



Massachusetts Department of Public Health

MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

October 8, 2024

Hillary Johnson, MHS

Senior Epidemiology Advisor to Local Health, Division of Epidemiology

Scott Troppy, MPH, PMP

Senior Epidemiologist – MAVEN User Management & Data Visualization Lead

Kate Hamdan, MPH

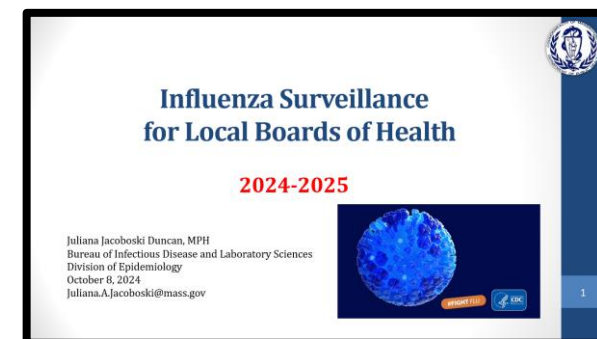
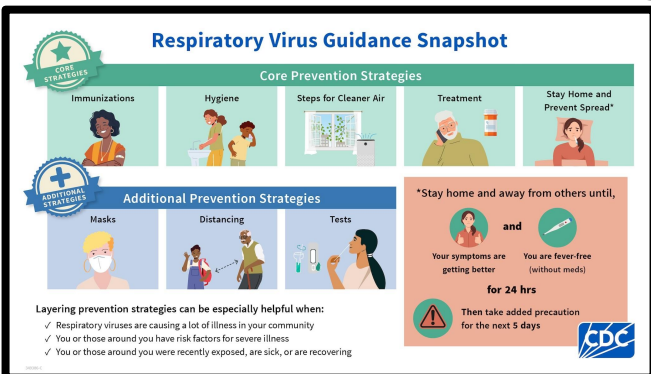
Surveillance Epidemiologist, MAVEN Training Team Lead

Julie Coco, MPH

Internship Program and Training Coordinator, Division of Epidemiology

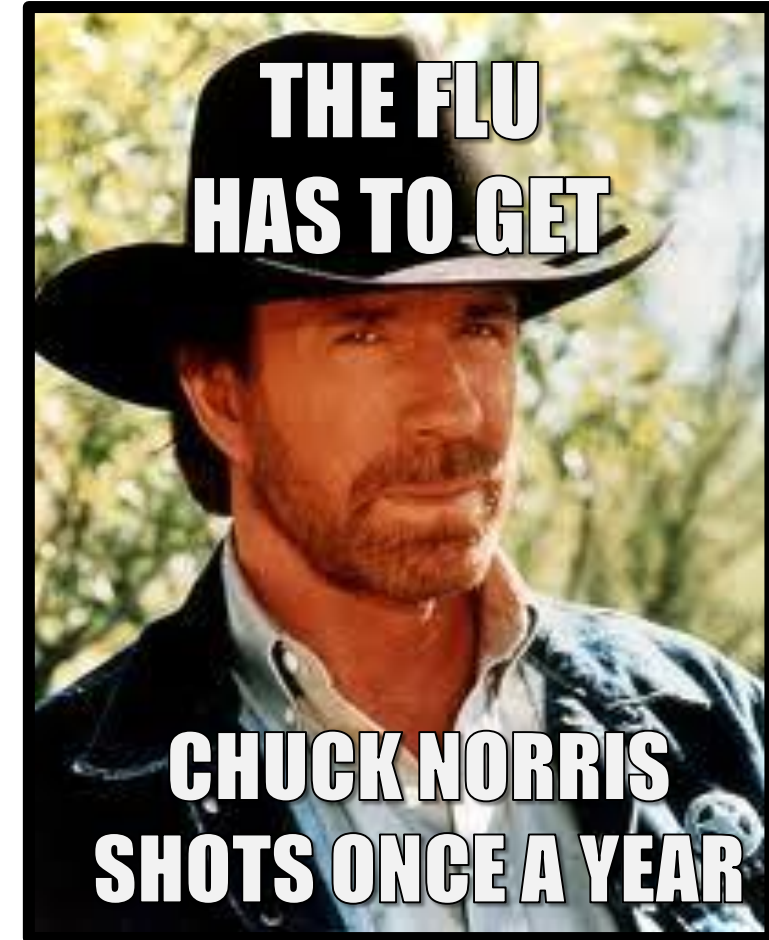
Petra Schubert, MPH

Emerging Infections Coordinator, Division of Epidemiology



October 8, 2024

- **Respiratory Illness Season Overview**
- **Respiratory Dashboard**
 - Lizzy Mello, MS, DSAI
 - Emily E. Tyszka, MPH, DSAI
- **MDPH Mobile Vaccination Program**
 - Christophe Stuck-Girard, Esq., MPH, Immunization Division
- **Respiratory Illness Immunization Resources for LBOH**
 - Joshua Norville, MPH, Data Assessment Unit
- **Influenza Surveillance for Local Health**
 - Juliana Jacoboski Duncan, MPH, Division of Epidemiology
- **Respiratory Illness Morbidity and Reminders for Local Health**
 - COVID-19, RSV, Enterovirus D-68 & AFM, and Pertussis



Infectious Disease Tools for LBOH Webinar Schedule!

2024 Upcoming Schedule!

All Registrations:	http://tinyurl.com/MAVEN-Webinars
2 nd Tues 10/8/24	Respiratory Illness Season 2024!
4 th Tues 10/22/24	4 th Tuesday Office Hours
	<i>No November Webinar</i>
	<i>No November Office Hours</i>
2 nd Tues 12/10/24	MAVEN Year-End Refresher
	<i>No December Office Hours</i>

Please Update To
2024 NEW 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>



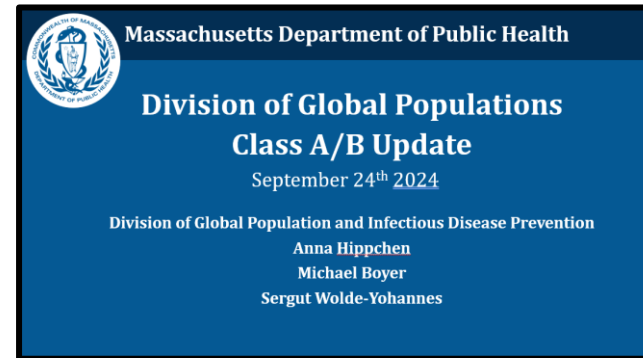
You can always contact
mavenhelp@mass.gov **or**
The MDPH Epi Program
at 617-983-6800 with
specific questions.

Next Scheduled Office Hours:
Tuesday, October 22, 2024!

Updates – A quick recap for October 8, 2024

September 24, 2024:

- **Featured Presentation:** Division of Global Populations: Class A/B Tuberculosis Screening Updates
 - TB Class B Arrival 101
 - New CDC Technical Instructions
 - New MPDH Class B2 Guidance



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



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

Bookmark the URL!

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

New Training Opportunity!

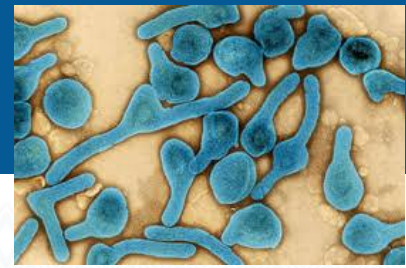


Council of State and
Territorial Epidemiologists

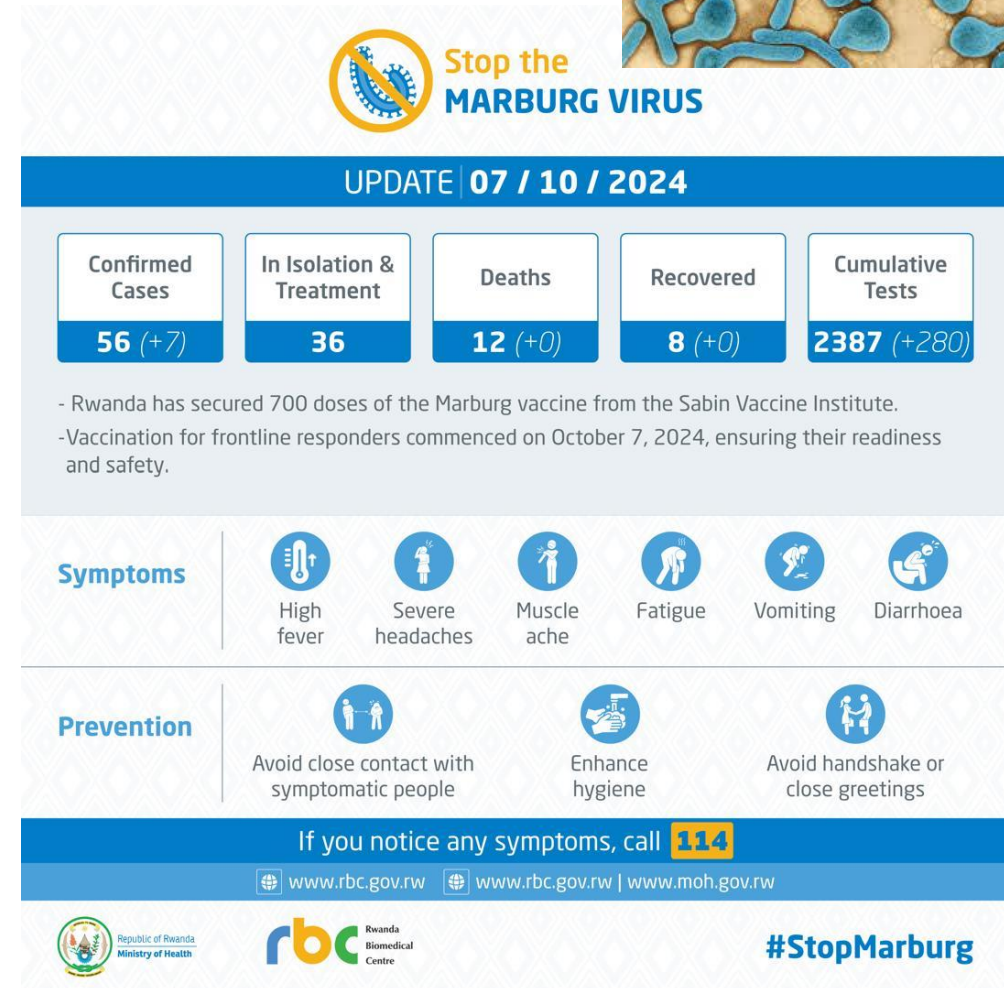
- CSTE Learn has released an excellent new training: [Engaging with Sensitivity: Techniques for Interviewing Persons Experiencing Homelessness, Disability, and Substance Use Disorders](#)
- Designed specifically for health officials who conduct case investigations and need to ask questions about sensitive topics such as housing, disability, drug use, and sex.
- Examples include hepatitis C, Shigella, and mumps investigations.
- Self-paced, consists of several modules that total less than 3 hours.
- *Anyone can create a free account on CSTE Learn and access this training!*

<https://learn.cste.org/>

Marburg Virus Outbreak in Rwanda, October 2024



- Marburg virus disease (MVD) is a rare but severe hemorrhagic fever, similar to Ebola, that can cause serious illness and death.
- On 9/27/24 the Republic of Rwanda reported several cases of Marburg in hospitals around the country, including some deaths.
- **No confirmed cases of MVD have been reported in the United States or outside of Rwanda to date.**
- MDPH has been made aware of a few returning healthcare workers who were present in a healthcare facility in Rwanda.
- At this time, healthcare worker post-arrival symptom monitoring is being conducted by occupational health departments at their respective workplaces in coordination with MDPH.
- On 10/7, CDC has announced that a degree of travel monitoring is being implemented. This an evolving situation that MDPH is monitoring and will continue to update LBOHs.



[MDPH Clinical Advisory 10/4/24](#)



Massachusetts Department of Public Health

Respiratory Illness Season Overview for LBOHs

10/8/2024

Hillary Johnson, MHS

Senior Epidemiology Advisor to Local Health,
Division of Epidemiology

COVID-19 Isolation & Recovery Guidance: Updated to Respiratory Virus Prevention (March 25, 2024)

- **Staying Home to Prevent the Spread of Respiratory Viruses:** Recommendations for the general public.
 - “Stay home when you have symptoms of any respiratory illness, like flu, COVID-19, and RSV. Staying home when sick helps prevent the spread of germs.”
- There are no longer two separate pages for Community vs. Schools/Daycares.
 - Now **one** page addresses a uniform community approach: <https://www.mass.gov/info-details/staying-home-to-prevent-the-spread-of-respiratory-viruses>
- **This only applies to the general community, NOT HCWs.**
 - COVID-19 Guidance for Healthcare Worker SARS-CoV2 Infections or Exposure was updated September 10, 2024 and is here: <https://www.mass.gov/guidance/guidance-for-health-care-personnel-with-sars-cov2-infection-or-exposure>

Respiratory Virus Guidance Snapshot



Core Prevention Strategies

Immunizations



Hygiene



Steps for Cleaner Air



Treatment



Stay Home and Prevent Spread*



Additional Prevention Strategies

Masks



Distancing



Tests



Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

*Stay home and away from others until,



and



Your symptoms are
getting better

You are fever-free
(without meds)

for 24 hrs



Then take added precaution
for the next 5 days



349386-C

Recommendations for General Public: Respiratory Viruses

Staying home to prevent the spread of respiratory viruses

Recommendations for the general public



Stay home when you have symptoms of any respiratory illness, like flu, COVID-19, and RSV. Staying home when sick helps prevent the spread of germs.

