



MDPH Tuesday Infectious Disease Webinar Series

“Tools for Local Boards of Health”

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May 12, 2026

A white-bordered rectangular box containing a thumbnail for a webinar. In the top left corner is the Massachusetts Department of Public Health (DPH) logo. In the top right corner is an icon showing a central red human figure with four arrows pointing outwards to other red human figures, representing contact tracing. Below the icon, the text "Tuberculosis Contact Investigations" is written in a bold, white sans-serif font. At the bottom left, the date "May 12, 2026" is displayed. At the bottom right, the text "Division of Global Populations and Infectious Disease Prevention" and "Bureau of Infectious Disease and Laboratory Sciences" is written in a smaller white font.

May 12, 2026

- **DPH Updates:**
 - *Cyclospora & Vibrio* Seasonal Updates
 - Hantavirus Epi Update
 - Measles Epi Update
 - Reminders (FIFA!) Preparing for Summer 2026
- **Featured Presentation:** Tuberculosis Contact Investigations for Local Health
 - Division of Global Populations and Infectious Disease Prevention



Hantavirus is so rare that even Dr House never diagnosed it in 177 episodes



Infectious Disease Tools for LBOH Webinar Schedule!

2026 Upcoming Schedule!

All Registrations:	http://tinyurl.com/MAVEN-Webinars
2 nd Tues 5/12/26	Tuberculosis Contact Investigations
4 th Tues	<i>No May Office Hours</i>
2 nd Tues 6/09/26	Water & Animal Exposure Investigations for Enteric Diseases
4 th Tues 6/23/26	4 th Tuesday Office Hours
2 nd Tues 7/14/26	Group A Strep Investigations
4 th Tues 7/28/26	4 th Tuesday Office Hours
2 nd Tues	<i>No August Webinar or Office Hours Happy Summer!</i>
4 th Tues	

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!

MAVEN Help has Guidance Documents and Previous Webinars:

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



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

**No May Office Hours
See You Tuesday, June 9, 2026 @11:00!**

Updates – A quick recap for May 12, 2026

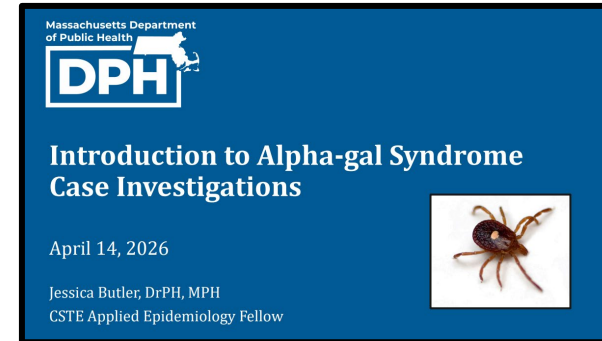
April 14, 2026:

DPH Updates:

- Seasonal RSV Infant Vaccination extended to April 30, 2026
- Adult State-Supplied Vaccine Availability Table Updated
- Recording Available: 6th Annual Garvey Public Health Lecture (TB) March 30, 2026
- Measles Epi Update
- Preparing for Summer 2026

Featured Presentation: Introduction to Alpha-gal Syndrome Case Investigations

- Jessica Butler, DrPH, MPH, CSTE Applied Epidemiology Fellow



[PDF Slides](#), [Recording](#)



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

Bookmark the URLs!

MAVEN Help:

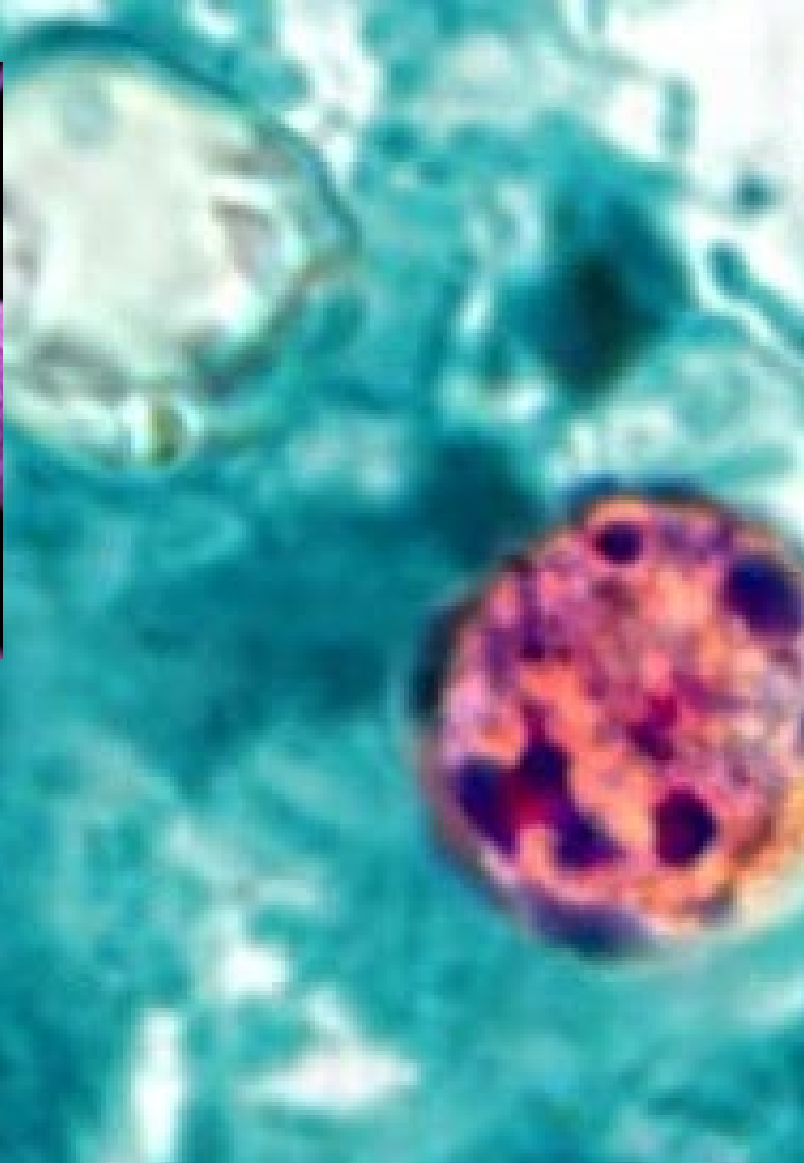
<http://www.maven-help.maventrainingsite.com/toc.html>

