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

Tools for LBOHs

March 1, 2022

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MA Department of Public Health
Topics Today

• MAVEN Reminders & Updates
  • New listserv software – Constant Contact being used starting this week
  • Unsharing/Sharing Cases
  • Tasking (share, call & task)
  • Communication Events

• CDC Updates
• Masks
• EEC Updates & FAQs
• DESE FAQs
• Your Questions
MDPH Conducts COVID-19 Case Investigation Webinars – Now Every Other Week

- MDPH presents Every Other Week 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.

Next Webinar: Tuesday, March 15, 2022

Webinar Schedule Update:
Every Other Tuesday @ 11am

MAVEN Help has Guidance Documents and Previous Webinars:

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
EEC Helpline: (857) 488-4418 EEChealthline@primary.health

The CDC says you can buy a Peleton bike without telling everyone
Updates for today, Tuesday, 3/1/2022

- Constant Contact – new listserv software
- Sharing/Unsharing Cases
- Reminder to scan and check your Immediate, Routine & Pending Workflows in MAVEN
- 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 – Two workflows
  - LBOH Notification for Pediatric (<18 years) Disease (COVID only)
  - LBOH Notification for Adult (= or > 18 years) Disease (COVID only)
- COVID 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
MAVEN Listserv

- MAVEN listserv software has been updated to Constant Contact

- This change will affect the following types of emails:
  - Webinar-related emails
  - MAVEN maintenance emails
  - Weekly LBOH testing data

- Emails will look different, but the content will be the same

- Emails will still come from mavenhelp@mass.gov

- All new MAVEN users are added to the listserv receiving webinar emails. If you would like to be added, please email mavenhelp@mass.gov
MAVEN Listserv

- An email will be sent tomorrow to all members of our listservs asking you to update your email preferences.
- Follow the instructions to ‘Update Profile’ if you would like to select the types of emails you would like to receive.
  - **NOTE:** Unsubscribing to emails will remove you from **ALL** emails, including MAVEN maintenance emails. We suggest you update your profile if you still would like to receive some emails.
- Please reach out to our MAVEN Helpdesk team at mavenhelp@mass.gov with any questions.

An update to the MAVEN Listserv

Good afternoon,

You are receiving this email as you are currently subscribed to our MAVEN listserv. We use this listserv for a variety of purposes including notifying MAVEN users of system maintenance and sending invitations/resources related to our MAVEN webinars. Starting the week of 2/28, we have moved over to a new listserv platform, Constant Contact. You may notice that emails from us will look different moving forward.

We wanted to use this opportunity to allow you to review and update your email preferences:

- **If you want to continue to receive all of our emails:** You are all set, there is nothing you need to do!
- **If you want to receive some emails:** At the bottom of this email, click ‘Update Profile’. Clicking this link will send you an email with a link where you can update your email preferences. You can opt to receive emails related to MAVEN system maintenance, MAVEN webinars/resources, and/or our weekly testing data. We recommend you stay subscribed to at least our MAVEN maintenance emails so you are aware of any system down time.
- **If you no longer want to receive any emails:** Click ‘Unsubscribe’ at the bottom of this email. This will unsubscribe you from all emails.

Please feel free to contact our MAVEN Help Desk team with any questions at mavenhelp@mass.gov.
**Sharing Cases**

**Step 1:** Navigate to the contact or case event you wish to share. You can either find it by clicking the View hyperlink next to “Linked Events/Contacts:” within the source case and finding it in the Linked Events table if you just created it as a linked event, or you can use the Search Event functionality found in the left-hand pane on the MAVEN home screen.

**Step 2:** Once you are in the event, click on the Share Event tab in the pane on the left.

**Step 3:** Under the Type dropdown, select View & Update Full. This will allow your team to have full read/write access to the event.

**Step 4:** Under the User Group dropdown, select your town. All towns begin with LBOH – and will be in alphabetical order. By selecting your town’s LBOH group, it will allow access to everyone who has MAVEN access in your town. Leave the User dropdown blank, and make sure Allow Delegation is unchecked. Use this same process for sharing with another town’s user group as well.