TABLE OF CONTENTS

- ✓ If you have symptoms of a respiratory virus (isolation)
- ✓ If you have tested positive for a respiratory virus but do not have any symptoms
- ✓ If you were exposed to someone with a respiratory virus illness (exposure precautions)
- ✓ Protecting people with risk factors for severe illness from respiratory viruses
- ✓ Schools and childcare settings
- ✓ Health care settings

- <https://www.mass.gov/info-details/staying-home-to-prevent-the-spread-of-respiratory-viruses>



This is the web address to bookmark for reference.

Stay Home (Isolate) when you are sick

CASE

- If you have new symptoms of a respiratory virus, such as a fever, sore throat, cough or a runny or stuffy nose, you should stay home and stay away from others in your household.
- **While you are staying at home:**
 - Get [tested](#) for COVID-19 and flu. Talk to your healthcare provider about getting [treatment](#) if you test positive.
 - Stay **away from others** in your household. Wear a **mask** when you have to be around them.
 - **Wash your hands** often with soap and warm water. If soap and water are not available, use hand sanitizer containing at least 60% alcohol.
 - **Cover your mouth** when you cough or sneeze. Use a tissue or your inner elbow, not your hands.
 - [Clean high-touch surfaces](#) (such as countertops, handrails, and doorknobs) often.
- You should stay home even if you don't know what virus is making you sick.

When Starting to Feel better (Ending Isolation):

CASE

- You may begin to resume normal activities with precautions if:
 1. You have not had a fever for at least 24 hours without the use of fever reducing medicines;
 - AND**
 2. Your other symptoms are improving
- You may still be able to spread the virus that made you sick, even if you are feeling better.

WHEN TO GO OUT

When Starting to Go Out (Precautions)

CASE

- **For at least the first 5 days after you resume normal activities, take these extra precautions:**
 - Avoid crowded indoor spaces. Wear a **mask** anytime you are indoors around other people
 - Wash your hands often with soap and warm water. If soap and water are not available, use hand sanitizer containing at least 60% alcohol.
 - Avoid spending time with people who are at [increased risk for severe disease](#)

WHAT PRECAUTIONS
TO TAKE WHILE OUT

- **If your symptoms return/get worse/etc.** Go back home to isolate again.
- **IF you test positive (but are ASYMPTOMATIC)** - You can still spread the virus. Take additional precautions to protect others from getting sick.
 - Although not required, choosing to stay home for about 72 hours* may help reduce the chances that you spread the virus to others.

*MA Recommendation (Not in CDC Guidance)

If You've Been Exposed to a Respiratory Virus

CONTACT

- **If exposed, you do NOT need to stay home if you remain asymptomatic.**
 - **NOTE:** You may be able to spread a respiratory virus before developing symptoms.
- To protect others, especially those with [risk factors for severe illness](#), take precautions:
 - Wash your hands often
 - Consider wearing a mask and avoiding crowded places
 - Monitor yourself for symptoms carefully
- Stay home if you start to develop any signs of illness.

MA Guidance: Let's All Work Together to Protect Others

- When you are sick from a respiratory virus, you may spread germs for about 10 days after your symptoms start or after a positive test, even if you don't have symptoms.
- Be aware that some people around you may have risk factors for more severe disease. Masking, physical distancing, hand hygiene, and covering your coughs and sneezes helps protect them.

Groups at Higher Risk

- Older adults
- People with chronic medical conditions
- Children < 2 years
- People with immune compromise
- People with disabilities
- Pregnant people

<https://www.mass.gov/info-details/staying-home-to-prevent-the-spread-of-respiratory-viruses>

Health Care Specific Guidance

- The [Respiratory Guidance Page](#) links to the [Healthcare Worker Isolation and Exposure Guidance](#). This outlines guidance for how a HCW can return to work following COVID-19.
 - School nurses and other health office staff should follow this guidance.
 - School health offices are health care settings.
- General COVID-19 Public Health Guidance and Directives (which has HC sector-specific infection control plans and outbreak guidance, etc.) is still available [here](#).

Healthcare Personnel Return To Work Guidance

- **An isolating HCP who had COVID-19 symptoms may return to work:**
 - after 5 days have passed since symptom onset; **AND**
 - symptoms have substantially improved, including being fever-free, for 24 hours; **AND**
 - **the HCP received a negative test (antigen) on Day 5 or later.**
- **An isolating HCP who has been asymptomatic and is isolating may return to work after 5 days once:**
 - the HCP received a negative test (antigen) on Day 5 or later
- Any HCP who returns to work prior to 10 days since their onset or first positive test was taken should avoid caring for patients who are moderately to severely immunocompromised until after 10 days has passed. They must wear a facemask until after 10 days have passed.

<https://www.mass.gov/guidance/guidance-for-health-care-personnel-with-sars-cov2-infection-or-exposure>

Note that 5 days of isolation and also a negative antigen test are part of HCW Return to Work Guidance.

DPH Reporting Requirement

DPH.BHCSQ@mass.gov
(617) 753-8000



As a condition of licensure*, DPH current regulations require health care facilities and providers, including hospitals, ambulatory surgical centers, dialysis centers, clinics, nursing homes, rest homes, hospice programs, emergency medical services and adult day health programs to:

- Ensure all HCP are vaccinated annually with **annual influenza vaccine** and are **up to date with vaccine doses for COVID-19** as recommended by the Centers for Disease Control and Prevention (CDC), unless an individual is exempt from vaccination,
- Notify HCP about the requirements and educate them about the benefits and risks of these vaccines,
- At no cost to the HCP provide or arrange for vaccination of all personnel who cannot provide proof of current vaccination unless an individual is exempt,
- Report information to DPH documenting each facility's compliance with the HCP vaccination requirements.
- **The method by which you report vaccination data and the deadline this is due differs based on facility type. More information available at [Health Care Personnel COVID & Influenza Vaccination References and Resources | Mass.gov](#)**

**105 CMR 130.325 and 130.326, 105 CMR 140.150, 105 CMR 141.201(D), 105 CMR 150.002(D)(8) and 150.008(D)(11), 105 CMR 158.030(L) and 158.030(M), 105 CMR 170.341 and 170.342.*

Respiratory Illness Season: 3 Fun Facts!

1. Our Influenza Sentinel Surveillance Is Important!

- Check out this year's influenza vaccine strains! You'll see a Flu A strain identified in Massachusetts!
 - **2024-2025 Cell- or Recombinant-based Influenza Vaccines:**
 - an A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
 - **an A/Massachusetts/18/2022 (H3N2)-like virus; and (Updated Strain)**
 - a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

[CDC 2024-2025 Flu Season](#)

Respiratory Illness Season: 3 Fun Facts!

2. Home Flu Tests! There are now at-home rapid antigen test kits available over the counter that test for not just COVID-19, but also Flu A and Flu B!

- These are on the store shelves as we speak!

3. FluMist Vaccine Home Administration! (FDA Approved!)

- The same nasal spray flu vaccine you can already get at a pharmacy or doctor's office.
- [Nasal spray flu vaccine](#) for ages 2–49
- Home delivery anticipated to be available for the 2025-2026 flu season*

** Local restrictions may apply*



Viral Respiratory Illness Reporting - DASHBOARDS

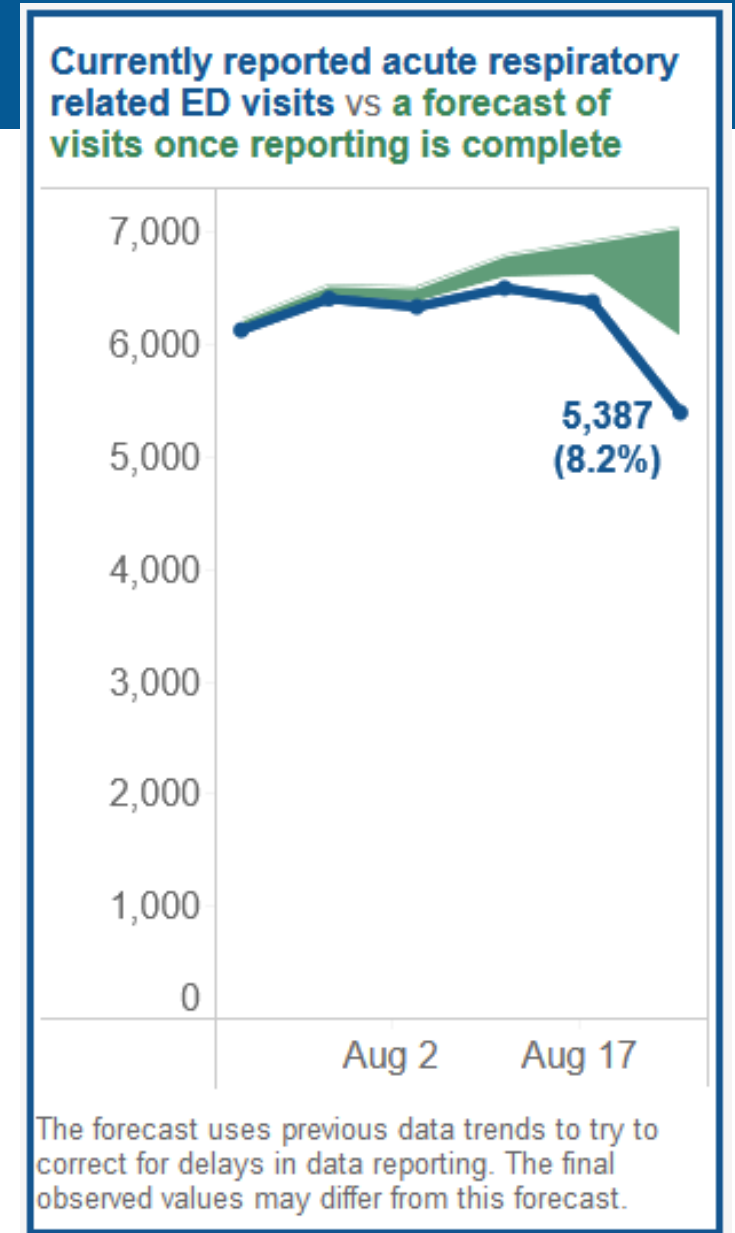
- The following dashboards provide data on contagious respiratory viruses, including acute respiratory diseases, COVID-19, influenza (flu), and respiratory syncytial virus (RSV) in Massachusetts. The data presented here can help track trends in respiratory disease and vaccination activity across Massachusetts.
- All respiratory disease related dashboards are updated once per week on Thursdays.
- <https://mass.gov/respdiseasedata>

TABLE OF CONTENTS

- ✓ [Topline indicators](#)
- ✓ [Respiratory illness reporting](#)
- ✓ [COVID-19 reporting](#)
- ✓ [Influenza reporting](#)
- ✓ [Wastewater surveillance reporting](#)
- ✓ [Immunizations for respiratory diseases](#)
- ✓ [Other respiratory disease](#)
- ✓ [Archived data](#)
- ✓ [Resources](#)

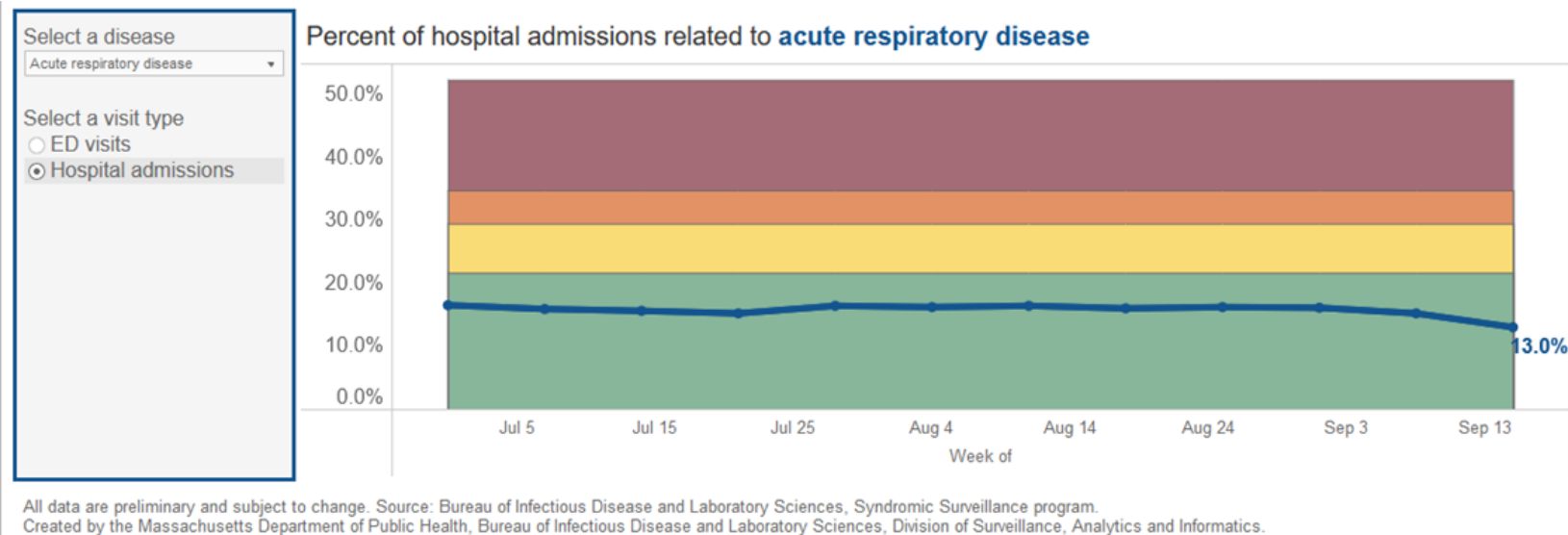
New Forecasting Features

- New graph under the Topline indicators.
- Respiratory diagnosis code data from Emergency Departments comes to DPH in real time (blue line).
- But because diagnosis codes take time to finalize this may not be an accurate count for the most recent data.
- The green area of the graph (new) gives us an idea of what the true count will be once the data is finalized.
- This forecast is based on previous reporting patterns.



