined Approach
  - Yes you spoke to case and updated question packages
  - No you didn’t reach case

- Reminder to scan and check your Immediate, Routine & Pending Workflows in MAVEN
Three New Reports to assist with prioritization

1) Confirmed and Probable <5
2) Confirmed and Probable <18
3) Confirmed and Probable >= 18
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
Two COVID Workflows

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
- Workflows are up and down on a daily basis given the high number of cases.

| 🟠 LBOH Notification for Adult (= or > 18 years) Immediate Disease (COVID only) |
| 🟠 LBOH Notification for Pediatric (<18 years) Immediate Disease (COVID only) |
LBOH Notification for Immediate Disease – COVID Only – Update to the workflow

Bulk Action Feature will allow you to populate Step 1 to Yes. Workflow will only hold cases for 72 hours (based on first positive specimen result). Many cases are not going into the workflow based on first positive specimen date.
Updated COVID Wizard

- Updated the COVID Wizard
- Reduced the number of fields in the wizard to streamline cases.
- Do your best when you investigate your cases.
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.

![Diagram showing steps 1 and 4 with annotations](image)

1. **Step 1 is Yes**
2. **Step 4 = No when you don't talk to the case**
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
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
Key Guidance Links 1/25/22

- New Digital Vaccination Record [https://www.mass.gov/massachusetts-vaccination-records](https://www.mass.gov/massachusetts-vaccination-records)

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

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

- DESE Updated Protocols – December 30, 2021
  - [https://www.doe.mass.edu/covid19/on-desktop/protocols/](https://www.doe.mass.edu/covid19/on-desktop/protocols/)
  - New Testing Program [https://www.doe.mass.edu/covid19/on-desktop/2022-0118new-testing-program.pdf](https://www.doe.mass.edu/covid19/on-desktop/2022-0118new-testing-program.pdf)
  - 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 19, 2022)
  - [Main Page](https://www.doee.mass.gov/covid19/childcare-guidance-for-childcare-setting) (PDF Guidance at Bottom): English PDF Guidance,
  - NEW CHILDCARE Testing Programs through Neighborhood Villages

- COVID-19 Antigen Testing Resources:
  - [https://www.mass.gov/info-details/covid-19-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:
  - Interim Public Health Recommendations for Fully Vaccinated People
    - Talks about what precautions are still needed for fully vaccinated people, etc.
    - Some recommendations are still under consideration here in MA.
Mass.gov Updates!

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


- 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 24, 2022

We Last Met Jan. 18, 2022:

- MAVEN Updates
- Testing Concepts
- CDC & MA Updates to Isolation & Quarantine
  - General Guidelines
  - DESE Updated K-12 Protocols
  - EEC Updated Guidance for Childcare Settings
- Your Questions

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 molecular tests may be rapid, 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.
  - These can be done by a medical provider OR as self-tests (over the counter (OTC) done at home)
  - SELF tests (over the counter) are not reported.

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
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, and more likely to be negative when the amount of virus in your system has gone down (early and late in an infection) 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 (before a PCR test).

• 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.
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. False positives should be rare.
Confirming Rapids? Not Necessary

• Q. If a person tests positive with a rapid antigen test (such as over the counter home tests or rapid tests from schools and testing centers) do they need to get a PCR test to confirm they are positive?

  • A. No. A PCR test is not necessary or recommended to confirm a positive result on a rapid antigen test. Rapid antigen tests have a low rate of false positives. As a result, a person who tests positive on a rapid antigen test, almost certainly has COVID-19 and must follow isolation guidance.

  • If a person with COVID-19-like symptoms tests negative on a rapid antigen test, DPH recommends repeating an antigen test in the next 24-48 hours. Alternatively, these individuals could consider getting a PCR test. In the meantime, while waiting to take the additional rapid test or while waiting for the PCR results (which can take 24-72 hours) these individuals should assume they are positive and follow the isolation guidance.
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.
Symptomatic Cases

Q. What should a case do that is still symptomatic or still antigen positive (or both!) after Day 10 of isolation?

• Symptoms do not have to resolve to exit isolation, but you need to meet the symptom-based criteria, and that could still last a while (even beyond 10 days) for some people.
  • You must isolate until you have not had a fever for 24-hours without the use of fever reducing medicine and your other symptoms are improving.
  • Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.