**Step 5:** Click Save

Congratulations! You have now shared that out-of-jurisdiction contact case with everyone in your town (or another town’s user group) that has MAVEN access. You will see this populated in the Currently Shared table. From there, click Dashboard to go back into the event.
Un-Sharing Cases

Step 1: Open your workflow – Shared Cases – Cases shared with me or my Group(s)
Step 2: Open an event/case from the workflow
Step 3: Check the Share Event Link
Step 4: Click the Unshare hyperlink in the Action column (look to the far right)
Step 5: Click Dashboard not Save button to return to main page

Congratulations! You have now unshared your event/case – once the workflow refreshes it will clear out of your workflow.
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 (395 cases currently waiting for you today)
  ▪ LBOH Case Report Forms (CRF) are pending (919 cases in this workflow)

--- Cases in this workflow range from Jan 2020 – Feb 2021
LBOH Confirmed and Probable Report (All Cases)

- 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.
Three New Reports to assist with prioritization

1) Confirmed and Probable < 5
2) Confirmed and Probable < 18
3) Confirmed and Probable ≥ 18
As you know we have two COVID Workflows

Changes to Workflows for COVID

- **Remove** Immediate from workflow titles
- **Move** to LBOH Routine Notification Category
- 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
COVID workflows renamed – removed Immediate from workflow titles

<table>
<thead>
<tr>
<th>Workflow Queues</th>
<th>Total Count</th>
<th>Priority</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
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<td></td>
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<tr>
<td>Notifications</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>LBOH Notification for Immediate Disease</td>
<td>1</td>
<td>Very High</td>
<td>02/08/2022 10:33 AM</td>
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<tr>
<td>Online LBOH Notifications</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>LBOH Case Report Forms (CRF) are pending</td>
<td>1</td>
<td>High</td>
<td>02/08/2022 10:33 AM</td>
</tr>
<tr>
<td>LBOH Notification but no follow-up required</td>
<td>1</td>
<td>Medium</td>
<td>02/08/2022 10:33 AM</td>
</tr>
<tr>
<td>LBOH Notification for Adult (≥ or &gt; 18 years) (COVID only)</td>
<td>2</td>
<td>Medium</td>
<td>02/08/2022 10:33 AM</td>
</tr>
<tr>
<td>LBOH Notification for Pediatric (&lt;18 years) Disease (COVID only)</td>
<td>2</td>
<td>Medium</td>
<td>02/08/2022 10:33 AM</td>
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<tr>
<td>Shared Events</td>
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<tr>
<td>Workflow Queue</td>
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<td></td>
<td></td>
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<td>Shared Cases - Cases shared by me</td>
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<td>Medium</td>
<td>02/08/2022 10:36 AM</td>
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<td>Task</td>
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<td></td>
</tr>
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<td>Workflow Queue</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Open Tasks Created by Me</td>
<td>2</td>
<td>Medium</td>
<td>02/08/2022 09:39 AM</td>
</tr>
</tbody>
</table>
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.
COVID 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.
COVID 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.

**Step 1 is Yes**

**Step 4 = No when you don't talk to the case**

Choose or type Other
Key Guidance Links 3/1/22

- 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
  - Press Release that started it all (Dec 27, 2021)

- DESE Updated Protocols – 2022
  - [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)
  - New DESE Comprehensive FAQ (Feb 18, 2022): [https://www.doe.mass.edu/covid19/faq/default.html](https://www.doe.mass.edu/covid19/faq/default.html)
  - DESE Rapid Response Help Center: (781) 338-3500

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

- EEC Guidance for Childcare Settings (Feb 18, 2022)
  - NEW CHILDCARE Testing Programs through Neighborhood Villages
  - EEC helpline can be reached by calling 857-488-4418 or via email at EEChealthline@primary.health

- 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
    - Great resource for all your vaccine questions in a Q&A format.
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 March 1, 2022

We Last Met Feb. 15, 2022:

• MAVEN Reminders & Updates
• Local Health Internship Program
• The Tools in Our Toolbox
  • Vaccines
  • Masks
  • Contact Tracing
• Your Questions

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
  - Public Health Testing Advisory:

RECOVERED LAST 90 DAYS & a Contact: Regardless of vaccination status, if you were infected with COVID-19 in the prior 90 days you should follow the guidance for those up-to-date on vaccinations; however, testing is not recommended unless you have symptoms, and if you do have symptoms, a rapid antigen test is recommended. All close contacts should avoid people who are at high risk of severe disease for 10 days.
CDC Recent Updates

• Updated CDC Masking Guidance:

• CDC - Know Your COVID-19 Community Level:

Remember this is CDC guidance and MDPH may provide different guidance. [MA Mask Guidance](#)
CDC’s Updated COVID-19 Community Levels

- Goal was to move away from eliminating COVID towards developing measurements to assess severe COVID-19 illness on health and society

- **2020 metrics:**
  - Total new cases per 100,000 in the past 7 days
  - Percentage of Nucleic Acid Amplification Test results that are positive during the past 7 days

