MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

October 11, 2022

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Topics Today

- COVID-19 Long Term Care Updates- Melissa Cumming
- Ebola Situational Update: Traveler Monitoring
- Universal Tips and Resources
  - Translation Services
  - MIIS & Vaccine Questions
  - Tips for Contacting Providers & Patients
  - Lost to Follow-Up
- Disease-Specific Top Reminders
  - Epidemiology & Surveillance Overview
  - Foodborne & Enteric (Gastrointestinal (GI)) Disease
  - Tickborne Disease
  - Hepatitis A
  - Hepatitis C
  - Pertussis (Whooping Cough)
  - Monkeypox
  - COVID-19
- MAVEN Topics and Review – More to Come Jan 2023!
Ebola Outbreak in Uganda

Situational Update

- On September 20, 2022, the Ministry of Health of Uganda officially declared an outbreak of EVD due to Sudan virus (species *Sudan ebolavirus*) in Mubende District, Central Uganda.

- As of October 6, 2022, a total of 44 confirmed cases, 10 confirmed deaths, and 20 probable deaths of EVD have been identified in Uganda.

- Cases have been reported from five districts (Mubende, Kyegegwa, Kassanda, Kagadi, and Bunyangabu). Please note – no cases from the capital, Kampala.

- **To date, no suspected, probable, or confirmed cases of Ebola have been reported in the United States and the risk of Ebola domestically is low.**

- The current outbreak is caused by the Sudan strain of Ebola virus, which differs from the Zaire strain that caused the Ebola outbreak in West Africa in 2014-2016. There is no specific treatment.
Airport Screening

• Beginning the week of October 10, the U.S. government will funnel U.S.-bound air travelers from Uganda through five U.S. airports:
  • JFK International Airport,
  • Washington-Dulles,
  • Newark,
  • Chicago-O’Hare, and
  • Atlanta

• Airlines will collect and transmit passenger information to CDC for public health follow up for all passengers boarding a flight to the U.S. who were in Uganda within the previous 21 days.

• CDC will share the contact information with U.S. state and local health departments to follow-up with arrivals in their jurisdiction.
Ebola Transmission

• Ebola spreads through direct contact with blood or body fluids (saliva, semen, sweat, feces, vomit, and others) of a person who is sick with or has died from Ebola.

• Ebola poses little risk to travelers or the general public who have not cared for or been in close contact (within 3 feet or 1 meter) with someone sick with Ebola.
LBOH: Monitoring of Travelers

- MDPH Epidemiologists will be making contact events in MAVEN for travelers returning from Uganda

- MDPH Epis will be reaching out to LBOHs for assistance with monitoring travelers.

- LBOHs will conduct an initial risk assessment to see if traveler had a high-risk exposure and establish check-ins with travelers.
Monitoring Details

- Most travelers to MA should fall in the “Present in Outbreak Country but not Designated Outbreak Area” category.

- Healthcare workers or emergency worker returning from Uganda will likely be monitored by their organization.

- Please stay tuned for more guidance and updates from MDPH.

Table. Summary of Post-arrival Management Recommendations for Asymptomatic Travelers by Exposure Category

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Reported High-risk Exposure</th>
<th>Present in Designated Outbreak Area</th>
<th>Present in Outbreak Country but not Designated Outbreak Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Risk Assessment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Health education</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Symptom monitoring</td>
<td>Daily</td>
<td>At least twice weekly until 21 days after departure from Uganda</td>
<td>At least weekly until 21 days after departure from Uganda</td>
</tr>
<tr>
<td>Movement restrictions</td>
<td>Quarantine</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Travel</td>
<td>Not permitted</td>
<td>Advance notification to health department and coordination with destination health department</td>
<td>Advance notification to health department and coordination with destination health department</td>
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</tbody>
</table>
Exposures & Symptoms

• **High Risk Exposure:**
  - Percutaneous, mucous membrane, or skin contact with blood or body fluids of a person with known or suspected EVD
  - Direct contact with person who has known or suspected EVD
  - Providing health care to a patient with known or suspected EVD without use of recommended personal protective equipment, or there was a breach in PPE leading to potential exposure of blood or body fluids.
  - Direct contact with or breach in infection control precautions while handling a dead body in an Ebola outbreak area, the body of a person who died of EVD or had an illness compatible with EVD, or who died of unknown cause after any potential exposure to Ebola virus
  - Living in the same household as a person with symptomatic known or suspected EVD

• **Symptoms:**
  - Fever (100.4°F/38°C or higher) or feeling febrile
  - Headache or body aches
  - Weakness or tiredness
  - Sore throat
  - Diarrhea
  - Vomiting
  - Stomach pain
  - Unexplained bleeding or bruising

If your traveler experiences any of these symptoms, please call the MDPH assigned Epidemiologist or our 24/7 hotline – 617-983-6800.

