Massachusetts Department of Public Health

DPH

MDPH Tuesday Infectious Disease Webinar Series

"Tools for Local Boards of Health"

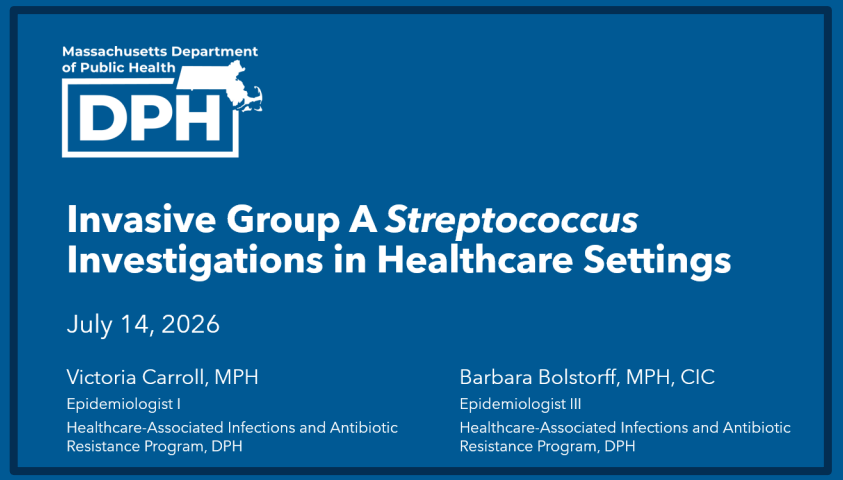
July 14, 2026

Hillary Johnson, MHS
Senior Epidemiology Advisor to Local Health, Division of Epidemiology

Petra Schubert, MPH
Emerging Infections Coordinator, Division of Epidemiology

Kate Hamdan, MPH
Surveillance Epidemiologist, MAVEN Training Team Lead

Lionel White, MSIT
Senior Surveillance Research Analyst, MAVEN Training Team



July 14, 2026

- **DPH Updates:**
  - **Cyclospora Updates - Geena Chiumento, MPH**
  - **FIFA! World Cup Workload Tracking & Tools**
  - **Ebola: Situational Update and Guidance on Traveler Monitoring**
- **Featured Presentation: Invasive Group A Streptococcus Investigations in Healthcare Settings**
  - **Victoria Carroll, MPH**
  - **Barbara Bolstorff, MPH, CIC**

CDC: Stay away from romaine lettuce
America: OK
CDC Says no to raw cookie **dough**
America: LOL heck no

Infectious Disease Tools for LBOH Webinar Schedule!

2026 Upcoming Schedule!

All Registrations:	http://tinyurl.com/MAVEN-Webinars
2nd Tues 7/14/26	Group A Strep Investigations
4th Tues	*No July Office Hours*
2nd Tues	*No August Webinar or Office Hours Happy Summer!*
4th Tues	
2nd Tues 9/08/26	Report My Meal! – Findings from the New Reporting System.
4th Tues 9/22/26	Office Hours
2nd Tues 10/13/26	2026-2027 Respiratory Illness Season Kickoff
4th Tues 10/27/26	Office Hours

WEBINAR REGISTRATION PAGE:
http://tinyurl.com/MAVEN-Webinars

- You help us identify topics, needs, & content!
- Be sure to send ideas, requests, and questions to Hillary and Scott!

You can always contact mavenhelp@mass.gov or The MDPH Epi Program at 617-983-6800 with specific questions.

MAVEN Help has Guidance Documents and Previous Webinars:

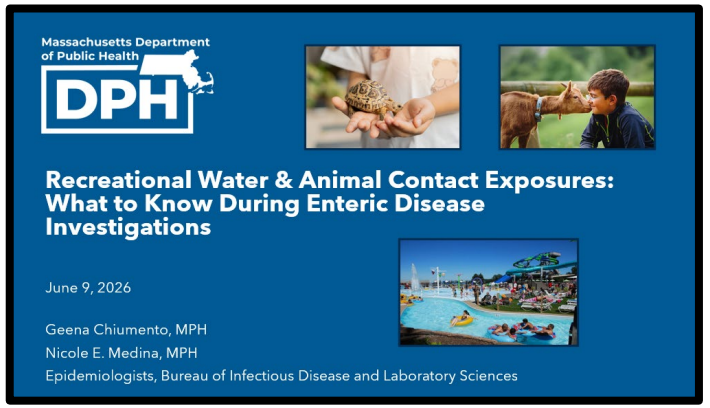
http://www.maven-help.maventrainingsite.com/toc.html

No July Office Hours or August Webinar.
See you in September!

Updates – A quick recap for July 14, 2026

June 9, 2026:

- **DPH Updates:**
  - **Arbovirus Season!**
  - **FIFA! World Cup Workload Tracking & Tools**
  - **Ebola: Situational Update and Guidance on Traveler Monitoring**
- **Featured Presentation: Recreational Water & Animal Contact Exposures: What to Know During Enteric Disease Investigations**
  - **Nicole E. Medina, MPH**
  - **Geena Chiumento, MPH**



PDF Slides, Recording

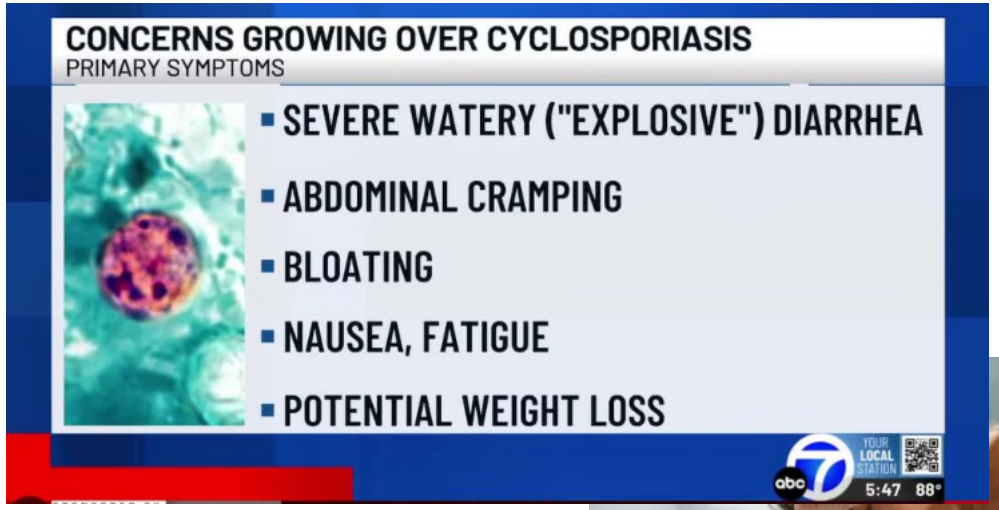
Always Remember you can see recent webinar recordings and slides in MAVEN Help.