New Forecasting Features

- New under the respiratory illness reporting dashboard overview.
- For a given respiratory disease this graph displays:
 - The percent of emergency department or hospital admissions (blue line)
 - And contextualizes this percent by comparing it to the activity level of the past 5 seasons or peaks.
 - Activity levels: low/baseline (green), moderate (yellow), high (orange), very high (red)



Forecasting Resources

- To learn more about the methodology behind the forecasting aspects of the dashboard: [Nowcasting and Moving Epidemic Method \(DPH factsheet\)](#)
- For more on the MA DPH respiratory emergency department visits definition:
 - [Broad Acute Respiratory \(NSSP Definition\)](#)
 - [COVID-19, influenza, and RSV \(CDC info page\)](#)
- For more information on the methods, reach out to Emily Tyszka (emily.tyszka@mass.gov)

DPH Vaccine Clinics (COVID/flu)

- No cost to patients/hosts
- No ID or insurance required
- Mass. residents aged 6 months and up eligible

Clinics held in community settings such as auditoriums and houses of worship

Clinics may be offered on a regular schedule (*e.g.*, weekly) if justified by demand

Priority populations for mobile clinics include:

- ❖ Rural communities
- ❖ Members of state or federally recognized Tribes or Tribal Nations
- ❖ People with disabilities
- ❖ People in cities/towns with low vaccination rates
- ❖ People experiencing housing instability/homelessness
- ❖ Other individuals struggling to access vaccination



For more info, list of upcoming clinics, or to request to host a clinic:
[COVID-19 Mobile Vaccination Program | Mass.gov](#)

In-Home COVID-19/Flu Vaccination

- ❖ No cost to patient and no ID or insurance required
 - ❖ Patient or their advocate can make individual appointments via intake telephone line or the [web](#).
- ❖ Available to Mass. residents (aged 6 months and up) who have difficulty using a community vaccination location
- ❖ Appointments can be made online or by phone
 - ❖ English/Spanish call center; translation available for 100+ languages)

More info/book an
appointment:
[COVID-19 In-Home
Vaccination Program](#)
[| Mass.gov](#)

(833) 983-0485
In-Home Vaccination Central Intake Line



Massachusetts Department of Public Health





Respiratory Illness Immunization Resources for LBOHs

10/8/2024

**Data Assessment Unit
MDPH Immunization Division**

Recommended 2024-25 Seasonal Vaccines

Who should get 2024–2025 COVID-19, 2024–2025 flu, and RSV immunizations?

	2024–2025 COVID-19 ¹	2024–2025 Influenza ²	RSV ³
 Infants & Children	6 months – 17 years Some children 6 months through 4 years <u>may need</u> multiple doses	6 months – 17 years Some children 6 months through 8 years <u>may need</u> multiple doses	All infants <8 months* and children 8 through 19 months with risk factors <u>should</u> get nirsevimab Typically, October through March, *if birthing parent not vaccinated with maternal RSV vaccine
 Pregnant People	All	All	OR 32–36 weeks gestation <u>should</u> get RSV vaccine (Pfizer, Abrysvo only) Typically, September–January
 Adults 18–59	All	All	See pregnant people
 Adults 60+	All	All High-dose, recombinant, or adjuvanted flu vaccine preferred for 65+, if available	All adults 75+ and adults 60 through 74 years with risk factors <u>should</u> get one lifetime dose of RSV vaccine

¹ Immunocompromised may need to get additional doses(s) of COVID-19 vaccine regardless of age.

² Solid organ recipients ages 18 through 64 years on immunosuppressives may get high-dose or adjuvanted flu vaccine, if available, but not preferred

³ All infants should be protected by either maternal RSV vaccine or nirsevimab. Both are not needed for most infants. For infants born during October through March, nirsevimab should be administered in the first week of life — ideally during the birth hospitalization.

Respiratory Illness Season and the MIIS

During respiratory illness season, MIIS can be a helpful resource to LBOHs:

- Order state-supplied vaccine
- Review patients previously vaccinated at your site
- Access individual vaccination records
- Identify residents in need of specific immunizations
- Jurisdiction-level vaccination coverage assessments
- Source of aggregated immunization data on the MDPH Viral Respiratory Dashboard

Inviting New Users to Register with MIIS

- Per State Legislation, [M.G.L. Chapter 111, Section 24M](#), organizations that administer immunizations must register with and report to the MIIS.
- LBOHs that do not administer are also granted access per the legislation for the purpose of disease prevention and control.
 - If you are not registered with MIIS, contact the MIIS Help Desk, miishelpdesk@mass.gov, to initiate the registration process
- Each registered site should have an **Access Administrator**
 - These individuals can invite users to register by navigating to the top right of the MIIS home page and clicking the “My Site” button.
 - Click the “Invite User” button and answer the prompts.
 - If your Access Administrator has left or you are unsure who your Access Administrator is, contact the MIIS Help Desk at miishelpdesk@mass.gov.

MIIS Reports and Patient-Level Records

Patients Vaccinated Report:

- Linelist of patient vaccination events reported by the site
- Can be limited by patient characteristics
- Jurisdiction-level linelist of vaccination events

Coverage Reports:

- Jurisdiction-level coverage assessments are available for:
 - Custom coverage report (select any vaccine group of interest)
 - COVID-19 vaccine – this report is continually updated due to changing COVID-19 vaccine recommendations
 - Flu coverage report
 - Childhood coverage report (24-35 months)
 - Adolescent coverage report (13 years)
- Patient linelist is available and can be filtered by patient characteristic.



Massachusetts Immunization Information System

COVID-19 Coverage Report

Birth Date Range: 05/18/1972 - 05/17/2023
Selected PIN(s):
Assessment Date: 05/17/2023

Age Range: 0 Year(s) to 50 Year(s) (inclusive)
Today's Date: 05/17/2023
Provider Name:

Selected Parameters:

Patient Status: Active

Go LIVE Date: 10/15/2020

Number of Patients Assessed: 101

Evaluation of Immunization Rates as of: 05/17/2023

Status	Count of People	Percentage
Up to Date	33	32.7%
Primary Series Complete, but not Up to Date	10	9.9%
Primary Series Started, Incomplete	20	19.8%
No Dose	38	37.6%

MIIS Reports and Patient-Level Records

Reminder Recall Report:

- Provides a list of patients that are due for a recommended vaccine, based on criteria specified by the user.
- Can generate formatted letters and address labels for identified residents.

Vaccine Reports: (for vaccinating LBOHs)

- Order history
- Inventory status
- Invalid dose report



Massachusetts Immunization Information System

COVID-19 Coverage Report

Birth Date Range: 05/18/1972 - 05/17/2023
Selected PIN(s):
Assessment Date: 05/17/2023

Age Range: 0 Year(s) to 50 Year(s) (inclusive)
Today's Date: 05/17/2023
Provider Name:

Selected Parameters:

Patient Status: Active

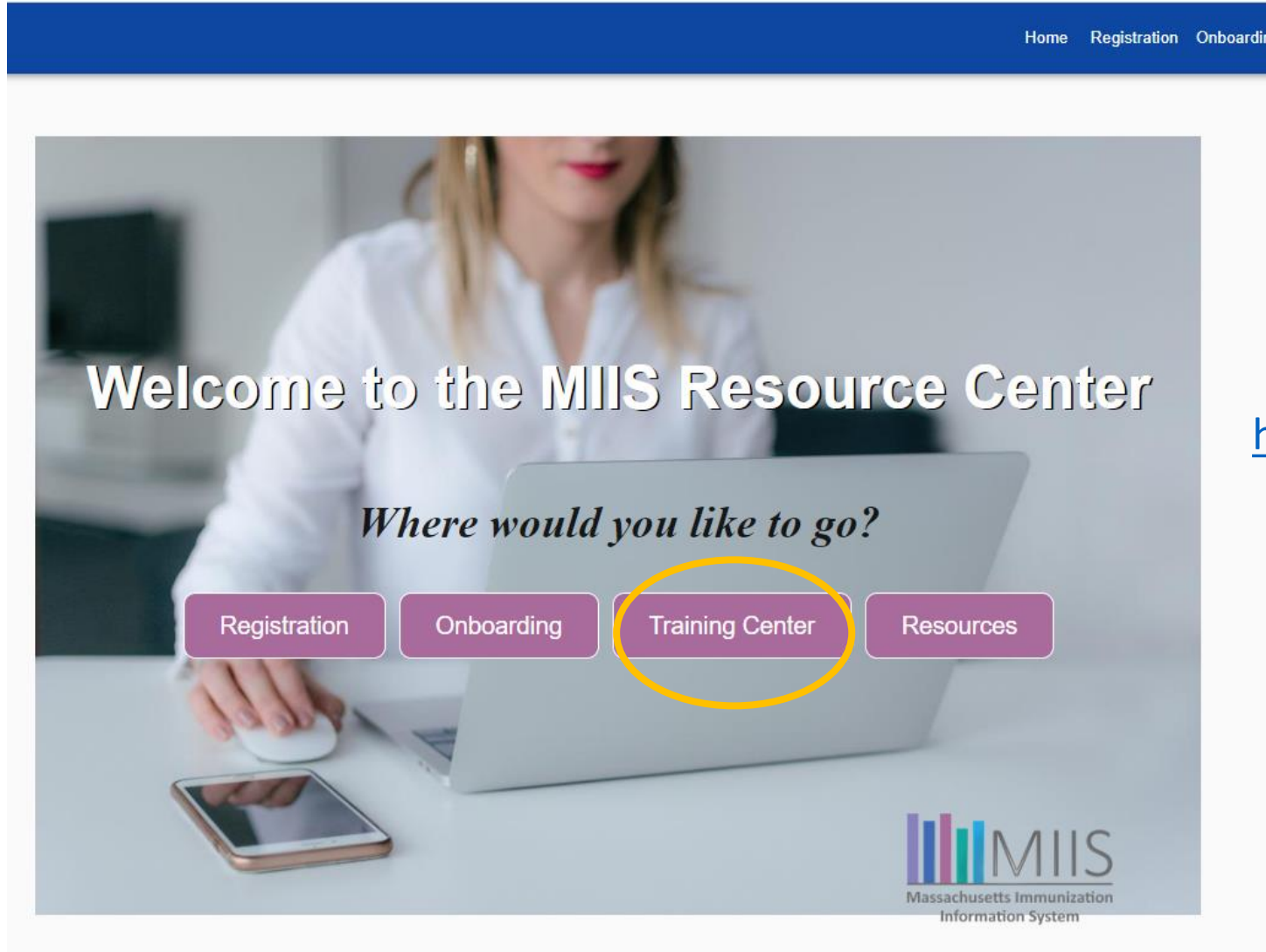
Go LIVE Date: 10/15/2020

Number of Patients Assessed: 101

Evaluation of Immunization Rates as of: 05/17/2023

Status	Count of People	Percentage
Up to Date	33	32.7%
Primary Series Complete, but not Up to Date	10	9.9%
Primary Series Started, Incomplete	20	19.8%
No Dose	38	37.6%

MIIS Resource Center



<https://resourcecenter.miis.dph.mass.gov/>

MIIS Mini Guides

MIIS Resource Center

[Home](#) [Registration](#) [Onboarding](#) [Training Center](#) [Resources](#) [FAQ](#) [About Us](#) [Contact Us](#)

Training Center

Mini Guides

Colorful step-by-step guides to walk you through specific functionality in the MIIS.



Training Videos

Short videos demonstrating specific functionality in the MIIS.



Recorded Webinars

Missed an MIIS webinar?
Find it here!



Live Webinars

Register for live webinars about the MIIS. All webinars include time for Q & A from attendees.



In-person Trainings

Register for in-person trainings that provide a hands-on individualized experience.



Self-hosted Trainings

Large organizations can request to host the MIIS at their location for personalized in-person training.

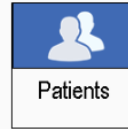


<https://resourcecenter.miis.dph.mass.gov/>

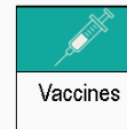
Adding User, Onboarding Requests, Coverage Reports, and More

Mini Guides

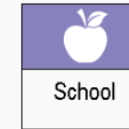
Select an Area of the MIIS



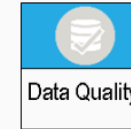
Patients



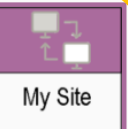
Vaccines



School



Data Quality



My Site

CONTENT

Add Users	CLICK TO VIEW
Data Quality Dashboard	CLICK TO VIEW
Deactivating Users	CLICK TO VIEW
Login and Navigation	CLICK TO VIEW
Onboarding Request	CLICK TO VIEW
Promoting User to Access Administrator	CLICK TO VIEW
Provider Annual Re-enrollment	CLICK TO VIEW
Provider Score Card	CLICK TO VIEW
Update Email Preferences	CLICK TO VIEW

Mini Guides

Select an Area of the MIIS



Patients



Vaccines



School



Data Quality



My Site



Reports
& More...

