



Massachusetts Department of Public Health

MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

Respiratory Illness Season 2025-2026

October 14, 2025

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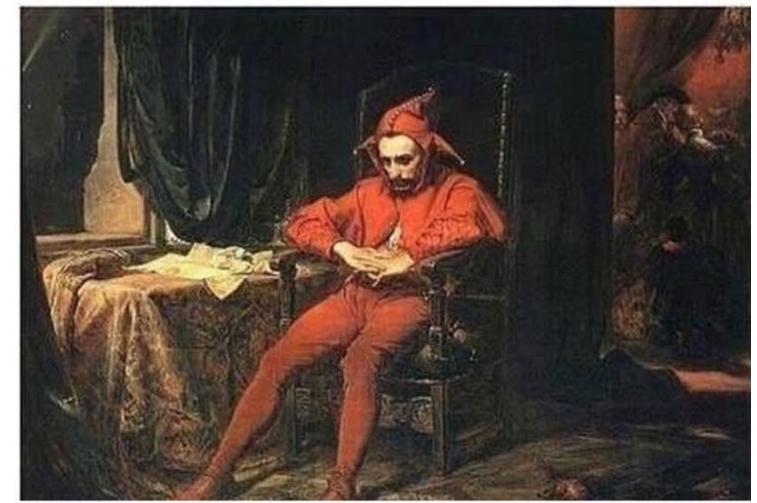
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Senior Surveillance Research Analyst, MAVEN Training Team

October 14, 2025

- **Respiratory Illness Season Overview**
 - Highlights and Updates for 2025-2026
 - Seasonal Vaccine Recommendations & Resources
 - **Hillary Johnson**, MHS, Division of Epidemiology
- **Respiratory Dashboards**
 - **Andrew Tibbs**, MPH, Office of the State Epidemiologist and Scientific Support
- **Respiratory Illness Immunization Resources for LBOH (MIIS, etc.)**
 - **Joshua Norville**, MPH, Data Assessment Unit (DAU)
- **Respiratory Illness Season Follow-Up Overview for LBOH**
 - Influenza, COVID-19, RSV, *Haemophilus influenzae* (HI), *Streptococcus pneumoniae* (*Strep pneumo*), and Pertussis
 - **Joyce Cohen**, MPH, Division of Epidemiology
 - **Mia Haddad**, MPH, Division of Epidemiology

When your nose is stuffed and you just sit there and think about the time when it wasn't stuffed and how you took breathing freely for granted



Infectious Disease Tools for LBOH Webinar Schedule!

2025 Upcoming Schedule!

All Registrations:	http://tinyurl.com/MAVEN-Webinars
2 nd Tues 10/14/25	25-26 Respiratory Illness Season
4 th Tues 10/28/25	4 th Tuesday Office Hours
	<i>November Webinar Break</i>
4 th Tues 11/25/25	<i>Special Session - Local Health Internship Program</i>
2 nd Tues 12/9/25	MAVEN Refresher
4 th Tues	<i>No December Office Hours</i>
2026	More Webinars to Come!

WEBINAR REGISTRATION PAGE:
<http://tinyurl.com/MAVEN-Webinars>

- You help us identify topics, needs, & content!
- Be sure to send ideas, requests, and questions to Hillary and Scott!

MAVEN Help has Guidance Documents and Previous Webinars:

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



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

**Next Office Hours
Tuesday, Oct 28, 2025 @11:00!**

Updates - A quick recap for October 14, 2025

September 9, 2025:

- **Quick Update on Vaccines this Fall**
- **Featured Presentation: BIG changes to foodborne illness complaint reporting!**
 - Johanna Vostok, MPH, Epidemiologist, Foodborne & Waterborne Illness Coordinator, MDPH Division of Epidemiology
 - Nichol Smith, MS, Outbreak and Response Coordinator Supervisor, MDPH Division of Food Protection
 - Geena Chiumento, MPH, Epidemiologist, Foodborne & Waterborne Illness Coordinator, MDPH Division of Epidemiology



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>



Massachusetts Department of Public Health

Respiratory Illness Season Overview for LBOHs

10/14/2025

Hillary Johnson, MHS
Senior Epidemiology Advisor to Local Health,
Division of Epidemiology