Resources

• Overview of Ebola Outbreak:  
• CDC’s Ebola website:  https://www.cdc.gov/vhf/ebola/
• CDC’s Health Alert Network advisory for healthcare providers:  
  https://emergency.cdc.gov/han/2022/han00477.asp
• CDC’s Interim Guidance on Risk Assessment and Management of Persons with Potential Ebola Virus Exposure:  
• Ebola Recommendations for Organizations that send emergency workers or healthcare personnel to Uganda:  
MDPH Conducts Infectious Disease Tools for LBOH Webinars Every Other Week

Upcoming Topics! Register Now!

<table>
<thead>
<tr>
<th>All Registrations!</th>
<th><a href="https://maven-webinars.constantcontact.com/">https://maven-webinars.constantcontact.com/</a></th>
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<tbody>
<tr>
<td>25-Oct-22</td>
<td>Introduction to Influenza Surveillance</td>
</tr>
<tr>
<td>8-Nov-22</td>
<td>Group A Strep (GAS) Case Investigations: Acute Care, Long-term Care and Beyond</td>
</tr>
<tr>
<td>6-Dec-22</td>
<td>Introduction to Mumps Case Investigations</td>
</tr>
<tr>
<td>20-Dec-22</td>
<td>Introduction to Routine Vaccine Preventable Disease (VPD) Case Investigations</td>
</tr>
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</table>

*No Webinars 11/22/22 or 1/3/23

Reminder: Each webinar begins with updates and timely topics prior to the featured disease training, so make sure to register each session to stay current!

MAVEN Help has Guidance Documents and Previous Webinars:


• MDPH presents Every Other Week on Tuesdays 11:00-12:30
  • Updates in Guidance.
  • Troubleshooting MAVEN.
  • How to conduct case investigations and contact tracing in different settings.
  • Target Audience: Health Agents, Epis, Contact Tracers, and Public Health Nurses doing this work.

MDPH Epi Program: 617-983-6800
MDPH MAVEN Help Desk: MavenHelp@mass.gov
MAVEN Onboarding: MavenTraining@mass.gov
MDPH MAVEN Help Desk: 617-983-6801
MDPH MAVEN Fax: 617-983-6813

Next Webinar: Tuesday, October 25, 2022
Translation Services

- The following telephone interpreter services are available for assistance in infectious disease case investigations beginning July 1, 2022.

- Please note, the Vendor for this service is LanguageLine Solutions®.
- The phone number & access code for this service are as follows:
  - DIAL: 866-874-3972
  - PROVIDE: 684959

- This new vendor is ONLY for telephonic language interpreter services. LBOH should not utilize this contract/code for things like document translation or other activities.

- Under this new process, LBOH can access this service with the access code above, and you do not need to submit invoices to MDPH.
Vaccination Records

• The Massachusetts Immunization Information System (MIIS), also called an immunization registry, is a confidential, web-based system that collects and stores vaccination (shot) records for people of all ages vaccinated in Massachusetts.

• If you are doing case investigation, data completion, data cleaning, or school vaccine requirements, for your jurisdiction, you should have access to this system.

• Please check MIIS for Vaccine Data on your case/contact. You will likely find a match more readily than the computer.

• You can review the onboarding process here:
  • https://www.miisresourcecenter.com/pages/ResourceCenterRegistration
  • https://www.miisresourcecenter.com/pages/ResourceCenterTrainingCenter
Just because vaccine info is NOT in the MIIS, that does not mean a person has not received those vaccines.

Many provider sites may have onboarded “prospectively” at a particular date so that all new vaccines administered will be reported to MIIS, but retrospective data upload is a secondary process and not all sites have done so.

- Ex. If a child was 3 years old when her pediatrician’s office onboarded to MIIS, all new shots the child received may be in MIIS, but her birth to 3yrs old shots may be missing. MIIS may show her as overdue, but she may be up to date.