- **2022 metrics:**
  - New COVID-19 admissions per 100,000 population in the past 7 days
    - Represents the current potential for strain on the health system
  - The percent of staffed inpatient beds occupied by COVID-19 patients
    - Represents the current potential for strain on the health system
  - Total new COVID-19 cases per 100,000 population in the past 7 days
    - Is an early warning indicator of potential increases in health system strain in the event of a COVID-19 surge

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### COVID-19 Community Levels – Use the Highest Level that Applies to Your Community

<table>
<thead>
<tr>
<th>New COVID-19 Cases</th>
<th>Indicators</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per 100,000 people in the past 7 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fewer than 200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New COVID-19 admissions per 100,000 population (7-day total)</td>
<td>&lt;10.0</td>
<td>10.0-19.9</td>
<td>≥20.0</td>
<td></td>
</tr>
<tr>
<td>Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)</td>
<td>&lt;10.0%</td>
<td>10.0-14.9%</td>
<td>≥15.0%</td>
<td></td>
</tr>
<tr>
<td>200 or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New COVID-19 admissions per 100,000 population (7-day total)</td>
<td>NA</td>
<td>&lt;10.0</td>
<td>≥10.0</td>
<td></td>
</tr>
<tr>
<td>Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)</td>
<td>NA</td>
<td>&lt;10.0%</td>
<td>≥10.0%</td>
<td></td>
</tr>
</tbody>
</table>

The COVID-19 community level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days.

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CDC has a powerpoint on the scientific rationale for this shift, which can be found here: CDC’s COVID-19 Community Levels and Indicators [PPT – 8 MB, 28 pages](ppticon) | [PDF – 5 MB, 28 pages](pdficon)
CDC enables you to download the data they used to calculate the community levels by county.

[COVID-19 Community Levels | CDC]
New MA Mask Advisory

- MA State [Mask Advisory](#) was updated today (3/1/22).
  - DPH now advises that:
    - **Fully vaccinated person** should wear a mask or face covering when indoors (and not in your own home) if you have a weakened immune system, or if you are at increased risk for severe disease because of your age or an underlying medical condition, or if someone in your household has a weakened immune system, is at increased risk for severe disease or is unvaccinated.
    - **For individuals who are not fully vaccinated**, it is important that you continue to wear a face covering or mask to help prevent you from spreading COVID-19 to other people.
  - **For Isolation and Quarantine, masks are required.**
    - Individuals who are considered close contacts or who have tested positive must follow the [isolation and quarantine guidance](#) which includes wearing a mask in public for 5 more days after they leave isolation or quarantine on day 5, regardless of vaccination status.
    - All people in Massachusetts (regardless of vaccination status) are **required to continue wearing face coverings in certain settings**, including some transportation and health care facilities. Please see [www.mass.gov/maskrules](http://www.mass.gov/maskrules) for a complete list.
    - K-12 and Child Care Transportation: As of March 1, 2022, masks are not required for school buses or vans for early childcare or K-12 school settings.
Masking is Key for Updated Isolation and Quarantine Guidance

- **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.

- 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.
Antigen Positivity Following Isolation

What is added by this report?
• Between 5 and 9 days after symptom onset or after initial diagnosis with SARS-CoV-2 infection, 54% of persons had positive SARS-CoV-2 antigen test results. The proportion of positive results declined over time. Negative follow-up antigen test results were associated with asymptomatic infection, previous infection, and being vaccinated.

What are the implications for public health practice?
• Antigen tests might be a useful tool to guide recommendations for isolation after SARS-CoV-2 infection.

**MMWR Feb. 25. 2022:** Antigen Test Positivity After COVID-19 Isolation — Yukon-Kuskokwim Delta Region, Alaska, January–February 2022
Masking during Isolation Remains Critical to Preventing Further Spread

**MMWR Feb 25, 2022**: SARS-CoV-2 B.1.1.529 (Omicron) Variant Transmission Within Households — Four U.S. Jurisdictions, November 2021–February 2022

**What is added by this report?**
• In a study of household transmission in four U.S. jurisdictions, Omicron infection resulted in high transmission among household contacts, particularly among those who lived with index patients who were not vaccinated or who did not take measures to reduce the risk of transmission to household contacts.