• Testing during isolation is not required, and is not recommended beyond day 10 of isolation, which should be sufficient for most recovering mild to moderately ill cases. If someone DOES test and remains antigen positive beyond day 10, use symptom-based criteria to determine when you can exit isolation.
  • People with severe illness and/or immunocompromised status may need to isolate longer and should consult with an infectious disease specialist to determine the appropriate duration of isolation and precautions.
Public Health Advisory Regarding COVID-19 Testing (NEW!)

- **New Mass.gov Guidance Page!**
  - 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.

- **New Page has this Guidance (under What is the difference between PCR & Rapids?):**

  "**Employers, schools, and daycare settings should not require PCR tests to return to those settings.** Employees, students, and children may return to these settings when they have met the state guidelines for isolation or quarantine. Please refer to DESE or EEC protocols for appropriate use of tests in those settings.

- Current DPH guidance is that people in quarantine are recommended, but not required, to get a viral test (rapid antigen or PCR) on Day 5 of their quarantine and only exit quarantine if negative.

- **The Department of Public Health’s protocols do not require a return to work or school letter for anyone returning from isolation or quarantine; clearance letters are not necessary, and this requirement is discouraged.**
  - Neither local boards of health nor the Department of Public Health provide these letters and, if required, employees would need to obtain any return to work letters from their health care provider.”

Return to Work Testing & Letters

• **Q.** Do state or federal guidelines require employees to show a negative test to return to work following isolation or quarantine?

  • **A.** No. [DPH advises](#) that employers, or schools and childcare providers should not require a test as a condition of returning to work, school, or childcare. If an employer chooses to require testing, a PCR should not be required. The Department of Public Health’s protocols do not require a return to work or school letter for anyone returning from isolation or quarantine; clearance letters are not necessary, and this requirement is discouraged.
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 now available.

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].

REMINDER: We follow Massachusetts Guidance, which may differ on some points with CDC guidance.
Page for “Staying up to Date on Your Vaccines”

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


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### Stay Up to Date with Your Vaccines

**Updated Jan. 16, 2022**

**Languages**

**Print**

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#### Get Vaccinated and Stay Up to Date

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

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

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#### COVID-19 Vaccines

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

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#### When Are You Up to Date?

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

Many people who are **immunocompromised** may need an additional dose as part of their primary vaccine series. Note that booster shots are not recommended for everyone at this time.

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### Vaccine Doses

<table>
<thead>
<tr>
<th>Pfizer-BioNTech</th>
<th>Moderna</th>
<th>Johnson &amp; Johnson's Janssen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ages Recommended</strong></td>
<td><strong>Ages Recommended</strong></td>
<td><strong>Ages Recommended</strong></td>
</tr>
<tr>
<td>5+ years old</td>
<td>18+ years old</td>
<td>18+ years old</td>
</tr>
<tr>
<td>Primary Series</td>
<td>Primary Series</td>
<td>Primary Series</td>
</tr>
<tr>
<td>2 doses²¹</td>
<td>2 doses</td>
<td>1 dose</td>
</tr>
<tr>
<td>Given 3 weeks (21 days) apart</td>
<td>Given 4 weeks (28 days) apart</td>
<td></td>
</tr>
<tr>
<td>Fully Vaccinated</td>
<td>Fully Vaccinated</td>
<td>Fully Vaccinated</td>
</tr>
<tr>
<td>2 weeks after final dose in primary series</td>
<td>2 weeks after final dose in primary series</td>
<td>2 weeks after 1st dose</td>
</tr>
</tbody>
</table>

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**Booster Dose**

- Everyone ages 12+ should get a booster dose at least 5 months after the last dose in their primary series.
- Teens 12-17 should only get a Pfizer-BioNTech COVID-19 Vaccine booster.
- Everyone 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19) vaccines at least 5 months after the last dose in their primary series.

**When Boosted**

- A person is considered “boosted” and up to date right after getting their booster dose.

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**Notes**

- [22] Pfizer-BioNTech COVID-19 Vaccine Information.
Booster Status: Happens Right Away

Finally, documentation is here!

Q. When are you fully boosted?

A. As soon as the needle leaves your arm!

CDC’s Stay Up to Date with Your Vaccines Page.
Following the CDC Guidance Updates...

• MA General Guidance Updates
  • NEW This Week!! 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
  • Public Health Testing Advisory:
    • https://www.mass.gov/advisory/public-health-advisory-regarding-covid-19-testing

• DESE Updated Protocols – December 30, 2021
  • 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
  • New Testing Program https://www.doe.mass.edu/covid19/on-desktop/2022-0118new-testing-program.pdf

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

- Main DPH Guidance Pages for 2022:
  - **Isolation & Quarantine:**
    - [https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19](https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19)
  - Public Health Testing Advisory:
Key Takeaways for Updated Isolation and Quarantine Guidance

• 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.

