Tools for Local Boards of Health

July 19, 2022

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Topics Today

• Reminders & Updates
• Translation Services Update
  • Make sure you are using the new vendor:
    • LanguageLine Solutions®
• Monkeypox Situational Update
  • Dr. Katie Brown
• Today’s Disease Training: Introduction to Hepatitis A Case Investigations
  • Erin Mann

Hope everyone had a great Independence Day!
MDPH Conducts Infectious Disease Tools for LBOH Webinars Every Other Week

Upcoming Topics! Register Now!

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*No webinar Aug 2.

MDPH presents Every Other Week on Tuesdays 11:00-12:30

- 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:

Webinar Schedule Update: Every Other Tuesday @ 11am

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

Next Webinar: Tuesday, July 26, 2022 – Special Session on Monkeypox Investigations!
Updates – A quick recap for July 19, 2022

We Last Met June 21, 2022:

- Recaps and Reminders
- Translation Services Update
- Monkeypox Updates
- Travel Updates
- Masking
- Vaccines for Kids!
- Review: Updated Guidance for K-12 Schools, Childcare Programs, and Recreational Summer Camps

- Featured Disease Training:
  Cyclospora & Vibrio Case Investigations
  - Geena Chiumento
  - Johanna Vostok

Late Breaker Session: Introduction to Monkeypox Case Investigation and Contact Monitoring

- Announcing a late breaker session for our Tuesday Tools for Local Health Webinar Series: Introduction to Monkeypox Case Investigation and Contact Monitoring

- Topics Include:
  - Monkeypox Fundamentals (Signs, Symptoms, and Transmission)
  - Testing
  - Vaccination & Treatments
  - Case Investigations (Interviews & Isolation)
  - Contact Follow-up (Notification and Monitoring)

- This training will discuss tips, tools, and resources for this evolving outbreak.

When: Tuesday, July 26, 2022
11:00am – 12:30 pm

Register Here!

This session will be recorded and posted on MAVEN Help.
Translation Services Updates

• Previous Fiscal Year Interpreter Services Contracts EXPIRED June 30, 2022.

• All Invoices for services through June 30, 2022 must be submitted to MDPH at sli.invoices@state.ma.us by August 15, 2022.

• Previous contracts and vendor agreements no longer apply as of July 1.
NEW!!! Translation Services Updates

• The following telephone interpreter services are available for assistance in infectious disease case investigations beginning July 1, 2022.
  
  • Please note, the Vendor for this service is LanguageLine Solutions®.
  • The phone number & access code for this service are as follows:
    • DIAL: 866-874-3972
    • PROVIDE: 684959

• This new vendor is ONLY for telephonic language interpreter services. LBOH should not utilize this contract/code for things like document translation or other activities.

• Under this new process, LBOH can access this service with the access code above, and you do not need to submit invoices to MDPH.
Background

- Virus related to smallpox (variola), cowpox, vaccinia, etc.
- Endemic to parts of Central and Western Africa
- Rodents are likely reservoir
  - First recognized as spillover in monkeys in 1958
  - First human case recognized in 1970s
- Prior to 2022, most cases outside endemic area where related to travel or 2003 US outbreak linked to prairie dogs
Situational Update

• Increase in cases since routine smallpox vaccination stopped (1970s)

• Recently, Many non-endemic countries reporting cases
  • As of 7/18 – 13,100 reported globally
  • As of 7/18 – CDC reports 1,972 cases
Signs and Symptoms

• Incubation period 3-15 days (up to 21)
• Classically
  • Starts with viral prodrome – fever/chills, headache, myalgia, sore throat or cough
  • Lymphadenopathy
  • Rash starts within 5 days of symptom onset
    • Rash more often on face and extremities than trunk
    • Lesions may be on palms or soles
    • Lesions often painful
    • Rash evolution: often oral lesions first
      • macules, papules, vesicles, pustules (umbilication), scabs
  • Can resemble more common diseases – syphilis, herpes, chickenpox
Signs and Symptoms

- Current cases have different presentations
  - Fewer lesions
  - Unusual distribution – initial lesions often in genital, anal/perianal area
  - Prodrome often but not always lacking
    - Or may occur after onset of rash
  - Generally very mild illness not requiring hospitalization
    - As of July 18, CDC is continuing to report that there have been no deaths reported from non-endemic countries in the current outbreak
Transmission in Current Outbreak