CONTENT

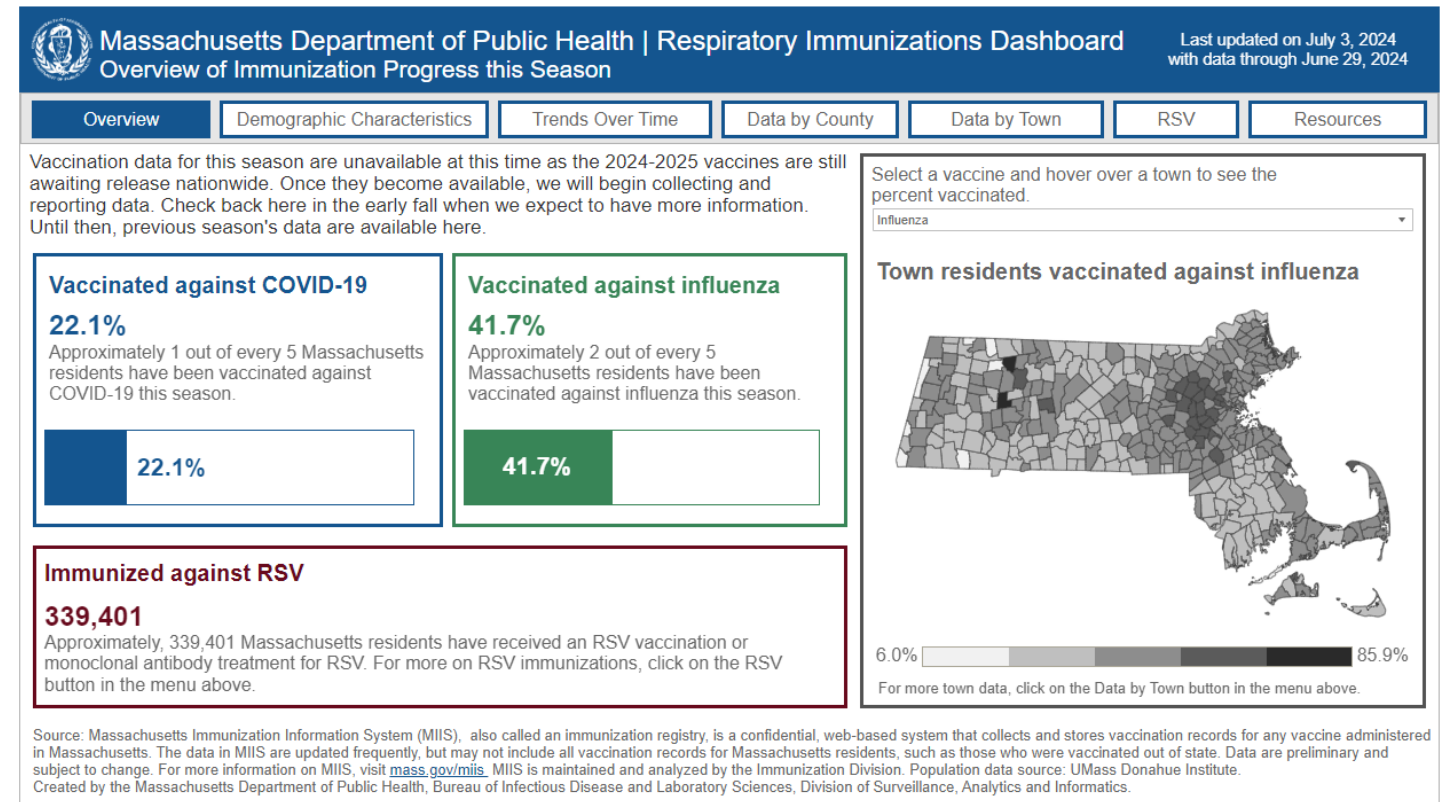
Coverage Reports	CLICK TO VIEW
Incentive Program Report	CLICK TO VIEW
Invalid Dose Report	CLICK TO VIEW
Inventory Decrementing Tool	CLICK TO VIEW
MIIS User Manual v23.1.1	CLICK TO VIEW
MIIS Release Notes v23.1.1	CLICK TO VIEW
MIIS & Vaccine Accountability Resource	CLICK TO VIEW
Patient Vaccinated Report Mini Guide	CLICK TO VIEW
Practice Population Report	CLICK TO VIEW
Storage and Handling Report	CLICK TO VIEW

Respiratory Immunization Dashboard 2024-25

Updated MDPH respiratory immunization dashboard planned for late October

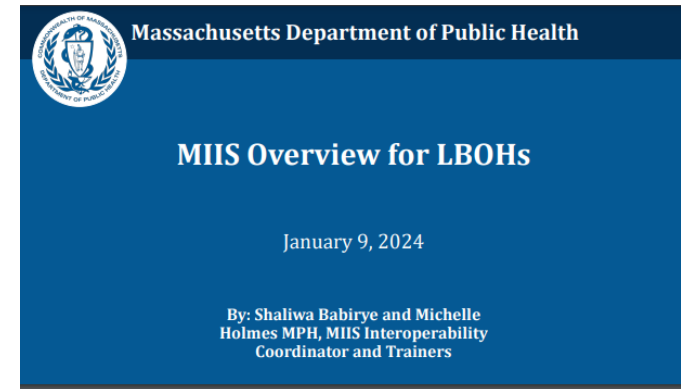
- Seasonal immunization coverage for flu and COVID-19 will be available at the state and municipal level
- Historical data for COVID-19
- Updated RSV section that will include both counts of administered immunizations and estimates of coverage for those aged 60+
- Adjusted format for municipal level data

Note: The last dashboard updates for the 2023-2024 Viral Respiratory Illness season were posted on July 3, 2024. Immunization information for the 2024-2025 season will be updated soon after COVID-19 and flu vaccines become available, likely by the end of October 2024.



MIIS Overview for LBOH: Webinar Available

- Tools for Local Health January 2024 Webinar covered MIIS for LBOHs.
 - Topics Covered:
 - Running reports for all residents
 - Flu Coverage Report demo
 - Roster Entry
 - Navigating patient records
 - Registration process demo
 - Resources
 - Q&A



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

Influenza



Influenza Surveillance for Local Boards of Health

2024-2025

Juliana Jacoboski Duncan, MPH
Bureau of Infectious Disease and Laboratory Sciences
Division of Epidemiology
October 8, 2024
Juliana.A.Jacoboski@mass.gov



Influenza Agenda Today:

- Background, Clinical Presentation, and Epidemiology of Flu
- Influenza Reporting and Surveillance in MA
 1. Influenza-like illness (ILI)
 2. Hospitalizations
 3. Influenza Positive Lab Test Results reported to the MDPH
 4. Deaths
- Role of Local Health in Influenza-like illness (ILI) Clusters and Follow-up
 1. Positive Influenza Lab Results
 2. Influenza-Associated Pediatric Deaths (< 18 years old)
 3. Respiratory/Influenza Clusters
- General (State and CDC) Resources and Information on Influenza Prevention, including Vaccination

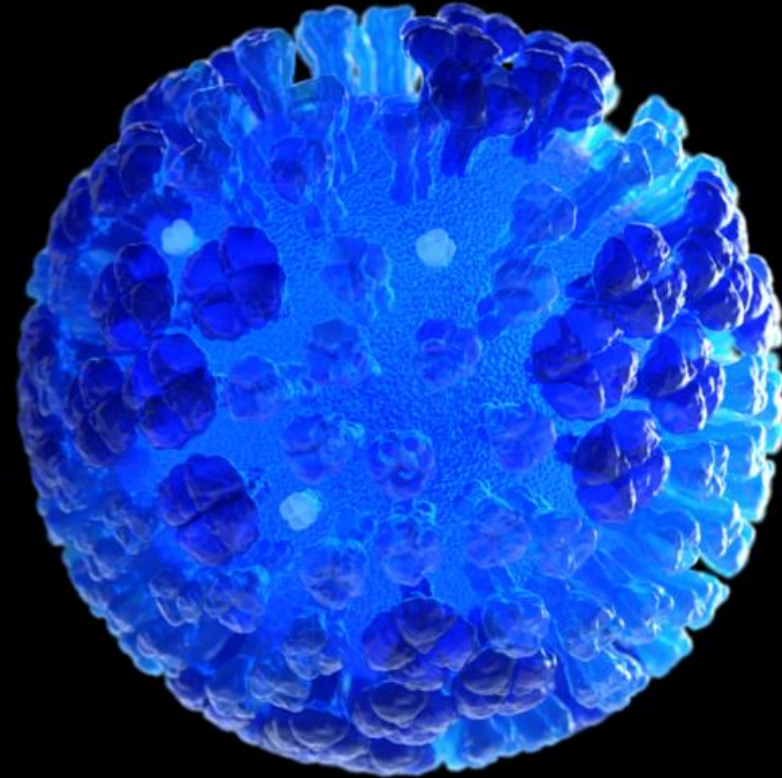


Influenza (Flu) Viruses

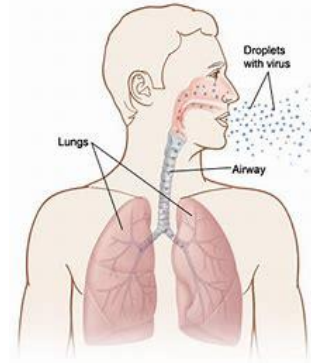
Influenza is an acute respiratory disease caused by infection with **influenza viruses**.

There are two main types of human flu viruses: types A and B. The flu A and B viruses that routinely spread in people are responsible for seasonal flu epidemics each year.

Influenza is not to be confused with *Haemophilus influenzae* infections caused by bacteria, or the “stomach flu.”



Influenza: The Basics



- **Transmission:** Mainly droplet transmission
 - Less often, surface transmission may be possible
- **Incubation Period:** Ranges from 1 to 4 days
- **There is NO quarantine for influenza exposure**
- **Infectious Period:** Peak virus shedding usually occurs from 1 day before onset of symptoms to 3-4 days after (up to 5-7 days after).
- **Prevention:**
 - Flu vaccination!
 - Everyday preventive actions (staying away from people who are sick, covering coughs & sneezes, and handwashing)
- **Treatment:** There are [flu antiviral drugs](#) that can be used to treat flu illness.

IS IT A COLD OR FLU?

SIGNS AND SYMPTOMS	COLD	FLU
Symptom onset	Gradual	Abrupt
Fever	Rare	Usual
Aches	Slight	Usual
Chills	Uncommon	Fairly common
Fatigue, weakness	Sometimes	Usual
Sneezing	Common	Sometimes
Chest discomfort, cough	Mild to moderate	Common
Stuffy nose	Common	Sometimes
Sore throat	Common	Sometimes
Headache	Rare	Common

#FIGHT FLU

Seasonality: While detected year-round, “flu season” is October through May, typically peaking between December and February.



Influenza Surveillance: Tracking the Flu Each Season...



Mass.gov

Influenza Reporting

Massachusetts Department of Public Health weekly influenza update

Note: All respiratory disease related dashboards are updated once per week on Thursdays.

[Influenza Reporting | Mass.gov](#)

FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

<https://www.cdc.gov/flu/weekly/index.htm>



The Goal of Influenza Surveillance

- **Tracking the Influenza Virus** each season is multifaceted (it's not as simple as counting cases!) and we look at many different data sources combined to help CDC to:
 - Find out when and where influenza activity is occurring
 - Track influenza-related illness
 - Determine what influenza viruses are circulating
 - Detect changes in influenza viruses
 - Measure the impact influenza is having on hospitalizations and deaths in the United States

So what does MDPH do when it comes to flu?

- **Tracking Influenza each season** requires data from many sources and is less about exact numbers than identifying trends in real time.
 - We know not every sick person receives a reported influenza test, so we look to other indicators to see where we are in the season and how the virus has changed from one season to the next (so we can allocate resources and plan for next season's vaccines).
- **We look at:**
 1. Influenza-like illness (ILI) from participating Sentinel Surveillance Sites
 2. Hospitalizations
 3. Influenza Positive Lab Test Results reported to the MDPH
 4. Regional Activity Levels
 5. Influenza Mortality
- These weekly markers are analyzed and assist us to classify the severity using historical data collected during past influenza seasons.