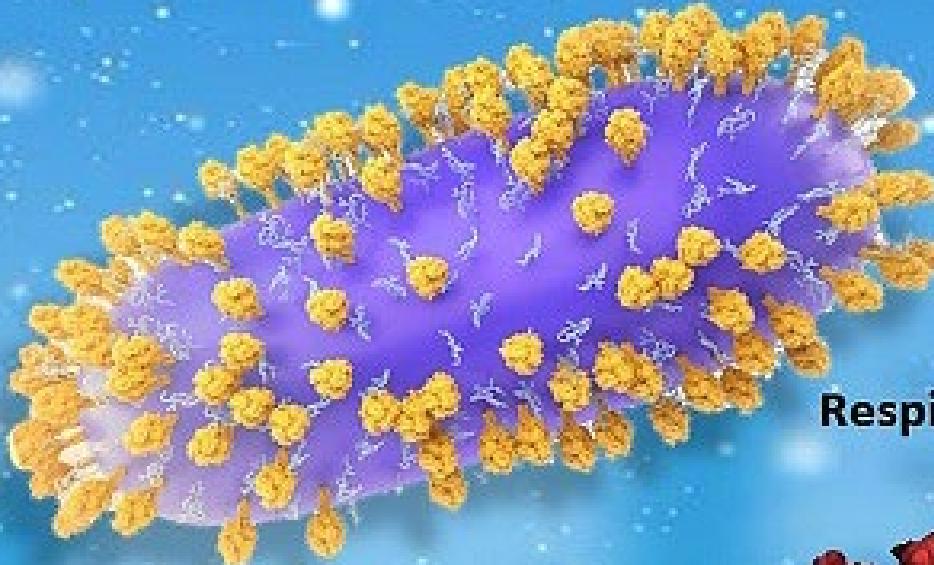
What is Respiratory Illness Season?

- Respiratory season is the time of year when we can expect to see the most respiratory infections. It typically starts around November, peaks in January or February and ends in late March or early April.
- Contributors:
 - Temperatures dropping. (Many RNA viruses degrade in heat.)
 - More time indoors.
 - Back to school & daycare.
- Of course, you can get a respiratory illness in any season of the year!

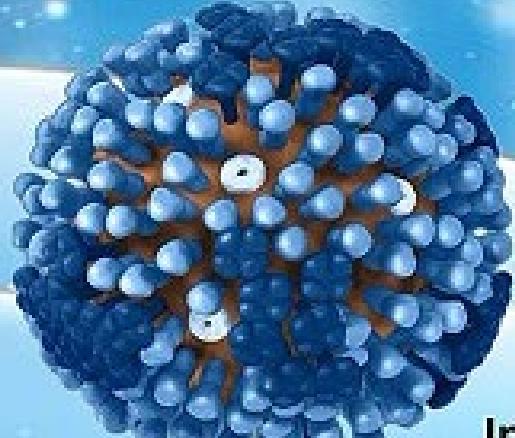
Most Common Viral Pathogens We See in Winter



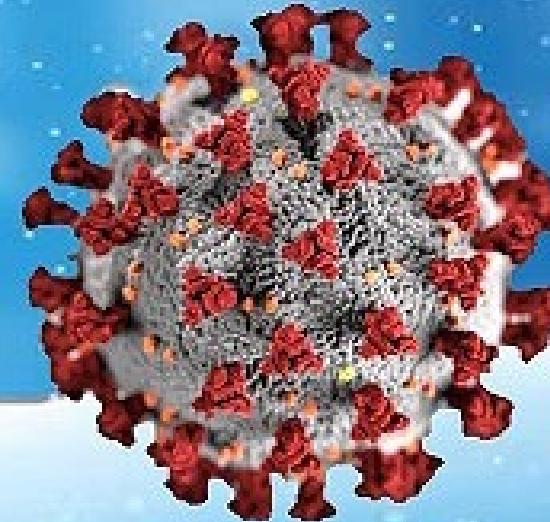
Rhinovirus (Common Cold)



Respiratory Syncytial Virus (RSV)



Influenza



SARS-CoV-2 (COVID-19)



Respiratory Illness Surveillance

- CDC and many States focus their respiratory illness surveillance around COVID-19, Influenza, and RSV (with additional information about respiratory illnesses showing unusual trends that have recently gotten attention in the news or are showing signs of increased activity).



The screenshot shows the CDC Respiratory Illnesses Data Channel homepage. The top navigation bar features the CDC logo and the text "Respiratory Illnesses" and "EXPLORE THIS TOPIC". Below the header, a section titled "Respiratory Illnesses Data Channel" is displayed, with a note that the site is updated on Fridays. A "For Everyone" badge indicates the content is suitable for all audiences, dated Sept. 19, 2025. A "WHAT TO KNOW" section lists the following points:

- As of September 19, 2025, the amount of acute respiratory illness causing people to seek health care is at a very low level.
- COVID-19 activity has peaked and is declining in many areas of the country, but emergency department visits and hospitalizations are elevated nationally.
- Seasonal influenza activity is low, and RSV activity is very low.