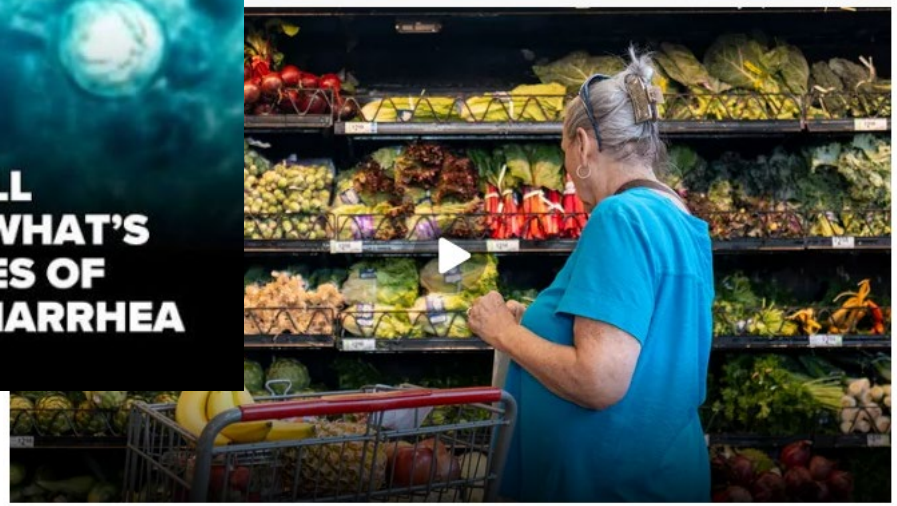
Bookmark the URLs!

MAVEN Help:
http://www.maven-help.maventrainingsite.com/toc.html

Register for Future 2026 Webinars and Office Hours:
http://tinyurl.com/MAVEN-Webinars

Cyclospora is making headlines!





'Explosive diarrhea' cases surge across the US. What is cyclosporiasis?

Cyclosporiasis cases are rising across the U.S. as officials warn about contaminated produce and symptoms.

https://www.cdc.gov/cyclosporiasis/php/surveillance/index.html

Cyclospora basics

- Symptoms: **profuse watery diarrhea**, anorexia, nausea, vomiting, abdominal cramps, weight loss
- Incubation period: 2-14 days (typically 7 days)
- Transmission: consuming **fresh** produce or water contaminated with human feces
  - Domestically-acquired (in US): can be associated with imported and domestically-grown fresh produce
    - Produce not considered to be a risk: Grown at home, cooked, canned, frozen, dried
  - Internationally-acquired: can be associated with travel to places where Cyclo is endemic (tropical and sub-tropical regions)

NOTE: While washing fresh produce before consumption is a best practice in preventing foodborne illness, it may not effectively remove Cyclospora.

Cyclospora in MA

- "Immediate" disease from May 1st through August 31st
- Cases who spent any part of their 14-day incubation period in the US should be interviewed using the "CNHGQ 2026" dynamic question package in MAVEN
- It can take individuals weeks to receive appropriate testing and diagnoses, so exposures are often asked about weeks later
- Prompt and complete food histories allow public health to better detect clusters and outbreaks

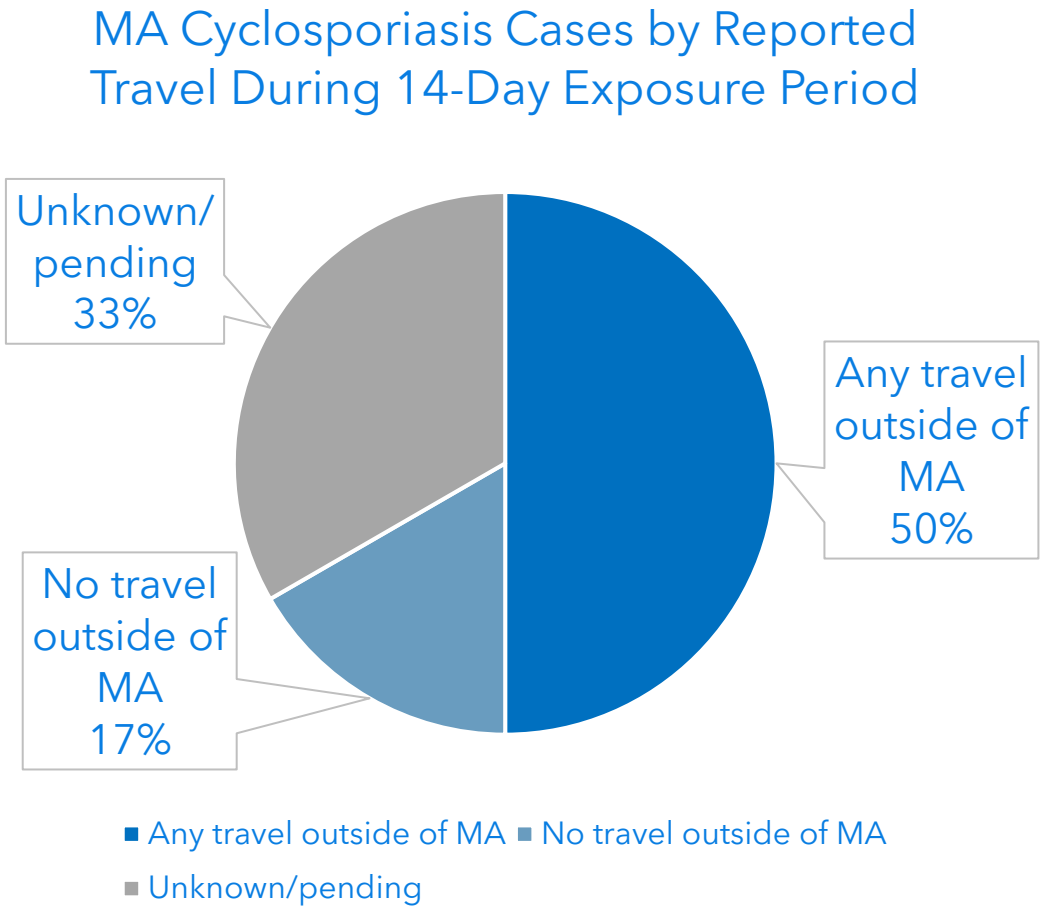
Case Investigation Resources in MAVEN Help

- Cyclospora Case Investigation Tip Sheet
- June 2022 Cyclospora & Vibrio Case Investigations for LBOH: slides, webinar recording

Foodborne Waterborne Illness Data in MA

Cyclospora in MA

- 30 lab-confirmed cases reported 5/1/26 through 7/13/26
- 50% cases report some amount of travel outside of MA in the 14 days prior to illness
- 1 active geographic cluster being investigated in MA



Data are current as of 07/13/2026 and include case counts from 05/01/2026 through 07/13/2026. Data are preliminary and subject to change.