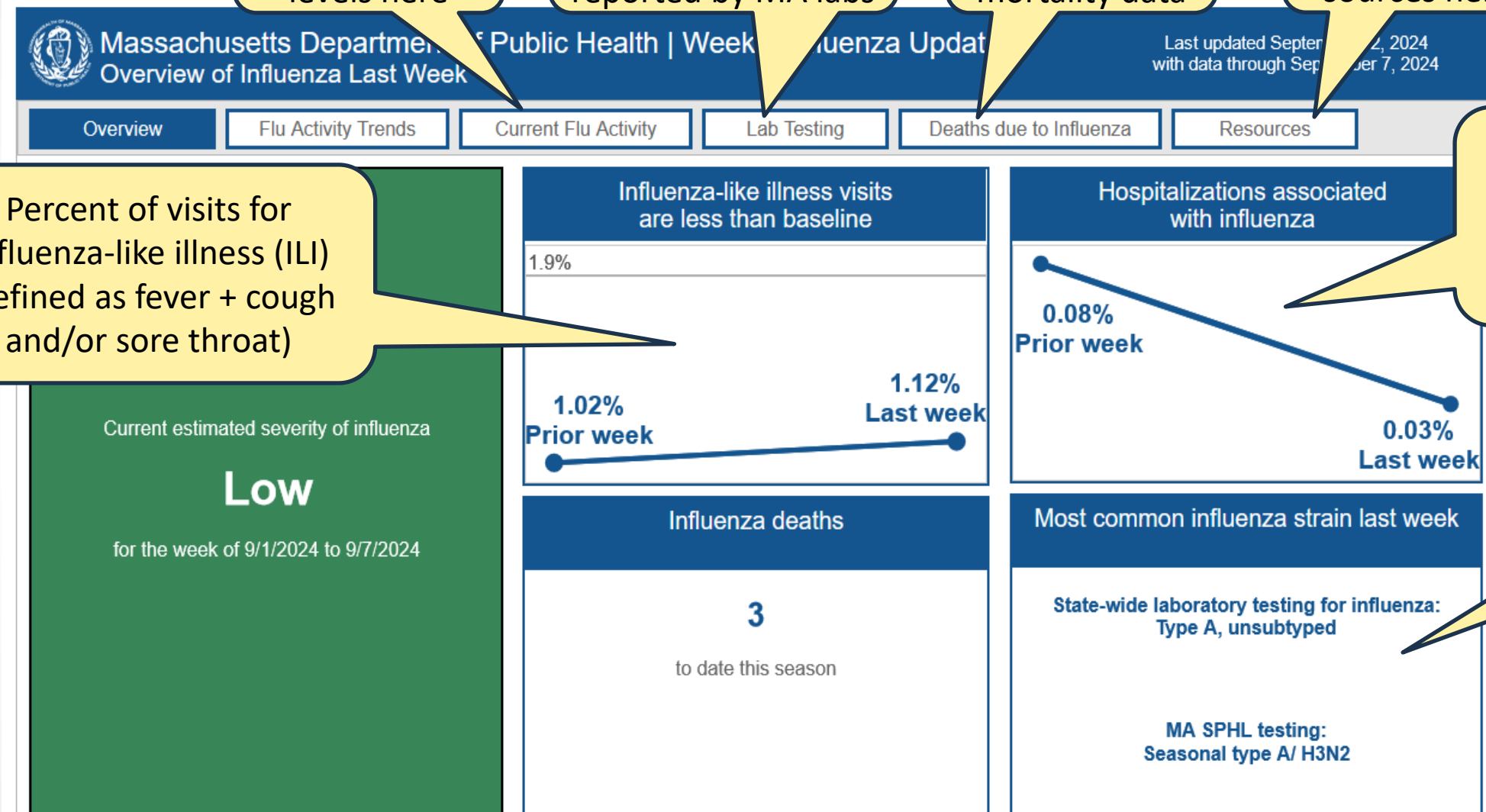


Find regional
ILI activity
levels here

All positive
molecular tests
reported by MA labs

Adult and
pediatric
mortality data

Learn more
about the data
sources here



All data are preliminary and subject to change. Source: Bureau of Infectious Disease and Laboratory Sciences, Division of Epidemiology.
Created by the Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, Division of Surveillance, Analytics and Informatics.

Our Weekly [Flu Dashboard](https://mass.gov/respdiseasedata) is part of <https://mass.gov/respdiseasedata>!



Influenza Surveillance FAQs

- **Q. Can I track our flu data in MAVEN?**

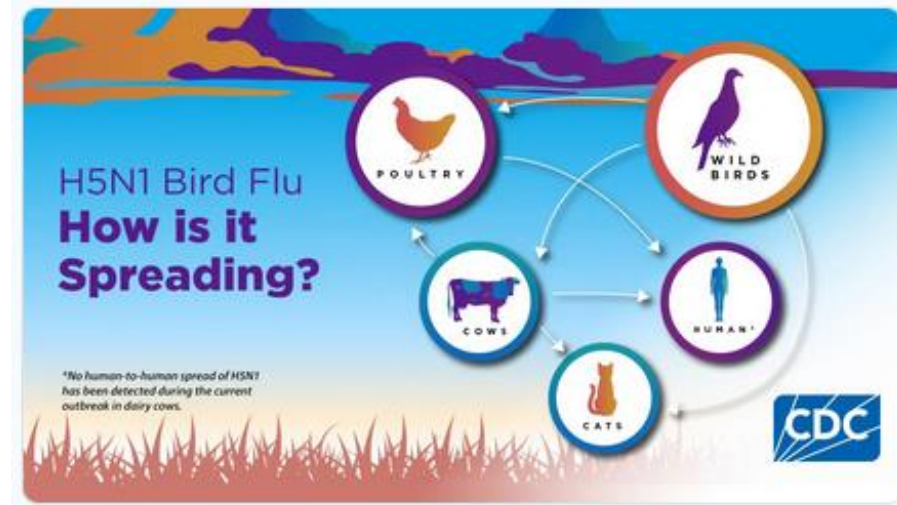
- **A.** Yes, you could run a report for flu events in your jurisdiction by doing an Event Information Extract by Disease (Select Influenza) (see [MAVEN Reports Tip Sheet](#)) but remember there are many other data points that go into monitoring and tracking the flu season and just looking at positive labs may not show the whole picture.
 - There are also the [Massachusetts Flu Dashboard](#) and [CDC's Flu View page](#) which show national weekly trends.

- **Q. Are ILI and Flu Hospitalization Data Tracked in MAVEN?**

- **A.** No, these data are not in MAVEN and are compiled from other reporting sources. Remember to check out the [Respiratory Illness Reporting Dashboard](#) for more information.

The Summer of 2024

- CDC was concerned about variant and novel strains of influenza and the highly pathogenic H5N1 found among poultry as well as dairy cattle.
- A DPH memo was sent out to labs requesting specimens positive for influenza be submitted to the State Lab to allow our lab to subtype positive influenza specimens.
- Our lab was able to subtype those that were positive. Fortunately, **no** variant or novel strains were found.
- Questions related to wildlife, livestock and agricultural fairs should be directed to the **Massachusetts Department of Agricultural Resources (MDAR)** at **617-626-1700**.



Summer 2024: Bulk milk testing of all 95 MA dairy farms was **NEGATIVE! We'll be tested monthly as part of HPAI surveillance!**



LBOH & Influenza



LBOH Overview: Influenza In MAVEN



1. Positive Influenza Lab Results are reported electronically to MAVEN by Clinical Laboratories.

- These generate Influenza Virus events in MAVEN but require no follow-up and appear in your **LBOH Notification but no follow up needed workflow**. You can use the bulk action feature to update Step 1 (LBOH Notification) to YES. [See Tipsheet Here](#)



2. Influenza-Associated Pediatric Deaths (< 18 years old) **must be** reported directly to the Epidemiology Program by Healthcare Providers.

- Pediatric Deaths are high profile and require additional investigation and data collection. Sometimes there may be community control measures (such as a flu vaccination campaign at the child's school or other support for the community). MDPH Epis will work with you and the family to assist in these situations.



3. Respiratory/Influenza Clusters are reportable via the [Influenza/Respiratory Illness Facility Cluster Reporting Form](#) in facilities such as:

- Long Term Care Facilities (LTCFs), Assisted Living Facilities (ALFs), Group Homes, Correctional Facilities, Daycares/Schools/Colleges, Hospitals, and Other Congregate Settings.
- LBOH can provide guidance on control measures and assist with follow-up as needed.





1. Individual Influenza Cases

- **Individual cases of influenza typically are not investigated.**
 - We expect to see positive flu labs in MAVEN each year, but LBOH are not expected to do more than bulk acknowledge these cases (in the **LBOH Notification but no follow-up required** Workflow).
 - The rare exception to this might be severe or unusual complications (such as a pediatric death) or when the infecting virus is suspected or confirmed to be of animal origin (most frequently highly pathogenic avian influenza (HPAI)), or a variant strain.
 - **Isolation & Quarantine**: There is no official isolation or quarantine period for cases or exposed individuals. Ill individuals should stay home while sick and comply with typical school or work sick policies. See [Staying home to prevent the spread of respiratory viruses | Mass.gov](#) for guidance.
 - **NOTE**: Rapid antigen flu tests are not reportable. LBOH should not create an individual flu event. If you have questions, contact MDPH and we can help troubleshoot.



2. Influenza-Associated Pediatric Deaths

- **Influenza-Associated Pediatric Mortality Reporting**

- Influenza-associated deaths in children (persons less than 18 years of age) were added as a nationally notifiable condition in 2004. Any laboratory-confirmed influenza-associated death in a child is reported through this system.
- Demographic and clinical information are collected on each case and transmitted to CDC.
- **MDPH Epis will take the lead on these events but work closely with local jurisdictions.**

Pediatric Influenza-Associated Deaths in MA

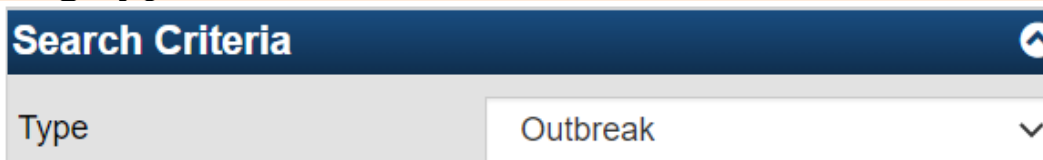
Year	Count
2009- 2010	5
2010-2011	0
2011-2012	1
2012-2013	0
2013-2014	6
2014-2015	1
2015-2016	1
2016-2017	2
2017-2018	2
2018-2019	1
2019-2020	4
2020-2021	0
2021-2022	1
2022-2023	7
2023-2024	5

3. Influenza Clusters in LTCF/ALF

- If you get a call from a facility in your community reporting a cluster of respiratory illness or influenza illness:
 - Facility should complete the reporting form online here: [Infectious Disease Case Report Forms \(mass.gov\)](https://www.mass.gov/info-details/infectious-disease-case-report-forms)
 - This will create a cluster event in MAVEN.
 - An MDPH epidemiologist will be assigned to the facility and will reach out to them to discuss control measures.
 - As the LBOH, you can task yourself to the cluster as well.

A note about MAVEN:

- Flu/ILI clusters do not appear in a workflow
- You can search for them using the MAVEN ID *or* search using Type = "Outbreak":



Search Criteria

Type Outbreak





Control Measures for LTCF/ALF

Facilities experiencing respiratory illness should:

Test

- Symptomatic people for COVID and flu
- Consider full respiratory panel
- NO 'outbreak' testing like with COVID-19

Isolate

- Flu cases on droplet precautions
- Cohort flu and COVID cases separately

Treat

- Discuss use of antivirals for ill residents
- Consider PEP for non-ill residents

Prevent

- Surveillance for new cases
- Hand hygiene and cough etiquette among staff
- Vaccinate! (residents and staff)

Report

- DPH Epi ([Infectious Disease Case Report Forms \(mass.gov\)](https://www.mass.gov/info-details/infectious-disease-case-report-forms))
- LBOH
- Licensing agency (HCSQ or EOEA)



2nd Year!

Flu Test Kit Distribution Program



Want to help the congregate care facilities in your town have easier access to flu and respiratory testing?

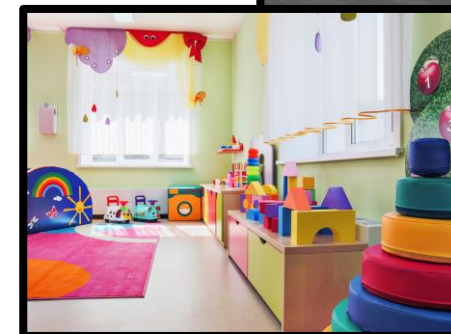
- New initiative by DPH to provide LBOHs with flu test kits that they can keep on site so that facilities (LTCF, ALF) have easy, local access to testing supplies.
- The program is FREE (all testing supplies, shipping costs, and testing fees are covered!)
- **LBOH Expectation:**
 1. Store flu kits properly
 2. Assist facilities with obtaining kits
 3. Return specimens to MA SPHL via UPS.
- Email Victoria Carroll at Victoria.M.Carroll@mass.gov to learn more and schedule kit delivery.

Influenza Clusters in Schools/Daycares

- **Q: What if a school calls you and says that 20% of their 4th and 5th grade students are out due to respiratory illness?**

A: Depending on the time of year and the ILI activity we are seeing, this may not be surprising. They can always report this via the cluster reporting form [Infectious Disease Case Report Forms \(mass.gov\)](https://www.mass.gov/info-details/infectious-disease-case-report-forms) and we can make recommendations, including:

- Emphasize vaccination – both flu and COVID
- Stay home when sick and consider testing
- Good hand hygiene and covering coughs/sneezes
- Take antivirals if your clinician prescribes them for you
- Consider sending a fact sheet about influenza/notification to families about flu season





Flu Follow-Up FAQs

- **Q: What happens if a school in your community calls you and they want to shut down due to cases of flu in the school?**
 - **A:** Typically, we try to discourage closing of schools. Unless there are not enough staff to keep a school running safely, we want schools to remain open. Feel free to call 617-983-6800 to speak to an epidemiologist if this occurs.
- **Q: Should we reinstate mask wearing if there is an outbreak of respiratory illness in a school setting or some other setting?**
 - **A:** We defer to local jurisdictions for decision making around control measures. We can certainly be consulted and provide guidance, but the decision is up to the local health department.