On the right, a circular graphic titled "Nationally, respiratory illness is very low." shows a color scale from light blue (Very Low) to dark purple (Very High), with the needle pointing to the light blue "Very Low" section.

<https://www.cdc.gov/respiratory-viruses/data/index.html>

Last Season Influenza Highlights 2024-2025

Preliminary 2024-2025 U.S. Flu In-Season Disease Burden Estimates

Since October 1, 2024, CDC estimates there have been between:

47 Million -
82 Million



**Flu
Illnesses**

21 Million -
37 Million



**Flu
Medical Visits**

610,000 -
1.3 Million



**Flu
Hospitalizations**

27,000 -
130,000



**Flu
Deaths**

Based on data from October 1, 2024, through May 17, 2025

Because influenza surveillance does not capture all cases of flu, CDC provides these estimated ranges to better reflect the full burden of flu in the United States. These estimates are calculated using a mathematical model based on CDC's weekly influenza surveillance data and are preliminary and are updated weekly throughout the season.



24-25 Season Flu Vaccine Prevented:

12 million flu-related illnesses,
5.7 million medical visits, &
240,000 hospitalizations

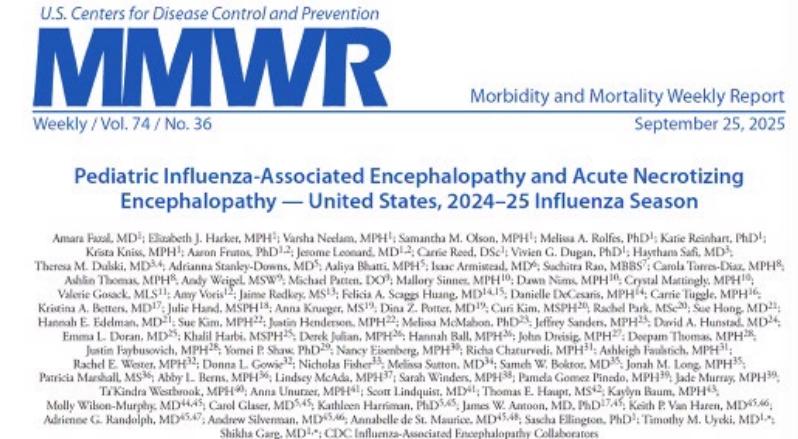
Highest cumulative influenza-associated hospitalization rate since 2010-2011

Highest number of pediatric influenza -associated deaths nationwide – 281.

This is the highest number of any non-pandemic season since pediatric flu deaths became reportable in 2004

Last Season Influenza Highlights 2024-2025

- **Acute Necrotizing Encephalopathy (ANE) & Influenza Associated Encephalopathy (IAE)**
 - National increased incidence last year among children, including MA.
 - Encephalitis is a known complication of influenza; necrotizing encephalopathy is rarer and more severe. Poor prognosis depending on presentation.
 - MDPH reported 16 cases to CDC during the 2024-2025 flu season



MMWR - Pediatric Influenza-Associated Encephalopathy and Acute Necrotizing Encephalopathy—United States, 2024–25 Influenza Season

JAMA - Influenza-Associated Acute Necrotizing Encephalopathy in US Children

Last Season COVID-19 Highlights 2024-2025

Preliminary 2024-2025 U.S. COVID-19 Burden Estimates

CDC estimates* that, from October 1, 2024 through September 20, 2025, there have been:

13.8 million-
20.3 million



**COVID-19
Illnesses**

3.3 million-
4.8 million



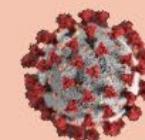
**COVID-19
Outpatient Visits**

380,000-
540,000



**COVID-19
Hospitalizations**

44,000-
63,000



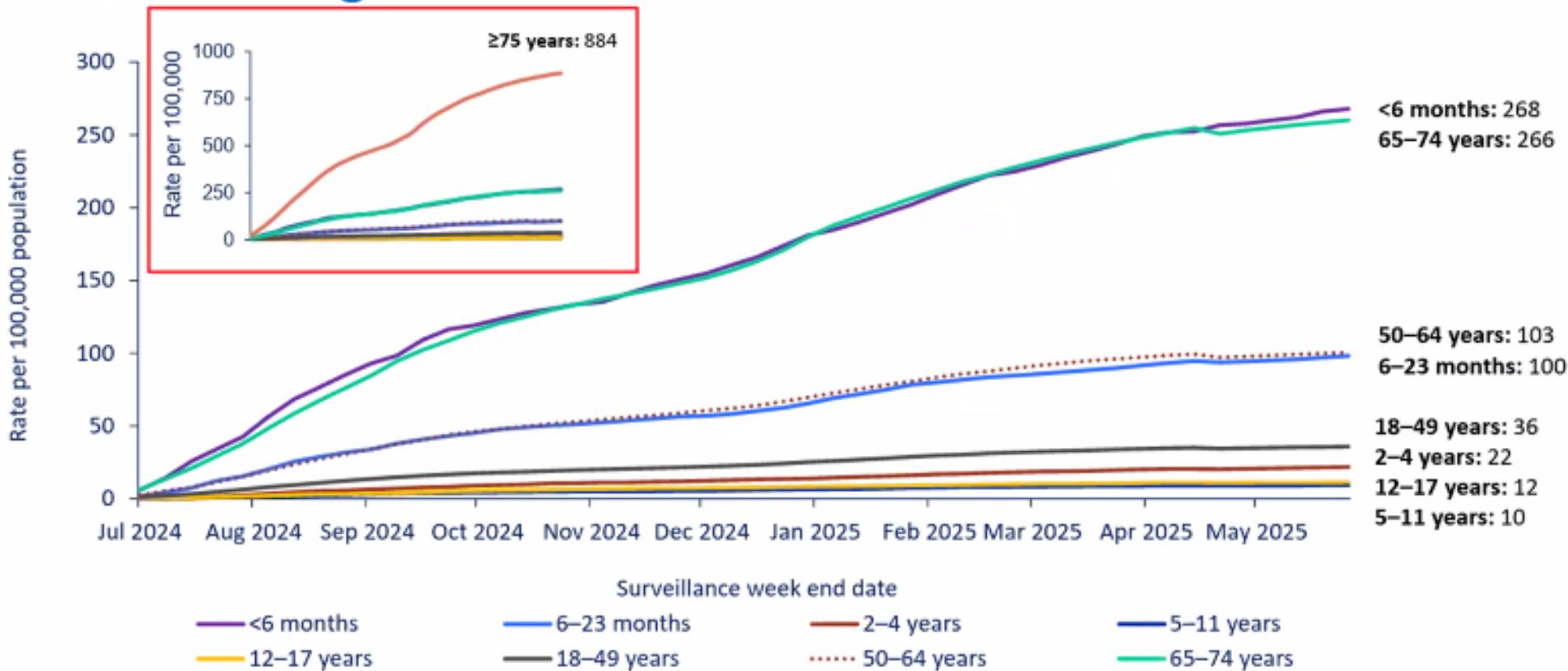
**COVID-19
Deaths**

*Based on data from September 29, 2024 through Septembe...

[Download Data](#)

Last Season COVID-19 Highlights 2024-2025

Cumulative COVID-19-associated hospitalization rates are highest among adults aged ≥ 75 years, followed by adults aged 65–74 years and infants aged <6 months.



89% of hospitalized children and adolescents had no recent vax on record.

Most adults hospitalized had received no vaccine since July 2023.

[NCIRD ACIP Presentation June 25, 2025](#)

Respiratory Illness Prevention Guidance

Respiratory Virus Guidance Snapshot

CORE STRATEGIES

Core Prevention Strategies

- Immunizations
- Hygiene
- Steps for Cleaner Air
- Treatment
- Stay Home and Prevent Spread*

ADDITIONAL STRATEGIES

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 for 24 hrs

Your symptoms are getting better

You are fever-free (without meds)

Then take added precaution for the next 5 days

CDC

Massachusetts Department of Public Health | mass.gov/dph

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Staying Home to Prevent the Spread of Respiratory Viruses

No changes to recommendations for the general public since March 2024.
School/daycare settings still fall under this guidance.

- **Stay home when you have symptoms of any respiratory illness, like flu, COVID-19, or RSV.** Staying home when sick helps prevent the spread of germs.
 - Wear a **mask** when you have to be around others at home.
 - Get tested for COVID-19 and flu. Talk to your provider about treatment if you test positive.
 - Wash hands often, cover your cough/sneeze, and Clean high-touch surfaces often.
- **You may begin to resume normal activities with precautions if:**
 - You have not had a fever for at least 24 hours without the use of fever reducing medicines AND
 - Your other symptoms are improving
- **For at least the first 5 days after you resume normal activities, take precautions:**
 - Avoid crowded indoor spaces. Wear a **mask** anytime you are indoors around other people
 - Wash hands often with soap and warm water. If not available, use hand sanitizer with at least 60% alcohol.
 - Avoid spending time with people who are at increased risk for severe disease