Register for Future 2026 Webinars and Office Hours:

<http://tinyurl.com/MAVEN-Webinars>



Cyclospora & Vibrio



Cyclospora & *Vibrio*: Seasonal switch from routine to immediate on May 1st

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
				<i>Cyclospora</i>							
				<i>Vibrio parahaemolyticus</i> or <i>Vibrio</i> species from stool*							

*Additional nuances based on test method. An MDPH epidemiologist will write a note indicating the follow up needed.

As an immediate disease:

- Expectation to conduct case investigation within 1 business day of report
- Prioritize over routine investigations
- A DPH epidemiologist will also be assigned to the case to ensure prompt case investigation and assist with follow-up as needed

Why the seasonal switch?

Goal: To quickly conduct case interview and obtain an accurate food history.

This allows for identification of common exposures among cases, and prevention of additional illness.

Cyclospora

- No routine whole genome sequencing to identify cases likely to have a shared exposure.
- Foods or restaurants commonly reported across cases are investigated.
- Implicated foods are recalled and removed from the food supply.

Vibrio parahaemolyticus or *Vibrio* species from stool

- Bacteria naturally increase in coastal water during the summer.
- Shellfish exposures reported by cases are shared with the MDPH Division of Food Protection for prompt traceback.
- Commonly implicated harvest areas may have a voluntary or regulatory closure to prevent further illnesses.

For a more in-depth
review:

**Cyclospora and Vibrio Case Investigations (June 2022) [Slides](#), [Recording](#)
[Cyclospora](#) and [Vibrio](#) Case Investigation Tip Sheets**

MORE Disease-Specific Tip Sheets

- Can't remember the difference between *Shigella* and *Salmonella*?
- Has it been a while since you investigated a case of *Cryptosporidium*?
- Are you responsible for investigating so many different diseases and could use a quick reference to remember which is which?

There's a Tip Sheet for that!

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



Example Tip Sheet

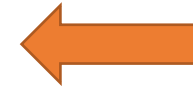
TIP SHEET for *Vibrio* Case Investigations

- **Disease:** *Vibrio* is a bacterium that can cause different clinical syndromes including **gastroenteritis** (primarily from *V. parahaemolyticus*, toxigenic and non-toxigenic *V. cholerae*), **wound infection** (*V. vulnificus*, *V. alginolyticus*), and **septicemia** (*V. vulnificus*). Gastroenteritis is the most common syndrome, with individuals experiencing watery, non-bloody stools, abdominal pain, low-grade fever, headache, and chills with spontaneous symptom recovery within 2 to 5 days. Severe wound infections from *V. vulnificus* can progress to necrotizing fasciitis.
- **Transmission & Incubation Period:** *Vibrio* bacteria naturally inhabit marine and estuarine environments with most infections occurring in summer and fall when water temperatures are warmer causing *Vibrio* bacteria to thrive. Individuals become ill by swallowing the bacteria via ingestion of raw or undercooked seafood, especially shellfish, or by getting contaminated water or seafood drippings into an open wound. Most *V. cholerae* infections reported in MA residents are non-toxigenic (not cholera disease). Toxigenic *V. cholerae* infections are rare and typically acquired via international travel. Person-to-person spread has not been documented. The incubation period for gastroenteritis is typically 24 hours (range of 5 to 92 hours) and for wound infections and septicemia is 1 to 7 days.