Summary of LBOH Role in Flu Casework

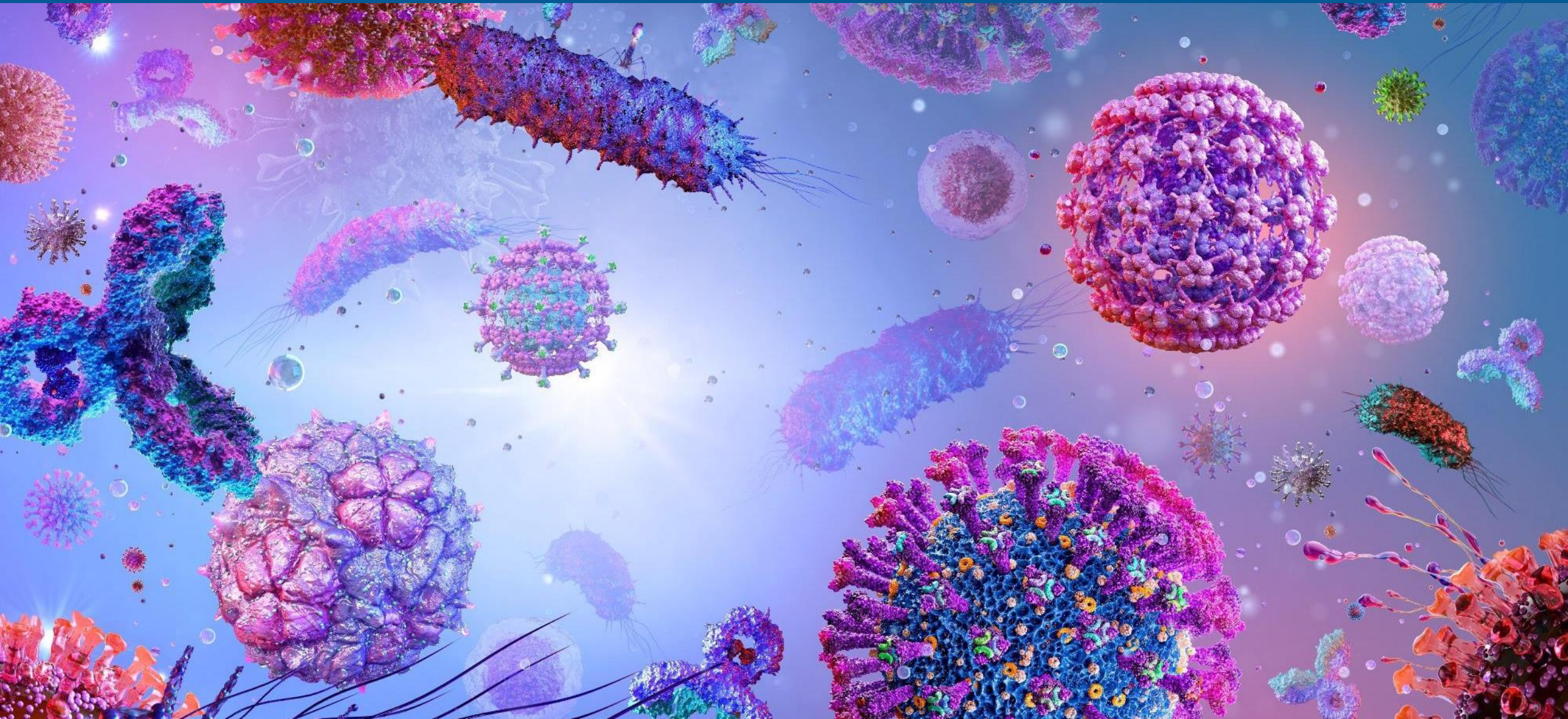
- **Individual cases** – no follow-up required!
 - Will be in "LBOH Notification but no follow up needed" workflow for bulk review
- **Clusters** - [Infectious Disease Case Report Forms \(mass.gov\)](https://www.mass.gov/info-details/infectious-disease-case-report-forms)
 - Long Term Care Facilities (LTCF)/Assisted Living Facilities (ALF)
 - Have sites submit online a cluster report form if they haven't already
 - Schools/Daycares
 - Provide general guidance found here [Staying home to prevent the spread of respiratory viruses](#)
 - LBOH can complete cluster report form if helpful or have them complete the cluster report form which will initiate a DPH epi response to provide guidance



Flu Resources

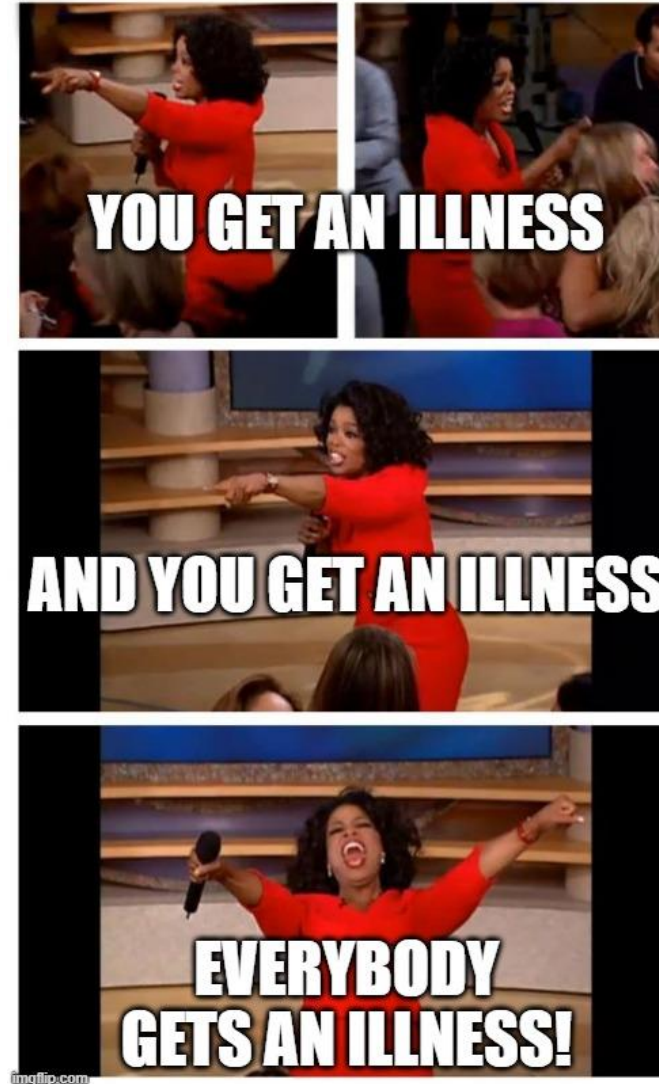
- CDC Influenza homepage: <https://www.cdc.gov/flu/>
- Influenza Surveillance: <https://www.cdc.gov/flu//weekly/fluactivitysurv.htm>
- Influenza Vaccination Coverage: <https://www.cdc.gov/flu//fluvaxview/index.htm>
- For Professionals: <https://www.cdc.gov/flu/professionals/index.htm>
- - vaccination homepage: <https://www.cdc.gov/flu/professionals/vaccination/index.htm>
- National Foundation for Infectious Diseases: www.nfid.org
- CDC Protect Yourself : <https://www.cdc.gov/respiratory-viruses/>
- MDPH Influenza Homepage: www.mass.gov/flu
- For Healthcare Settings: <https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>
- For HPAI situations
- <https://www.cdc.gov/flu/avianflu/avian-flu-summary.htm>
- <https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/animal-disease-information/avian/avian-influenza/2022-hpai>
- CDC Viral Respiratory Dashboards:
- <https://www.cdc.gov/surveillance/nrevss/index.html>
- <https://www.cdc.gov/surveillance/resp-lens/dashboard.html>
- <https://www.cdc.gov/surveillance/resp-net/dashboard.html>
- <https://www.cdc.gov/ncird/surveillance/respiratory-illnesses/index.html>

Additional Respiratory Morbidity and Reminders

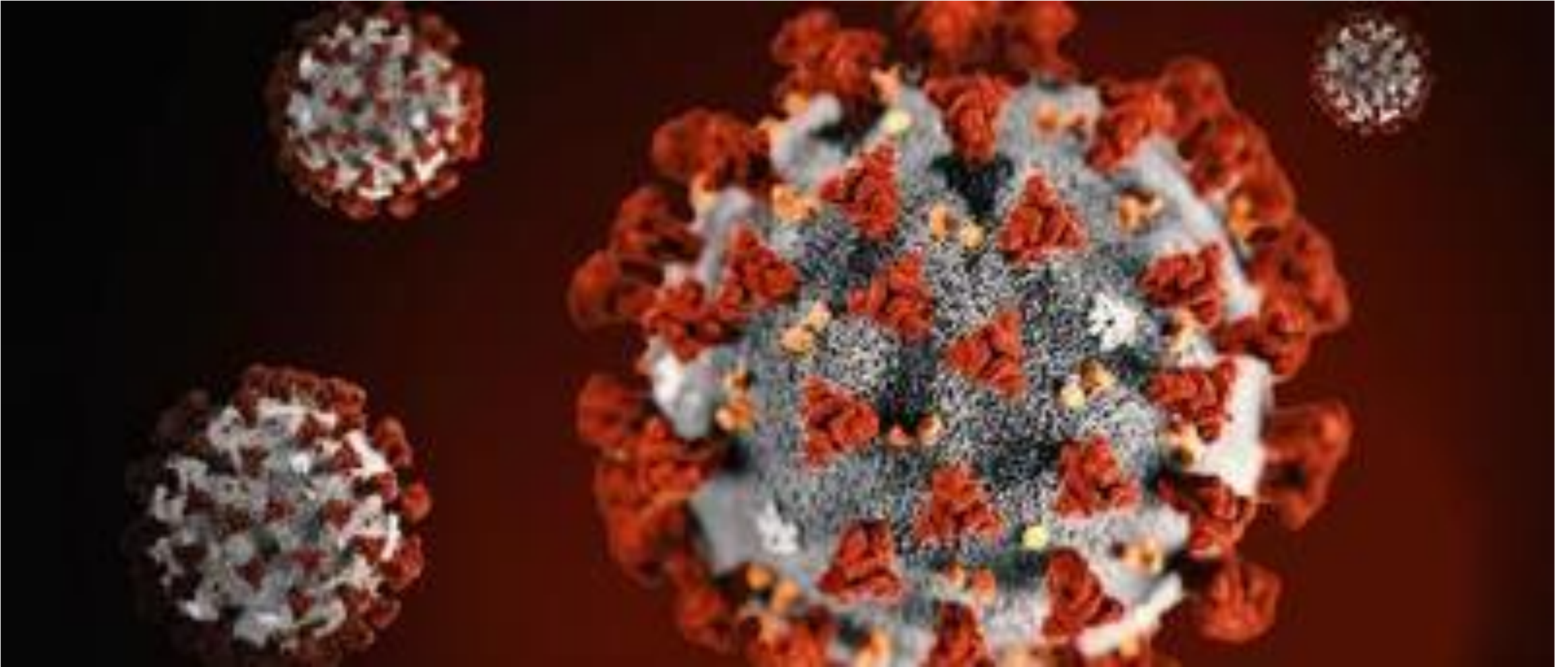


Guidance for Additional Respiratory Illnesses

- COVID-19
- RSV
- Pertussis
- EV-D68/AFM



COVID-19 in 2024

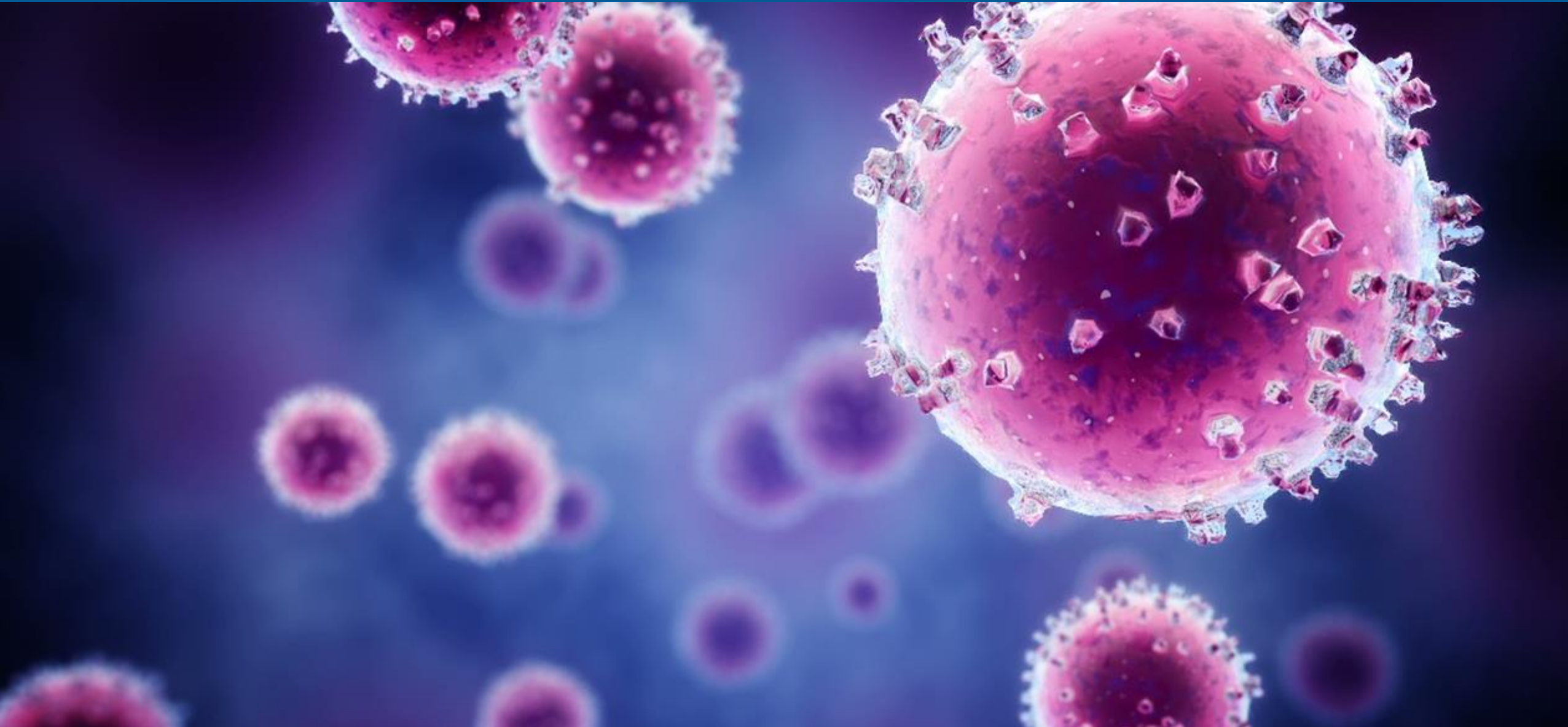


COVID-19 in MAVEN

- **Reminder:** MDPH expectations for comprehensive COVID-19 case investigation and contact tracing at the local level for all individual cases were discontinued in December 2021.
 - AKA: The LBOH provides control recommendations and support as needed and advises on implementation of [Respiratory Illness Guidance](#) in your community.
 - LBOHs are no longer required to document/chase down each individual COVID-19 case.
- **Summer 2023 Update:** COVID-19 is no longer an “immediate” disease in MAVEN.
 - You have two COVID-19 Notification Workflows.
 - How to Treat COVID-19 Events in MAVEN:

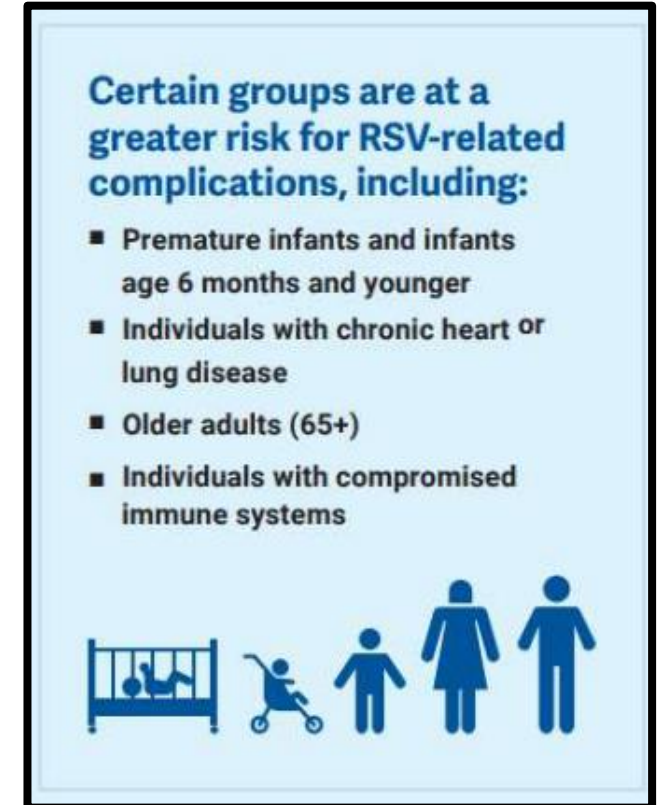
★	LBOH Notification for Adult (= or > 18 years) Immediate Disease (COVID only)
★	LBOH Notification for Pediatric (<18 years) Immediate Disease (COVID only)
 - Two LBOH Notification Workflows remain to provide a snapshot view of reported COVID-19 cases in your jurisdiction. Timely acknowledgement for COVID-19 Events by LBOH MAVEN Users will help keep workflows in operation.
 - Individual Events: Populate Admin QP Step 1 manually by going into each case individually, or
 - Bulk Action: Selecting a bulk action “Set LBOH Notification to Yes” to acknowledge all events in the workflow simultaneously.
 - Due to workflow volume restrictions, COVID-19 Events will only remain in the two Notification Workflows for approximately 7 days from 1st positive specimen date, then MAVEN automatically removes them from the workflow.
 - Remember, follow-up for MAVEN events should be appropriate to the disease, and at this time, individual COVID-19 case follow-up is not recommended or expected by MDPH.

Respiratory Syncytial Virus (RSV)



Respiratory Syncytial Virus (RSV)

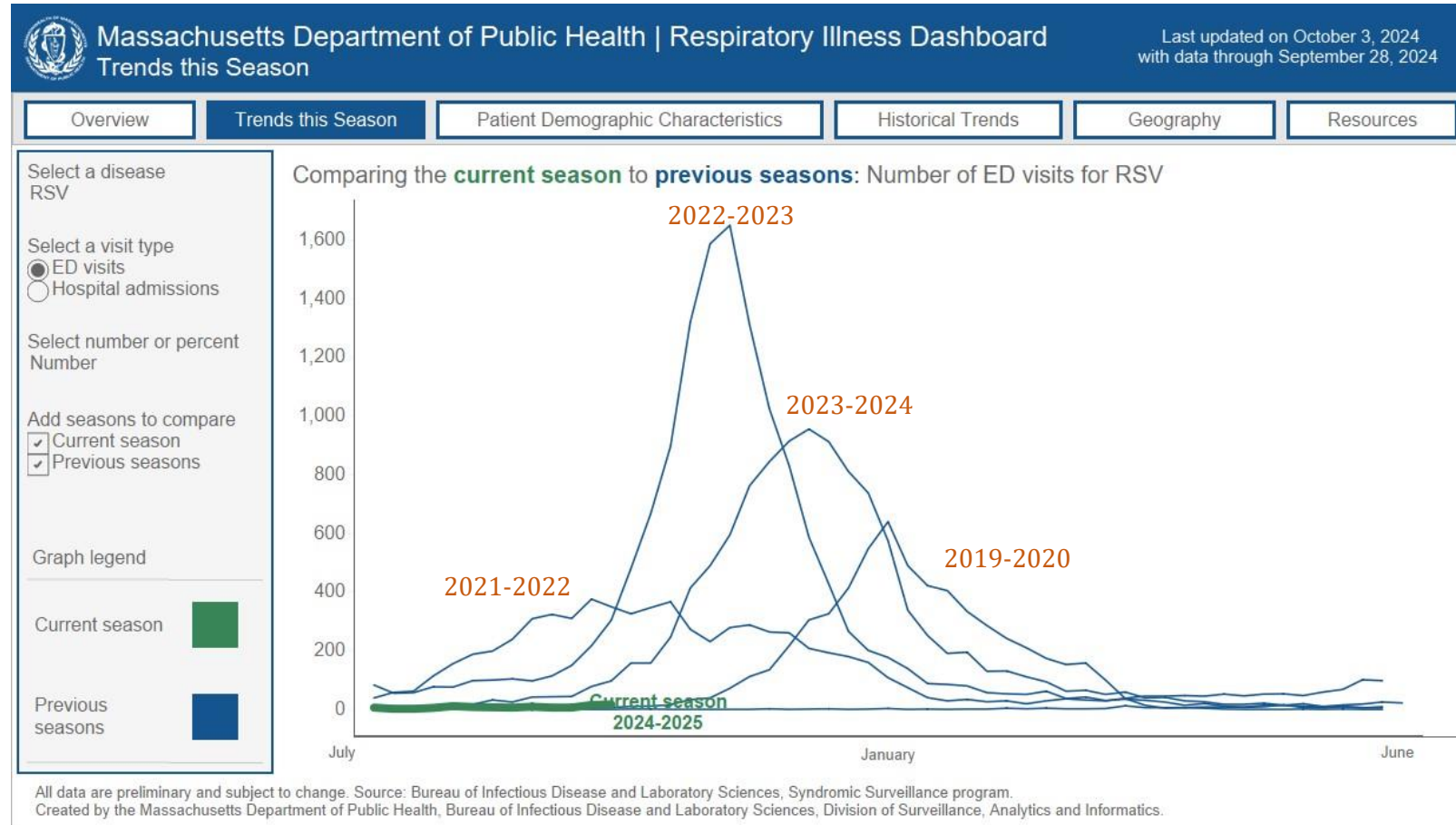
- **Respiratory syncytial virus (RSV)** is a common cause of respiratory illness in all age groups.
 - Almost all children will have had an RSV infection by their second birthday.
- **Symptoms** include:
 - Runny nose
 - Coughing
 - Sneezing
 - Fever
 - Decreased appetite
 - Wheezing
- **Infectious Period:** Typically begins a day or two before symptoms begin through 3 to 8 days after symptom onset.
- **Seasonality:** Begins in fall and peaks in the winter in most regions of the US
- Most people recover in a week or two, but it can also cause severe infections such as bronchiolitis and pneumonia.
 - Infants, young children and older adults are at increased risk of severe RSV.



[Symptoms and Care of RSV \(Respiratory Syncytial Virus\) | CDC](#)







RSV Epidemiology

- RSV is the leading cause of hospitalization in US infants.
- 2x higher mortality in infants compared to influenza!
- RSV activity for the 2024-2025 season in MA remains low and is starting later, compared to recent years



[MA DPH | Respiratory Illness Dashboard | Trends this Season](#)

RSV Vaccines and Monoclonal Antibodies

Brand Name (generic name)	Manufacturer	Product Type	Who is it for?
Beyfortus (nirsevimab)	Sanofi and AstraZeneca	Monoclonal antibody	 Infants (all) - All infants under 8 months and some children 8 -19 months entering their second RSV season.
Synagis (palivizumab)	Sobi	Monoclonal antibody	 Infants (more limited use) - Some children younger than age 24 months of age with certain conditions that place them at increased risk for severe RSV disease.
Abrysvo	Pfizer	Vaccine	 Adults 60 and over - people 60-74 who are increased risk of severe RSV AND everyone aged 75+
			 Pregnant people - during the weeks 32-36 of pregnancy during RSV season (September through January)
Arexvy	GSK	Vaccine	 Adults 60 and over - people 60-74 who are increased risk of severe RSV AND everyone aged 75+
MRESVIA	Moderna	Vaccine	 Adults 60 and over - people 60-74 who are increased risk of severe RSV AND everyone aged 75+

Yes, all RSV vaccines and monoclonal antibodies will be reported to MIIS.

RSV: No LBOH Follow-Up

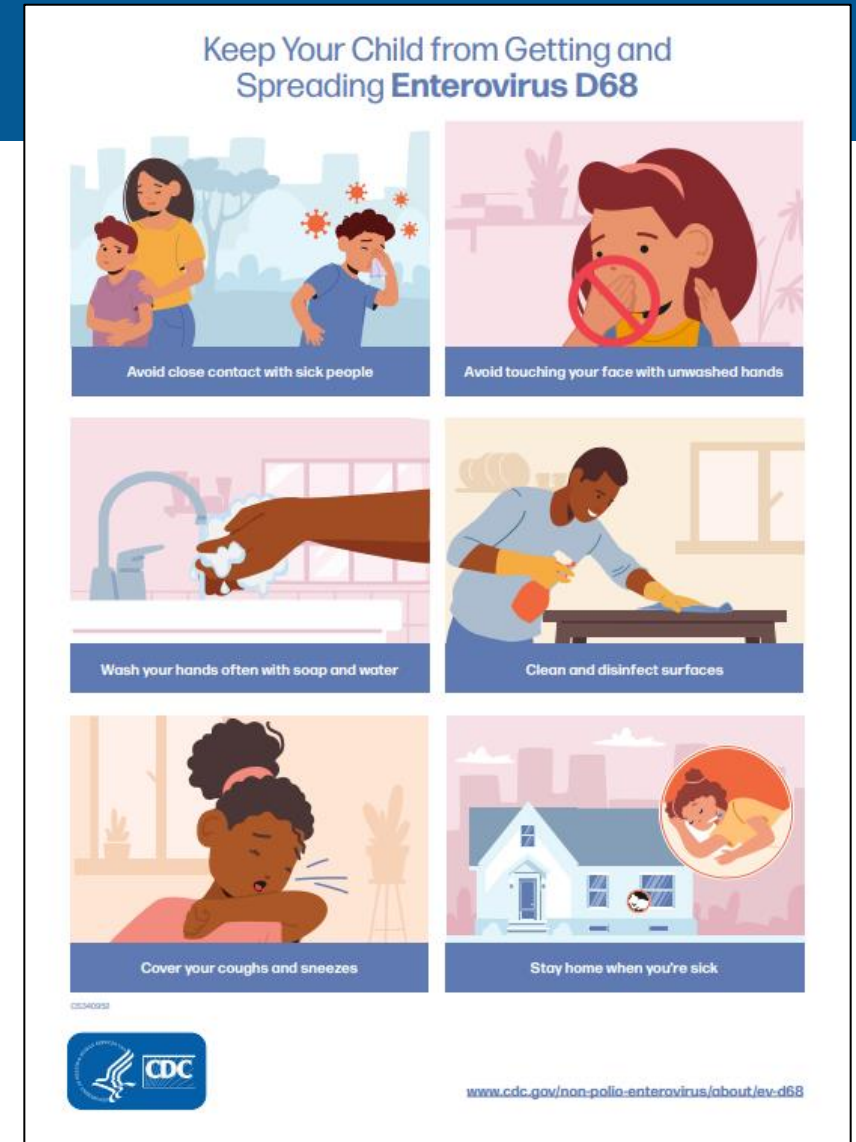
- RSV is **NOT** a reportable condition in MA.
- Generally, RSV cases will not be in MAVEN and do not need to be created if you learn of a case.
 - The exception is if someone is tested with a panel that includes a reportable condition (like COVID-19). If they are positive for RSV, that result will appear but NO follow-up needs to occur.
- Clusters of RSV (in healthcare or non-healthcare settings) may be reported using the Respiratory Cluster Report Form ([Infectious Disease Case Report Forms \(mass.gov\)](#))
 - LBOH can provide general infection control guidance.
 - DPH Epi will follow-up with facility upon receipt of report form.