- If a person moved from out of state, they may not have their records in MIIS. Their provider will need to enter previous vaccines as “historical shots” for them to appear.

- Many providers have onboarded as part of the COVID-19 vaccine administration campaign, but patients who had historical vaccines administered by multiple providers may not have all vaccines in their MIIS record.

- Name spellings & address changes can contribute to multiple records for one person with different components of their vaccination history. (If you identify this, it can be fixed by deduplication/merging records.)

MIIS is ONE TOOL for looking for vaccine history, but you should additionally confirm vaccine information with the provider office and even with the patient themselves.

MIIS & MAVEN speak to each other and check for vaccines for COVID-19 cases ONLY. Other disease events require a manual check in MIIS by an investigator.
Documenting Vaccination Among Cases

• If you do not find a vaccine in the MIIS, but were never able to confirm vaccination status with the patient or provider, select:
  • Vaccination history unknown

• If you confirm they have NOT been vaccinated, select:
  • No vaccine administered

NOT VACCINATED is just as important to be SURE to document (Select No Vaccine Administered). Otherwise we don’t know if the person is not vaccinated or just never was asked.
CDC Vaccine Schedule Trainings

CDC Immunization Education and Training Home Page

- CDC offers numerous education and training programs for healthcare personnel. A variety of topics and formats are available. All are based on vaccine recommendations made by the Advisory Committee on Immunization Practice (ACIP).
- Physicians, nurses, health educators, pharmacists, and other healthcare professionals are invited to apply for continuing education credits/contact hours, when available.
- You Call the Shots is an interactive, web-based immunization training course. It consists of a series of modules that discuss vaccine-preventable diseases and explain the latest recommendations for vaccine use. Each module provides learning opportunities, self-test practice questions, reference and resource materials, and an extensive glossary.
- The Pink Book Webinar Series. The Epidemiology and Prevention of Vaccine-Preventable Diseases, a.k.a. the “Pink Book,” provides physicians, nurses, nurse practitioners, physician assistants, pharmacists, and other healthcare professionals with the most comprehensive information on routinely used vaccines and the diseases they prevent.
Top Vaccine Schedule Resources

Massachusetts School Immunization Requirements

• School requirements per grade in Massachusetts.
• Wording and footnotes help determine if a child is up to date.

Immunize.org (Formerly Immunization Action Coalition) Ask the Experts page

• Answers to more than a thousand timely questions about vaccines and their administration.
• What to do in different situations.

Best Places to answer my vaccine-related question for a particular scenario?
4-Day Vaccine Grace Period

What is the 4 Day Vaccine Grace Period?

- ACIP allows a grace period of 4 days (i.e., vaccine doses administered up to 4 days before the recommended minimum interval or age can be counted as valid).

- The 4-day "grace period" should not be used when scheduling future vaccination visits, and should not be applied to the 28-day interval between live parenteral vaccines not administered at the same visit. It should be used primarily when reviewing vaccination records (for example, when evaluating a vaccination record prior to entry to daycare or school).

Calculating Grace Periods

<table>
<thead>
<tr>
<th>Example</th>
<th>Day -6</th>
<th>Day -5</th>
<th>Day -4</th>
<th>Day -3</th>
<th>Day -2</th>
<th>Day -1</th>
<th>Day 0</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
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Invalid | Grace Period | Min Interval Age
Investigating New Events in MAVEN

- SOME diseases require notification to MDPH if a provider even suspects and wants to test. In these situations, we often collect case information up front and populate MAVEN event with full demographics, symptoms, risk history, etc. manually when the provider calls.

- MOST diseases are reported electronically to MAVEN AFTER a specimen is resulted. This initial report will generate the event even with minimal variables completed. As a result, there could be minimal initial demographic and clinical information in a newly created disease event.
  - This is routine for many reportable diseases in MAVEN.
  - The first step in case investigation should be to call the ordering provider to obtain as much clinical, risk, and demographic information as is available.
    - Try Lab Tab.
      - Call the Lab itself and ask for ordering provider contact info.
    - Try the Infection Preventionist at a Facility
    - Try the Nursing Backline at a Facility
  
- Even if the case is Lost to Follow-up, you should be able to obtain a decent amount of information from calling the provider office that saw the patient. There was a reason they tested. There should be clinical information, risk history, etc. available.
Universal Steps to Beginning Most Investigations

• In most investigations, calling the patient themselves should not be the first action.