Confirmed and probable cases are included.

FIFA World Cup 2026 & Other Big Events

FIFA BOSTON

SAIL BOSTON
JULY 11–16 ★ 2026

BOSTON 250

Go Team! Almost There!

- **July 9 France v Morocco quarter-final match at Boston Stadium** was the last scheduled FIFA World Cup 2026 match at Boston Stadium in Massachusetts.
  - Remaining games are in Dallas, Atlanta, Miami, and New York and conclude on July 19th.
- Independence Day & 250th Celebrations have largely concluded.
- Sail Boston from July 10-16, 2026
- Still within potential incubation periods for some infections.
- Have not seen FIFA-related notations on cases in MAVEN.

Other DPH Infectious Disease Surveillance for WC26

Syndromic Surveillance

- Tracking syndromes (ex. GI illness, respiratory illness)
- Identifying visits associated with high impact disease
  - Ex. Measles, meningococcal disease, MERS
- Trends in visits to Emergency Departments

Wastewater Surveillance

- SARS-CoV-2
  - SARS-CoV-2 sequencing at 3 sites
- RSV
- Influenza A & B
  - Influenza A Subtypes (including H5N1)
- Measles Virus
- Norovirus GI & GII (includes Adenovirus)
- Hepatitis A
- MPOX

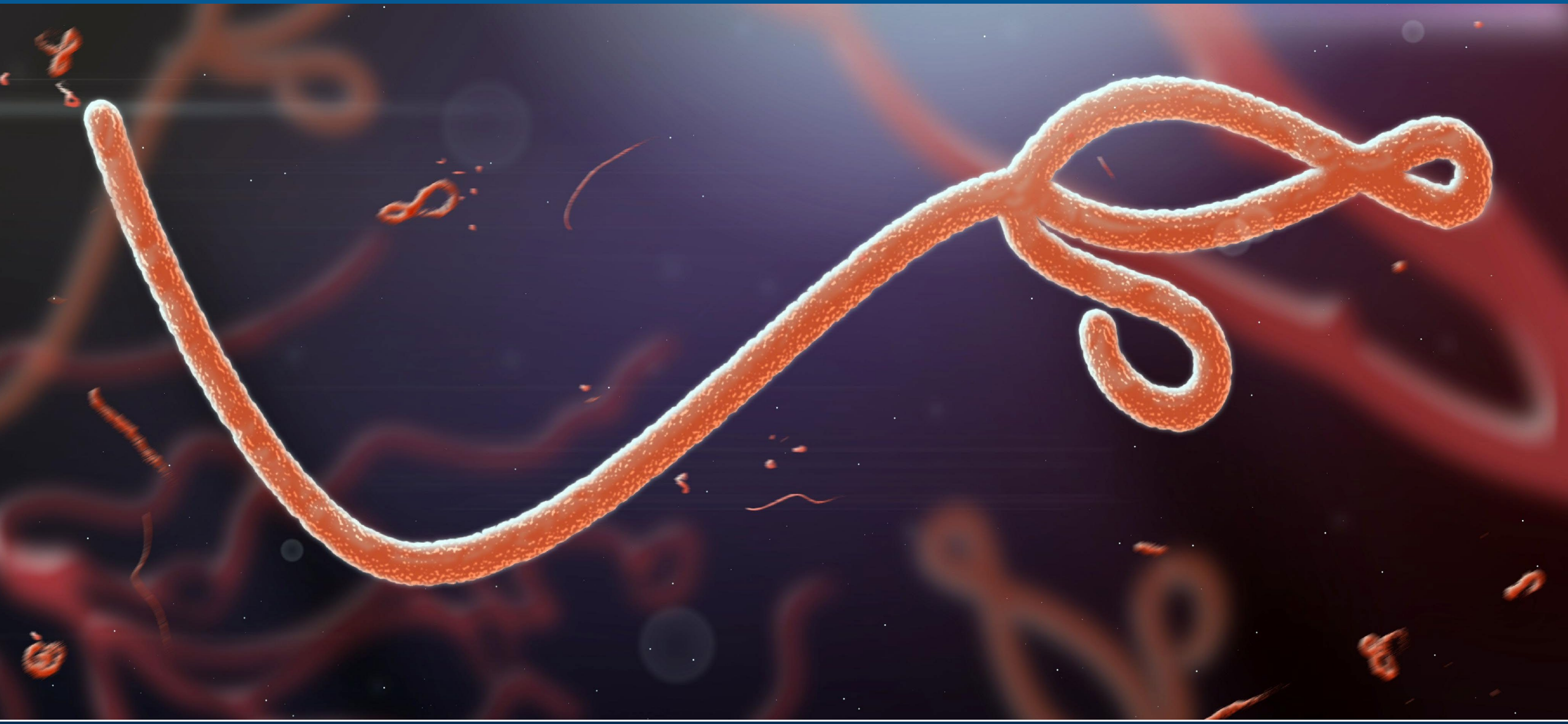
Summer 2026

- Thank you for your continued work this summer!
  - Reminder to utilize translation services for casework (for your residents and also visitors staying in your jurisdictions).

FIFA Schedule

Reminder: You may be called to investigate travelers "staying" in your jurisdiction, even if they are not your official residents.

