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

Tools for LBOHs

November 30, 2021

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MA Department of Public Health
Topics Today

- MAVEN Updates
  - System updated around 5 p.m. 11/30
  - Immediate workflow updated
- CTC Timeline Reminder
- Variant Updates
  - Omicron – what we know
- Prioritization Guidance for LBOH

My Personal Style is best described as “didn’t anticipate turning on my camera for this meeting.”
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, Contact Tracers, and Public Health Nurses doing this work.

MAVEN Help has Guidance Documents and Previous Webinars:

Webinars: Tuesdays @ 11am

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
DESE Rapid Response Help Center: (781) 338-3500
CTC Help Desk: 857-305-2828
  - CTC Local Health Help ctclocalhealthhelp@covid19.pih.org
  - CTC Supervisor Contact List
c更高 Ed Contact List
Updates for today, Tuesday, 11/30/2021

- CTC Timeline for Closure - Last Day to send cases is today
- COVID workflow changes (MAVEN Release at 5:30 p.m. this evening)
- LBOH Immediate Workflow – COVID-19 events only – changes made after 5:30 p.m. (bulk action feature and will only hold cases for 72 hours)
- COVID Workflows Changes and “COVID Assistance to Yes” (Disabling this field)
- First Responder LBOH Report will be disabled on 12/1
- Reminder about vacation time/MAVEN coverage
Timeline for CTC Closure

- The last day to send cases to the CTC is **today 11/30**
  - 10 AM & 4:00 PM Extract will be sent to CTC – complete **COVID Assistance Requested to Yes** by 3:30 p.m for last extract.
- Your Local Health Liaison (LHL) will be available through **Thursday, December 30**.
- The CTC will close **Friday, December 31**.

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<thead>
<tr>
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<th>December</th>
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<tr>
<td>11/30</td>
<td>11/30 at 3:30 p.m.</td>
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<td>12/1</td>
<td>MAVEN updated</td>
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<td>12/27</td>
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<tr>
<td>Today</td>
<td><strong>11/30</strong> Last day to send cases to CTC</td>
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Winter holidays
Changes to COVID Assistance to Yes (Admin QP)

- Cases will be sent in the morning and late date on 11/30/21 to CTC
- MAVEN release will happen after 5 p.m. to make changes to the system
- CTC Assistance Requested in the Administrative Question Package will be disabled on 11/30/21 (late day)
Changes to COVID Workflows, 12/1/2021

Changes to Workflows for COVID

- CTC Set Assistance to Yes for Contacts will be **disabled**
- CTC Set Assistance to Yes for Cases will be **disabled**
- Add a bulk action feature for COVID cases workflow to allow you to update Step 1 to Yes (LBOH Notification)
- Workflow will only hold cases for 72 hours – you will need to use your Confirmed and Probable Report to manage cases

| **LBOH COVID-19: Set COVID Assistance to Yes (Contacts Only)** | ❌ |
| **LBOH COVID-19: Set COVID Assistance to Yes (Probable and Confirmed)** | ❌ |
| LBOH Notification for Immediate Disease (COVID only) | ✅

add Bulk action & only have 72 hours of cases
**LBOH Notification for Immediate Disease – COVID Only – Update to the workflow 12/1**

- Bulk Action Feature will allow you to populate Step 1 to Yes.
- Workflow will only hold cases for 72 hours.
First Responder Report – disabled as of 12/1

COVID-19 line list of addresses with individuals(s) under isolation for emergency responders

- Emergency order was rescinded this past summer by Gov Baker
- Contact Tracing Monitoring variable not being updated
- Removing report 12/1/2021
Reminder—Starting Dec 1st you will need to plan on running this report daily – as you know our COVID Immediate workflow stops working at 5000 cases.
Reminder about vacation/out of office coverage

Good Morning,

- If you plan to take time off, you must ensure there is infectious disease response capacity while you are away. The steps you take depend on your circumstance.
- Please review email that was sent out on 11/23/2021
- Reminder to check and review your communication events

Steps to take if you will be out of the Office and how to notify MDPH about your plans for MAVEN coverage.

