



# MDPH Tuesday Infectious Disease Webinar Series

## “Tools for Local Boards of Health”

### Case Investigation Basics 2026

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# Agenda for Today

- **MAVEN Coverage Requirements & Best Practices**
  - Secondary MAVEN Coverage
  - Weekends and Overnight Contacts
  - Additional Key Points of Contact in your Communication Event
  - Utilizing Epi On Call & MAVEN Help Desk
- **Travel & Case Investigation**
  - Travel History for Case investigations
  - Port Health
  - Out of State Notifications
  - Jurisdiction for Case Counting
- **Publicly Available Reports and Data**



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# MAVEN COVERAGE

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# MAVEN Coverage Explained

- **Two** key resources help outline MAVEN Coverage Expectations and where/how to make updates or changes.

## [MAVEN Coverage Guidance Tip Sheet](#)

This document will give you more information on MAVEN coverage.

- Background
- MAVEN User Requirements
- User Onboarding
- Communication Around Coverage

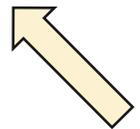
## [LBOH Communication Events Tip Sheet](#)

This document will help you understand LBOH Communication Events and how to access and update yours.

- Background
- Video Tutorial
- How to Access
- How to Update

These Tip Sheets live on [MAVEN Help](#).

- [-] [MAVEN Resources](#)
  - [+] [General Surveillance Resources](#)
  - [+] [Technical Support](#)
  - [+] [MAVEN Guidance Documents \(Tip Sheets\)](#)



# MAVEN Coverage – What Does it Look Like?

- **All jurisdictions should have a trained and onboarded secondary MAVEN user to ensure continuous infectious disease coverage.**
  - Jurisdictions with only a primary MAVEN user performing all casework will encounter situations in which that user is out of the office for extended periods of time, whether planned (vacation and holidays) or unplanned (illness, emergencies, etc.).
  - Your (minimum of ) two trained MAVEN users are expected to conduct **active case investigation and follow-up** work in MAVEN and to know where to seek guidance and assistance in [MAVEN Help](#) or with the MAVEN Help Desk or MDPH Epi program staff when needed. Additionally, all MAVEN users are required to maintain active\* login-access.

**\*Active MAVEN User Status:** *Users are deactivated if they do not log in every **30 days** and will need to re-take the training to regain access to the system.*

# Fully Trained MAVEN Users – 2 Options

## 1. Partner with a current MAVEN User in a neighboring jurisdiction or your shared services group.

- Active MAVEN users who are trained in MAVEN can, and often do, provide temporary coverage for another jurisdiction.

## 2. Identify a new user in your jurisdiction to onboard to MAVEN.

- Ideal candidates include local or regional Public Health Nurses, Epidemiologists, or Health Agents who can be trained in infectious disease case investigation and will be able to do the work.

# Fully Trained MAVEN Users – 2 Options

- 1. Partner with a current MAVEN User in a neighboring jurisdiction or your shared services group.**
  - MAVEN Help Desk Staff ([mavenhelp@mass.gov](mailto:mavenhelp@mass.gov)) can give another user access to your jurisdiction's MAVEN events for a specified time period and stop access upon your return, ensuring no break in coverage.
  - This type of coverage assistance is based upon your coordination among your peers and communication with MDPH once coverage has been arranged.

# Fully Trained MAVEN Users – 2 Options

## 2. Identify a new user in your jurisdiction to onboard to MAVEN.

- Requires more planning.
- Ideal candidates must be trained and able to do MAVEN/Case Investigation work (Epis, PHNs, Health Agents, etc.).
  - Not recommended for general town clerks or staff members who will not be able to do active case investigation and reporting, nor be able to maintain an active MAVEN account over time.
- Engaging with your shared services arrangement (SSA) to identify a shared user such as a local or regional Epidemiologist can provide continuous secondary coverage for your jurisdiction, as well as additional potential benefits including workflow monitoring and reporting.
- Email [maventraining@mass.gov](mailto:maventraining@mass.gov) for onboarding.