• Understanding lab tests and what they can (and cannot) tell us.
  • Antigen Tests can be helpful tools for in-the-moment assessments.

• Effective and consistent MASKING is critical to reducing risk under these new Isolation and Quarantine periods.
  • Well-Fitting Masks for cases, contacts, and everyone in between.
  • If you cannot effectively mask, you may be subject to longer home isolation or quarantine, regardless of vaccination status.
If you test positive for COVID-19 (Isolate)

<table>
<thead>
<tr>
<th>Masking Status</th>
<th>Anyone who lives or goes to school in MA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, Able to Mask</td>
<td>• <strong>Stay home and isolate for at least 5 days.</strong></td>
</tr>
<tr>
<td></td>
<td>• If you never had symptoms or symptoms are improving,* may resume most usual activities (except those that do not allow mask wearing) on day 6**</td>
</tr>
<tr>
<td></td>
<td>• Wear a mask around others for 10 days (including in the household)</td>
</tr>
<tr>
<td>No, NOT Able to Consistently Mask</td>
<td>• <strong>Stay home and isolate for 10 days</strong></td>
</tr>
<tr>
<td></td>
<td>• If you never had symptoms or symptoms are improving,* you may resume usual activities on day 11</td>
</tr>
<tr>
<td></td>
<td>• Wear a mask around others in the household for 10 days</td>
</tr>
</tbody>
</table>

**Symptom Criteria:** If you have or develop symptoms, you must continue to stay home, potentially beyond the 5 or 10 days, until you have not had a fever for 24-hours without the use of fever reducing medicine and your other symptoms are improving.

**Testing during isolation is not required.** If you test on day 5 and are positive, you must continue to isolate. You may choose to retest sometime between days 6-9 and can resume normal activities while wearing a mask when you test negative or isolate for the full 10 days without retesting.

***MASKING Caveat:** Applies whether the individual is unable to consistently wear a mask due to young age or medical or behavioral condition.
If you test positive for COVID-19 (Isolate)

**Days to Isolate**
- **Day 0**, first day of symptoms OR day the positive test was taken, whichever is earlier
- **Days 1-4**, continue to isolate
- **Day 5**, last day of Isolation if asymptomatic or symptoms are improving
- **Day 6**, leave isolation but must continue to **wear a mask at all times** when around other people (including in your household) **through day 10**
- While everyone must isolate if required, individuals may be able to return to childcare, school or a healthcare job sooner under certain conditions. See guidance on return to work, school and childcare.

*Symptom Criteria:* If you have or develop symptoms, you must continue to stay home, potentially beyond the 5 or 10 days, until you have not had a fever for 24-hours without the use of fever reducing medicine and your other symptoms are improving.

**Testing during isolation is not required.** If you test on day 5 and are positive, you must continue to isolate. You may choose to retest sometime between days 6-9 and can resume normal activities while wearing a mask when you test negative or isolate for the full 10 days without retesting.

***MASKING Caveat:* Applies whether the individual is unable to consistently wear a mask due to young age or medical or behavioral condition
Isolating Cases & Repeat Testing

Q. What should a case do if they DO test on Day 5 and remain antigen positive? Can they exit isolation on Day 6?

A. If a case tests positive via antigen test on Day 5 or later, we would NOT recommend that they exit isolation at that time.
   - We would recommend retesting in a few days (Day 7-8) and they can exit isolation at that time if negative.
   - In all cases, masking is required through Day 10. Many cases are likely still positive and presumably infectious at Day 5.
If you were exposed to someone with COVID-19 (Quarantine)

• If you are a close contact of someone with COVID, quarantine recommendations are based on:
  • Your Vaccination Status (Are you Up To Date with your Covid Vaccines?)
  • Your ability to wear a well-fitting mask consistently and correctly.

• The MASKING Requirement applies whether the individual is unable to consistently wear a mask due to young age or medical or behavioral condition for general settings. (There may be exemptions in the school/childcare guidance specifically. Look for details in those sector guidances.)

