

Massachusetts Department of Public Health

MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

October 10, 2023

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Agenda October 10, 2023

RESPIRATORY ILLNESS SEASON!

- RSV Updates
- COVID-19 Guidance Reminders
- NEW! Viral Respiratory Illness Reporting Dashboard
 - Lizzy Mello, MS, Senior Surveillance Epidemiologist
- Respiratory Illness Immunization Resources for LBOHs
 - Josh Norville, MPH, Epidemiologist, Data Assessment Unit
- Influenza Surveillance For Local Boards of Health (2023)
 - Joyce Cohen, MPH, Influenza Coordinator, Division of Epidemiology

Did You Know:
According to scientists,
in October the
mitochondria turns into
frightochondria and
becomes the haunted
house of the cell.

2023 Infectious Disease Tools for LBOH Webinar Schedule!



- 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

2023 Upcoming Schedule!

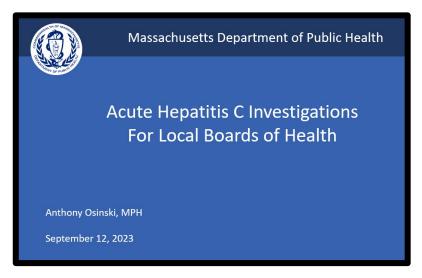
All Registrations:	https://maven-webinars.constantcontactsites.com/			
2 nd Tues 10/10/23	Respiratory Illness Season Updates			
4 th Tues 10/24/23	4 th Tuesday Office Hours			
2 nd Tues 11/14/23	Noro-like Outbreaks in Non-Food Establishments			
4 th Tues 11/28/23	4 th Tuesday Office Hours			
2 nd Tues 12/12/23	2023 MAVEN Wrap Up & Review			
	*No December 2023 Office Hours			

Next Office Hours: Tuesday, October 24, 2023

Updates - A quick recap for October 10, 2023

We Last Met September 12, 2023:

- Casework Prioritization
- COVID-19 Vaccines (In Progress!)
- Immunization Assessment Unit: Elizabeth Russo, MD
 - School Immunization Requirements: Enforcement
 - Every Student Succeeds Act
 - School Immunization Survey: Schedule & Updates
 - Vaccine Access Project: LBOH Survey
- Guest Presentation: Anthony Osinski, MPH, Hepatitis C Surveillance Coordinator
 - Acute Hepatitis C Investigations For Local Boards of Health





PDF SLIDES: Hepatitis C Case Investigations

WEBINAR: Presentation 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

Respiratory Illness Season



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 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.

Certain groups are at a greater risk for RSV-related complications, including:

- Premature infants and infants age 6 months and younger
- Individuals with chronic heart or lung disease
- Older adults (65+)
- Individuals with compromised immune systems

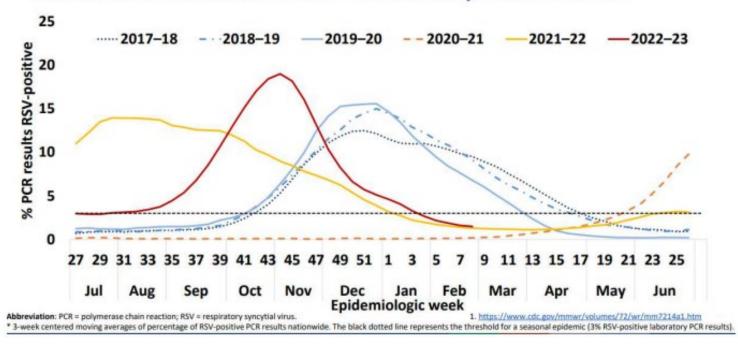


Symptoms and Care of RSV (Respiratory Syncytial Virus) | CDC

RSV Epidemiology

- RSV is the leading cause of hospitalization in US infants.
- 2x higher mortality in infants compared to influenza!
- 2022-23 season started earlier and was more severe compared to pre-COVID years.