# MAVEN Overnight & Weekend Coverage Expectations

- DPH does **not** have an expectation that local health is monitoring and responding to MAVEN events during evenings and Weekends.
  - Most routine work can wait until the next business day.
  - For after hours items that require attention, DPH Epis will triage and document their follow-up in the event, noting the status for local health when they next log on.
  - **RARE:** For **EMERGENCY** after-hours situations, DPH Epis look to your Communication Event for relevant contact information (such as a Health Director) who can make the determination if additional local staff are needed after hours.
    - MAVEN Users should update Communication Event notes and “**Affiliated Contacts (Non-MAVEN Users)**” contact information to clarify after hours Emergency Contacts.

# Additional Key Points of Contact in Your Comm Event

- **MAVEN User Contact Information** can only be edited by individual MAVEN Users within your individual MAVEN profiles.
- Additional Key Contacts that are not MAVEN Users need to be routinely reviewed and updated by a MAVEN User:
  - **Affiliated Contacts (Non-MAVEN Users):** Health Directors, Inspectors, key health agents, etc.
  - **Arbovirus Contacts:** specific contacts for positive mosquito and arbovirus case notification.

[Communication Event Tip Sheet](#)

# Additional Key Points of Contact in Your Comm Event

- These sections of your [Communication Event](#) must be updated by you (because Non-MAVEN Users can't access or update them).

Affiliated Contacts (Non-MAVEN Users)			
First Name	Last Name	Title	Email
Connie	Covid	Director	connie.covid@town.gov

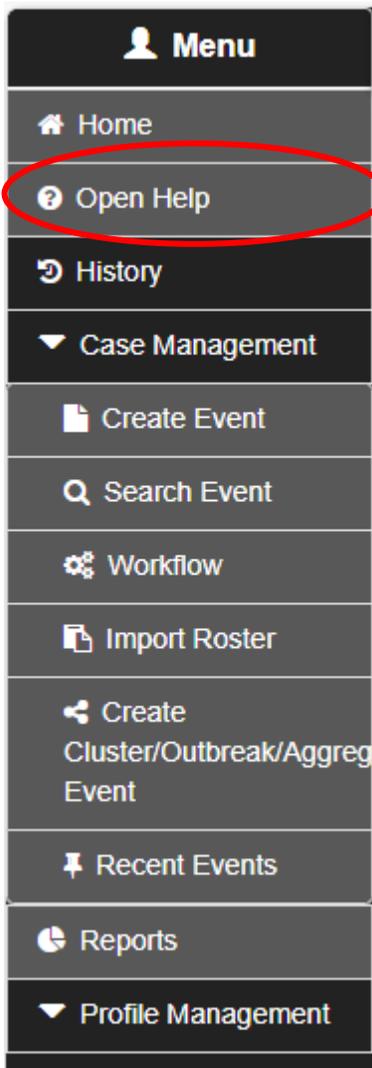
Arbovirus Contacts				
First Name	Last Name	Title	Email	Phone
Annie	Abrovirus	Nurse	annie.arbo@town.gov	(123) 456-7890

# When to Call DPH Epi On-Call 617-983-6800

- MAVEN does not alert DPH Epis to every note or update a local MAVEN user makes within an event.
  - If you have key updates or need DPH action on an item such as an out of state situation or you have identified an important issue during your investigation, please call the main **Epi On Call line 617-983-6800**, contact a specific case's assigned Epi, or contact [mavenhelp@mass.gov](mailto:mavenhelp@mass.gov) (for routine items).
  - Tasking an assigned DPH Epi is also an option within MAVEN.