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

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Yes, Up to Date!**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Able to Mask</strong>*</td>
<td><strong>Quarantine Guidance</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>• No quarantine requirement</td>
</tr>
<tr>
<td></td>
<td>• Wear a mask around others for 10 days (including in the household).</td>
</tr>
<tr>
<td></td>
<td>• Rapid antigen or PCR on day 5.</td>
</tr>
<tr>
<td></td>
<td>• Isolate and take a rapid antigen or PCR test anytime symptoms develop*</td>
</tr>
<tr>
<td>No</td>
<td>• Quarantine for 10 days after the exposure</td>
</tr>
<tr>
<td></td>
<td>• Can end quarantine prior to day 10 if test negative after Day 5</td>
</tr>
<tr>
<td></td>
<td>• If positive test or no test after day 5, must quarantine full 10 days</td>
</tr>
<tr>
<td></td>
<td>• Isolate and take a rapid antigen or PCR test anytime symptoms develop*</td>
</tr>
</tbody>
</table>

**Symptoms & Testing:** If you are symptomatic at any point during 10 days after your exposure, including at the very beginning, you must immediately isolate until you test negative by either a rapid antigen or PCR test. If you test positive, follow isolation requirements. If you test negative, continue to follow quarantine requirements.

**Up to Date Status**

***MASKING Caveat:** Applies whether the individual is unable to consistently wear a mask due to young age or medical or behavioral condition.

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**YES, Able to Consistently Mask!**

**No, NOT Able to Consistently Mask!**

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

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Quarantine Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No! Not Up to Date!</strong></td>
<td></td>
</tr>
</tbody>
</table>

- **Able to Mask***
  - YES, Able to Consistently Mask!
  - **Quarantine Guidance**
    - *Quarantine for 5 days after the exposure*
    - Wear a mask during quarantine and for an additional 5 days when around others (including in the household).
    - Take a rapid antigen or PCR test on day 5.
    - Isolate and take a rapid antigen or PCR test anytime symptoms develop*

- No, NOT Able to Consistently Mask!
  - **Quarantine Guidance**
    - *Quarantine for 10 days after the exposure*
    - Can end quarantine prior to day 10 if test negative after Day 5
    - If positive test or no test after day 5, quarantine ends Day 10
    - Isolate and take a rapid antigen or PCR test anytime symptoms develop*

*Symptoms & Testing: If you are symptomatic at any point during 10 days after your exposure, including at the very beginning, you must immediately isolate until you test negative by either a rapid antigen or PCR test. If you test positive, follow isolation requirements. If you test negative, continue to follow quarantine requirements.

**Up to Date Status**

***MASKING Caveat: Applies whether the individual is unable to consistently wear a mask due to young age or medical or behavioral condition
If you were exposed to someone with COVID-19 (Quarantine)

• Q. When is testing Required for Contacts (according to MA Quarantine Guidance for the General Population)?

• A. Testing is only required for NON-masking people if they wish to end quarantine earlier than 10 days. But it is not required for anyone who can mask (testing is only recommended).

  • Up to date, Able to Mask: No Quarantine, Test RECOMMENDED on day 5.
  • Up to date, NO Masking: Yes Quarantine 10 full days. Test recommended, but definitely REQUIRED to end quarantine earlier.
  • Not up to date, Able to Mask: Yes Quarantine 5 days, Test RECOMMENDED on day 5.
  • Not up to date, NO Masking: Yes, Quarantine 10 full days. Test recommended, but definitely REQUIRED to end quarantine earlier.
If you were exposed to someone with COVID-19 (Quarantine)

Days to Quarantine

- **Day 0**, day of Exposure
- **Days 1-4**, continue to quarantine
- **Day 5**, continue to quarantine and get tested if you haven't had symptoms
- **Day 6**, you can leave quarantine but must continue to **wear a mask at all times** when around other people (including in your household) **through day 10**
- **Day 10**, last day of quarantine

While everyone must quarantine if required, individuals may be able to return to childcare, school or a healthcare job sooner under certain conditions. See guidance on return to work, school, and childcare.
Not able to quarantine?  
(N/A in General MA Guidance)

Q. CDC guidance talks about people who are not able to quarantine. What criteria determine quarantining is not possible; who decides?

A. There are particular congregate settings where individual quarantine spaces may not be available. In those specific instances, the CDC guidance that refers to people who are unable to quarantine may be used. Most people in Massachusetts are required to follow current Massachusetts isolation and quarantine requirements.
Allowance for return to work or school/childcare

• Workers in schools, childcare and certain healthcare settings have specific isolation and quarantine standards for returning to their workplaces, as do children returning to school or childcare. It should be noted that these standards apply to their specific setting only, and all individuals must follow the isolation and quarantine guidance for the general population when outside of those settings.

• For instance, a child who is required to quarantine under the general population guidance but is allowed to return to school under DESE guidance would need to comply with quarantine guidance when outside of school.