Changes in seasonality of RSV transmission following SARS-CoV2 introduction— NREVSS¹, 2017–2023



<u>Updates in RSV Prevention (nfid.org)</u>

RSV Vaccines and Monoclonal Antibodies

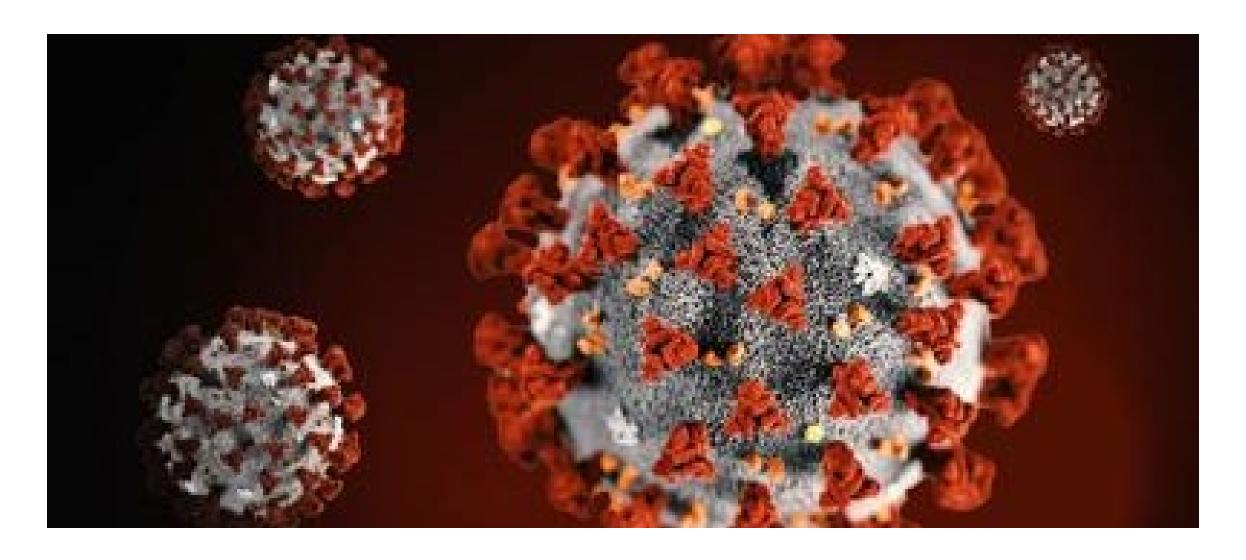
Brand Name (generic name)	Manufacturer	Product Type	Who is it for?
Beyfortus (nirsevimab)	AstraZeneca	Monoclonal antibody	Infants (all) - All infants under 8 months should get it for their first RSV season. High-risk children between 8 months to 19 months entering their second RSV season should also get it. High-risk categories include chronic lung disease of prematurity, severe immunocompromise, cystic fibrosis and American Indian and Alaska Native children.
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. It must be given once a month during RSV season.
Abrysvo	Pfizer	Vaccine	Older adults - People ages 60 and older "may" get the vaccine in the U.S. People with underlying health conditions (like heart or lung disease or diabetes) and those living in long-term care facilities should strongly consider the vaccine.
			Pregnant people - CDC recommends one dose of Pfizer's bivalent Abrysvo during RSV season (September through January) for people who are 32 through 36 weeks pregnant.
Arexvy	GSK	Vaccine	Older adults - People ages 60 and older "may" get the vaccine in the U.S. People with underlying health conditions (like heart or lung disease or diabetes) and those living in long-term care facilities should strongly consider the vaccine.

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 ((<u>Infectious Disease Case Report Forms</u> (<u>mass.gov</u>))
 - LBOH can provide general infection control guidance.
 - DPH Epi will follow-up with facility upon receipt of report form.

COVID-19 Updates for October 2023



COVID-19: Where Are We Now?