If you plan to take time off, you must ensure there is infectious disease response capacity while you are away. The steps you take depend on your circumstance.

1. If you are a LBOH, school, or agency that relies on the Community Tracing Collaborative (CTC) for investigation and follow up of COVID-19 cases in MAVEN. Please remember that the last day you’ll be able to send cases to the CTC is Tuesday, November 30th.

   Timeline for CTC Closure
   - The last day to send cases to the CTC is Tuesday, November 30th.
   - Your Local Health Liaison (LHL) will be available through Thursday, December 30th.
   - The CTC will close Friday, December 31st.

2. If you have a backup with MAVEN access in your LBOH, school, or agency: Have your backup log into MAVEN to make sure their account is active.

* BOH users: you should also add a note in your city/town’s Communication Event. Add the dates you will be out of the office and who will be covering MAVEN while you are away. If that person’s contact number is not listed, please add it to the note section.

Notes

<table>
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<tr>
<th>Event Code</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>LBOH Test (Room 1)</td>
<td>1/15/2023 07:00 PM</td>
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Barbara will be unavailable from 1/30/2023 until 2/16/2023. Bari will be performing her backup while she is away.

If you do not know how to find your Communication Event, please access the FAQ titled “What are Communication Events and how do I access mine?” in the MAVEN Help Section.
MAVEN Access Process (High level)

- Approved user fills out online MAVEN User Request Form
  - Must indicate the local health contact who has approved access
  - MAVEN training team will verify approvals for access

- MAVEN training team emails approved users training materials after review process

- User completes self paced online trainings and proficiency test
  - Please also review the additional resources provided related to higher education case investigation and follow up

- User account is submitted to the Virtual Gateway for processing and account creation
  - Please note that new accounts can take between 5-7 business days for processing

*In total this process can take 1-2 weeks*
CTC MAVEN user transition to LBOH

- Previous CTC users who are joining LBOH teams must meet the following requirements:
  - Have written approval from LBOH point of contact
  - Be fully transitioned into the new role
    - Cannot have both an LBOH and CTC role in MAVEN
  - Be conducting active case investigation and follow up
  - Have an assigned town email address with name (first.last@town.org)
  - Complete the MAVEN 101 and contact tracing trainings and pass the proficiency test

Please note that the MAVEN onboarding process can take between 1-2 weeks

Any questions please contact us at maventraining@mass.gov

- Part One: COVID-19 Basics Slides
- Part One: COVID-19 Basics Recording
- Part One training will include:
  - COVID-19 Basics
    - Background
    - Signs & Symptoms
    - Transmission
    - Defining Close Contact
  - Vaccination
  - Isolation & Quarantine
    - Calculations & Guidance

Part TWO: COVID-19 Labs & Case Investigation  (Oct. 12, 2021)

- Part TWO: COVID-19 Labs & Case Investigation Slides
- Part TWO: COVID-19 Labs & Case Investigation Recording
- Part Two: Case Investigation will include:
  - Review of Part 1 Key Concepts
    - Your FAQs
  - Laboratory Testing for COVID-19
    - PCR, Antigen, and Serology (antibody)
    - Home Tests
    - Sequencing for Variant Identification
  - Case Investigation
    - The Interview Tool
  - Contact Tracing and Notification
    - Contact Identification Forms
  - Key Resources

New and onboarding staff are encouraged to review these trainings. You do not have to be a MAVEN user.
Summary of Key Guidance & Tools

• MA Testing Guidance: Updated June 14, 2021
  • https://www.mass.gov/info-details/covid-19-testing-guidance

• MA Travel Information
  • https://www.mass.gov/info-details/covid-19-travel
  • Return to normal travel recommendations for vaccinated people, and says to check CDC pages for the latest on domestic and international travel.