# New to Case Investigation?

Open  
Help



Maven Surveillance and Case Management System



Enter Case ID

Search

- **New MAVEN Help Folder: [Case Investigation Basics: General Trainings \(Start Here!\)](#)**

- This new folder will feature some of our general MAVEN and Case Investigation trainings. Great for overall refreshers or for new/onboarding staff.

 [Case Investigation Basics: General Trainings \(Start Here!\)](#)

- **Topics Include:** Surveillance and Epidemiology 101, Lab Testing, Cluster Events, Pivot Tables, etc. More to come!

[MAVEN Help](#) is a web page, so you can also bookmark it for access (you don't have to be logged into MAVEN to access MAVEN Help.

# MDPH Resources for You

**MDPH Division of Epidemiology:** 617-983-6800

**MDPH Division of Surveillance, Analytics, and Informatics (DSAI):**

- **MAVEN Help Desk:** [MavenHelp@mass.gov](mailto:MavenHelp@mass.gov)
- **MAVEN Onboarding:** [MavenTraining@mass.gov](mailto:MavenTraining@mass.gov)
- **MDPH MAVEN Help Desk:** 617-983-6801
- **MDPH MAVEN Fax:** 617-983-6813

**Tools for LBOH Tuesday Webinar Registration:** <http://tinyurl.com/MAVEN-Webinars>

**MAVEN Help** has Guidance Documents, the Case Classification Manual, and Previous Webinars:

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

**MDPH Guide to Surveillance, Reporting, and Control: Disease-Specific Chapters:**

- <https://www.mass.gov/handbook/guide-to-surveillance-reporting-and-control>

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**TRAVEL**

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# Travel History for Case Investigations

- **Travel** is a common component of many of our reportable infectious disease investigations (think in-state, out-of-state, and out-of-country).
- Recent travel history is important particularly for:
  - High consequence and person to person infectious diseases
  - Understanding local transmission vs. imported disease
  - Informing follow-up actions (i.e. Do Not Board orders for planes, notifying plane contacts, case isolation, quarantine, investigating domestic foodborne exposures).



# Vocabulary Check

- What does it mean for a disease to be **endemic**?
  - The disease is habitually present within a geographic area or population.
  - May also refer to the usual prevalence of a given disease within an area (i.e. how much of the disease we would *expect* to see in an area).

## What's the difference?

Endemic, epidemic and pandemic explained.



**Epidemic or Outbreak**  
Disease occurrence among a population that is more than what is expected in a given time and place, usually a sudden increase

**Pandemic**  
An epidemic that spreads across regions

**Endemic**  
A disease or condition present among a population at all times

Source: Centers for Disease Control and Prevention (CDC)

# Travel History Risk Factors

- **Travel destination(s) and travel dates**
  - Detailed **destination** information (city/state as opposed to only country) can be helpful to determine risk of certain high consequence diseases.
  - Knowledge of what diseases are endemic to a country gives us epidemiological clues to the likelihood that someone has a true case of a disease that is not endemic/rare in the US.
    - If there is a known outbreak in the region the case traveled to this is referred to as an epi-link.
  - Knowing the specific **dates of travel** in relation to symptom onset and the incubation period of the disease is also important.
    - Travel a year ago is not relevant for a disease with a short incubation period of days to a month.

Did case travel out-of-state or out-of-country during incubation period?

Yes

+ Add New

From date: mm/dd/yyyy

To date: mm/dd/yyyy

Destination city:

Destination state:

Destination country:

The form is a vertical stack of input fields. At the top is a question with a dropdown menu set to 'Yes'. Below that is a blue 'Add New' button. The next two rows are 'From date:' and 'To date:', each with a text input field containing 'mm/dd/yyyy' and a calendar icon. The following three rows are 'Destination city:', 'Destination state:', and 'Destination country:', each with a text input field and a dropdown arrow.