• Specific guidance and protocols for return to work and school/childcare can be found at:
  • School: DESE Protocols for Responding to COVID-19 Scenarios
  • Childcare: EEC COVID-19 Recommended Protocols and Guidelines
  • Certain Health Care Workers: Isolation and Quarantine Guidance for Health Care Personnel.

• All other sectors must comply with general isolation and quarantine guidance before returning to work, including all non-health care congregate care settings/residential programs and shelters. Additionally, this guidance applies to emergency shelter programs, including individual and family homeless shelters, domestic violence and sexual assault shelters, Veterans’ shelters.
EEC Childcare Follow-up Updates

• Last week, EEC announced updates to their Childcare COVID-19 Reporting Process. These include:
  
  • Removal of the link for reporting cases to DPH directly by childcare providers. Pulling back in EEC Incident Reporting to only include larger program disruptions (as opposed to every case). These incident reports go to EEC, not DPH.
  
  • At this time, new Childcare Reports are not coming in to MDPH directly. Thus, DPH outreach to LBOHs following childcare reporting will discontinue at this time.
  
  • LBOHs should establish their requirements for reporting/communication with Childcare programs in your jurisdiction.
  
  • MDPH does not expect full Cluster events to be created and individual cases and contacts to all be uploaded and linked at this time in MAVEN. LBOHs should prioritize case management and guidance. Additional work in MAVEN for these programs is a local decision based upon prioritization at the local level.
EEC Childcare Guidance Updates

• The EEC Health & Safety Guidance webpage on mass.gov is being updated regularly by EEC with the most up-to-date information and links.
  • This main page has all the updated documents at the bottom of a LONG PAGE of FAQs.
  • This will be where additional translations will be posted once updated.

• The Commonwealth of Massachusetts’ “Testing for Child Care” Program for EEC-Affiliated Child Care Programs (1/19)

  • New EEC guidance that was released at noon 1/19.
  • Provides EEC programs with new testing options, including Symptomatic Rapid Testing and Rapid Cohort Testing as new options aside from the continuing Weekly Surveillance Pooled Testing option
  • Announces a new free rapid antigen testing program (partnership with Neighborhood Villages non-profit group) that EEC programs can enroll into for access to testing resources and support
  • References an updated version of the EEC COVID-19 protocols released last week:
    • COVID-19 Mitigation Protocols and Guidelines (Updated 1/19)
### If an Individual Tests Positive for COVID-19 (Isolate)

- Individual should stay home for 5 days
- After 5 days
  - If **they can mask**: can go back to care on day 6 (test recommended, but not required)
  - If the individual **cannot mask**:
    - **If individual can test on day 5 or later**:
      - When **test negative** and asymptomatic or symptoms are subsiding, can go back to care the day after negative test (rapid test for ages 2 and over), returning to care no later than day 11
      - When **test positive**, continue isolating until negative test and asymptomatic or symptoms subside through day 10, returning to care no later than day 11
    - **If individual cannot test**: stay home for a total of 10 days, returning to care on day 11

### If an Individual Was Exposed to Someone with COVID-19 (Quarantine)

- Individual (staff or student) ages 2 and older may remain in care if they test each day for 5 consecutive days as part of the Rapid Cohort Testing option. If an individual is positive one of those days, they should follow isolation guidance above.
- Otherwise, the individual should stay home for 5 days, and
- After 5 days
  - If **they can mask**: can go back to care on day 6 (test recommended, but not required)
  - If the individual **cannot mask** (including ages birth-2):
    - **If individual can test on day 5**:
      - When **test negative** and remain asymptomatic: can go back to care the day after a negative test (rapid test for ages 2 and over), returning to care no later than day 11
      - When **test positive**, follow isolation guidance above
    - **If individual cannot test**: stay home for total of ten days, returning to care on day 11

**Rapid Cohort Testing:** Allows for 5 days of Testing Asymptomatic Contacts to keep them in daycare.
EEC Testing for under Age 2

- This new program acknowledges that rapid antigen tests are not validated for under Age 2. As a result, children under 2 should follow the guidance for their situation:

  - Contacts would stay home in quarantine through Day 5, and then could return on day 6 with a negative (molecular) test on Day 5 or later (because they cannot mask) for days 6-10.