• No evidence at this time that people transmit before symptom onset

• Direct contact with lesions or from fomites contaminated with material (fluid or crusts) from lesions
  • Overwhelming majority of cases have reported sexual or other direct, very close contact

• Large respiratory droplets during prolonged face-to-face contact

• Casual contact not known to be a risk factor

• Infectious period ends once all lesions have scabbed and scabs fallen off
Affected Population

• High proportion of gay, bisexual or other MSM
• NOT restricted to this population
  • Virus introduced into this social network
  • Includes type of close contact which results in spread
• Not technically a STI
  • Does not require sex to transmit
  • Sort of acting like an STI
Transmission

• Outside of Africa, only one healthcare worker case
  • Believed to be infected from shaking sheets of a case

• Household contacts in Africa have been infected
  • Has not been commonly demonstrated during current outbreak

• Transmission on flights has not been documented

• Unknowns
  • Virus recently detected in semen – unknown how that contributes to spread
  • Are there asymptomatic cases and how do they impact transmission?
Testing

• PCR testing which confirms a non-smallpox orthopoxvirus infection available at SPHL (probable case)
  • Testing capacity recently expanded - over 500/week
  • Most sites required to call for pre-approval prior to submission
    • Continue to reduce that burden over next few weeks

• SPHL may conduct some sequencing – would confirm monkeypox virus infection
  • Not necessary – anything right now presumed to be monkeypox

• Multiple commercial laboratories now also offering testing
  • Labcorp, Mayo, Quest, Sonic, Aegis
Testing at SPHL

- **Samples:**
  - Swab of lesions, or fluid or crusts from lesions are best
  - No test currently available for people without a rash
  - CDC can test for antibodies under rare circumstances
  - Instructions for Specimen collection
    - [https://www.mass.gov/doc/instructions-for-specimen-collection-for-orthopoxvirus-testing/download](https://www.mass.gov/doc/instructions-for-specimen-collection-for-orthopoxvirus-testing/download)
  - Results within 24-48 hours
Prevention

• Patients being tested need to isolate pending results
• Location of isolation following confirmation varies
  • Hospital
  • Home – if live alone
  • Home with others – depends
    • Have to be able to cover all lesions and wear a mask, stay in room
    • Can have a shared bathroom but must be cleaned after every use by case
    • Not ideal if people at risk of severe disease share your home
• Isolation lasts 2-4 weeks
  • All lesions must have scabbed over and scabs fallen off
Isolation

• Current recommendations
  • Stay home except to receive medical care
  • Cover all your lesions and wear a mask
  • Try to avoid public transportation
  • Do not share clothing, bedding, towels, utensils, etc.
  • Avoid rash touching upholstered surfaces on furniture
  • Do your own laundry (normal washing practices are sufficient)
  • Avoid close contact with any pets (to the extent possible)
    • Cats and dogs have not been known to be infected, can generally stay in the home
    • Small rodent pets are more at risk – case by case, best if a non-infected household member care for them
Close contacts - community

• HIGH RISK (examples):
  • Intimate skin on skin contact (even without sexual activity)
    • Includes kissing, hugging, prolonged face-to-face contact
  • Sharing bedding, clothes or towels

• INTERMEDIATE RISK (examples):
  • Spending hours (3+) in the same room with a case, neither person wearing masks

• LOW RISK (examples):
  • Sitting in the same room as a case for less than 3 hours
Close contacts – healthcare workers

• HIGH RISK (examples):
  • Direct contact without PPE to patient or linens, clothing, equipment
  • In a room without mask and eye protection during AGP

• INTERMEDIATE RISK (examples):
  • Being in the patient room, within 6 feet, both unmasked OR if HCW is not wearing eye protection for 3+ hours

• LOW RISK (examples):
  • Being in the patient room, within 6 feet, both unmasked OR if HCW is not wearing eye protection for less than 3 hours

• NO RISK: wore full PPE for all patient encounters
Prevention

• Case Investigation
  • Purpose: mode of transmission – anything unexpected should trigger additional investigation
  • Purpose: identify close contacts