<p>① Notification</p>	<ul style="list-style-type: none"> • LBOHs have primary responsibility to investigate cases of <i>Vibrio</i> in their jurisdiction. • Cases with <i>V. cholerae</i> isolated by culture warrant immediate follow up year-round. • From May 1 to October 31 ("Vibrio season"), all other <i>Vibrio</i> cases will flow into your "LBOH Notification for Immediate Disease" workflow. <ul style="list-style-type: none"> ◦ Immediate follow up is requested for cases with <i>Vibrio parahaemolyticus</i> or <i>Vibrio species</i> (not further speciated) detected in stool. This is to facilitate the prompt collection of any shellfish exposures. Due to warming coastal waters, immediate follow up is also requested for <i>Vibrio vulnificus</i> infections to identify any local waters that may be associated with infection. ◦ An MDPH epidemiologist will add a note indicating what follow up needed. For cases warranting immediate investigation, an MDPH epidemiologist will be assigned to ensure complete case follow up. • Outside of these months, cases warrant routine investigation. New events will flow into your "LBOH Notification for Routine Disease" workflow.
<p>② Get Prepared</p>	<ul style="list-style-type: none"> • Familiarize yourself with the disease: MDPH Fact Sheets, MDPH Guide to Surveillance • Review foodhandler exclusion criteria from 105 CMR 300 for cases and their household contacts. Implementing the Exclusion of Food Handlers with Reportable Conditions A food handler is defined as any person directly preparing or handling food; any person handling clean dishes or utensils; any person who dispenses medications by hand, assists in feeding, or provides mouth care. <ul style="list-style-type: none"> ▪ In healthcare: this includes those who set up trays for patients to eat, feed or assist patients in eating, give oral medications or give mouth/denture care. ▪ In child care programs, schools, and community residential programs: this includes those who prepare food for clients to eat, feed or assist clients in eating, or give oral medications. • Review demographic and laboratory information available in MAVEN for the case.
<p>③ Contact Ordering Provider</p>	<ul style="list-style-type: none"> • The name and facility of the ordering provider can be found in the lab tab in the case's MAVEN event. If ordering provider is a hospital, reach out to the hospital Infection Preventionist. • During call with provider's office: <ul style="list-style-type: none"> ◦ Confirm case's contact information, collect additional phone number(s) or email address ◦ Obtain symptom onset date and clinical presentation ◦ Collect information on any potential exposures identified during visit (e.g., travel)



Quick disease and transmission refresher



How you get notified



Resources to help you get prepared




List of items to ask when you reach out to the ordering provider


[MAVEN Help](#)
[Tip Sheet](#)
[Folders](#)


Example Tip Sheet

Which question packages to complete with some reminders 

Reminders for handling high-risk settings to prevent further transmission 

[MAVEN Help Tip Sheet Folders](#)

