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

Tools for LBOHs

June 15, 2021

Hillary Johnson, MHS, Infectious Disease Epidemiologist
Scott Troppy, MPH, PMP, CIC, Surveillance Epidemiologist
Alex DeJesus, MPH,CIC, Infectious Disease Epidemiologist
Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health
Topics Today

• MAVEN On-Call Statistics for May
• MAVEN Case/Contact Extracts sent once a day at 10 a.m. to CTC
• Breakthrough
  • Breakthrough Teleform for providers (hospitalization and death)
  • What to Do with Breakthrough for LBOH investigations
• Updated Testing Guidance!
• Testing Reminders
  • Serology Testing
  • Home Testing
    • New BinaxNOW Self-Test
• Delta Variant

really bummer that soon i will have to stop cancelling plans "due to covid" and start canceling plans with my usual bag of petty lies
MDPH Conducts Weekly COVID-19 Case Investigation Webinars

• MDPH presents weekly on Tuesdays 11:00-12:15
  • Updates in Guidance
  • Troubleshooting MAVEN
  • How to conduct case investigations and contact tracing in different settings.
  • Target Audience: Health Agents and public health nurses doing this work.

• Friday Office Hours have been discontinued for the summer.

MDPH Epi Program: 617-983-6800
MDPH MAVEN Help Desk: isishelp@mass.gov
MDPH ISIS Help Desk: 617-983-6801
MDPH ISIS Fax: 617-983-6813
CTC Help Desk: 857-305-2828
CTC Local Health Help ctclocalhealthhelp@covid19.pih.org
CTC Supervisor Contact List
Higher Ed Contact List

MAVEN Help has Guidance Documents and Previous Webinars:

Webinars: Tuesdays @ 11am
COVID-19 Case Investigation

Tools for LBOHs

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Updates for today, Tuesday, 6/15/2021

- **LBOH Immediate Workflow** – COVID-19 event only – please check your workflow TODAY and clear out the workflow.

- **CTC Data Pull** will happen once a day starting on Wednesday, June 9th
  - Data will be extracted daily at 10 a.m. CTC

- **June On-Call/Email/Help Desk Statistics**

- **Friday DPH Office Hours** – cancelled for the summer
Immediate Notification workflow (COVID-19 Only)

- **UPDATE:** COVID-19 Immediate Notification Workflow - 245 events in this workflow this morning
  - This will allow proper notification of all new COVID-19 events for your jurisdiction. *(Confirmed and Probable Cases)*
  - Please review all events/cases in this workflow and complete your Step 1- LBOH Notification to “Yes” to clear out this workflow.
  - If you are retaining ownership then complete **Step 2** (Investigation Started) & **Step 3** (LBOH Investigator (name, lboh, phone number))
  - When you are done then complete Step 4 (Case Report Form Complete)
  - You can complete **Step 5** if you want – if not then leave blank
Update on Cases/Contacts being sent to CTC

- Due to the decrease in cases/contacts there will be returning to the MAVEN CTC extract once a day.
- **New MAVEN protocol** takes effect on Wednesday, June 9\(^{th}\) at 10 a.m.
  - **YES**: Cases/Contacts marked YES go to the CTC
  - **NO or Blank**: Cases/Contacts marked NO stay with the LBOH
  - You can use the Bulk Action Workflows for both Cases/Contacts
- Any questions please email isishelp@mass.gov
On-Call Events, MAVEN Help Desk
COVID-19 Weekly Webinars
Statistics

Reed Sherrill, Surveillance Epidemiologist
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Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health
## MAVEN User Requests & Training

### 3/1/2020 - 6/7/2021

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
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<tbody>
<tr>
<td>Pending Users</td>
<td>59</td>
</tr>
<tr>
<td>Processed Users</td>
<td>2,137</td>
</tr>
<tr>
<td>Total New Users Trained Or In Process</td>
<td>2,196</td>
</tr>
<tr>
<td>Total MAVEN Users</td>
<td>1,695*</td>
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*Total New Users Trained/in process exceeds total MAVEN users due to retraining and/or individuals coming offline and back on again.