  • In fact, many investigations may not need a call to the patient if relevant data can be collected from the ordering provider site.

  • A need to contact the patient will depend on the specific disease, if you could obtain all the “Case Report Form” (CRF) information elsewhere, and if there are control measures that are needed (which can include following up to ensure proper isolation and potential notifications to contacts).

• What if I don’t see a number for the provider or the case’s phone number is incorrect?

  • You may need to Google a better number for a provider. (The number in the lab tab may just be the parent laboratory that processed the specimen.)

  • These problems can often be solved by a little detective (Epi!) work.
Prior to Contacting Case-Patient

• Familiarize yourself with the disease
  • Incubation period, symptoms, high risk foods, prevention
    • Resource: Guide to Surveillance
  • Is there a MAVEN Tip Sheet to assist with follow-up? Previous webinar?
• Food handler exclusion requirements (for case & household contacts)
  • Resource: Summary of 105 CMR 300

• Review demographic and laboratory information
  • Age, race, address
  • Specimen source, pathogen identified

<table>
<thead>
<tr>
<th>Lab No.</th>
<th>Specimen Date</th>
<th>Specimen Number</th>
<th>Specimen Source</th>
<th>Test</th>
<th>Result</th>
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<tr>
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<td>05/10/2022</td>
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<td>Stool</td>
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<td></td>
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<td>Microorganism</td>
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<td>Nom. Culture</td>
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<td>Salmonella</td>
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<td>Quest Diagnostics - 200 For...</td>
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</table>
Prior to Contacting Case-Patient

- Review the Question Packages
- **Note:** Document as much as possible in the MAVEN question package (QP) variables. The notes section of MAVEN is for tracking interview progress, case management, and for any information that does **not** fit in the question packages.
  - If a variable (Question) for your data exists, put it there. If it doesn’t make it to the variable, we won’t see it when we do data analysis or for reporting.
Contacting the Ordering Provider

- Ordering provider information is in the “Labs” tab
  - Double click on a lab result to open it, scroll down to “Ordering Provider”
  - If provider’s address is a hospital then call the hospital’s Infection Preventionist
    - Resource: Infection Preventionist Contact List in Maven Help under “Infection Preventionist Resources”

Again, if you are hitting a dead end with a provider number, you may need to GOOGLE or ask the lab.
Contacting the Ordering Provider

- Ask to speak to a nurse or doctor who can provide additional clinical information regarding the positive lab result that was reported to you
  - Resource: [HIPAA memo for LBOHs](#) in Maven Help under “HIPAA Documents”
- Ask doctor or nurse all missing demographic (i.e., occupation, race, etc.) questions, as well as any clinical questions and relevant vaccine history.
- Ask if the case-patient recently traveled or there were any exposures of note
- Ask if the case-patient has been informed of their diagnosis
- Confirm the case-patient’s contact information. Update MAVEN event with additional phone numbers or corrections to existing information.
- Make sure information collected is appropriately documented in the Demographic, Clinical and Risk/Exposure/Control & Prevention Question Packages
Sample Scripts - Calling Providers

• Speak with Confidence.

• Confirm and/or ask for backup contact info.

• “Why was the patient tested?”

• Don’t forget to obtain race/Hispanic status/occupation or school, etc.

Example Call Script

“Hi, my name is ____ I am calling from the local health department. I’d like to speak with the doctor or nurse who worked with patient [provide name and DOB].

[Once transferred to the nurse/doctor] We received a report of a case you treated as being positive for Babesiosis. In order to determine if this is a true case I need to collect clinical information.”

[allow them to ask questions, navigate to the medical notes]

“All I need are the symptoms they presented with, and any risk information you collected, particularly if they mentioned tick bites, any travel (if so, where), and any mention of recent blood transfusions.”

Sample from Tickborne Investigation Training on MAVEN Help.
Contacting the Case Patient

Q. How many times should you try to contact a case or contact prior to selecting “lost to follow-up?”

A. General rule of thumb that we use as Epidemiologists is THREE attempts. We usually vary it across different times to try to get in touch with the case.