• Identification of close contacts
  • 21 day symptom monitoring period
    • Can be passive or active monitoring, flexibility on frequency of monitoring
    • More guidance coming
    • If symptoms develop, should isolate at home and contact public health
  • Does not require quarantine
    • If symptoms develop, isolate and contact provider/public health

• MDPH has been asking LBOH to assist with monitoring close contacts
  • Will begin asking this week for assistance with case investigation
  • Next week’s MAVEN training will be on these topics
Prevention

- High risk contacts are offered post-exposure vaccine with JYNNEOS™
  - Two doses, 28 days apart
  - Ideally start within 4 days after exposure to prevent disease
  - Up to 14 days after to lessen disease severity
- Vaccine only being used as post-exposure
  - Insufficient supply for pre-exposure at this time
  - PEP for contacts of known cases
  - PEP++ (enhanced post-exposure) – people with multiple sexual partners in the last 14 days in a jurisdiction with known monkeypox cases
- VIS: [https://www.cdc.gov/vaccines/hcp/vis/vis-statements/smallpox-monkeypox.html](https://www.cdc.gov/vaccines/hcp/vis/vis-statements/smallpox-monkeypox.html)
Vaccination Sites (current)

- Fenway Health
- MGH Sexual Health Clinic
- BMC Infectious Disease Clinic
- Outer Cape Cod Health Services
- JRI Health
- Greater Lawrence Family Health Center
- Health Innovations
- Baystate – Brightwood Health Center
- Tapestry Health
- AIDS Project Worcester
- Seven Hills Behavioral Health

https://www.mass.gov/info-details/monkeypox-vaccination-information-for-health-care-providers
Vaccination for Pre-Exposure

• **ACAM 2000**
  • Smallpox vaccine, somewhat enhanced safety profile since 2003
  • Medical contraindications to use
  • Lots of stockpiled supply

• **JYNNEOS**
  • Smallpox and monkeypox prevention
  • 2 doses, 28 days apart
  • Recommended for high risk lab workers and certain healthcare workers
Therapeutics

• Tecovirimat (TPOXX)
  • FDA approved for treatment of smallpox only
  • CDC allowing expanded access under an IND with complex monitoring protocol
  • Considered for:
    • Patient with severe disease
    • Patient at risk for severe disease
      • Immune compromise
      • Pediatric populations (under 8 years)
      • Pregnant or breastfeeding women
      • Patients with atopic dermatitis or active skin conditions such as eczema, psoriasis etc.
      • Patients with concurrent disease/comorbidities
  • https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html
Education and Outreach

• Most Important Points:
  • Awareness about who is most at risk and why
  • Avoid sex and other close contact activities if you don’t feel well (generally good advice);
  • Seek medical care if you have a new onset rash
  • New partners, ask them if they feel well or if they have had exposure to someone with monkeypox prior to sex
  • Consider your own risk in settings where there is likely to be frequent skin-to-skin contact (e.g. rave)
Monkeypox: What’s Next?

- **MDPH webpage:** [https://www.mass.gov/monkeypox](https://www.mass.gov/monkeypox)
  - [MDPH Updates Every Thursday!](https://www.mass.gov)  Case counts and other important information!

- A full training on Monkeypox Case Investigation and Contact Tracing for LBOH is scheduled for Tuesday, July 26th at 11:00. Be sure to [Register](https://www.mass.gov).

This week, if you receive a new case or a contact event in your jurisdiction, an MDPH Epi is available to discuss and work with you on a plan for follow-up.

- **LBOH should see your MAVEN Events.**
  - **Contact Events:** MA residents with out-of-state exposures, In-state exposures.
  - **Suspect Cases (PUIs: Patients Under Investigation):** Symptomatic individuals identified by a medical provider for potential testing.
    - Some of these will be screened out very quickly by MDPH, others may be approved for testing.
  - **Probable & Confirmed Events:** These individuals have tested positive and should isolate and be interviewed.

- **Be sure to READ THE NOTES from the MDPH Epi in the MAVEN Event!** This will tell you if any action is needed on your part.

- **Contact the assigned MDPH Epi (see Task Tab) if you have questions.**
Introduction to Hepatitis A Case Investigations

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