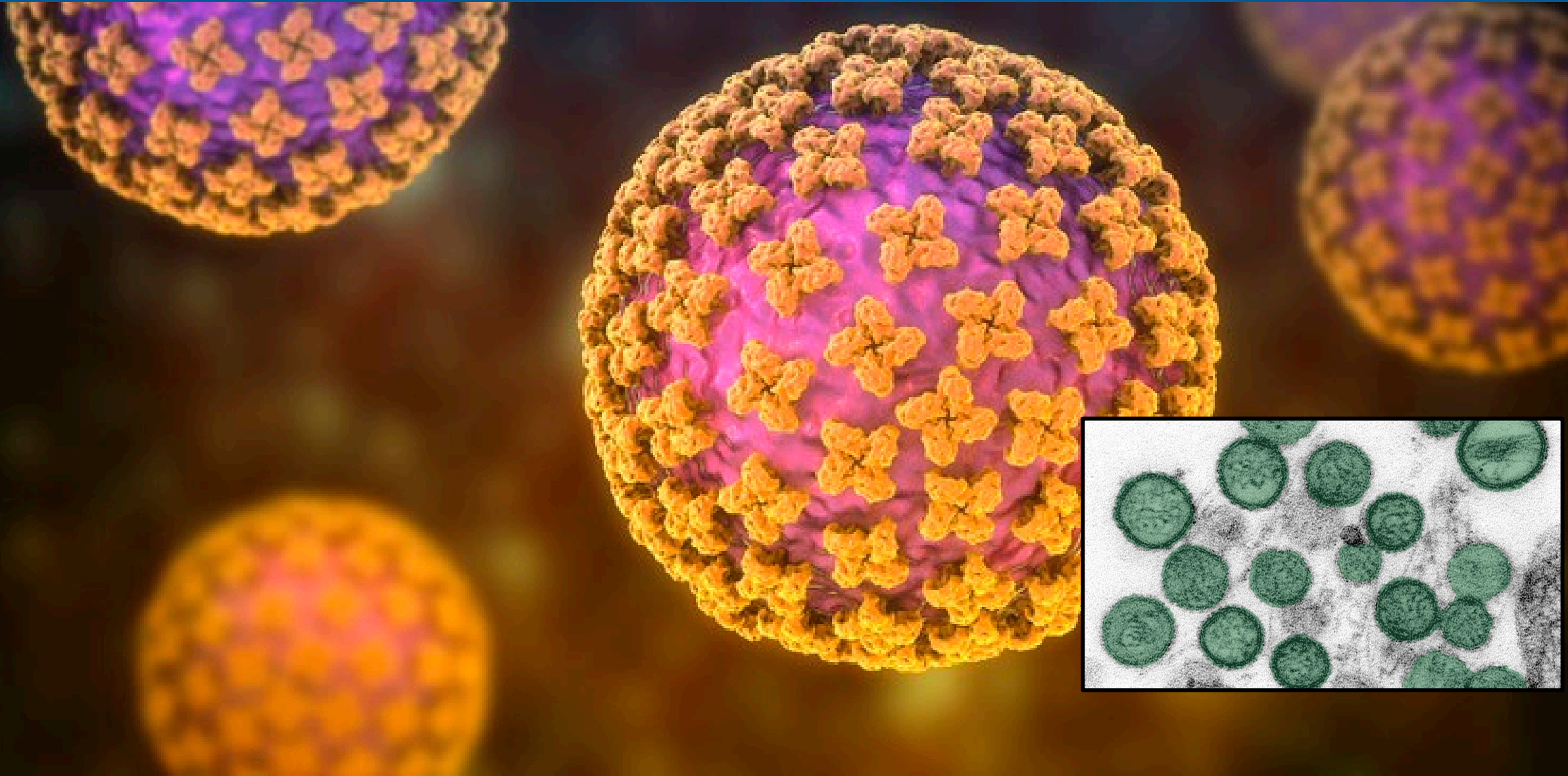
When you should notify DPH 

Recommendations regarding call attempts to case, information to collect if they cannot be reached 

Additional resources 

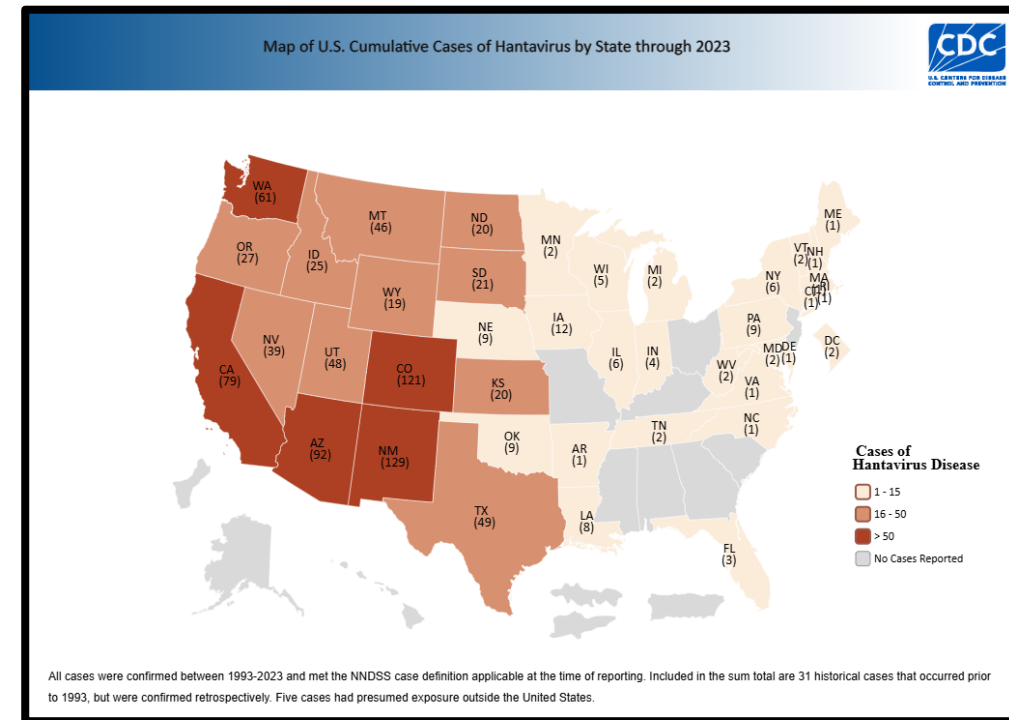
		<ul style="list-style-type: none"> Request case's occupation and employer, if available Ask if the case has been informed of their diagnosis If the ordering provider cannot be reached in a timely manner, proceed to case interview.
④ Contact Case		<ul style="list-style-type: none"> Introduce yourself, why you are calling, what you will use information for, and who has access to the information they provide. Complete all questions in the Demographic and Clinical question packages. Complete all questions in the Risk/Exposure question package for the 7 days prior to symptom onset. <ul style="list-style-type: none"> If the case experienced gastrointestinal illness and the specimen is stool, blood, or urine, ask them about consumption of high-risk animal products, including molluscan shellfish (clams, mussels, oysters, quahogs, etc.) and how they were prepared. If the case experienced a skin, ear, wound, or soft tissue infection, ask them about exposures to high-risk materials (e.g., where they went swimming). To improve the recall of activities or restaurants they may have dined at, encourage the case to look at their work and/or personal calendars, credit card or bank statements, and photos on their phone.
⑤ Prevent Further Transmission	Food handlers	<ul style="list-style-type: none"> If individual meets the 105 CMR 300 definition of a food handler (see definition in "Get Prepared" above), they must be excluded from food handling duties until meeting clearance criteria: <ul style="list-style-type: none"> For cases with <i>V. cholerae</i> isolated via culture: In non-outbreak circumstances: after diarrhea has resolved, two negative stool specimens produced 48 hours after completion of any antimicrobial therapy. <ul style="list-style-type: none"> An MDPH foodborne epidemiologist can review whole genome sequencing data to identify if case has toxigenic <i>V. cholerae</i> warranting this exclusion. For all other <i>Vibrio</i> spp.: After diarrhea has resolved. Implementing the Exclusion of Food Handlers with Reportable Conditions
⑥ Notify DPH as Needed		<ul style="list-style-type: none"> Suspected outbreaks are reportable to MDPH within 24 hours. If case investigation indicates that two or more people from different households became ill with similar symptoms after a common exposure, notify the Division of Epidemiology: (617) 983-6800 Create a MAVEN foodborne illness complaint if the case reports the following during their incubation period: <ul style="list-style-type: none"> Eating seafood or shellfish obtained from any retail food establishment (e.g., restaurant, seafood market, grocery store) with sufficient details available (name of establishment, location, and date of purchase/consumption)
Other Notes		<ul style="list-style-type: none"> It is recommended that three call attempts are made at different times of day to reach a case for interview. Consider texting or emailing a case requesting a call back if they are not responsive. <ul style="list-style-type: none"> If a case cannot be reached, the following information should be collected from the ordering provider before closing out the case: symptom onset and clinical presentation, occupation and employer, and any exposure information available in the medical notes. Completion of all exposure questions in the MAVEN Risk Question Package is essential for detecting outbreaks and preventing further transmission. Many exposure questions for this disease will appear as child questions based upon specific answers in earlier questions.
Additional Resources		<ul style="list-style-type: none"> June 2022 webinar: <i>Cyclospora</i> and <i>Vibrio</i> Case Investigations Slides, Recording MDPH Division of Epidemiology: (617) 983-6800