- Try texting.
- Try calling at different times. Calling at least once after 5pm might help if the individual works a typical 9-5 job.
- Check Number. Did you confirm you have the correct number or if there is an alternative number/emergency number from the ordering provider?
  - You can likely complete a LARGE amount of the required data fields after speaking with the provider.
- Mail a letter via U.S. post.

If you completed the interview but the case never returned your final call at the end of isolation, or if you successfully notified a contact but then lost touch with them on your additional assessment calls, that is not Lost to Follow-up.
Troubleshooting with Cases

• **MISSING CONTACT INFORMATION:** The data in the event is only as good as what the lab reported electronically. You may need more information in order to contact the case.
  • Call ordering facility
    • Get Emergency Contact Info
  • Check MIIS
  • Check other Town Information Sources
  • Mail letter to address if no phone.
Lost to Follow-up Summarized

• **When is someone Lost to Follow-Up?**
  • Your health department may have guidance on this effort.
  • Try calling minimum 3 times. At least once try texting. Try different times of day.
  • Try an emergency contact number.
  • Snail Mail a letter to their street address.

• **What MAVEN steps do we take if someone is Lost to Follow-up?**
  • Make sure to enter any data you do know. Whatever you were able to determine, even if you didn’t actually interview the patient (so if a provider gave you info, etc.) you can enter that.
  • In the Admin QP under
    • **Step 4 - Case Report Form Completed:** Mark NO.
    • Then in the drop down reason, select lost to follow-up.
Refusals to Disclose Contacts

Q. If a case being interviewed refuses to disclose contact information on their contacts, is this lost to follow-up?

A. Not necessarily. If the patient completely refuses to be interviewed, you can mark Case Report Form Completed = No. Reason= Lost to follow-up.

If patient talks to you and gives you some information, but doesn’t disclose contacts, you can complete the variables as best you can and mark Case Report Form Completed = Yes.
Interviewing Case-Patient: Demographic Question Package

• Introduce yourself and explain why you are calling, what you will use info for, and who has access to the info
• Try to conduct interview during first contact, but if necessary, schedule a time and date for interview
• Complete missing demographic fields including occupation, employer information, and race/ethnicity
• Enter all information into the appropriate fields in the Demographic Question Package
Sample Scripts – Calling the Patient

• CDC provides a great template for a sample interview. It is framed for COVID-19, but could be altered for any reportable disease requiring a patient interview. This provides the reason for the call and outlines the goals of both stopping the spread and also ensuring the patient has all the information and resources they need.

• There are lots of tips and tricks for interviewing patients online. MDPH is working on some additional trainings for successful interviews around risk factors such as sexual history and drug use as well. Stay tuned for more this winter!
Contact Monitoring Question Package

- **Contact Monitoring** (For contacts to track their exposure dates and monitoring period)

- Other Question Packages may apply for a CONTACT (vaccine, demographic, etc.), however the CONTACT MONITORING Question Package is only for Contact Events.
Contact Monitoring Question Package

- Be sure to complete key variables for Contacts to the best of your ability.
- Exposure Date is critical.
- Some questions in the Contact Monitoring Question Package vary across disease events, but EXPOSURE DATE is always critical for contacts.
Disease-Specific Reminders & Tips

• Reminder that you can access previous webinars and tools and tip sheets on MAVEN Help.

• Let’s highlight some key trainings from the past few months.

Introduction to Infectious Disease Epidemiology for Local Health (Beyond COVID-19) Parts 1 & 2

- Two-part introductory series on the core components of infectious disease epidemiology in Massachusetts!

- Topics Include:
  - Reporting Requirements,
  - Surveillance,
  - Case Investigation Resources, and
  - The importance of Shoe-Leather Epidemiology in identifying and investigating cases and outbreaks in your local community.

- This Training lays the foundation for additional disease-specific trainings.

- Part 1: Surveillance Slides & Recording

- Part 2: Epidemiology Slides & Recording

- These trainings are appropriate for new and existing local health staff and board members wishing to understand the core components of our work in MA as we respond to additional reportable infectious diseases (beyond COVID-19).