Enterovirus – D68



Enterovirus-D68 in the News

- **There are more than 100 types on non-polio enteroviruses**
 - Common EV types include EV-D68 which can cause the common cold and EV-A71 which can cause hand, foot and mouth disease.
- **Transmission**
 - If someone is sick, the virus can be found in their:
 - Eye, nose, and mouth secretions, such as saliva, nasal mucus, or sputum
 - Fluid from blisters
 - Poop
- **Prevention**
 - There is no vaccine to protect against non-polio enteroviruses.
 - To prevent spreading the virus, wash your hands often, clean and disinfect surfaces, and avoid close contact with others.
- In the news because of increased findings in wastewater surveillance nationally.
- Most often, EV-D68 can cause mild to severe respiratory illness or no symptoms at all.
- Although rare, **acute flaccid myelitis (AFM)** can be caused by an D68 infection as well as a few other kinds of enteroviruses.



EV-D68 and Acute Flaccid Myelitis

- Very rarely, EV-D68 infection may lead to the neurologic condition known as acute flaccid myelitis (AFM).
- EV-D68 is believed to be the main enterovirus responsible for the increases in acute flaccid myelitis (AFM) cases observed during 2014, 2016, and 2018.
- Most cases (>90%) have been in young children and typically present with sudden limb weakness that can lead to paralysis.
- There have been 758 cases nationally since CDC began tracking AFM in August 2014.

Look out for AFM signs and symptoms

Limb weakness and paralysis

The most common symptom of AFM



Some people may experience



Recent or current respiratory illness



Fever



Pain or numbness in the limb(s)



Gait difficulty



Headache



Back or neck pain



Difficulty talking or swallowing



Neck or facial weakness

AFM Cases in Massachusetts*

2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
9	1	4	1	6	0	4	1	1	1

**Data shows confirmed and probable cases and is current as of 10/1/2024 & subject to change.*

Enterovirus – Role of LBOH

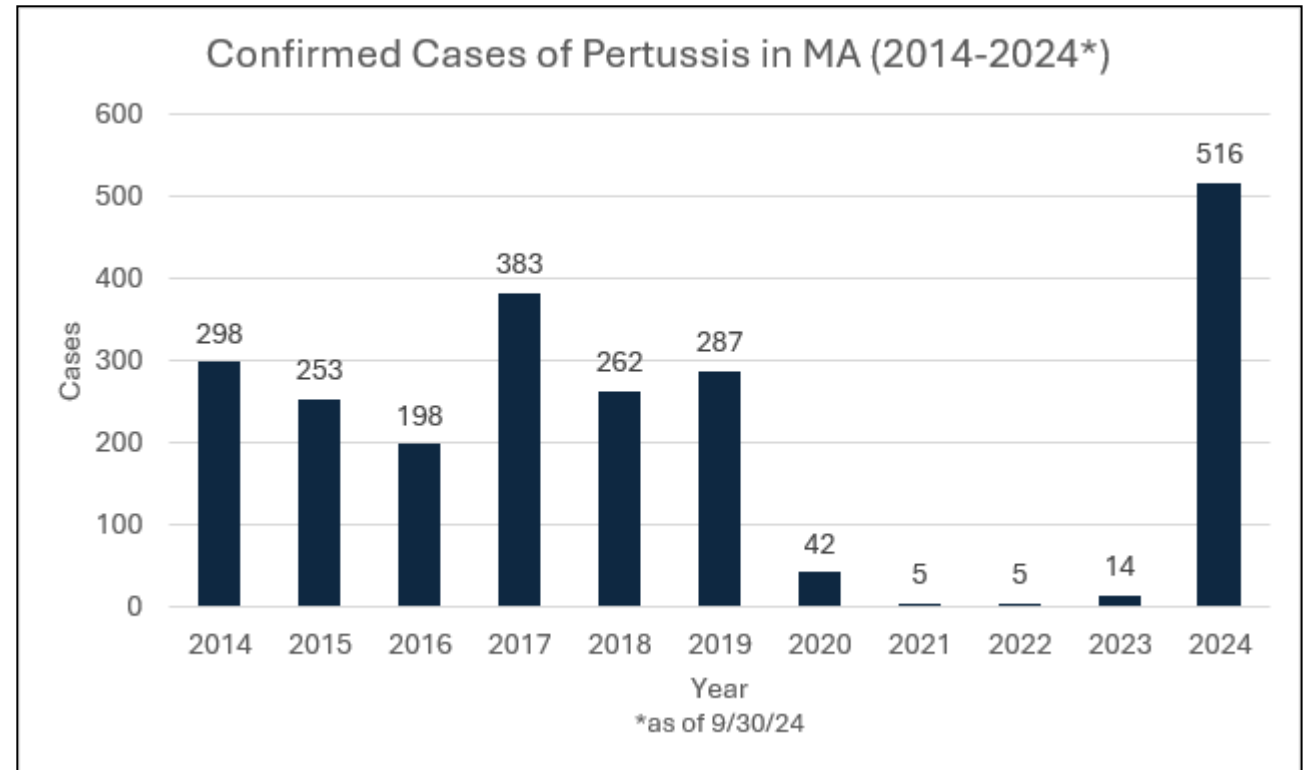
- **Non-Polio Enteroviruses are not reportable infections in MA.**
- **Enterovirus Outbreaks**
 - Settings experiencing enterovirus outbreaks should follow the DPH General Respiratory Guidance. There are no special control measures for enterovirus outbreaks.
 - Facilities can submit an [Influenza/ILI Cluster Report Form](#) if they have 3 or more residents/students with ILI. This will trigger a follow-up call from DPH if they require infection control assistance.
- **Acute Flaccid Myelitis (AFM) Follow-up**
 - Cases of AFM are reported by physicians directly to DPH via 617-983-6800.
 - Epis will create a MAVEN event for the case.
 - Epis will lead the AFM investigation and communicate with CDC
 - There are no control measures for AFM cases.
 - **No Follow-up Required by LBOH.**

MA Pertussis (Whooping Cough) Updates



Pertussis (Whooping Cough) Updates

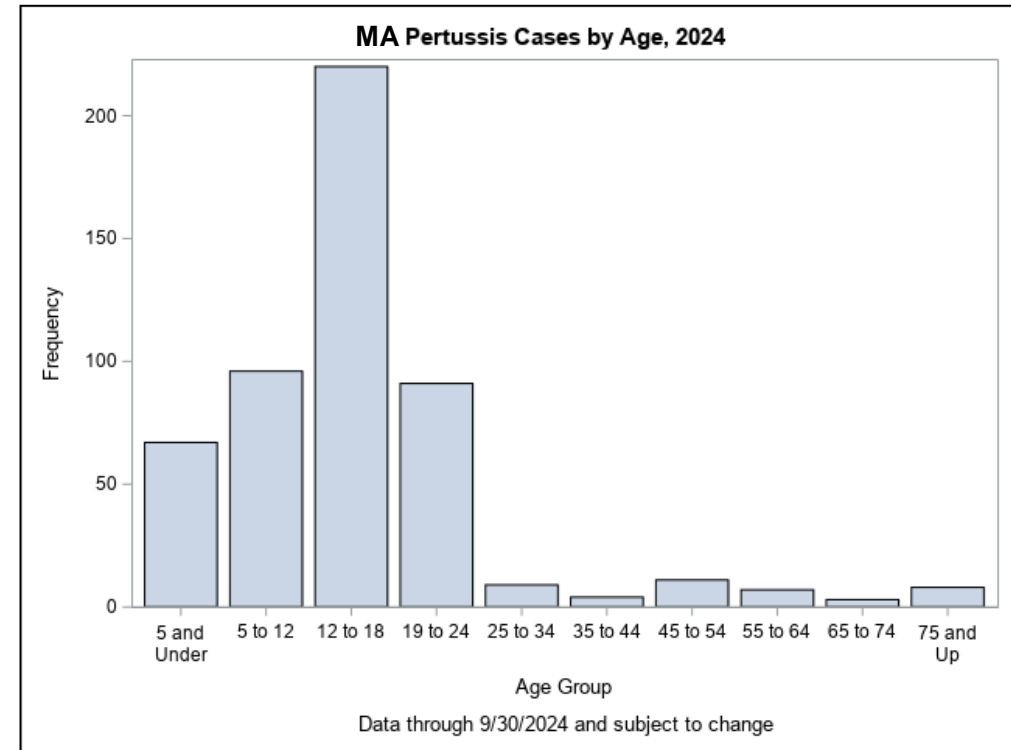
- MA is experiencing an increase in Pertussis cases since Spring 2024.
 - [Clinical Advisory August 20, 2024](#)
- Pertussis is a “routine” disease event in MAVEN and requires follow-up on the case and potential contacts.
- Great LBOH Webinar on Pertussis Case Investigation on MAVEN Help: [PDF Slides](#) & [Webinar Recording](#)



**Data as of 9/30/2024 and subject to change.*

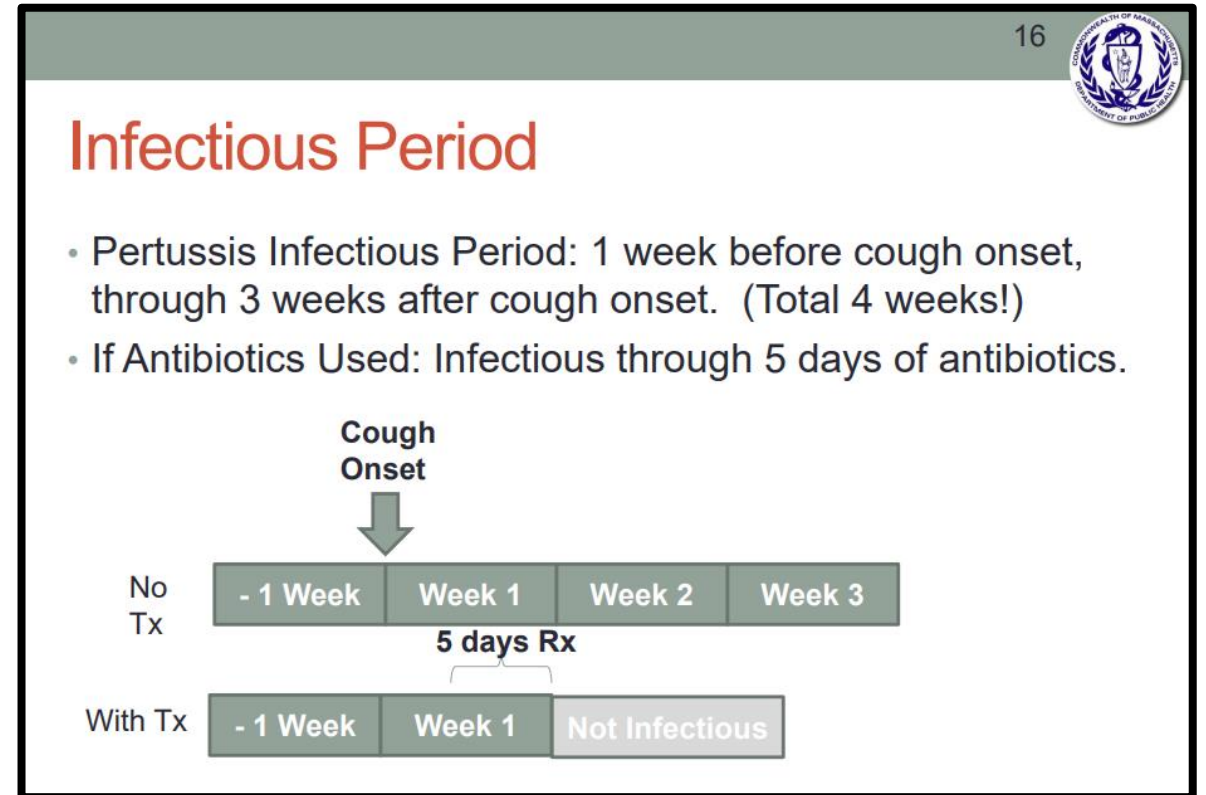
Pertussis in MA

- [Vaccination](#) is the **best way to prevent pertussis**. However, as typical infection patterns return to the United States, CDC expects pertussis cases to increase both in unvaccinated and vaccinated populations.
- Pertussis occurs in vaccinated people since [protection from vaccination fades over time](#).



Pertussis (Whooping Cough) Reminders

- **Cough Onset Date is critical to collect.** Helps Determine:
 - Is patient still infectious?
 - Should they be excluded?
 - Do they need antibiotics?
 - Were they infectious when different contacts were exposed?



Pertussis (Whooping Cough)

- **Q. If an exposed close contact is vaccinated, do they still need postexposure prophylaxis (PEP)?**
 - **A.** Yes. CDC supports providing PEP especially to:
 - Household contacts of a pertussis case
 - People at high risk of developing severe pertussis infection
 - Those who will have contact with people at high risk of developing severe pertussis infection
 - Within families, studies demonstrate that secondary attack rates are high, even when household contacts are current with pertussis vaccinations.

<https://www.cdc.gov/pertussis/php/postexposure-prophylaxis/index.html>

Pertussis Follow-up for LBOH

- **Investigate the Case (Routine Notification Workflow)**

- Call Provider
- Call Case and/or Family
- May need to communicate with School Nurse

Each case has an assigned DPH Epi (see Tasks)
Call Epi Program with questions!

- **Investigation Goals**

- Ensure appropriate treatment.
- Help determine if the case needs to be excluded from work or school and for how long. (Infectious Period)
- Complete data collection in MAVEN. (Pertussis Wizard Available!)
 - Ensure Demographic Question Package is completed for key variables (race, ethnicity, occupation, etc.)
- Identifying “close contacts.”
 - Targeted approach: narrow focus of prophylaxis for household contacts and close friends
- Make recommendations for immunization, treatment, and/or exclusion from work/school as needed.

A close-up photograph of a person's hands holding a white rectangular sign. The sign has the word "QUESTIONS?" written on it in a bold, dark blue, sans-serif font. The person's hands are visible at the bottom of the frame, and they are wearing a dark blue suit jacket. The background is a solid dark blue color.

QUESTIONS?