2020

- New Disease
- No pre-existing immunity
- No specific prevention or treatment
- Unknown spectrum of disease
- Unknown transmission
- Limited testing capacity
- No vaccine

Note:

- Governor Baker ended the MA State of Emergency on June 15, 2021.
- COVID-19 national emergency ended on May 11, 2023.

2023

- Going to be living with COVID-19 for the foreseeable future
- Vaccines widely available, antivirals available
- Widespread testing & abundance of in-home testing options
- Known high risk individuals
- Known transmission through droplets, aerosol, close contact settings increase spread
- Risk of evolving variants
- Improving Public Health Infrastructure

COVID-19 Review (Respiratory Illness Season Fall 2023)

- COVID-19 Isolation and Exposure Guidance for Schools and General Public
 - Note: Healthcare Workers and LTCF Settings will be discussed next time.
- Testing
- Variants
- Treatments
- Vaccines
- Expectations for LBOHs
- Surveillance and Reporting
 - New Respiratory Illness Dashboard!



Isolation and Exposure Guidance (Last Update 2022)

	General Population	School & Childcare
Isolation for Cases	Isolate 5 DaysMasking Days 6-10	Isolate 5 DaysMasking Days 6-10
	 To End Masking Early: 2 Negative Tests to end masking in Day 6-10. Start testing Day 6 Refuse Masking and don't want to test? Isolate 10 days 	 To End Masking Early: 1 Negative Test to end masking in Day 6-10. Start testing Day 5 Refuse Masking and don't want to test? Isolate 10 days
		Follow Gen Pop Guidelines OUTSIDE School Time
Exposed Contacts	 Must Mask 10 Days Get Tested Day 6 or Later No Guidance for Ending Masking Early. Must Mask Whole 10 Days if you CAN mask. 	 Must Mask 10 Days Get Tested Day 6 or Later No Guidance for Ending Masking Early. Should Mask Whole 10 Days if you CAN mask.
		Follow Gen Pop Guidelines OUTSIDE School Time

https://www.mass.gov/info-details/covid-19-isolation-and-exposure-guidance-for-the-general-public

 $\frac{https://www.mass.gov/info-details/covid-19-isolation-and-exposure-guidance-for-children-and-staff-in-child-care-k-12-out-of-school-time-ost-and-recreational-campprogram-settings$

Q. What if I am feeling better quickly or was asymptomatic?

- The isolation period must last for a minimum of 5 full days.
- On Day 6, if you have not had any symptoms OR you have been fever-free without the use of fever reducing medications for at least 24 hours and your other symptoms are improving, then you may resume your usual activities (while masked).

Q. After my 5 days of isolation, can I return to normal activities?

• Cases are likely still infectious towards others after 5 days. You must wear a well-fitting mask covering your nose and mouth at all times when you are with other people (even in your own household) from Days 6 to 10. You should avoid activities where you would not be masked around others (like eating out) or where you will be around vulnerable individuals at high risk for severe disease.

Q. What if I am still not feeling well after 5 days, or what if my symptoms come back?

- If your symptoms are not resolving on Day 6 then you should continue to isolate until your symptoms are resolving or through Day 10. After you have ended isolation, if your COVID-19 symptoms recur or worsen, restart your isolation at Day 0.
 - Remember, people that are severely ill may need to isolate longer than the minimum 5 days. Consult your provider for your situation.