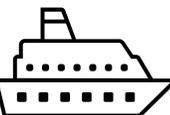
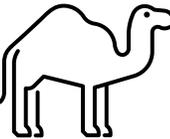
# Travel History Risk Factors

- **Exposures & Activities**

- Certain classes of exposures are more common in travelers.
- Depending on the disease it can be relevant to ask about:
  - Animal bites (insects, arachnids, mammals)
  - Engagement in activities (e.g., fresh or saltwater swimming, hiking, visiting caves, mass gatherings)
  - Diet (e.g., eating street food, bushmeat, unpasteurized dairy products, bottled or tap water)
  - Sexual behaviors
  - Encounters with healthcare (medical tourism) or tattoos/piercings
- Ask if fellow travelers are also ill or if they had any sick contacts while abroad.

- **What was the reason for travel?**

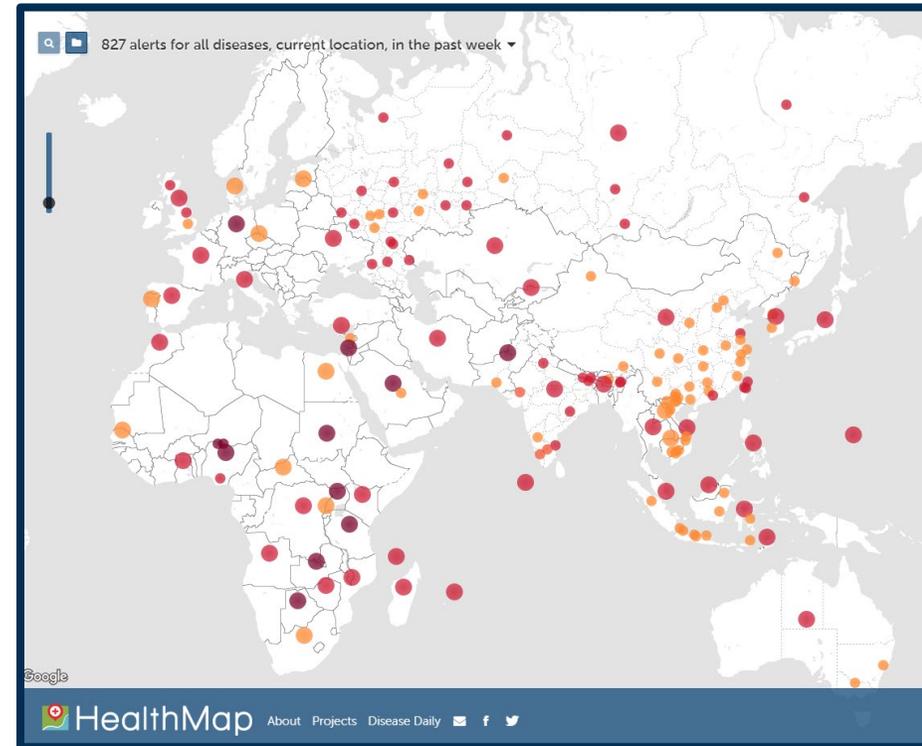
- Travel type – tourism, visiting friends and relatives, business, humanitarian aid, study or volunteering abroad, medical care, and migration – can help identify potential risks.