This is a great first stop for new and onboarding staff.
Foodborne and Enteric (Gastrointestinal Disease)

- On MAVEN Help: [Food Handler Restriction Tip Sheet](#)
- Summarizes and provides more practical guidance for implementing MDPH regulations on food handler exclusion outlined in 105 CMR 300 and 105 CMR 590 (Food Code):
  - Regulatory Authority of Local Boards of Health
  - Case-Patient Notification
  - Meeting Clearance Criteria
  - Employer Notification
  - Documentation of Clearance
Foodborne and Enteric (Gastrointestinal Disease)

- Cases often feel they “KNOW” the food that made them ill, but results can surprise you.
  - Remember to complete food history questions thoroughly, even if the person "knows" what made them ill, and to put the information IN the risk QP (and not the general notes).
Follow up for Suspect Cases of Tickborne Disease

• Follow-up Tip Sheet is available to help you with different Tickborne Diseases.


Introduction to Tickborne Disease Case Investigations

Erin Mann, MPH, Epidemiologist
Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
Division of Epidemiology
June 2022
Hepatitis A: Follow-Up Involves Determining If It Is A True Case

Goals of Follow-Up

- Determine if it’s a true case
  - Call Infection Preventionist or Provider
    - Do not call the case first – they may not be aware of diagnosis or this may not be a true case of HAV
- Collect clinical information
  - Symptoms and liver function tests: looking for ALT >200 or Bilirubin ≥3.0
  - If clinical picture isn’t what you expect to see in an acute infection, then ask:
    - What was the reason for testing?
      - Red flag would be them saying “we were just running a routine blood panel” or “it’s a new patient so we ran routine blood work”
    - Vaccination status/recently vaccinated?
    - Previous infection with HAV/recently recovered?
    - Look for Epi link: recently identified as a close contact, or other relevant risk history (e.g. international travel)?
    - Diagnosed with any other hepatitis infection? (could be causing cross-reactivity on tests)
- Identify close contacts to recommend PEP, and identify any foodhandlers with HAV to restrict them from work
Hepatitis A: Follow-Up Involves Determining If It Is A True Case

- The provider makes the final call and we do need this decision promptly because if they diagnose it as a true case, we must begin recommending post-exposure prophylaxis (PEP) as soon as possible.

- Be aware that sometimes a provider will just call it a true case “out of abundance of caution” from a public health standpoint, but we can and should help guide them to the appropriate decision.

- An example template memo to give to providers to explain false positives can be found in MAVEN Help.
Hepatitis A: Follow-Up to Find the Source

Case Interview

- Follow the MAVEN question packages to collect information
- If the case did not travel internationally during the incubation period and does not have a known contact with HAV, or any other typical risk, then proceed to complete the "HAV Supplemental Questionnaire" to assess food exposures (an Epidemiologist should have already linked this case to the supplemental questionnaire – 102970544- to populate this question package)
Rising hepatitis C mortality in the US

19,368 deaths avg. increase of 865 deaths/yr

Other includes:
- HIV
- Malaria
- Tuberculosis
- Meningococcal disease
- Arboviral diseases
- ... and 50 others

Why investigate acute HCV infections?

- Obtain accurate and meaningful data to inform resource allocation and policies
- Prevent additional cases
- Improve outcomes
- Identify clusters
Prepare/Conduct Hepatitis C Case Interviews

1. Contact ordering provider(s) to verify diagnosis and confirm that the case is aware of diagnosis.

2. Go through labs with provider to ensure all labs have been received.

3. Complete Clinical Question Package with provider and risk history.

4. If you are missing risk history, contact the case directly.

5. You should try at least three times (different times of day) and if that is unsuccessful, complete the question Packages in MAVEN with as much info as you have gathered and indicate that the case is lost to follow-up (Admin QP).
   - If case is not answering phone, try sending a text message.

6. When investigation is complete, in Admin QP, mark “Acute-HCV Investigation Status” as “Complete.”
Helpful Tips!

- Wizards: “Acute Hepatitis C Case Report Form Wizard”
Controlling Pertussis (Whooping Cough): Main Points

• Broad-based use of post-exposure prophylaxis (PEP) is not recommended.

• The focus is on early identification and treatment of high suspect cases.

• The focus of PEP is on those close contacts at high risk of severe disease, and those who could transmit to others who are at high risk of severe disease.
LBOHs and Pertussis Investigations

- **Investigating the Case**
  - Ensure appropriate treatment
  - Help determine if the case needs to be excluded from work or school and for how long
  - Complete data collection in MAVEN
    - Ensure Demographic Question Package is completed for key variables (race, ethnicity, etc.)