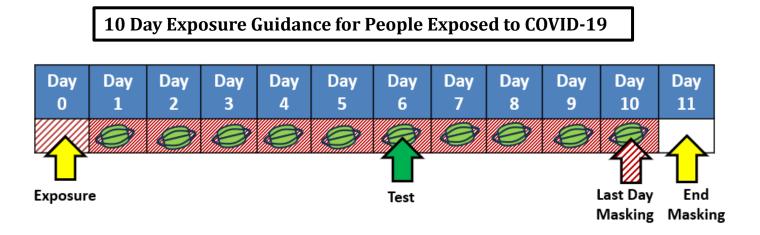
COVID-19 Exposures

- **Infectious Period:** People with COVID-19 are most able to spread it to others during the first 5 days of their infection but can also spread it up to 2 days before symptom onset (or their positive test) and for about 10 days after their positive test.
- **Exposures:** If you were around someone during this time frame, especially if you spent over 15 minutes in close proximity to them, or doing activities that involved singing or shouting, you may have been exposed to COVID-19.
 - Even if you were around that person for a shorter time frame, you should consider yourself exposed, especially if you had direct contact with the respiratory droplets of that person (e.g., being coughed or sneezed on) while not wearing a mask or face covering. For more about understanding your risk of exposure, visit this CDC page.

https://www.mass.gov/info-details/covid-19-isolation-and-exposure-guidance-for-the-general-public#frequently-asked-questions-

COVID-19 Exposure = 10 Days of Masking

- There is no longer formal QUARANTINE for exposure to COVID-19, regardless of vaccination status.
 - **Guidance:** If you are exposed to COVID-19, mask around others for 10 days, and a test is recommended on Day 6 or later after exposure.
 - Practice good germ etiquette (cover your mouth while coughing, wash hands, don't share utensils, etc.) and avoid people who are at high risk of severe disease for 10 days.



COVID-19 Guidance and Masking

- **EXPOSURES:** Reminder, we no longer have quarantine for exposed individuals. Instead, you may continue routine activities but should mask for 10 days following exposure.
 - For <u>School Guidance</u>, we say all exposed individuals SHOULD mask for 10 days and test on Day 6, but there is no mention of a process for removing masks prior to completing the 10 days.
 - For <u>General Public Guidance</u>, we say all exposed individuals MUST mask for 10 days and test on Day 6, but there is no mention of a process for removing masks prior to completing the 10 days.
- POSITIVE CASES: Isolate for at least 5 days & must be feeling better. Symptom-based criteria is fever
 free without the use of fever reducing medications for at least 24 hours and your other symptoms are
 improving
 - For <u>School Guidance</u>, we say isolate for at least 5 days and mask for the remaining days through Day 10.
 - For General Public Guidance, we say isolate for at least 5 days and mask for the remaining days through Day 10.

General Recommendation for cases to remain masked for full 10 days. The only mention of removing masks applies to CASES, and for General Public they must meet symptom-based criteria and have TWO NEGATIVE TESTS 48 Hours apart, but for SCHOOL STUDENTS they must meet symptom base criteria and have ONE NEGATIVE TEST ON DAY 5 OR LATER to remove their masks prior to 10 days from onset.

COVID-19 Testing

Rapid Antigen Test (At-home test):

- A Rapid Antigen Test is a COVID-19 test that can be bought at a pharmacy, retail store or online. It is usually taken at home and you can get results in as little as 15 minutes.
 - Provider-administered positive antigen tests are reported to MAVEN and create PROBABLE COVID-19 events.
 - At-home antigen tests are not reported to MAVEN.

PCR Tests

- A PCR test is a clinically administered test, where a swab of your nose, throat, or a saliva sample is taken and then sent to a lab. Results for a PCR test can take several days to come back.
 - PCR tests are more sensitive than antigen tests and can remain positive for several weeks (sometimes up to 90 days).
 - Positive and negative PCR test results are reported to MAVEN. Positive PCRs create CONFIRMED COVID-19 MAVEN events.

What Test Should You Use?

- People who have <u>not</u> had COVID-19 in the last 90 days, can test with either an antigen self test or PCR test.
- People who had COVID-19 in the last 90 days should test with an antigen self test, not a PCR test.
- After the ending of the PHE, tests are now covered by insurance, not the government.



I tested positive for COVID-19 in the last 90 days.

My first positive test result was within: 30 days or less

I have symptoms

Use an antigen test. Repeat negative tests following FDA recommendations .

I do not have symptoms

Testing is not recommended to detect a new infection.

My first positive test result was within: 31-90 days

I have symptoms

Use an antigen test. Repeat negative tests following FDA recommendations ☑.