• Isolation & Quarantine Guidance Documents
    • Update: Abbott BinaxNOW no longer specified for antigen testing out of strict quarantine.
    • Guidance 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
  • https://www.mass.gov/doc/return-to-work-guidance/download
  • 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: 10/13/2021 COVID-19 Testing Scenarios FAQ
  • Describes different lab test results and what to do
  • Outlines discordant results and what they mean

• 09/03/2021 Updated COVID-19 Case Classification Manual
  • COVID-19 now 90 days (so new event will be generated with a new positive lab after 90 days)
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 positive 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: 09/14/2021– Ending Isolation and Precautions for People with COVID-19: Interim Guidance
- 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”
    • 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.

• 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.
    • Some recommendations are still under consideration here in MA.
Updates – A quick recap for Nov. 30, 2021

We Last Met November 23, 2021:

- MAVEN Updates
- CTC Timeline Reminder
- CTC Guest Presentation
  - Building Trust
- Review from Last Week
- DESE Updates
- CTC & Contact Tracing Transition
  - Increasing Local Capacity
- What are your needs?

- Part One: COVID-19 Basics Slides
- Part One: COVID-19 Basics Recording

Part TWO: COVID-19 Labs & Case Investigation (Oct. 12, 2021)
- Part TWO: COVID-19 Labs & Case Investigation Slides
- Part TWO: COVID-19 Labs & Case Investigation Recording

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

My Holiday Plans vs Omicron
Update on Omicron

On 26 November 2021, WHO designated the variant B.1.1.529 a variant of concern, named Omicron, on the advice of WHO’s Technical Advisory Group on Virus Evolution (TAG-VE). This decision was based on the evidence presented to the TAG-VE that Omicron has several mutations that may have an impact on how it behaves, for example, on how easily it spreads or the severity of illness it causes. Here is a summary of what is currently known.

**Current knowledge about Omicron**

Researchers in South Africa and around the world are conducting studies to better understand many aspects of Omicron and will continue to share the findings of these studies as they become available.

**Transmissibility**: It is not yet clear whether Omicron is more transmissible (e.g., more easily spread from person to person) compared to other variants, including Delta. The number of people testing positive has risen in areas of South Africa affected by this variant, but epidemiologic studies are underway to understand if it is because of Omicron or other factors.

**Severity of disease**: It is not yet clear whether infection with Omicron causes more severe disease compared to infections with other variants, including Delta. Preliminary data suggests that there are increasing rates of hospitalization in South Africa, but this may be due to increasing overall numbers of people becoming infected, rather than a result of specific infection with Omicron. There is currently no information to suggest that symptoms associated with Omicron are different from those from other variants. Initial reported infections were among university students—younger individuals who tend to have more mild disease—but understanding the level of severity of the Omicron variant will take days to several weeks. All variants of COVID-19, including the Delta variant that is dominant worldwide, can cause severe disease or death, in particular for the most vulnerable people, and thus prevention is always key.
Key Resources for Variant Information

• **CDC's What You Need to Know about Variants:**
  • Omicron Variant
    • No cases of this variant have been identified in the U.S. to date (11/27/21). CDC is following the details of this new variant. See CDC's Media Statement.

• **Top Things You Need to Know**
  1. New variants of the virus are expected to occur. Taking measures to reduce the spread of infection, including getting a COVID-19 vaccine, is the best way to slow the emergence of new variants.
  2. Vaccines reduce your risk of severe illness, hospitalization, and death from COVID-19.
  3. All COVID-19 tests can detect known variants, but they will not tell you which variant you have.

Dr. Anthony Fauci, the country’s top infectious disease expert, said on Monday that people “should not be freaking out” over Omicron, and he urged the country to do “the things we know work,” which include getting vaccinated or getting a booster shot.

**Things We Know Work:**
- Get Vaccinated
- Wear a mask
- Stay 6 feet away from others
- Avoid crowds and poorly ventilated spaces
- Test to prevent spread to others
- Wash your hands often
- Cover coughs and sneezes
- Clean and disinfect
- Monitor your health daily

Types of Variants

• Scientists monitor all variants but may classify certain ones as:
  • **Variants Being Monitored**,  
  • **Variants of Concern**,  
  • **Variants of Interest**  
  • **Variants of High Consequence**.

• Some variants seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19. An increase in the number of cases will put more strain on healthcare resources, lead to more hospitalizations, and potentially more deaths.