# Travel Health Resources / Global Outbreak News

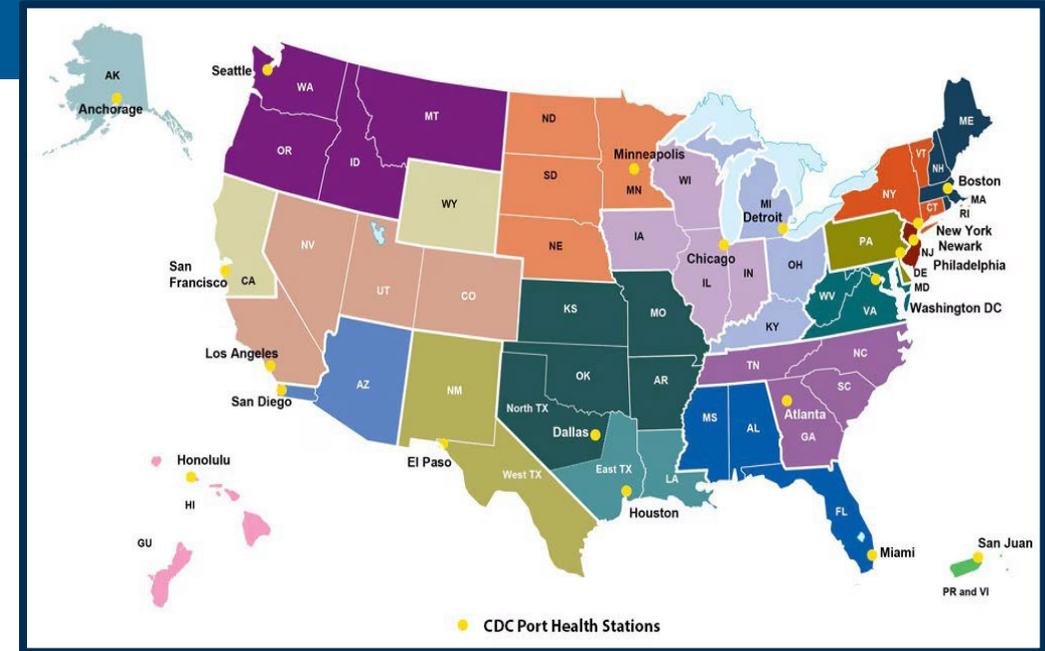
## Outbreak information is public.

- CDC's [Travelers' Health](#) website
- CDC's [Outbreak](#) website
- The [Program for Monitoring Emerging Diseases International Society for Infectious Diseases \(PROMED\)](#)
- [BEACON](#)
- Weekly [communicable disease threat reports](#)
- [HealthMap](#)
- [CDC list of travel medicine webpages](#)



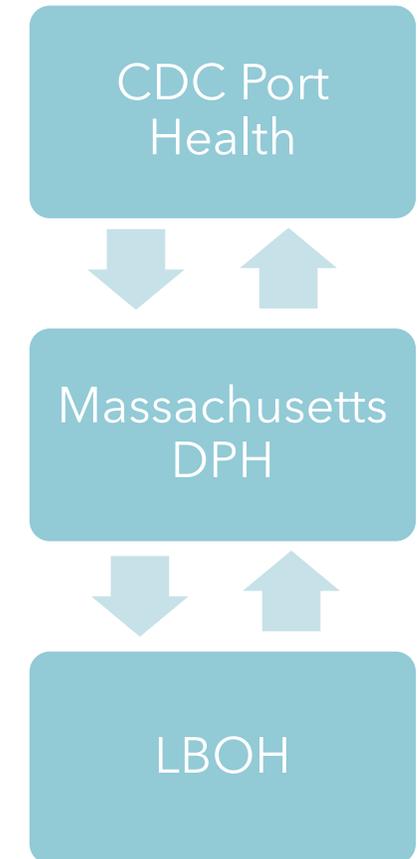
# CDC Port Health

- U.S. Port Health Stations serve to limit the introduction and spread of contagious diseases in the United States.
- Our local Port Health Station is **Boston Port Health Station, located in Terminal E of Logan Airport.**
- CDC has the legal authority to decide whether ill persons might have a contagious disease that poses a public health threat and what measures should be taken (isolation, quarantine, examination) .
- Most flight contact investigations are performed for infectious tuberculosis, measles, pertussis, meningococcal disease and rubella.