Ebola: Situational Update & Traveler Monitoring Guidance

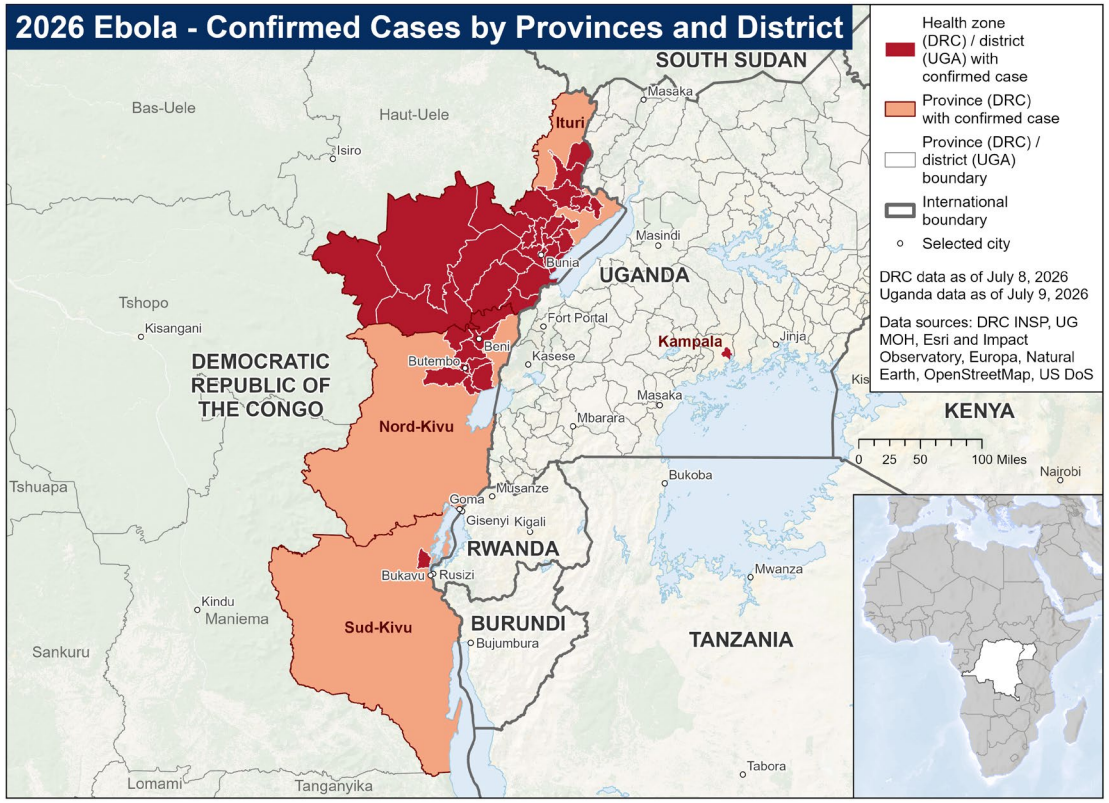


Today's Ebola Updates & Reminders

- **Ebola Outbreak in DRC and Uganda Situational Update**
  - Comprehensive Training & Materials on MAVEN Help
  - Updated LBOH Tip Sheet
- **New Traveler Category: Transit Only Travelers**
- **Reminders:**
  - When to Notify DPH EPI
  - Additional Travel Plan Guidance
- **Quick Review of the Traveler Intake Process**
  - Assessment Category – Determined by LBOH (not traveler)
  - MA Intake vs. Check-In – They are different

2026 Ebola Outbreak in DRC and Uganda

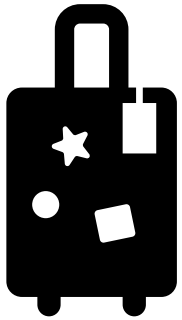
- As of July 8, the DRC, Uganda and France have reported:
  - **DRC**: A total of **1792 confirmed cases and 625 confirmed deaths.**
  - **Uganda**: A total of **20 confirmed cases and 2 confirmed death.**
  - **France: 1 confirmed case**
- This is a rapidly evolving situation, and case counts are subject to change and likely an undercount.
- To date, **no Ebola cases** associated with this outbreak have been reported in the United States, and the risk to the general public remains low.

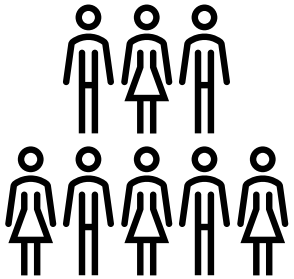


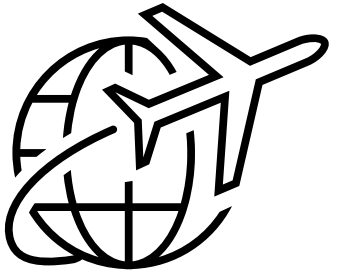
[CDC: Ebola Outbreak: Current Situation]

Ebola Monitoring in Massachusetts

- When travelers from DRC, Uganda, and South Sudan arrive in the US, they need to be assessed for risk and then monitored for the remaining days of a potential 21-day incubation period.
- DPH is receiving lists of returned travelers screened by CDC at airports.
  - Most returning travelers are at low risk for contracting Ebola - present in outbreak country without situations with exposure potential.
- As of July 10, DPH and LBOHs are monitoring:
  - 300+ non-high risk travelers
  - from 80 jurisdictions in Massachusetts