Hantavirus Update

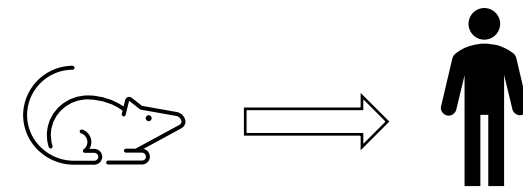


Hantavirus

- Hantaviruses are a family of viruses which can cause serious illnesses and death.
- Hantavirus is most commonly spread to humans through contact with **infected rodents' urine, droppings, and saliva.**
- From 1993- 2023, a total of 890 laboratory-confirmed cases of hantavirus were reported in the US.
 - 94% of hantavirus cases in the US are found **west of the Mississippi River**
- Hantaviruses in the Americas can cause hantavirus pulmonary syndrome (HPS), a severe and potentially deadly disease that affects the lungs.



[CDC Hantavirus Case Data 1993-2023](#)



Andes Virus (type of Hantavirus)

- Andes virus is a type of hantavirus spread by long-tailed rice rats in Argentina and Chile (not found in the US) and, less commonly, by other infected people.
- **The Andes virus is the only type of hantavirus that is known to spread person-to-person.**
Close contact includes:
 - Direct physical contact
 - Prolonged time spent in close or enclosed spaces
 - Exposure to the infected person's saliva, respiratory secretions, or other body fluids (e.g., kissing, sharing utensils, handling contaminated bedding)
- Early symptoms of HPS due to Andes virus can include: Fatigue, Fever, Muscle Aches
 - About half of all patients with HPS also experience: Headache, Dizziness, Chills, and Nausea, Vomiting, Diarrhea, and Abdominal Pain
- Typically, people are only infectious while they have symptoms. Signs and symptoms of HPS due to Andes virus appear 4 to 42 days after exposure (median 18 days).
- The Andes virus is not a new virus and is normally found in areas of South America.