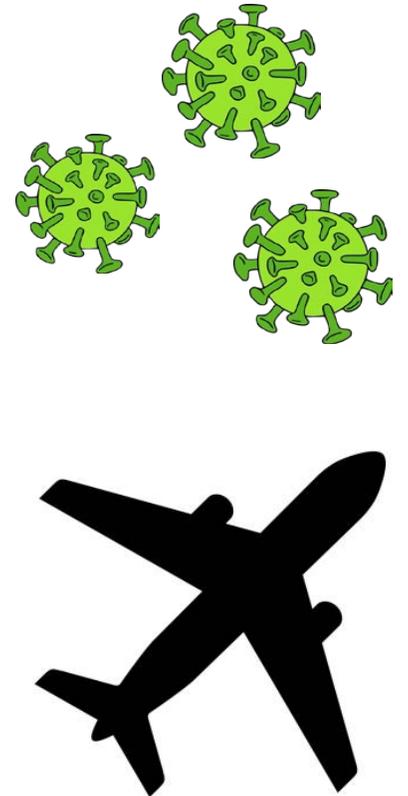
# Flight Contact Investigation Roles

- **States** notify Port Health Stations of **cases** that flew while infectious.
- **Port Health Stations** share information on **contacts** who were exposed to index patients while traveling.
- In Massachusetts, **LBOHs** alert DPH of **cases** who traveled while infectious. When **contact** follow up is needed contact information from CDC is shared with the **LBOH** for follow up.
  - **Note:** contact's address, phone number and email come from the airline and Customs and Border Control and may not always be 100% accurate.



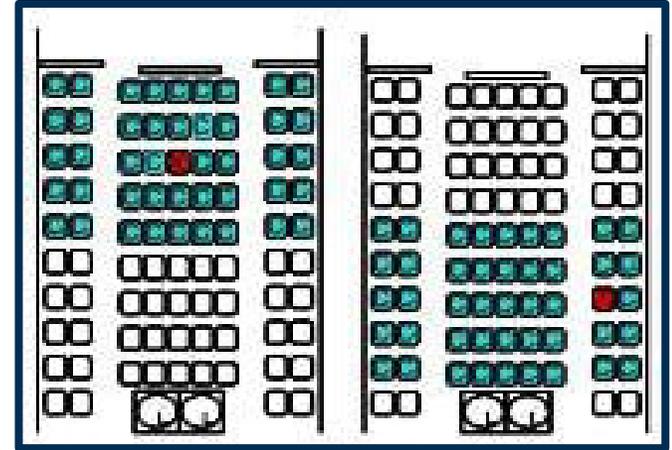
# Flight Data Collection: Key Information Needed

- If the case flew while infectious complete flight information needs to be collected:
  - **Flight number(s), airline, and seat number**
  - **Departure Airport, Destination Airport and Layover Airports**
  - **Travel companions, reason for travel**
  - **Symptom onset date and symptoms**



# Contact Tracing on Flights

- CDC Port Health will assess **who** on the flight was exposed (taking seating, disease transmission and airflow into account).
  - Port Health partners with the travel industry and can look up flight plans.
  - CDC Port Health will then notify other states about their residents who were exposed to perform the follow-up and notification.



# Travel Restrictions

- If a case is infectious and plans to travel - Port Health Stations have the authority to issue **Do Not Board Orders** to keep them from boarding the plane and spreading a contagious disease.
  - This tool has been used for people with infectious TB and measles.
  - Historically it was utilized from 2020-2022 for COVID and during the 2022 mpox outbreak (this is no longer the case).
  - This is useful for emerging diseases where transmission modes may not be well established.
  - A Do Not Board Order is typically a last resort.



# Out of State Notifications (Both Directions)

- DPH receives and sends **Out-of-State** notifications frequently.
- You may receive a MAVEN Event for a case or a contact because your resident was tested somewhere else or exposed somewhere else.
  - **Flight Exposure Notifications.** DPH receives lists of passengers from CDC Port Health requiring follow-up.
    - Similarly, if our own case flew while infectious, we give the travel information to CDC Port Health, and they identify relevant passengers and notify their home states about exposure.