Users Trained in May 2021: 46

**Pending** = User has submitted a URF and is in the training process

**Processed** = Trained internal and external staff with VG MAVEN accounts created and MAVEN accounts created by ISIS staff and then access granted appropriate access.

**Total MAVEN Users** = Includes MDPH, LBOH, CTC, Higher Ed, Infection Prevention and other trained staff

*these data is accurate as of 6/7/2021 at 2:30PM.*
MAVEN On-Call Events
5/1/2021 – 5/31/2021

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Count</th>
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<tbody>
<tr>
<td>Division of Global Populations</td>
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<tr>
<td>Epidemiology</td>
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<tr>
<td>Immunization (COVID-19)</td>
<td>793</td>
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<td>Immunization (non-COVID-19)</td>
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<tr>
<td>Informatics and Surveillance (ISIS)</td>
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<tr>
<td>STD</td>
<td>5</td>
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<tr>
<td><strong>Total On-Call MAVEN Events</strong></td>
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*these data is accurate as of 6/7/2021 at 2:30PM*
### MAVEN On-Call Events
1/1/2021 – 5/31/2021

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<tr>
<th>Program Area</th>
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<tr>
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<td>Immunization (non-COVID)</td>
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<td>STD</td>
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<td><strong>Total On-Call MAVEN Events</strong></td>
<td><strong>9,485</strong></td>
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</table>

*these data is accurate as of 6/7/2021 at 2:30PM
For Reference what our call volume usually looks like....

<table>
<thead>
<tr>
<th>Year</th>
<th>Total On-Call Events Created</th>
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<tbody>
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<td>6,739</td>
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<tr>
<td>2016</td>
<td>12,830</td>
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<td>2017</td>
<td>12,605</td>
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<td>2018</td>
<td>9,296</td>
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<td>10,652</td>
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<tr>
<td>2020</td>
<td>40,029</td>
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<tr>
<td>2021</td>
<td>9,485</td>
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*these data is accurate as of 6/7/2021 at 2:30PM*
## MAVEN Help Desk Emails, 2021

<table>
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<tr>
<th>Month</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>January</td>
<td>11,727</td>
</tr>
<tr>
<td>February</td>
<td>8,244</td>
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<td>March</td>
<td>8,977</td>
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<tr>
<td>April</td>
<td>7,855</td>
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<tr>
<td>May</td>
<td>4,192</td>
</tr>
<tr>
<td>Total Emails received</td>
<td>40,995</td>
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*these data is accurate as of 6/7/2021 at 2:30PM
## MAVEN On-Call Events

3/1/2020 – 12/31/2020

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<th>Program Area</th>
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<td>Division of Global Populations</td>
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<td>Epidemiology</td>
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<td>Immunization (COVID-19)</td>
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<td>Immunization (non-COVID)</td>
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<tr>
<td>Informatics and Surveillance (ISIS)</td>
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<td>STD</td>
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<tr>
<td>Total On-Call MAVEN Events</td>
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*these data is accurate as of 6/7/2021 at 2:30PM*
### MAVEN Help Desk Emails, 2020

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<th>Month</th>
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<td>7,816</td>
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<td>May</td>
<td>7,603</td>
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<tr>
<td>June</td>
<td>6,602</td>
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<tr>
<td>July</td>
<td>5,231</td>
</tr>
<tr>
<td>August</td>
<td>6,280</td>
</tr>
<tr>
<td>September</td>
<td>5,313</td>
</tr>
<tr>
<td>October</td>
<td>9,587</td>
</tr>
<tr>
<td>November</td>
<td>12,225</td>
</tr>
<tr>
<td>December</td>
<td>13,273</td>
</tr>
</tbody>
</table>

**Total Emails received**: 76,313

*these data is accurate as of 6/7/2021 at 2:30PM*
Friday DPH Office Hours

• SCHEDULE UPDATE: Please note, for Summer 2021, we will be discontinuing our Friday Office Hours sessions at this time.