• These classifications are based on how easily the variant spreads, how severe the symptoms are, how the variant responds to treatments, or how well vaccines protect against the variant.
Types of Variants

- Scientists monitor all variants but may classify certain ones as:
  - **Variants Being Monitored**,
  - **Variants of Concern**,
  - **Variants of Interest**
  - **Variants of High Consequence**.
Variants of Concern in the US

Delta - B.1.617.2
First identified: India

Spread: Spreads more easily than other variants.

Severe illness and death: May cause more severe cases than the other variants

Vaccine: Vaccine breakthrough infections are expected, but vaccines are effective at preventing most infections. Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. Early evidence suggests that fully vaccinated people who become infected with the Delta variant can spread the virus to others. All FDA-approved or authorized vaccines are particularly effective against severe illness, hospitalization, and death.

Treatments: Nearly all variants circulating in the United States respond to treatment with FDA-authorized monoclonal antibody treatments.

• Discussions about the Delta Variant: Viruses constantly change through mutation. Some variants emerge and disappear while others may emerge and persist. New variants will continue to emerge. CDC and other public health organizations monitor all variants of the virus that causes COVID-19 in the United States and globally.
Variant Omicron – What’s the status?

• **Will it likely come here?**
  • Yes.

• **Would our sequencing surveillance pick it up?**
  • Yes. PCR testing specimens submitted for sequencing would detect this genomic sequence.

• **Are there different guidelines for positive cases with the Omicron variant?**
  • Not at this time. People who test positive for COVID-19 should isolate and notify their contacts. Genomic sequencing may not be completed until several days after the initial positive, so clinical guidance is not dependent on a sequencing result.

• **Are there different guidelines for household or other contacts to the Omicron variant?**
  • Household prevention would mirror current strategies to prevent household spread.

• **What about travelers from countries where Omicron has been detected?**
  • CDC may issue recommendations for enhanced testing and travel-related quarantine upon return to the US. Stay tuned for more information.

• **How does Omicron compare to other variants like the Delta variant?**
  • We don’t know yet. We need more data.
Since May the World Health Organization has been using letters of the Greek alphabet, in order, to name coronavirus variants. Delta was the most dominant one, followed by eight others -- including Epsilon, Iota and Lambda -- that so far have mostly fizzled out.

So after a new variant with the unwieldy scientific name of B.1.1.529 was discovered last week in South Africa, observers might have expected the WHO to name it after the next Greek letter on the list: Nu.

But the health agency skipped Nu, along with the letter after that -- Xi -- and instead went straight to Omicron -- the 15th letter in the Greek alphabet.

"Nu is too easily confounded with 'new' and Xi was not used because it is a common surname," the organization explained in an emailed statement to CNN.

CNN Newswire
Looking to the Next Phase of COVID-19 Case Investigation

- DPH is providing further guidance to local health departments on core requirements for COVID-19 case investigation and contact tracing taking into consideration the current status of the pandemic, the Commonwealth's success in vaccinating its residents, and the knowledge about viral transmission, risk of severe illness among certain vulnerable individuals, and the dynamics of outbreaks accumulated over the past 21 months.

Continue to Promote Effective Public Health Tools

- Vaccines and authorized boosters.
- Widespread testing, including OTC tests for even mild symptoms and following known exposures, including for vaccinated people.
- People at risk for moderate to severe disease from COVID-19 should contact their healthcare providers promptly at diagnosis about potential therapeutic options including monoclonal antibodies.
- Recommend general use of masks by people who are unvaccinated, immune-compromised, and where required by local governments and individual institutions and businesses.
- MassNotify and its use.
- Guidance around isolation/quarantine in case of infection or close contact.
- Support those in isolation or quarantine where needed (e.g., food security, alternative shelter).
Looking to the Next Phase of COVID-19 Case Investigation

• The importance of contact tracing as a mitigation measure is significantly reduced as more than ¾ of Massachusetts residents are fully vaccinated. Fully vaccinated people are less likely to acquire COVID-19 infection, are not required to quarantine when exposed to a confirmed case, and even when they do get COVID-19, are likely to have a shorter infectious period.