# Out of State Notifications

- If you identify a situation involving another state, please notify the **Epi Program** at **617-983-6800**.
  - Example situations:
    - Your case names a contact that lives out of state.
    - Your case reveals an out of state location where they may have exposed others.
- If you are assigned a case but, upon investigation, you determine their correct address is out of state:
  - **Simple address corrections** within MA or Outside of MA can be updated by LBOH (change address in the Participants Tab and “Select as official address.”) Be sure to notify relevant MA town about the change. You can also change to an OUT OF STATE OFFICIAL ADDRESS and MAVEN staff will notify the relevant state. [MAVEN Tip Sheet: Updating an Address](#)
    - Step 1: Update the address in the Participants Tab
    - Step 2: Update the address in the Demographic Question Package and Select OFFICIAL ADDRESS

# Jurisdiction for Case Counting

- Many of our cases involve travel, and we often share the follow-up across jurisdictions, however cases are officially counted in only one location.
  - Official CDC guidance defines jurisdiction, but generally it is the location of “usual residence.”
    - Usually this is easy to determine, but a few common scenarios (snowbirds, college students, etc.) are further clarified in that they should be reported by the jurisdiction of the residence where they live most of the year.
    - **TIP:** College students and health centers should typically report with the college address.

“Official Town” MAVEN Variable notes where the case is counted.

# Jurisdiction for Case Counting

Follow-up workload does not always match where the case is officially counted. Examples:

If a MA resident travels to another state, is exposed to a virus, incubates, develops illness, and recovers all while still in that other state and before returning to MA, we would still officially count that case here in MA.

A case may live and work in different locations, so there may be considerable exposure and follow-up in the town of work, but the town of residence will count the official case.

A resident of another state may visit MA while ill and expose people at many MA locations, requiring significant MA follow-up, however, they are not counted as a case by MA and will be officially counted in their home state address.

- These situations may involve significant cross-jurisdictional communication to determine official location for surveillance purposes, in addition to collaboration on follow-up activities.

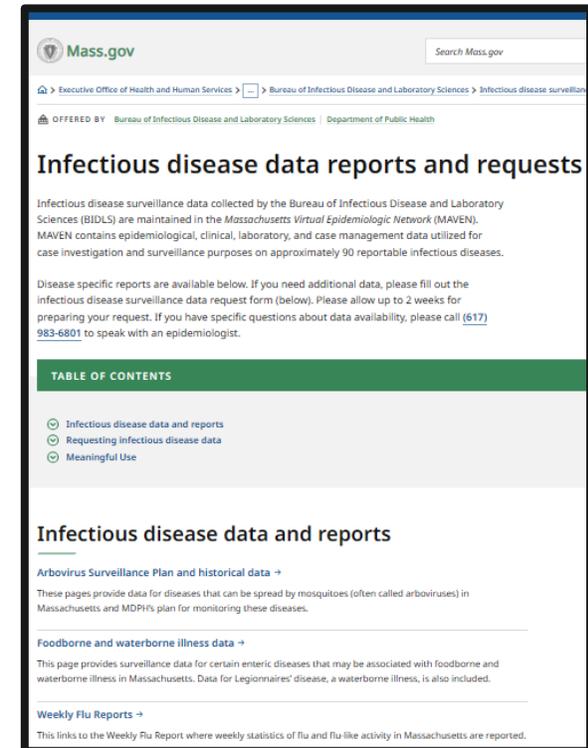
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# REPORTS AND DATA

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# Infectious disease data reports and requests

- The Bureau of Infectious Disease and Laboratory Sciences (BIDLS) publishes many infectious disease surveillance reports. (What you are looking for may already be publicly available without a formal data request.)
  - [Infectious disease data reports and requests | Mass.gov](#)
- Infectious disease surveillance data requests: For additional data, you can fill out a [surveillance data request form](#).
  - If you have specific questions about data availability, please call (617) 983-6801 (MAVEN Help Desk).



# Questions?