• We will continue our weekly Tuesday webinar as a modified presentation with more time to answer your questions in an open forum as needed.

• We look forward to seeing you on Tuesdays at our regularly scheduled 11 am!
Get the Training Basics Here:

Introduction to COVID-19 Follow-up Part 1 – May 11, 2021
• Part 1 Intro Training Slides
• Part 1 Intro Training Recording

Introduction to COVID-19 Follow-up Part 2 – May 18, 2021
• Part 2 Intro Training Slides
• Part 2 Intro Training Recording

COVID-19 Cluster Events Training – May 25, 2021
• Cluster Training Slides
• Cluster Training Recording

There are tools available for you to help collect information on close contacts and to calculate out their quarantine period (and potential quarantine options as applicable).

• All tools, including the Interview Tool, are available on MAVEN Help.
  • You do NOT have to be in MAVEN or be a MAVEN user to access these tools. They are available online.

• Close Contact Form (1 Contact Extended Calculation Tool)
• Close Contact Form (2 Contacts)
Summary of Key Guidance & Tools

- **MA Testing Guidance:** Updated June 14, 2021
  - [https://www.mass.gov/info-details/covid-19-testing-guidance](https://www.mass.gov/info-details/covid-19-testing-guidance)

- **MA Travel Information**
  - Return to normal travel recommendations for vaccinated people.

- **Isolation & Quarantine Guidance Documents**
    - Guidance now states recently recovered (in first 90 days) and fully vaccinated people do not need to quarantine.

- **Date: March 8, 2021 – Occupational Exposure & Return to Work Guidance**
  - Now includes language about recently recovered and fully vaccinated people.

- **Pediatric Clinical Testing Advisory**
  - 11/25/2020 Advises Pediatricians to Test for COVID-19 in all patients with symptoms compatible with COVID, regardless of age

- **Date: 10/21/2020 COVID-19 Testing Scenarios FAQ**
  - Describes different lab test results and what to do
  - Outlines discordant results and what they mean

- **05/06/2021 Updated COVID-19 Case Classification Manual**
Summary of Key Guidance & Tools

Date: 8/22/2020 - MDPH COVID-19 PCR and Antibody Testing Public Health Response Recommendations
- Table describes different Public Health Actions based upon different testing results.
- Big take home: PCR & Antigen positive patients should be treated like cases.
- Serology + cases do not require public health follow-up.

Date 8/10/2020 - MDPH Follow-up Table for Positive Antigen Test Results
- Reminder that while Antigen Tests = Probable, we still treat like a case and isolate accordingly & do contact tracing.
- A PCR obtained at the same time (w/i 2 calendar days) will trump the antigen test result.

Date: 02/13/2021 - Updated CDC Guidance on Duration of Isolation & Precautions for Adults with COVID-19
- 10 Day Isolation Period now has more data supporting it.
- Ignore most additional PCR tests up to 3 months after initial illness onset.
- No need to quarantine up to 3 months after initial illness onset.
CDC Updated Pages

• CDC Vaccines Guidance Page:
  • “Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States”
  • Great resource for all your vaccine questions. Now includes info on all three vaccines!

• Immunization Action Coalition (IAC)’s Ask the Experts page
  • 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.
Updates – A quick recap for June 15, 2021

Last Tuesday, June 8th:

- Resources Review
  - Recent Trainings
  - Updated Interview Tool & Contact Identification Forms
- Updated Close Contact Definition
- K-12 Setting
- Quick Hockey Update
- Your Questions
  - Testing

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

Close Contact: Updated Definition

The mass.gov definition of Close Contact has been updated to **Exclude Outdoor exposures**.