  - Cases would isolate at home for a minimum of 5 days, and then could return on Day 6 or later with a negative (molecular) test. (Probably not going to happen, so likely follow full 10 days of isolation because they can’t have a rapid test and they can’t mask.)
New Testing Programs for EEC

• EEC strongly encourages everyone to follow the new Testing for Childcare Guidance, however, if daycares want to utilize the free testing materials available through this program, they MUST follow EEC’s protocols & guidance.

• There are three testing protocol options for child care providers to use under Testing for Child Care. These include:

  • **Symptomatic Rapid Testing (New):** Rapid antigen testing for staff or children who show symptoms consistent with COVID-19.

  • **Rapid Cohort Testing (New):** Rapid antigen testing for individuals with a known direct exposure to an individual who has been confirmed COVID positive to replace the need for exclusion from care. Please refer to EEC and DPH’s COVID-19 Mitigation Protocols and Guidelines for Child Care for a definition of cohorts.

  • **Weekly Surveillance Pooled Testing:** Weekly PCR testing for all individuals who have provided consent.
Rapid Cohort Testing (NEW! RECOMMENDED BY EEC):

• **Who Is Eligible**: Educators/staff and children ages 2 and older with a known direct exposure to an individual who has been confirmed COVID positive within their cohort.
  
  • Vaccinated children and staff are exempt from quarantine requirements and are eligible but not required to participate in Rapid Cohort Testing in order to remain in care after a direct exposure.

• **Protocols For Using This Strategy**: When a staff or child tests positive for COVID-19 all unvaccinated cohort members ages 2 and older (usually defined by classroom, family child care home provider or other designation determined by the program) can remain in care as long as they commit to daily rapid antigen testing either administered by the child care program or the family (legal guardian) for five consecutive days.
  
  • These five consecutive days refer to **calendar days following the last exposure** to the individual who tested positive.

  • **The exposure must be in the program** – so outside exposure does not allow for this Rapid Cohort Testing option. (You cannot participate in this daily attendance while testing for outside exposures. You have to quarantine at home for 5 days.)
Q: DESE recently announced a new testing option where districts have the option of sending rapid tests home with students and staff for weekly surveillance testing. Do EEC’s Testing for Child Care options offer the same type of at-home testing?

A: EEC’s Testing for Child Care options do not include an option for staff and children to conduct at-home weekly surveillance testing. Instead, weekly surveillance testing will be conducted on-site through the Weekly Surveillance Pool Testing option.

However, programs that offer rapid cohort antigen testing for close contacts of a COVID-positive individual can arrange for families to perform the rapid tests at home prior to dropping their child in care.
EEC FAQs

- **Q:** Who will administer the rapid antigen tests in EEC-licensed or approved programs?

  - **A:** Programs can either have a designated staff member, family member or volunteer (in accordance with EEC licensing and background record check regulations) administer the rapid antigen tests onsite or arrange for the tests to be performed by families at home prior to dropping the child in care.
EEC Testing Contractor: Neighborhood Villages

• Learn about the testing options through Neighborhood Villages here:
  • [https://www.maearlyedtesting.com/](https://www.maearlyedtesting.com/)
DESE UPDATES: New At-Home Testing Program!

Last Week, DESE announced a new At-Home Testing Program for DESE schools opting in:

- New At-home Testing Program replaces Test and Stay in schools that choose to participate. However, schools participating in at-home testing need to do either/or pooled testing or symptomatic testing.
  - At-home program allows school staff to concentrate on symptomatic testing and not on contact tracing.
  - School are currently apply to this program, and at-home testing for staff starts 1/24 and for students 1/31. Schools can opt into new program or can stay in Test and Stay.
  - Kits will be given to school districts for further re-distribution. Kits are packaged 2 tests per kit and will be handed out every 2 weeks.
  - Any positive tests must be reported to the school (and own provider). The school will then report to DESE via mechanism already in place.
  - Testing doesn't replace vaccination (and boosters if indicated.) Gov. stressed that the state will go to any school at any time to vaccinate as part of the mobile vaccine program.
  - Test and Stay program over the past year has shown that low transmission occurs in school; 99% of tests have been negative.

https://www.doe.mass.edu/covid19/on-desktop/2022-0118new-testing-program.pdf
DESE Testing

- Families should call with At Home test results to the school nurse, who reports to DESE, however these At Home self-tests are not reportable to MAVEN or public health. Schools should ensure students and staff receive appropriate isolation guidance.

- DESE STRONGLY RECOMMENDS participating schools discontinue contact tracing and Test and Stay in the classroom.

https://www.doe.mass.edu/covid19/testing/default.html
QUESTIONS???

QUESTIONS ARE MY FAVORITE