I do not have symptoms

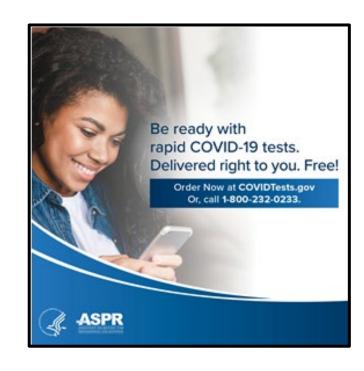
Use an antigen test. Repeat negative tests following FDA recommendations [2].

After a positive test result, you may continue to test positive for some time. Some tests, especially PCR tests, may continue to show a positive result for up to 90 days. <u>Reinfections</u> can occur within 90 days, which can make it hard to know if a positive test indicates a new infection. Consider consulting a healthcare provider if you have any questions or concerns about your circumstances.

COVID-19 Testing: What You Need to Know | CDC

COVID-19 Rapid Test Resources

- Towns: Municipalities may access the state contract to purchase COVID test kits.
 - https://www.mass.gov/info-details/covid-19-statewide-contract-resources
- Households: Every U.S. household can once again order four free COVID-19 rapid tests. Tests will be delivered directly to recipients' homes.
 - To order tests, visit <u>COVID.gov/Tests</u>.
 - Accessible COVID-19 test kits are also available.



Expired Antigen Test? Maybe Not...

- Q: Why does the expiration date on my COVID-19 test keep changing?
 - The companies that make the tests check them to see if they still work. If they do, the FDA extends the expiration date.
 - Check Out: <u>FDA Page for OTC COVID-19 Diagnostic Tests and Expiration</u>
 <u>Dates</u>
- Q. What do I do with truly expired test kits?
 - The test kits may be disposed of in regular trash and recycling (paper components).

Testing Questions

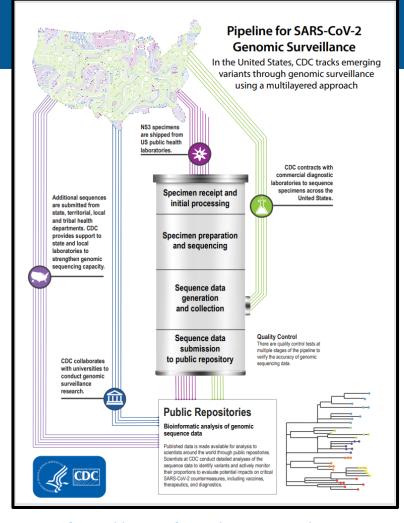
• Q. What if I am still testing positive via antigen test after Day 5?

- There is no requirement or recommendation to test after your initial 5 days of isolation if you are meeting symptom-based criteria and masking during Days 6-10. (Testing is only indicated if a case has recovered and wishes to discontinue masking.) Generally, many people continue to test positive during their 10 days.
- **NOTE for if you DO choose to test:** If your antigen test results¹ are positive, you may still be infectious. You should continue wearing a mask and wait at least 48 hours before taking another test. Continue taking antigen tests at least 48 hours apart until you have two sequential negative results. This may mean you need to continue wearing a mask and testing beyond Day 10.

https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html

COVID-19 Variants

- Viruses constantly change through mutation and sometimes these mutations result in a new variant of the virus. Some changes and mutations allow the virus to spread more easily or make it resistant to treatments or vaccines. As the virus spreads, it may change and become harder to stop.
- CDC coordinates collaborative partnerships which continue to fuel the largest viral genomic sequencing effort to date. <u>Variants and Genomic Surveillance for</u> <u>SARS-CoV-2</u>
- The Omicron variant, which emerged in November 2021, has many lineages. New lineages continue to emerge and spread in the United States and globally.



https://www.cdc.gov/coronavirus/2019-ncov/variants/cdc-role-surveillance.html

COVID-19 Variants

- According to <u>CDCs variant tracker</u>, there are over a dozen variants currently circulating, all of which are sublineages of the omicron variant.
 - Sublineage EG.5 is the most prevalent and fastest growing, and there is some evidence this and other variants have greater immune evasion, but there is likely also waning immunity from last year's bivalent boosters.
 - The good news is there is no evidence these variants result in more severe illness. As always, the best way to protect yourself and others from the newest variants is to get the most up-to-date COVID vaccine.