This is the **wording on mass.gov**:

- **How do I know if I am a close contact of someone with COVID-19?**
  - You are a close contact of a COVID-19 positive person if you were within 6 feet of them while **indoors**, for at least 15 minutes, while they were symptomatic or within the 48 hours before symptom onset.
  - You are also a close contact if you were within 6 feet for at least 15 minutes of someone while **indoors**, who tested positive for COVID-19 in the 48 hours before their test was taken or anytime in the 10 days after the test.
  - According to CDC guidance, individuals are less likely to be exposed to COVID-19 during outdoor activities, even without the use of masks.
Close Contact Definition: Indoors Only

- People who are exposed outdoors are not required to quarantine.

- **Is this retroactive?** While in general we do not apply new guidance retrospectively, LBOH can use their discretion about this. There are people currently in quarantine who are missing work or graduation and LBOH can let them out if their only exposure was outdoors.

- **CTC has been notified and should also be applying this criteria.**

- This would include **Outdoor Sports**, as there is no sector-specific guidance taking precedence anymore for sports. (Yes, we have seen transmission in high-risk outdoor sports, but EEA has removed their sports-specific guidance as of last weekend, so based upon this update (and unless we hear further) there is no distinction for outdoor sports vs. other outdoor interactions.)
  - Thus, no quarantine required for outdoor sports. (Remember there may still be close contact through before/after sports activities.)

- If there is a remaining sector-specific guidance, that would take precedence.

- **Can a local jurisdiction do something different?** Inconsistencies across jurisdictions can be more difficult to navigate. This would not necessarily be advised.

- **This is a Massachusetts-specific definition update.** CDC has not made this change at this time.
Hockey Update: Look for Close Contacts

• **Hockey**
  
  • Given the current low levels of COVID-19 circulating in the community, we no longer recommend a blanket quarantine for all participants when an infectious person is on the playing surface.
  
  • Going forward and in line with all other high risk indoor sports, we recommend using a contact tracing approach for identifying close contacts.
  
  • As always, if exposures are unclear, we support the BOH’s decision to take a more conservative approach in quarantining a wider group of people if they feel it is appropriate.
  
  • **Summary: No Longer Blanket Quarantine for Hockey** – now we can just do regular contact tracing of close contacts.
    
    • [COVID-19 and Sports FAQ Ver 3.0 June.10.2021](#)
    
    • [COVID-19 Ice Hockey FAQs Ver. 2.0 June.10.2021](#)
When Are You Fully Vaccinated?

Individuals are considered fully vaccinated for COVID-19 ≥2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥2 weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen):

- This guidance is limited to FDA & WHO-approved vaccines (so also includes other WHO-approved vaccines like AstraZeneca & Covishield at this time).
- Does not apply to non-WHO approved international vaccines at this time.

Breakthrough Disease is any positive test obtained Day 14 or later following the final dose in a vaccine series. Person was not previously positive in last 45 days.

Quarantine Exemption

Any exposure here (≤13 days) still requires full quarantine.

Fully Vaccinated Day 14
Breakthrough Disease

CDC is now focusing on Vaccine Breakthrough Cases with severe disease resulting in hospitalization or death.

Breakthrough Teleform & Memo Went Out

• COVID-19 Vaccine Breakthrough Hospitalization and Death Report Form
  • Memorandum: Reporting of Vaccine Breakthrough COVID-19 Cases Resulting in Hospitalization or Death

• Some Talking Points
  • Providers should only submit one teleform per patient. If subsequent hospitalizations occur, they can call 617-983-6800 and MDPH can update someone’s COVID event with additional dates.
Breakthrough Disease

The accompanying Memo for Providers Reporting Vaccine Breakthrough and hospitalization and death:

Memorandum: Reporting of Vaccine Breakthrough COVID-19 Cases Resulting in Hospitalization or Death

- **Hospitalization** is defined as staying in the hospital for > 24 hours.
- ER visits where someone is in the ER for < 24 hours would not be classified as a hospitalization. They would need to be admitted from the ER to a unit.

If you had a positive COVID test within 45 days prior to vaccination, you would not be considered a breakthrough case (because you were positive before getting vaccinated).
LBOH & Breakthrough Cases – what to do?