**What are the implications for public health practice?**
• Multicomponent COVID-19 prevention strategies, including up-to-date vaccination, isolation of infected persons, and mask use at home, are important to reduce Omicron transmission in household settings.
EEC COVID-19 Updates for Childcare Programs

  - These protocols include the option to use rapid tests in certain scenarios.
- The EEC Testing for Childcare Program (launched in January) has also been updated (Feb. 18, 2022).
  - This Program provides EEC-affiliated child care programs access to free COVID-19 rapid antigen tests, resources, training, and protocols.
  - All EEC-licensed and approved child care providers that would like free rapid antigen tests, training and implementation support and resources can sign up with Neighborhood Villages here.
EEC Updates – Helpline for Providers

- EEC has started a new partnership with Neighborhood Villages and Primary Health to develop the EEC Healthline which will be available to support programs with implementing the Testing for Child Care Program and navigating EEC’s Mitigation Guidelines and Protocols. This helpline is a free resource available to all EEC-affiliated programs in both English and Spanish. It is supported by public health experts with deep understanding of COVID data and research.

- The Helpline can be reached by calling 857-488-4418 or via email at EEChealthline@primary.health. (Helpline is available 11am-6pm)

  - Examples of “When to Call EEC Healthline:”
    - Clarification on COVID-19 testing protocols (i.e. when to begin testing for a COVID-19 exposed individual who is asymptomatic.)
    - Clinical consultation for a COVID-19 positive and/or symptomatic case who has attended the program while infectious.
    - Technical assistance for an EEC program looking to develop or modify their infection control policies for families and staff/educators.
EEC and Masks

- Effective February 28, 2022, the statewide mask requirement for schools and child care providers has been lifted. Programs should refer to their local boards of health or municipality to determine if there is any indoor mask mandate in place that applies to child care facilities.

- As always, any individual who wishes to continue to mask, including those who face higher risk from COVID-19, should be supported in that choice.

- As of March 1, 2022, masks are not required for school buses or vans for early childcare or K-12 school settings.

- EEC and DPH still strongly recommend mask wearing for unvaccinated individuals, positive individuals returning to care after five (5) days of isolation, and those who have had a close contact with a known positive case.
## EEC Isolation & Quarantine Protocol

**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 a total of ten days, returning to care on day 11

**Important to note:** effective 2/28, EEC’s Mask Policy (statewide mandate) is no longer in effect. EEC still strongly recommends masking for unvaccinated individuals, on days 6-10 of care after returning from 5 days of isolation, and for those who are identified as close contacts and participating in Rapid Cohort Testing.
EEC Testing for Childcare (Review)

- 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 PCR Testing:** Weekly PCR testing for all individuals who have provided consent.
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.)
DESE Updates

• New Comprehensive FAQ!  
  https://www.doe.mass.edu/covid19/faq/default.html

  The large backlog of individual FAQs has been removed and a singular living document has replaced all previous versions.
DESE Updates (from FAQ)

Masks

9. When the mask requirement is lifted statewide on February 28th, will masks still be required in any setting? (Updated, February 28, 2022)

• Yes. Yes, masks will still be required in school health offices. School health offices are health care settings and as such, masks will continue to be worn by all individuals in these offices. Please refer the Additional Information for School Health Offices for more information.

Protocols for Responding to COVID-19 Scenarios

13. If an individual is identified as a close contact outside of school, can a fully vaccinated individual attend school, even if their vaccination status is not “up to date” (i.e. they completed their vaccination series more than 5 months ago and have not received the booster)? (New, February 18, 2022)

• Yes, because the individual is fully vaccinated according to the DESE/DPH Protocols for Responding to K-12 Scenarios, the individual may attend school. However, unless an individual has received their primary vaccination series and a booster within 5 months of primary series (or within 2 months if they received J&J for their primary series), they must quarantine when outside of school settings.

• Please note, at this time, and as provided in the updated DPH/DESE Protocols for Responding to COVID-19 Scenarios, “fully vaccinated” is defined as two weeks following the completion of the Pfizer or Moderna series or two weeks following a single dose of Johnson & Johnson’s Janssen vaccine.

14. Is a negative test required prior to returning to school following a COVID-19 diagnosis? (New, February 18, 2022)

• No, return to school should be based on time and symptom resolution. Testing during isolation to return to school is not required. Individuals with a positive test should follow Protocol A.
35. Can symptomatic individuals participate in Test and Stay?

- No. Symptomatic individuals (as defined in the Protocols for Responding to COVID-19 Scenarios – SY2021-22) cannot participate in Test and Stay.

- However, if a close contact has symptoms and the symptoms resolve prior to day 5, they may return to school and participate in the Test and Stay program. If possible, students should receive a test (rapid antigen or PCR) prior to returning to school. Please refer to the Protocols for Responding to COVID-19 Scenarios – SY2021-22 to see which individuals are exempted from Test and Stay and other quarantine protocols.