Treatments for COVID-19

- Treatment is available for people who are at <u>increased risk of severe disease</u> and have developed COVID-19 <u>symptoms</u> in the last 5 days, even mild ones (such as runny nose or cough). The sooner you start treatment, the better.
- COVID-19 antivirals, can help lower the amount of virus in your body, protecting you from severe symptoms.

Treatment Pills

- <u>Paxlovid</u> (must be taken within 5 days of your first COVID-19 symptom) is an antiviral treatment pill for individuals aged 12 and older. A free telehealth service is available to help you find out if it is right for you.
- Molnupiravir (must be taken within 5 days of your first COVID-19 symptom) is an antiviral treatment pill that reduces the COVID-19 virus' ability to multiply in the body.

Injections/Infusions

• Remdesivir (must be given within 7 days of your first COVID-19 symptom) is an antiviral infusion medication administered over the course of 3 days for individuals who have mild-to-moderate COVID-19 and are at high risk for severe COVID-19.

https://www.mass.gov/info-details/treatments-for-covid-19

Treatments for COVID-19 (No Longer)

2023 Status of Monoclonal Antibodies:

- There are no monoclonal antibodies currently authorized for treatment of COVID-19.
 - On November 30, 2022, the FDA announced that <u>bebtelovimab</u> is not currently authorized for emergency use in the U.S. because it is not expected to neutralize the Omicron subvariants BQ.1 and BQ.1.1.
 - FDA previously withdrew authorization for <u>casirivimab/imdevimab (REGEN-COV)</u>, and <u>bamlanivimab/etesevimab</u> (January 24, 2022), and for <u>sotrovimab</u> (April 5, 2022) when the dominant variant was resistant to those agents.

https://www.mass.gov/info-details/information-for-providers-about-therapeutic-treatments-for-covid-19#guidance-

Updated COVID-19 Vaccine Recommendations

- For fall 2023 and winter 2024, the CDC now recommends that everyone ages 6 months and older get one updated vaccine dose.
 - **Key Takeaway for 5 and Over:** Anyone aged 5 years and over only needs one dose of the updated vaccine to be up to date even if they've never been vaccinated before!
 - You have had the updated COVID vaccine if you had a dose after September 12, 2023.
- **Wondering how to get a vaccine?** You can search for appointments at <u>vaccines.gov</u>. Local community clinics will be posted on <u>mass.gov/MobileVax</u>.
- **Got questions?** This <u>informational sheet</u> gives an overview of what has changed regarding COVID-19 vaccination, treatment, and testing—and what has stayed the same. Available in more languages soon. Updated <u>Vaccine Promotional Toolkit Materials</u> are in the works!

Infectious Disease Casework & Prioritization

- 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 COVID Isolation and Exposure guidance.
 - LBOHs are no longer required to document/chase down each individual case.
 - Staff that were previously focused on COVID-19 can assist with other infectious disease case investigation and provide support to public health nurses who are busy this season with nursing activities (vaccine clinics, migrant health activities, etc.).
 - Particularly if you are part of shared services arrangements or the COVID-19 Case Investigation & Contact Tracing Grant (RFR 223127), look to your partners or your additional staff (contact tracers, epidemiologists, health agents, etc.) to share the workload and ensure MAVEN and infectious disease coverage in your communities.

COVID-19 in MAVEN

- Summer 2023 Update: COVID-19 is no longer an "immediate" disease in MAVEN.
 - Your two COVID-19 Notification Workflows remain, however you **no longer receive emails** for new COVID-19 events.
 - How to Treat COVID-19 Events in MAVEN:
 - 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.