2026 Multi-country Hantavirus Cluster Linked to Cruise Ship

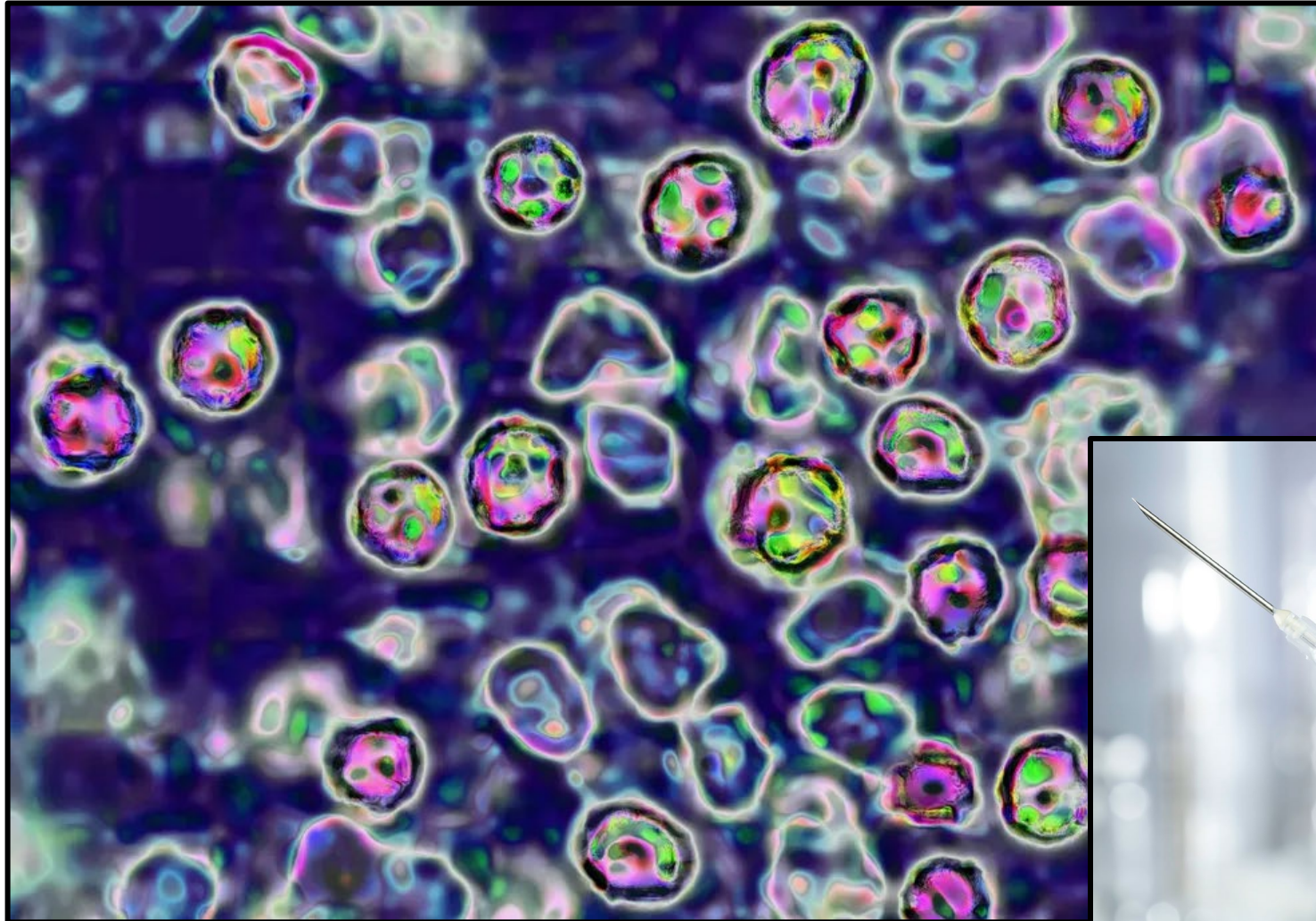
- On May 2, 2026, the World Health Organization (WHO) was notified of a cluster of what was later determined to be Andes virus on the cruise ship M/V *Hondius*. Genetic sequencing confirms this is not a new variant; similar to strains in South America.
- As of May 8, 2026, WHO has reported eight cases (six confirmed and two suspected), including three deaths. **No secondary cases outside those on the ship.**
- This is an evolving situation. At this time, **the overall risk to travelers and the American public remains extremely low.** Routine travel can continue as normal.
- CDC team assessed 18 Americans in the Canary Islands and then brought to the Nebraska Biocontainment Unit via a chartered flight.
- The passengers, CDC, and state and local health departments are working together to coordinate where passengers will be monitored (active monitoring, not quarantine).



M/V *Hondius* Andes Virus Contact Guidance

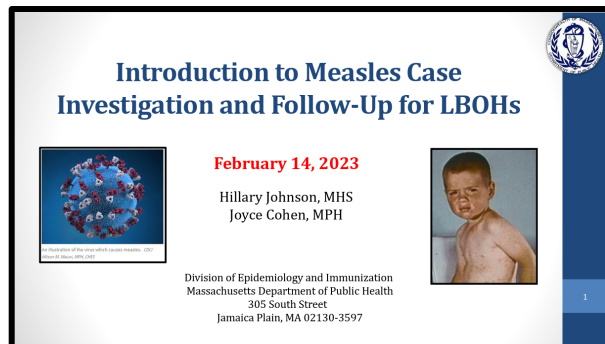
- **To date, no Andes Virus cases or contacts in Massachusetts.**
- Currently we understand people are only infectious while symptomatic
 - All cruise contacts are considered high risk
 - CDC is asking state/local health departments to conduct **daily active monitoring of m/v *Hondius*** contacts for 42-days after disembarkation of ship.
 - Temperature check 1x a day, symptom monitor
 - Contacts asked to limit certain activities – nonessential appointments, indoor interactions outside household
- If there were to be a contact in your jurisdiction, the LBOH would be alerted. The active monitoring process is similar to that for Ebola, Marburg, etc.