- **Identifying “close contacts”**
  - Make recommendations for immunization, treatment, and/or exclusion from work/school as needed.

- **MDPH Epidemiologists can help with any of these and supplying template letters as needed.**
  - Questions/Guidance for follow-up.
  - Sample Letters/Alerts
  - Reporting
Updates to mass.gov/monkeypox

- MDPH has enhanced the state webpage for monkeypox to now cover numerous MA-specific resources and information. Features of note:

  - **Monkeypox VACCINATION resources.**
    - Who, Where, How to obtain vaccine.

  - **Monkeypox Information for Providers**
    - Clinical Guidance, Specimen Collection, Treatment, etc.

  - **NEW! Multilingual Monkeypox Materials**
    - Resources related to monkeypox in multiple languages.

  - **NEW! Monkeypox Data Reporting**
    - Weekly report on MA Monkeypox Cases and Vaccination Data
Monkeypox Cases in MA

Epidemic Curve of Monkeypox Cases by Test Date and 7-Day Average (N= 409)

Data as of 10/06/22 and subject to change.
MDPH Resources for You

- **MDPH Division of Epidemiology**: 617-983-6800
- **MDPH Division of Surveillance, Analytics, and Informatics (DSAI)**:
  - MAVEN Help Desk: MavenHelp@mass.gov
  - MAVEN Onboarding: MavenTraining@mass.gov
  - MDPH MAVEN Help Desk: 617-983-6801
  - MDPH MAVEN Fax: 617-983-6813
- **MAVEN Help** has Guidance Documents, the Case Classification Manual, and Previous Webinars:
- **MDPH Guide to Surveillance, Reporting, and Control: Disease-Specific Chapters**:
- **The Massachusetts Immunization Information System (MIIS) Onboarding and Resources**:
  - https://www.miisresourcetcenter.com/
## Updates COVID-19 Guidance

- Summary Table based upon updates from CDC (8/11/22) & MA (8/15/22) Isolation and Exposure Guidance.

<table>
<thead>
<tr>
<th>General Population</th>
<th>School &amp; Childcare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Isolation for Cases</strong></td>
<td><strong>Isolate 5 Days</strong>&lt;br&gt;<strong>Masking Days 6-10</strong>&lt;br&gt;<strong>To End Masking Early:</strong>&lt;br&gt;• 2 Negative Tests to end masking in Day 6-10.&lt;br&gt;• Start testing <strong>Day 6</strong>&lt;br&gt;<strong>No Testing/Refuse Masking?</strong>&lt;br&gt;• Isolate 10 days</td>
</tr>
<tr>
<td><strong>Exposed Contacts</strong></td>
<td><strong>Must Mask 10 Days</strong>&lt;br&gt;<strong>Get Tested Day 6 or Later</strong>&lt;br&gt;<strong>No Guidance for Ending Masking Early.</strong>&lt;br&gt;• Must Mask Whole 10 Days if you CAN mask.</td>
</tr>
</tbody>
</table>
COVID-19 Submitted Questions

- **Q.** Is Massachusetts suggesting the PHNs continue to follow up on Covid cases?
  
  - **A.** At this time, MA is not recommending universal case investigation and contact tracing, which is in alignment with CDC’s updated guidance for COVID-19. Local jurisdictions can identify subsets of COVID-19 cases for investigation based upon local priorities. This may include assistance with large outbreaks and providing recommendations for control and mitigation in certain settings.
Q. Can you go over masking duration for household contacts?

- A. 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.

- Remember, updated COVID-19 Guidance revolves around reducing risk and likelihood of exposure, but we have fewer hard and fast rules now on what is or is not an exposure. Certainly household contacts are at increased risk of becoming cases as well based upon the level of isolation the case is able to practice.

- There is an element of personal responsibility for these household cases to determine a reasonable path forward that reduces the risk towards others.
COVID-19 Household Exposures

- Masking duration and testing for exposed contacts is based upon date of LAST exposure – that gets a little tricky with repeated household exposure, but the “Final” 10 days of masking would start after the LAST exposure.
  - The household contact should start masking around others and be very conscious of potential symptoms.
    - They should test immediately upon any symptoms developing. They should continue to regularly test based upon what makes sense for them and their exposure/risk/outside activities.
  - Masking should continue for 10 days after their last exposure when around others outside of the home.