- Ensure you ask about and/or confirm vaccination status for all your interviews.
  - Enter Vaccine information into the Vaccine Question Package
    - You can confirm dates/formulations in MIIS.
  - If vaccine data has already been populated, be sure to confirm that info with the case to make sure it is correct.
  - If the patient has NOT been vaccinated, be sure to note that as well.

- Complete data in MAVEN is the #1 action to help track breakthrough disease.
  - Vaccine info, symptoms, demographics

- We want to sequence these specimens, and are working to identify lists in bulk and request specimens in bulk directly from MDPH to the corresponding labs.

- You do not need to call MDPH with every breakthrough case. Make sure the data is correctly entered and we will identify it on our end.

Testing guidelines

- **COVID-19 Testing Guidance**, updated June 14, 2021
- **Pooled Testing - Frequently Asked Questions**, update June 14, 2021
  - Long awaited update (last version was August 7, 2020)
Updated COVID-19 Testing Guidance!


**RECOMMENDATIONS FOR DIAGNOSTIC COVID-19 TESTING:**

- PCR or other NAAT
- Rapid antigen tests
- Serologic antibody tests

**Symptomatic individuals:**
- Close contacts of confirmed or clinically diagnosed COVID-19 cases:
  - Recommended timing of testing for close contacts:
  - Admission to a healthcare facility:
  - Asymptomatic individuals:
  - Screening:
  - Previously positive individuals cleared from isolation:
  - Vaccinated individuals:

**RECOMMENDATIONS FOR COVID-19 TEST RESULTING:**
Updated COVID-19 Testing Guidance!

MA COVID-19 Testing Guidance, updated June 14, 2021

- PCRs (or other NAAT) remain the Gold Standard Test.
- Rapid Antigen are most useful in symptomatic individuals w/i first few days of onset.
  - Results “may” need to be confirmed with a NAAT. Situations include:
    - Negative Antigen in symptomatic person.
    - Positive Antigen in asymptomatic person without known exposure.
    - Positive Antigen tests in people with clinical syndrome consistent with COVID-19 do not require confirmatory NAAT.
Updated COVID-19 Testing Guidance!

MA COVID-19 Testing Guidance, updated June 14, 2021

• Serologic Antibody Tests:
  • Have a role in diagnosing multisystem inflammatory syndrome but do not really have an additional role in diagnosis and shouldn’t be used for that purpose.
  • Get a NAAT at the same time as collecting a Serology Test.
  • Don’t use serology tests to guide isolation or return to work.
• Children and Adolescents: Symptoms are often mild and overlap with symptoms of other infections, etc. Thus, you need to test.

• Testing of symptomatic individuals should be a default practice to protect children and staff in schools and daycares.

• Unvaccinated children with acute onset of new symptoms (especially respiratory symptoms such as cough, shortness of breath, sore throat) or fever should almost always receive a negative NAAT before returning to school.
Updated COVID-19 Testing Guidance!

MA COVID-19 Testing Guidance, updated June 14, 2021

• Close Contacts:

  • Asymptomatic Contacts: Normal Quarantine and Testing Recommendations. (Negative test after Day 5 or asymptomatic through Day 10)

  • Symptomatic Contacts: Test right away, even if they previously had a negative test during their quarantine period.

• Fully Vaccinated Contacts: No need to test or quarantine unless they develop symptoms.

  • If immunocompromised, consider testing, as there is potential for incomplete immunity.
Updated COVID-19 Testing Guidance!

MA COVID-19 Testing Guidance, updated June 14, 2021

Home Testing:

• Clinicians should use discretion when selecting or recommending home-based rapid antigen tests for screening testing as the performance characteristics may vary between tests.

• While any positive results from a home-based rapid antigen test should be considered evidence of infection, only medically attended home-based tests will be used for epidemiologic reporting purposes.
Updated COVID-19 Testing Guidance!

MA COVID-19 Testing Guidance, updated June 14, 2021

• Previously Positive:
  • No recommendation for retesting in the following 90 days.