Measles Updates

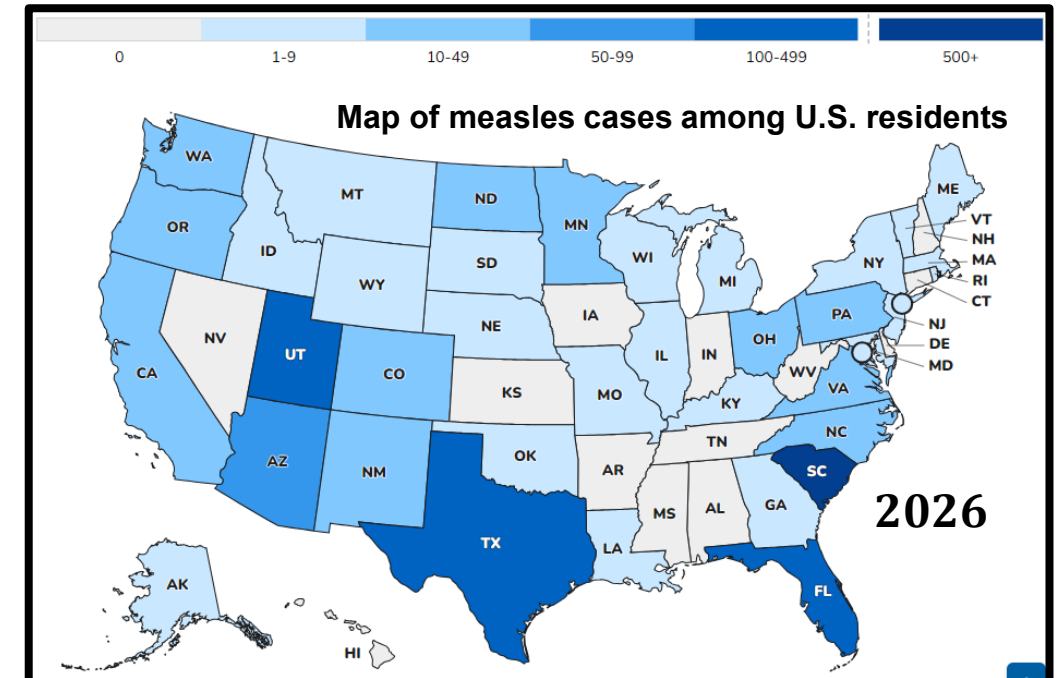
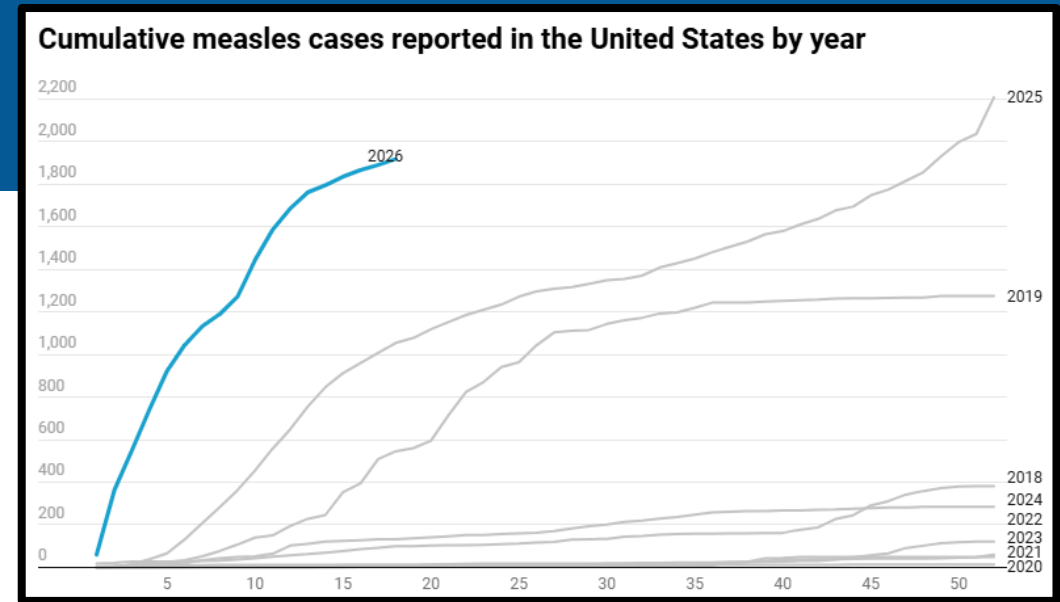


U.S. Measles Cases, 2026

- As of May 7, 2026, **1,842** confirmed measles cases were reported by 39 US jurisdictions in 2026.
 - Including **2 cases in Massachusetts**. No additional cases at this time.
- There have been 25 new outbreaks (defined as 3+ related cases) reported in 2026; **93% of confirmed cases are outbreak-associated**.
- 92% of 2026 cases were unvaccinated or unknown. There have been no deaths.
- Measles training on MAVEN Help:



[Slides](#)
[Recording](#)



Data as of 5/8/2026. Sources: [CDC | Measles Cases and Outbreaks](#); [Johns Hopkins University | US Measles Tracker](#)

First Measles Cases in Massachusetts, 2026

Press Release from 2/27/2026 announces two confirmed cases of measles in Massachusetts residents:

- The first case was reported in a school-aged Massachusetts resident who was exposed and diagnosed out of state and remained out of state during the infectious period. **There are no known exposures to others in Massachusetts.**
- The second case was diagnosed in an adult who lives in Greater Boston. The individual returned from international travel and had an uncertain vaccination history. During their infectious period, the individual visited several locations where exposures to others likely occurred. **State and local public health officials worked with these locations to identify and notify those who were potentially exposed.**

As of 5/11/26, no additional cases were identified in Massachusetts.