• Therefore, the pre-vaccine urgency to reach out to every confirmed COVID-19 case and close contact and to daily manage these individuals through their isolation and quarantine periods has dramatically lessened.

• Given the current, likely weather-related increase in COVID-19 cases, local health departments are advised to deploy their clinical and epidemiologic resources to maximum efficiency, focusing on areas of greatest need. Previously routine case investigation and contact tracing activities may be substantially curtailed without increasing risk to the public.
Strategies for Local Prioritization

Starting immediately (if not already implemented) local health departments are advised to:

1. **Prioritize follow-up on those COVID-19 cases with positive lab results or known close contact exposures occurring within the previous 5 days.** Cases where testing occurred further back in time are likely already past their peak infectious period. People with exposures that occurred more than 5 days ago are already past their peak incubation period.
   
   - Check out Specimen Date of First Positive Test Result – in Workflow OR Confirmed & Probable Report

2. **Plan to make only one call per case.** If you do not reach the case, be sure your phone message to them includes information about how to reach you if needed, advice about notifying their close contacts, and information about isolating for 10 days. If there are multiple cases in a single household, one call to a responsible adult in the household is sufficient to inform all household members.
   
   - Your jurisdiction should establish your own approved scripts, but we will post some templates on MAVEN Help shortly if you need some ideas.

3. **When you interview a case, please convey to them an expectation that they should notify their close contacts themself.** If they express an inability to do that or are associated with a K-12 school, please capture the information about their close contacts, then plan for local health staff to notify them.
4. **In most circumstances, neither cases nor contacts need to be called multiple times during their isolation or quarantine periods unless there are exceptional circumstances.** People do not need to be contacted for a release from isolation as long as they are given information that they should isolate for 10 days and can resume normal activities on day 11 as long as their symptoms have resolved.

   - Please feel free to **direct people to the DPH isolation and quarantine information website**: [COVID-19 isolation and quarantine information | Mass.gov](https://www.mass.gov/info-details/covid-19-isolation-and-quarantine-information) for more information and detailed instructions.

5. **Prioritize investigation of clusters that have evidence of ongoing transmission.** You do not need to follow up on all individuals involved in a single super-spreader event such as a wedding, banquet, or other large social gathering; rather this information can be disseminated to attendees through organizers, the hosting facility, and your local website.

   - **Prioritize disease intervention activities** (utilizing existing networks to notify attendees about possible exposures and encourage testing). If you are creating a Cluster Event in MAVEN, focus on documenting your guidance and disease intervention/summarize the situation. You do not need to create and attach every Contact Event to the cluster.

6. **DPH epidemiologists are available for assistance particularly for coordination of clusters that cross municipal boundaries.** Call 617-983-6800 24 hours a day, 7 days a week to speak with a DPH epidemiologist.

   - Remember that you can also share MAVEN events with MAVEN users in another municipality through the SHARE a Case button to support cross-jurisdictional coordination.
MAVEN Tips & Recommendations

• You can individually acknowledge a COVID-19 case, or you can bulk acknowledge a whole group in the notification workflow to move them out of that preliminary workflow.
  • To track cases after that acknowledgement, you should use the Confirmed and Probable Line List Report to manage your cases and their status.

• Case Report Form Completed = is for when you complete an interview. If you do not contact a case, you can leave this Admin Question Package Step 4 = No, CRF not completed.
  • Reason Not Completed = Inadequate Resources at LBOH, or OTHER, and you can fill in a local reference (as determined by your jurisdiction).
Step 4: Case Report Form Not Completed

- If you don’t interview a patient, you can select NO, for Case Report Form Completed. Then select a reason.

- **Selecting Other** will give you a text field where you can note a local protocol or policy.
Your Registration Questions

• Q. Vaccinated close contacts (not from school close contact) who become symptomatic--do they need to quarantine 14 days?

• A. No. They are not subject to quarantine. They should isolate and get tested to rule out COVID.
YOUR QUESTIONS

GIVE THEM TO ME