• New symptoms in the next 90 days:
  • Evaluate and Test for alternative Etiologies.
    • If you can’t find an alternative etiology, it MAY warrant retesting for COVID-19, but will need to consult with infectious disease/infection control experts.
  • Isolation may be considered if positive and symptoms developed within 14 days of an exposure.
# Molecular (PCR), Antigen, and Antibody (Serology) Testing

<table>
<thead>
<tr>
<th>Molecular Test (PCR)</th>
<th>Antigen Test - Newer (always rapid)</th>
<th>Antibody (Serology Test)</th>
</tr>
</thead>
</table>
| Listed in Lab Tab as follows:  
  - 2019-nCoV Real-time RT-PCR (PCR)  
  - SARS coronavirus 2 RdRp gene (PCR RAPID) | Listed in Lab Tab as follows:  
  - SARS-CoV-2 Ag (Antigen Test) | Listed in Lab Tab as follows:  
  - SARS-CoV-2 IgM (Serology IgM specific)  
  - SARS-CoV-2 IgG (Serology IgG specific)  
  - SARS-CoV-2 IgA (Serology IgA specific)  
  - SARS-CoV-2 IgG + IgM (Serology Antibody Type Unspecified)  
  - SARS-CoV-2 TCRB Bld Q1 Seq (T-cell receptor beta (TCRB) gene) |

### Panel Tests that Include COVID-19:
- 2019-nCoV RNA PNL XXX NAA+PROBE
- Flu A/Flu B/SARS COVID-2/SARS-related coronavirus RNA panel
- Resp virus Pnl XXX PCR

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

Serology Tests (blood tests looking for antibodies)

• These tests should NOT be utilized for acute diagnosis.
  • They are still not uniform in providing information on correlates of immunity and are difficult to interpret at this time with regards to evidence of infection/vaccination/immunity.
  • A positive serology test will show up as “Suspect” in MAVEN and not appear in your Confirmed and Probable Line List Report or LBOH Confirmed and Probable Workflow.

• LBOH are not required to follow-up on serology positive (suspect) cases, however you may if your jurisdiction chooses to.
  • Call a Serology Positive Case: Recommend PCR testing if symptomatic within the previous 14 days, then follow up accordingly for PCR results. Serology Follow-up Table Here.
  • You will probably see more serology positive events now that some providers are testing post-vaccination to detect antibody response. (Not a recommendation)
  • Isolation & Infectious Period Timeframes should be calculated using PCR and/or symptom onset dates when available. Not the serology collection date.
At Home Testing: Brands Vary

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

• **Newer to the market are At Home Rapid Antigen Tests where patient receives result at home. These vary in technology and reporting process:**
  • **Over the Counter:** At home testing over the counter purchase – patient buys and performs testing, result is obtained via app that then does the reporting;
  • **Prescription:** At home testing with prescription – patient is prescribed the test, obtains the kit, sample collection and test performance is unsupervised, result is obtained via app that then does the reporting;
  • **Prescription & Teleproctoring:** At home testing with prescription and teleproctoring – patient is prescribed the test, obtains the kit, sample collection and test performance is done under observation of the healthcare professional and results are reported via the app.
  • **More to Come:** This is a rapidly evolving market and home testing is likely a significant trend for the future.
At Home Testing: Current Recommendations

Basically, home tests are unofficial unless they have some sort of formal reporting component (that isn’t a phone call).

• At this time, home tests should not be utilized for testing out of strict quarantine early or for returning to school following symptoms when a negative test is required.

• If someone calls to report a positive, we advise to assume a positive is a positive, and recommend isolation and that they notify their close contacts to recommend quarantine.
At Home Testing: Current Recommendations

Home Tests Remain Unofficial without a Formal Reporting Mechanism:

• **Home Tests with Formal Reporting Systems:** If this home test is set up properly for reporting, then the actual report will appear in MAVEN and official follow-up will eventually commence from public health.