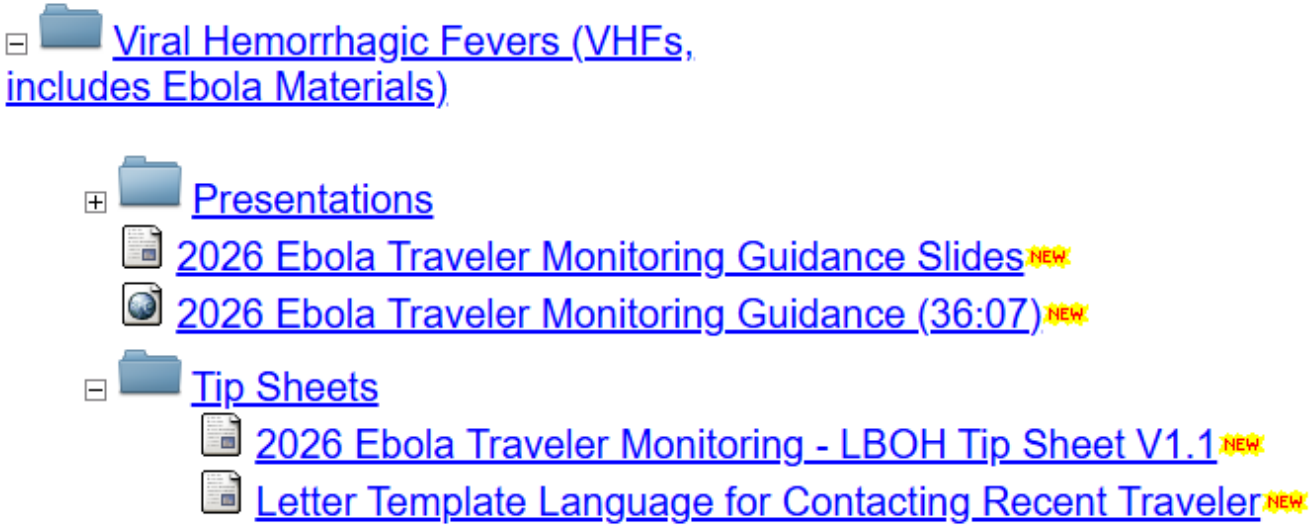


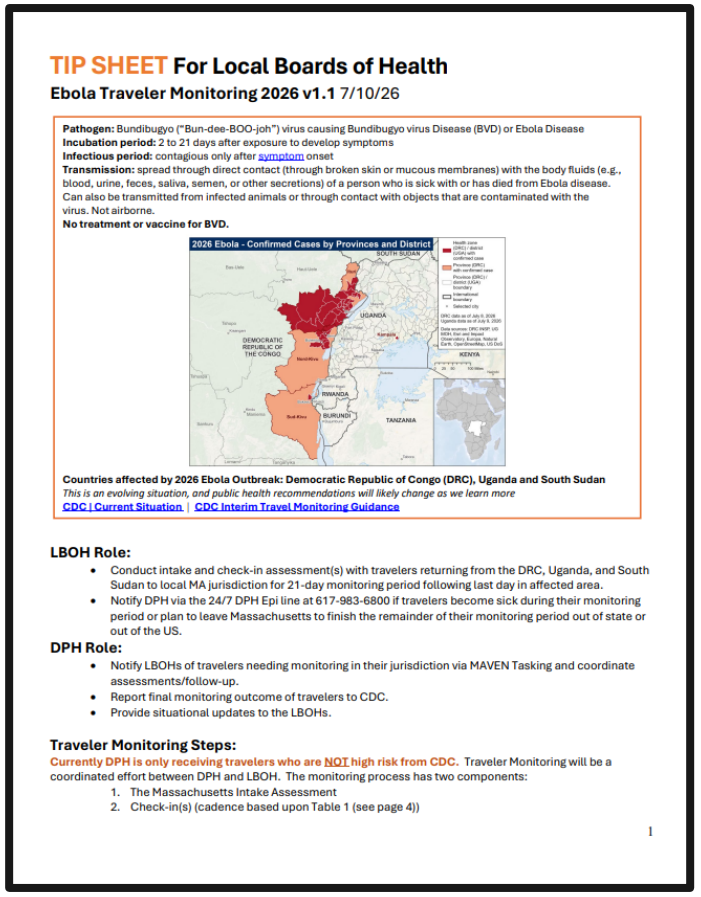


Remember to check your **TASKS Workflow** for Traveler Event Notifications

MAVEN Help Resources

- Training Presentation
- LBOH Tip Sheet – updated on 7/10/26
- Letter Template Language





TIP SHEET For Local Boards of Health

Ebola Traveler Monitoring 2026 v1.1 7/10/26

Pathogen: Bundibugyo ("Bun-dee-BOO-joh") virus causing Bundibugyo virus Disease (BVD) or Ebola Disease
Incubation period: 2 to 21 days after exposure to develop symptoms
Infectious period: contagious only after symptom onset
Transmission: spread through direct contact (through broken skin or mucous membranes) with the body fluids (e.g., blood, urine, feces, saliva, semen, or other secretions) of a person who is sick with or has died from Ebola disease. Can also be transmitted from infected animals or through contact with objects that are contaminated with the virus. Not airborne.
No treatment or vaccine for BVD.

Countries affected by 2026 Ebola Outbreak: Democratic Republic of Congo (DRC), Uganda and South Sudan
This is an evolving situation, and public health recommendations will likely change as we learn more
CDC | Current Situation | CDC Interim Travel Monitoring Guidance

LBOH Role:
- Conduct intake and check-in assessment(s) with travelers returning from the DRC, Uganda, and South Sudan to local MA jurisdiction for 21-day monitoring period following last day in affected area.
- Notify DPH via the 24/7 DPH Epi line at 617-983-6800 if travelers become sick during their monitoring period or plan to leave Massachusetts to finish the remainder of their monitoring period out of state or out of the US.

DPH Role:
- Notify LBOHs of travelers needing monitoring in their jurisdiction via MAVEN Tasking and coordinate assessments/follow-up.
- Report final monitoring outcome of travelers to CDC.
- Provide situational updates to the LBOHs.

Traveler Monitoring Steps:
Currently DPH is only receiving travelers who are NOT high risk from CDC. Traveler Monitoring will be a coordinated effort between DPH and LBOH. The monitoring process has two components:
1. The Massachusetts Intake Assessment
2. Check-in(s) (cadence based upon Table 1 (see page 4))

1

NEW – Transit Only Travelers

- As of July 7, 2026 CDC is sending screening data for air travelers who **transited** through affected countries on a connecting flight .
- These travelers should **receive an intake assessment** but the check-in is optional.

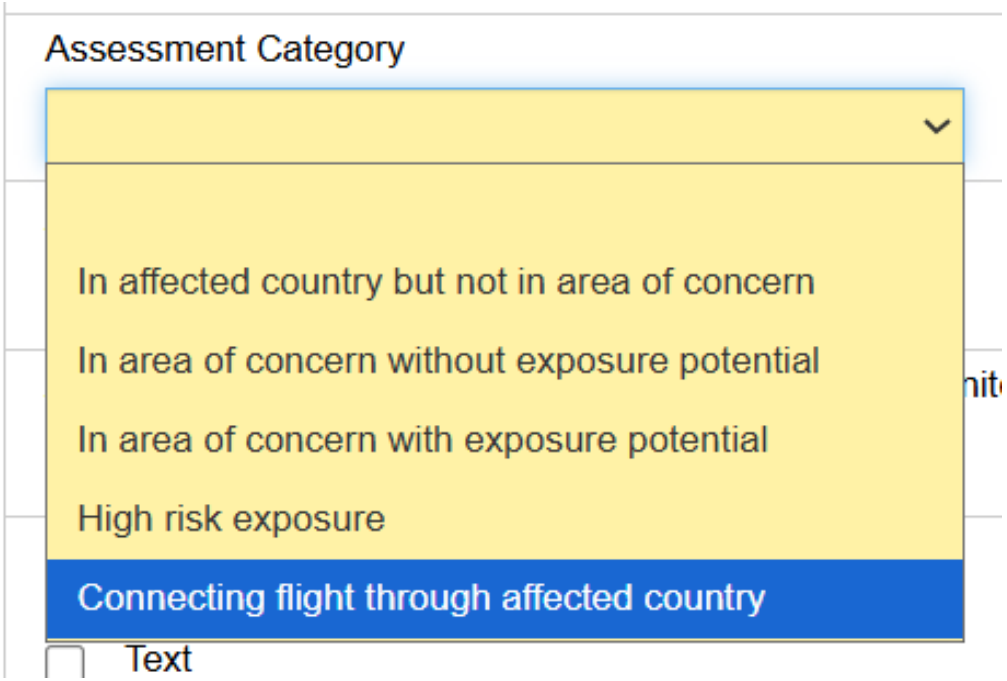
Table 1: Monitoring recommendations for asymptomatic travelers with no-high risk exposures:

	Monitoring Criteria		
	Category A **In area of concern with exposure potential**	**Category B** **In area of concern without exposure potential**	**Category C** **Connecting flight through affected country**
Intake	Conduct risk assessment, determine risk category and provide health education		
	Advise self-symptom monitoring + daily temperature measurement		
Check-in Cadence	At least once a week	One check-in on the last day of monitoring (21 days after leaving affected country)	Only intake is required; Check in optional

NEW – Documentation of Transit Only Travelers

- **New option** in Assessment Category variable for “connecting flight through affected country”

- **Once MA Intake is complete** you can sign off the final monitoring outcome as successfully monitored. Check in is optional.



Reminder - When to notify your assigned DPH Epi

- If you are concerned about an **exposure potential** or situation.
  - If a traveler indicates a **high-risk exposure** (known exposure to patient or household member with confirmed or suspected Ebola and/or direct exposure to bodily fluids containing Ebola Virus) during their intake assessment, notify DPH at 617-983-6800 (this would be rare).
- If the traveler is **symptomatic** on intake or check-in.
- If the traveler **did not spend any time in the DRC, South Sudan or Uganda** in the last 21 days, no additional follow-up is needed.
- If the traveler **plans to leave Massachusetts** for the remainder of their monitoring period.

Travel Plans during monitoring period

- If the traveler plans to leave MA for **the remainder** of their monitoring period – DPH can transfer the contact to another state.
- If the traveler plans to **leave MA and come back** during their monitoring period - keep the traveler.
- CDC is most interested in the traveler's disposition after the 21-day monitoring period. Wherever the contact is after Day 21 is the jurisdiction who should report.
- It's ok to keep contacts if you develop a relationship with them.
- **Please let your assigned DPH Epi know if the traveler plans to travel during their monitoring period.**

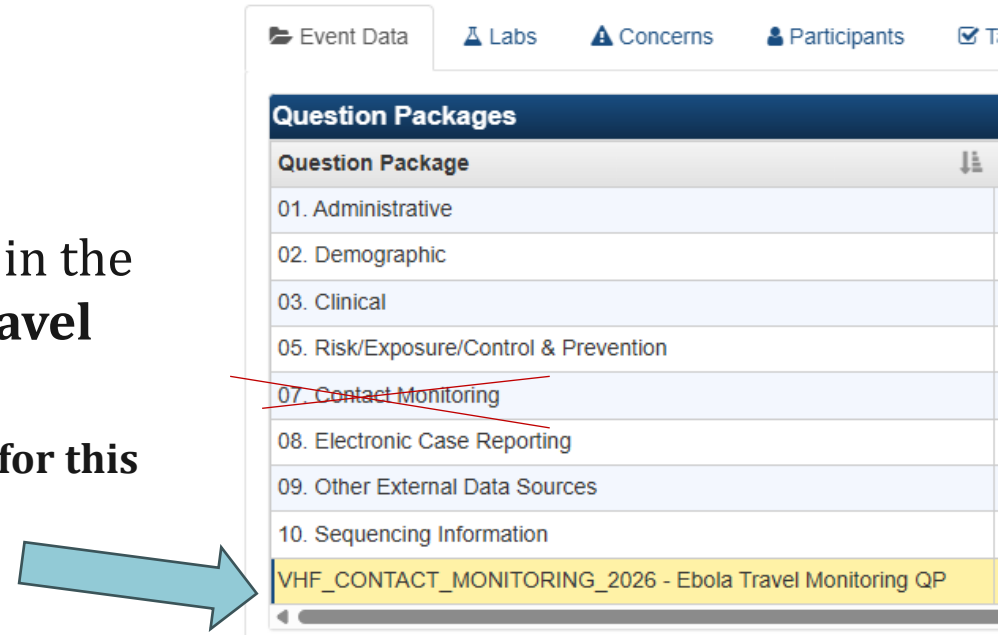
International Travel during monitoring period

- CDC discourages international and cruise ship travel during the 21-day monitoring period because of outbreak restrictions in other countries and access to healthcare if they were to get sick.

- **If the person must travel, notify your assigned DPH Epi.** DPH can CDC who can notify the proper authorities to prevent unforeseen disruptions to travel plans (e.g., denial of entry) at their destination.

Monitoring Returning Travelers in Massachusetts

- Traveler Monitoring will be a coordinated effort between DPH and LBOH. The monitoring process has two components:
  1. The Massachusetts Intake Assessment
  2. Check in(s)
- Intake and subsequent Check-Ins should be documented in the **MAVEN VHF_CONTACT_MONITORING_2026 - Ebola Travel Monitoring QP**
  - **DO NOT UTILIZE the *07. Contact Monitoring Question Package* for this current outbreak.**



1. The Massachusetts Intake Assessment

- DPH Epis will notify the LBOH of a new returning traveler in their jurisdiction that needs monitoring via TASKing.

- **LBOH conducts the Intake Assessment:**

  - **Verify travel location, dates, and exposure potential (risk) information** collected by CDC at airport screening

    - This determines duration of monitoring and cadence of check-in(s).

  - Share information with returned travelers about **self-symptom monitoring**

    - Ask they call the 24/7 Epi line at 617-983-6800 if they become ill.
    - DPH Epis consult with Medical Director and provide warm hand-off to healthcare facility as indicated.

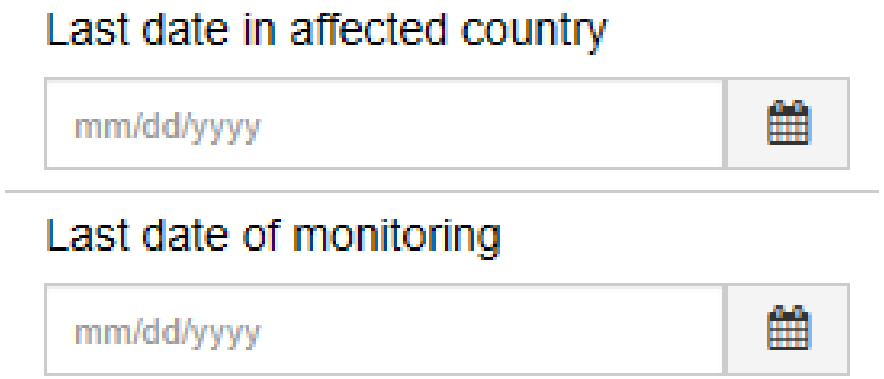
  - **Establish plan for check-in(s).**

Intake: Travel Information

- Was the traveler in any of the following affected countries or areas of concern in the last 21 days?
  - **DRC, Uganda, or South Sudan**: **Entire country is an area of concern**
    - Travelers from South Sudan are included because there is a high-volume of travel across a porous shared border with DRC.
  - **This list may change over time.** (for example, only Uganda's capital city was considered an area of concern prior to June 5.)
  - **Stopover flights** are now included.
- Verify the **last date the traveler was in the affected country** to determine end of 21-day monitoring period.