★ LBOH Notification for Adult (= or > 18 years) Immediate Disease (COVID only)

★ LBOH Notification for Pediatric (<18 years) Immediate Disease (COVID only)

- 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 72 hours (3 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.

COVID-19 Surveillance Nationally

- We are currently in a different place than we were earlier in the pandemic for tracking COVID-19 as we transition away from solely provider-based PCR testing and experience marked improvements in multiple different surveillance systems.
- Check out how CDC continues to <u>monitor COVID-19 After Expiration of the Public Health Emergency Declaration United States, May 11, 2023</u>.
 - The key to COVID-19 surveillance is now looking at multiple indicators to track trends, including weekly COVID-19 hospital admission levels and the percentage of all COVID-19 associated deaths.
 - Emergency department visits and percentage of positive SARS-CoV-2 laboratory test results will help detect early changes in trends.
 - Genomic surveillance will continue to help identify and monitor SARS-CoV-2 variants.

COVID-19 Surveillance in MA

- Updated COVID-19 Data Dashboard as of October 2023!
 - https://www.mass.gov/info-details/covid-19-reporting
 - An updated COVID-19 dashboard that includes information about trends in reported cases and deaths associated with COVID-19. This dashboard includes breakdowns by age, reported sex, race, Hispanic ethnicity, and geography. Although case counts do not represent all people with COVID-19 at a given time because of the prevalence of athome tests, evaluating whether the trend is increasing or decreasing can still be informative.
- Part of a larger new <u>Viral Respiratory Illness Reporting</u> homepage!
- All previously reported DPH data will continue to be available for download in the <u>COVID-19 reports archive</u>.



Viral Respiratory Illness Reporting

- New dashboards and data here: www.mass.gov/RespDiseaseData
 - Centralized location for all respiratory disease reporting
 - Includes acute respiratory disease, COVID-19, flu, and RSV
 - Expanded data
 - Standardized data sets for easy comparison
 - More sustainable reporting model
- Released on 10/5/2023 and updated weekly
- More additions to come!



Massachusetts Department of Public Health

Respiratory Illness Immunization Resources for LBOHs

10/10/2023

Data Assessment Unit
MDPH Immunization Division

Recommended 2023-24 Seasonal Vaccines

COVID-19

- As of 9/12/2023 the bivalent COVID-19 boosters are no longer authorized for use
- Recommended COVID-19 vaccines include the updated Pfizer-BioNTech and Moderna COVID-19 vaccines and Novavax
- Previously unvaccinated children between the ages of 6 months-4 years require 2-3 doses to be considered upto-date
- Vaccine included in the VFC program for individuals under the age of 19

Influenza

- Seasonal influenza vaccine recommended for all individuals 6 months and older
- Children between the ages of 6 months and 8 years who are receiving a seasonal flu vaccine for the first time require two doses for optimal protection
- Vaccine included in the VFC program for individuals under the age of 19

Recommended 2023-24 Seasonal Vaccines cont'd

RSV

- Two different RSV vaccines are available for adults 60 years and older through shared decision making with health care providers
- One of these, Abrysvo, is also approved for use in pregnant people during weeks 32-36 of pregnancy
- RSV monoclonal antibody treatment Beyfortus (nirsevimab) has been approved for use in children under the age of 8 months
 - Children at increased risk for severe RSV can receive this treatment up through 19 months of age
 - Beyfortus (nirsevimab) is covered under both the VFC Program and the Massachusetts State Vaccine Program
 - Orders can be placed through the state as of 10/2/2023