• **Home Tests with Informal or No Reporting Systems:** If it doesn’t look as though the result will be reported through proper mechanisms, we can provide advice and standard recommendations (as we would for any positive), but the case is not official. (LBOH can always enter notes into an Unclassified event if they wish, but we will not be updating official Case Classification at this time without a formal report.)

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

Home Tests Remain Unofficial without a Formal Reporting Mechanism:

- **Local health departments** are welcome to conduct follow-up as they determine appropriate for their jurisdiction, but there is not an expectation for enhanced follow-up from MDPH for unofficial cases (that don’t show up in MAVEN).

- **MAVEN**: LBOH are welcome to document notes in an Unclassified event or create a Suspect event, but we will not update the official Case Classification unless the home test provides an official electronic report through official channels.

- **When Speaking With Patients about At Home Results:** Advise on Isolation and that they should notify their contacts for quarantine. Officially reported results will receive public health follow-up.

  - Otherwise, their “at home” positive will not be officially documented (unless they choose to get a confirmatory test, which they are welcome to do, but not required to). An official test on record may benefit them in the long run, however, for all the reasons mentioned.
NEW BinaxNOW COVID-19 Antigen SELF-Test: different than HOME Test

*NEW* BinaxNOW™ COVID-19 ANTIGEN SELF-TEST (OTC, unofficial results/no provider involved)

- There is now a NEW Abbott BinaxNOW Antigen Self-Test (available to anyone over the counter, no medical provider or results reporting involved). You take it home after buying at the store.

- While this is technically the exact same technology as the BinaxNOW™ COVID-19 Ag Card Home Test that comes with the NAVICA™ App we have seen thus far, the lack of (telehealth) provider observed collection and no official results reporting/app means we should NOT accept these tests for exiting strict quarantine early.

- The ONLY antigen test acceptable at this time for exiting strict quarantine early is the Abbott BinaxNOW antigen test that is PROVIDER OBSERVED and OFFICIALLY REPORTED.
Variants – Please Note

• At this time, there is no additional isolation or quarantine guidance for any identified variants in cases or their contacts.

• For the latest on what we know about different variants and their attributes (which includes any evidence regarding vaccine efficacy), please see this CDC webpage:
  • SARS-CoV-2 Variant Classifications and Definitions
    • Remember, there are:
      • Variant of Interest
      • Variant of Concern
        • Evidence of reduced vaccine-induced protection from severe disease
      • Variant of High Consequence
        • Evidence to suggest a significantly reduction in vaccine effectiveness, a disproportionately high number of vaccine breakthrough cases, or very low vaccine-induced protection against severe disease
    • To date, no variants of high consequence have been identified in the United States.
The Delta Variant: (B.1.617.2):

- Delta variant first found in India has now been seen in over 60 countries.
- On May 11\textsuperscript{th} the World Health Organization classified the delta variant as a variant of concern (CDC now also lists it as a \textbf{VOC}).
- More than 150 cases of the delta variant have been found in the United States.
- Dr. Anthony Fauci stated that the delta variant, “may be associated with an increased disease severity such as hospitalization risk.”
- The delta variant accounts for more than 60\% of cases in Great Britain (current estimates are 6\% in the United States).
- Moderna and Pfizer have proven to be effective against the delta variant.

Source: World Health Organization, Boston Globe
The Delta Variant: (B.1.617.2):

**Variants of Concern Descriptive Tables:**

- Increased transmissibility ²⁹
- Potential reduction in neutralization by some EUA monoclonal antibody treatments ⁷, ¹⁴
- Potential reduction in neutralization by post-vaccination sera ²¹

- ⁷. Fact Sheet For Health Care Providers Emergency Use Authorization (Eua) Of Bamlanivimab And Etesevimab 02092021 (fda.gov)external icon
- ¹⁴. FACT SHEET FOR HEALTH CARE PROVIDERS EMERGENCY USE AUTHORIZATION (EUA) OF REGEN-COV (fda.gov)external icon
QUESTIONS???

QUESTIONS ARE MY FAVORITE