Intake: Establishing 21 Day Monitoring Period

- Last date IN affected country = Day 0.
- Last date of Monitoring = Day 21.



Tip: Just look at a calendar and count 3 lines (weeks) down for Day 21.

Intake: Self-Symptom Monitoring Instructions

- Review **symptoms** of Ebola and ensure that all travel know how to self-monitor.
  - Fever, severe headache, muscle or joint pain, weakness/fatigue, sore throat, loss of appetite, rash, unexplained bleeding, GI symptoms (diarrhea, nausea, vomiting, abdominal pain)
- Does the traveler currently have any of the listed symptoms?

Intake Assessment Wrap Up

- Provide the Traveler with the last date of monitoring (last date in affected country + 21 days).

- Ask about scheduled **out-of-state travel** during their monitoring period.
  - Notify your DPH Epi if the traveler plans to leave MA for the remainder of their monitoring period

- **Provide traveler with DPH 24/7 number (617-983-6800)** to call if they become sick or make new plans to travel outside Massachusetts during their monitoring period.

Check-in Cadence

- Finally, establish a plan for checking in using traveler's preferred method of communication (phone/text/email).

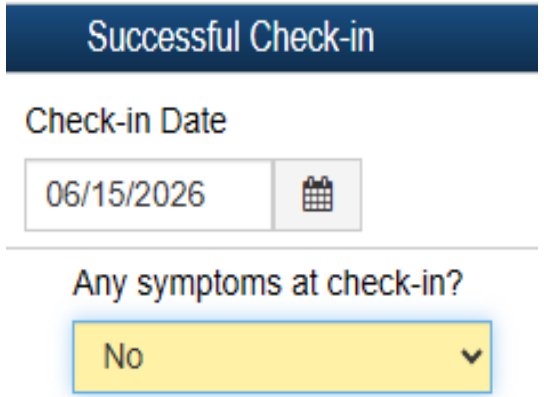
Table 1: Monitoring recommendations for asymptomatic travelers with no-high risk exposures:

	Monitoring Criteria		
	Category A **In area of concern with exposure potential**	**Category B** **In area of concern without exposure potential**	**Category C** **Connecting flight through affected country**
Intake	Conduct risk assessment, determine risk category and provide health education		
	Advise self-symptom monitoring + daily temperature measurement		
Check-in Cadence	At least once a week	One check-in on the last day of monitoring (21 days after leaving affected country)	Only intake is required; Check in optional

List of affected countries may change.

Check in Assessment

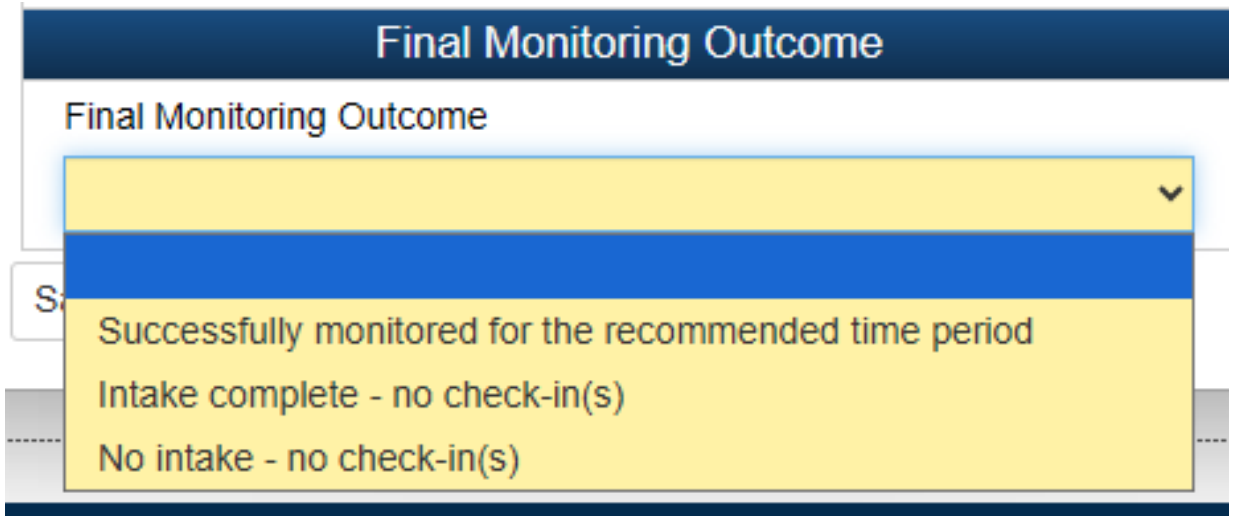
- **Document each <u>successful</u> check-in in the Ebola Travel Monitoring question package.**
  - If you are unable to reach the traveler but wish to document your attempts, leave a note in the dashboard notes section. Reserve “Successful Check-In” entries for completed communication & symptom checks with the traveler.



- **Check-in includes asking:**
  - If they have experienced any symptoms since you last contacted them.
    - If so, obtain information (symptoms, onset, any care received) and contact DPH Epi.
  - If they have established any out-of-state travel plans since you last communicated with them.