- If symptoms (as defined in the protocols document) arise while an individual is participating in Test and Stay, they should go home and isolate until symptoms resolve. Please note that symptom resolution is defined as having improvement in symptoms and having been without fever for at least 24 hours without the use of fever-reducing medications.

**Summary:** Close contacts with symptoms are not required to have a negative test prior to returning to school. If they return to school prior to day 5 post exposure, they can jump back into Test & Stay so long as their symptoms have resolved.
DESE Reminder (Not in FAQ)

- If a case repeats an antigen test on Day 5 of isolation or later, should they continue to isolate past Day 5?
  - Testing prior to return to school is not required, however, if a case does test and is still positive via antigen test, they should continue to isolate at home until they have a negative antigen test or Day 11, whichever comes first.

- Mask Requirements Clarification
  - While the FAQ does not address mask requirements for those returning from isolation or quarantine on day 6-10, be reminded that the Protocol does state they must wear masks during the remainder of their days.
    - The only exemption identified and addressed by DESE is in the new FAQ and pertains to students unable to mask in Special Education Settings.
    - If there are further questions on this, refer people to DESE.
DESE Guidance – Masking is still required for several protocols

- **Protocol A: Cases Who Test Positive**
  - Following the 5-day isolation period, individuals must mask for 5 additional days when around others, other than when eating, drinking, or outside.

- **Protocol B (New Version): Asymptomatic, Unvaccinated Close Contacts Outside School Settings**
  - **Return to School:** After 5 days, returning on day 6, provided that they:
    - Remain asymptomatic,
    - Adhere to strict mask use, other than when eating, drinking, or outside, and conduct active monitoring for symptoms through day 10;

- **Protocol B-1: Test and Stay**
  - **Return to School:** Close contacts can remain in school and do not have to quarantine, as long as they:
    - Are asymptomatic
    - Wear masks in school at all times, other than when eating, drinking, or outside. When these individuals cannot be masked (i.e., when eating or drinking) they should maintain 3 feet of distance from other individuals to the extent feasible.

- **Protocol B-2: Traditional Protocol (No Test & Stay)**
  - **Return to School:** After 5 days, returning on day 6, provided that they:
    - Remain asymptomatic;
    - Adhere to strict mask use, other than when eating, drinking, or outside, and conduct active monitoring for symptoms through day 10; and,
DESE Guidance - Masking

• Positive Pooled Testing might also indicate a need for masking.

<table>
<thead>
<tr>
<th>Protocol for routine COVID pooled testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the routine group pooled testing result is negative, then:</td>
</tr>
<tr>
<td>• All individuals within that group are presumed negative and should remain in school.</td>
</tr>
<tr>
<td>If the routine group pooled testing result is positive, then:</td>
</tr>
<tr>
<td>• All individuals within that group should be retested individually by rapid antigen (e.g. BinaxNOW) or PCR test.</td>
</tr>
<tr>
<td>• If asymptomatic, members of the group should return to school until and unless an individual is identified as positive. Individuals in the group should wear masks until the positive individual is identified.</td>
</tr>
<tr>
<td>• Symptomatic members of the group should stay home and follow Protocol C.</td>
</tr>
</tbody>
</table>
DESE Guidance - Masking

Remember, these close contacts are exempt from testing and quarantine protocols if masked:

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

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

These distinctions may be moot if masking is no longer occurring.
Positive Antigens During Isolation

• Q. If a case repeats an antigen and it is positive on Day 5 of isolation or later (despite no recommendation to do so), how long should they isolate?

• A. If they are still positive, they need to stay out until negative or day 11, whichever comes first.

• This applies to cases in DESE, EEC, and general population settings.
Interpreting Additional Antigen+ Results in the 90 Days Following a COVID-19 Diagnosis

- Conventional wisdom suggests that cases should not remain persistently Antigen+ following a diagnosis. (this could change as data accumulate)
- Testing is not recommended within 90 days following a COVID diagnosis
- IF retesting occurs despite that:
  - Positive within 0-14 days post diagnosis, represents the current COVID infection
  - Positive >14 days post diagnosis + symptoms
    - Either isolation or medical evaluation
    - If medically evaluated and COVID ruled out, no isolation
  - Positive >14 days post diagnosis w/out symptoms
    - Evaluate patient risk
      - If done because of exposure, then considered true positive.
      - If done for no reason, absence of exposure, consider false positive, especially if other immediate prior/subsequent tests negative, and particularly when community prevalence is low.