Respiratory Illness Season and the MIIS

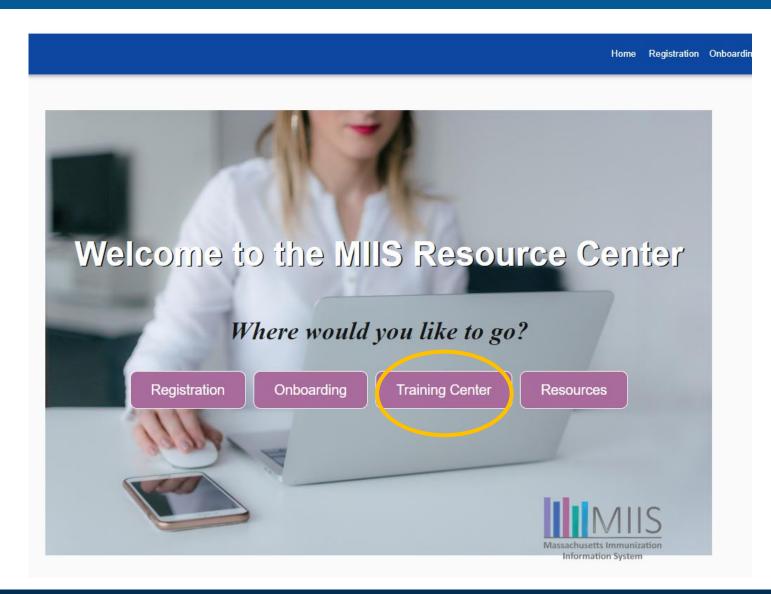
During respiratory illness season, MIIS can be a helpful resource to LBOHs:

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

Inviting New Users to Register with MIIS

- Per State Legislation, <u>M.G.L. Chapter 111, Section 24M</u>, 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 millishelpdesk@mass.gov

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







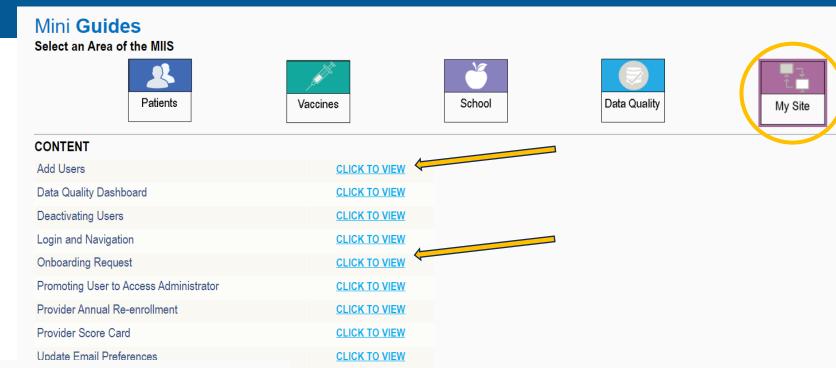






Adding User, Onboarding Requests, Coverage Reports, and

More



Mini Guides

Select an Area of the MIIS





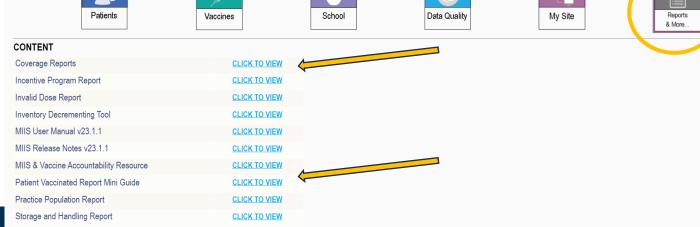












MIIS Reports and Patient-Level Records

Patients vaccinated report:

- Linelist of patient vaccination events reported by the site
- Can be limited by patient characteristics
- COMING SOON: 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
 - COMING SOON:
 - Flu coverage report
 - Childhood coverage report jurisdiction-level access
 - Adolescent coverage report jurisdiction-level access
- 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

Assessment Date: 05/17/2023

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

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%

Upcoming: Respiratory Immunization Dashboard

New MDPH respiratory illness dashboard live as of 10/6/2023.

Current immunization data available:

- Statewide flu vaccination data
- Statewide COVID-19 vaccination data
- Statewide RSV vaccination and treatment data

Upcoming immunization data:

- Municipality level COVID-19, RSV, and influenza vaccination data
- Interactive data visualization