Final Check in

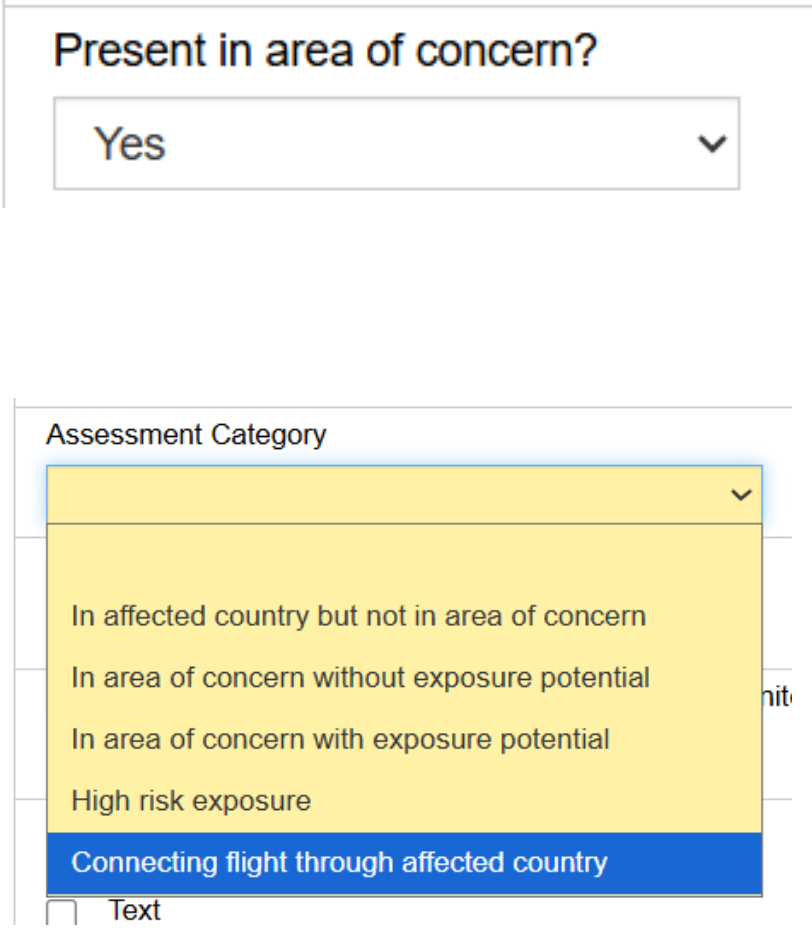
- **Complete the Final Monitoring Period Outcome Variable in MAVEN.**



- Update the Case Report Form (CRF) Completed Variable in the Administrative Question Package to “yes.”

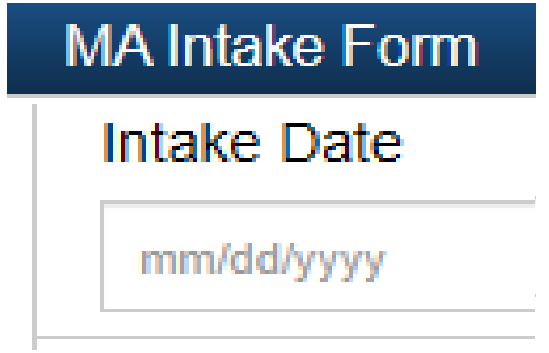
MAVEN Documentation Reminders

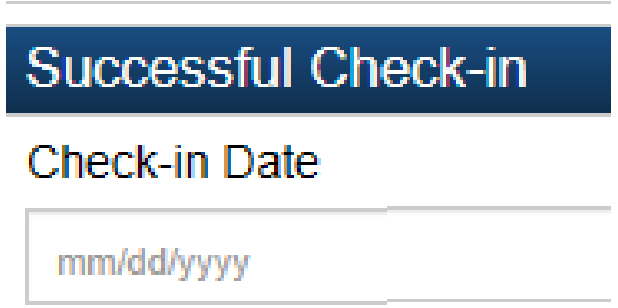
- The **area of concern** and **assessment category variables** take determination on your part and are <u>not</u> questions that should be asked directly of the traveler.
  - These are conclusions you make and note in MAVEN following the MA Intake Interview.

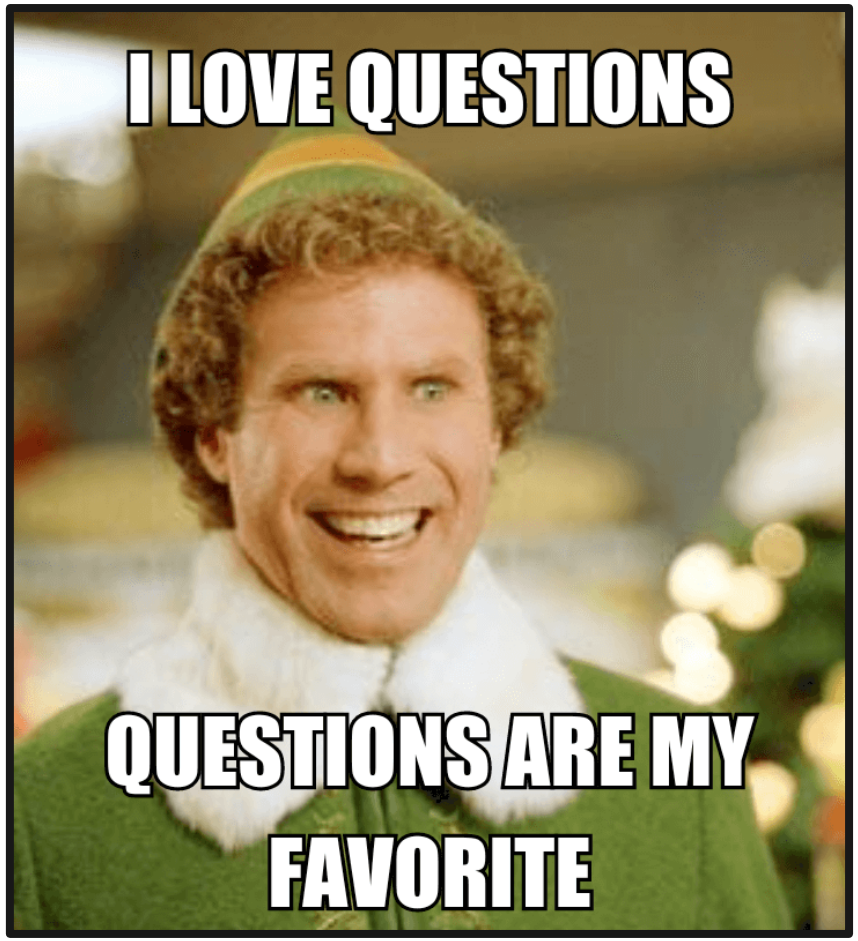


MAVEN Documentation Reminders

- **MA Intake date** and **Check-in dates** and should not be the same.
  - All new travelers should receive a **MA Intake** (where LBOH establishes communication and collects risk/travel history).
  - **Check-Ins** are subsequent monitoring interactions with the traveler based on a schedule (see on Monitoring Recommendations Table). These brief check-ins ensure symptom check and any change in status/travel plans.






I LOVE QUESTIONS
QUESTIONS ARE MY FAVORITE