PRESS RELEASE

State public health officials announce first two confirmed measles cases in Massachusetts this year

Residents are reminded of the importance of MMR vaccine in preventing measles

FOR IMMEDIATE RELEASE: 2/27/2026 Department of Public Health

MEDIA CONTACT
Ann Scales, Director of Media Relations
Phone (617) 624-5006
Online ann.scales@mass.gov

BOSTON — The Massachusetts Department of Public Health (DPH) confirmed today that two cases of measles have been diagnosed in Massachusetts residents.

- The first case was reported in a school-aged Massachusetts resident who was exposed and diagnosed out of state and remains out of state during the infectious period. There are no known exposures to others in Massachusetts.
- The second case was diagnosed in an adult who lives in Greater Boston. The individual recently returned from international travel and had an uncertain vaccination history. During their infectious period, the individual visited several locations where exposures to others likely occurred. State and local public health officials are working with these locations to identify and notify those who were potentially exposed.

These two cases of measles in Massachusetts have occurred in the context of a large national outbreak of measles and a very large international outbreak. Although there is no evidence of the spread of measles within Massachusetts at this time, additional cases could occur. [View a 10-year table of vaccine-preventable disease reports in Massachusetts.](#)

"Our first two measles cases in 2026 demonstrate the impact that the measles outbreaks, nationally and internationally, can have here at home. Fortunately, thanks to high vaccination rates, the risk to most Massachusetts residents remains low," said Public Health Commissioner **Robbie Goldstein, MD, PhD**. "Measles is the most contagious respiratory virus and can cause life-threatening illness. These cases are a reminder of the need for health care providers and local health departments to remain vigilant for cases so that appropriate public health measures can be rapidly employed to prevent spread in the state. This is also a reminder that getting vaccinated is the best way for people to protect themselves from this disease."

Early symptoms of measles occur 10 days to 2 weeks after exposure and may resemble a cold (cough, runny nose, and red eyes), usually with fever. A rash occurs 2-4 days after the initial symptoms develop. The rash usually appears first on the head and then moves downward. The rash typically lasts a few days and then disappears in the same order. People with measles may be contagious up to four days before the rash appears and four days after the day the rash appears. Measles is a potentially serious illness, with complications occurring in approximately 30 percent of infected individuals, including immune suppression, pneumonia, diarrhea, and

[Mass.gov | First Two Measles Cases 2026 Press Release](#)

Recent Measles Exposure

- Any individuals who spent time in Boston Logan Airport Terminal C between 12:00 AM and 2:30 AM on April 14 may have been exposed to measles.
 - The infected individual left Logan Airport in a privately owned vehicle and traveled out of state.
 - There are no other known exposure points in Boston at this time.
- Unvaccinated exposed individuals should contact their healthcare provider and need to avoid public places (e.g. school, work, public transit, stores) and monitor for symptoms for 21 days (through May 5, 2026).

The screenshot shows a news article from the City of Boston website. The header includes the City of Boston logo, Mayor Michelle Wu's name, and navigation links for 'INFORMATION AND SERVICES', 'PUBLIC NOTICES', and 'FEED'. The article title is 'PERSON WITH MEASLES PASSED THROUGH LOGAN AIRPORT'. Below the title is a sub-headline: 'Unvaccinated individuals should contact their healthcare provider and monitor for symptoms'. The article text reports that a person with measles visited Terminal C at Logan Airport on Tuesday, April 14, after arriving on JetBlue Airways flight 470 from Ft. Lauderdale, Florida, on Monday, April 13. It advises unvaccinated individuals to contact their healthcare provider immediately and avoid public places for 21 days. The article also notes that measles vaccination is 97% effective and that the number of confirmed cases in Massachusetts remains unchanged at two.

[Person With Measles Passed Through Logan Airport | Boston.gov](https://www.boston.gov/news/person-with-measles-passed-through-logan-airport)



Summer 2026



Preparing for Summer 2026

- Get ready for lots of visitors from US and Abroad!
 - We anticipate routine updates and reminders – let us know your questions as we near these events.
 - It is a great time to review your local policies around texting, phone apps, and other tools. (WhatsApp)
 - 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.

Summer 2026 Presentation Resources

- DPH recently held a **special webinar on World Cup preparedness** for local health departments. [View the slides](#), [answers to questions](#), and [watch a recording](#) of the webinar. Stay tuned to the [Match-Ready Massachusetts](#) page and [Protecting Public Health](#) page for more information.
- Upcoming Office Hours for Public Health Nurses and Health Educators. “Targeted Health Education Approaches to Implement in Your Communities.”
 - **Tuesdays, 3:00-4:00pm (May 12, May 26, June 9, June 23)**
 - UMass Team and DPH's Caitlin Pettengill and Kate Fillo. [Join office hours](#)