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

Guidance for Health Care Personnel (HCP) with a Respiratory Viral Pathogen Infection or Exposure

- **Guidance for Health Care Personnel with a Respiratory Viral Pathogen Infection or Exposure** was updated September 1, 2025 and is here:
 - <https://www.mass.gov/doc/guidance-for-health-care-personnel-with-a-respiratory-viral-pathogen-infection-or-exposure>
- **Describes return to work guidance for HCP who have:**
 - Tested positive for a respiratory viral pathogen (i.e., SARS-CoV2, Influenza, Respiratory Syncytial Virus, etc.) or
 - Are exhibiting two or more symptoms of a respiratory viral illness (e.g., cough, shortness of breath, sore throat, runny nose, headache, myalgia, chills, fatigue, fever), or
 - Been exposed to someone who has a respiratory viral illness.
- **Defines Health Care Personnel (HCPs)**

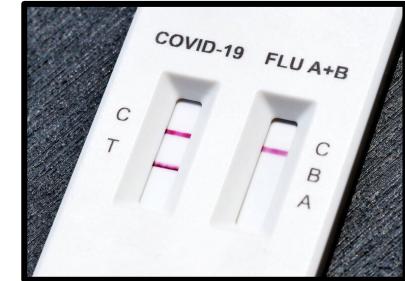
DPH HCP Vaccination Requirement

- **As a condition of licensure*, DPH requires 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) and the Northeast Public Health Collaborative: [Northeast Public Health Collaborative](#), unless an individual is exempt from vaccination. (HCP can decline for any reason and this must be documented by the facility and a policy to mitigate any risk posed by unvaccinated staff should be in place, i.e., requiring masking, etc.),
 - 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 a facility reports vaccination data and the deadline for this differs based on facility type. More information is 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 At Home Tools

- **Home Flu Tests** - At-home rapid antigen test kits available over the counter that test for not just COVID-19, but also Flu A and Flu B!



- **FluMist Vaccine Home Administration - Now Available!**
 - 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 available for the 2025-2026 flu season. You'll have to provide insurance information, select a delivery date and pay for delivery/processing.



Fall Vaccines



Fall Vaccines in MA: Quick Update

- **Governor Healey Announces Immediate Steps to Ensure Vaccine Availability in Massachusetts Amid Trump, RFK Rollbacks ([9/4/25 Press Release](#))**
 1. The Division of Insurance (DOI) and Department of Public Health (DPH) issued a [bulletin](#) that requires insurance carriers in Massachusetts to continue to cover vaccines recommended by DPH and not rely solely on CDC recommendations.
 2. Vaccines can be received at pharmacies in MA.
 - DPH Commissioner issued a [Standing Order](#) so pharmacies can provide COVID-19 vaccines for ages 5 & up. (Under 5 via pediatrician)
 - Additional update to overall vaccine administration policy (now DPH Commissioner can determine which routine vaccines can be administered at pharmacies instead of just what ACIP recommends).
 3. MA joining a multi-state public health collaborative (Northeast Public Health Collaborative) to develop evidence-based recommendations.

COVID-19 Vaccine Guidance for 2025-2026 is Here!

- **Healey-Driscoll Administration Issues Evidence-Based COVID-19 Vaccine Guidance to Ensure Access for Residents ([9/17/25 press release](#))**
 - MDPH released **COVID-19 vaccine guidance for 2025-2026**, protecting access for residents in Massachusetts and reaffirming the state's commitment to science, equity, and public health leadership.
 - The **guidance** recommends children ages six to 23 months, and all adults receive the COVID-19 vaccine, as well as those at higher risk for disease or exposure, those who are pregnant or lactating, and those who are immunocompromised.
 - Healthy children, adolescents, and adults who do not fit into one of the above categories may also receive a dose of COVID-19 vaccine.
 - The guidance also reflects a consensus statement from the **[Northeast Public Health Collaborative](#)**, a group of state public health agencies across the region that share information and ideas about public health issues, including vaccination.

COVID-19 Vaccine Guidance for 2025-2026 is Here!

- **Where does the MA Guidance Come From?**

- The **DPH 2025-2026 COVID-19 vaccine recommendations** align with those of the [Northeast Public Health Collaborative Recommendations for the 2025-2026 COVID-19 Vaccine](#) and leading physician professional organizations, including the
 - [American Academy of Pediatrics \(AAP\)](#),
 - [American College of Obstetricians and Gynecologists \(ACOG\)](#), and
 - [American Academy of Family Physicians \(AAFP\)](#).

Standing Orders for LBOH are Now Available

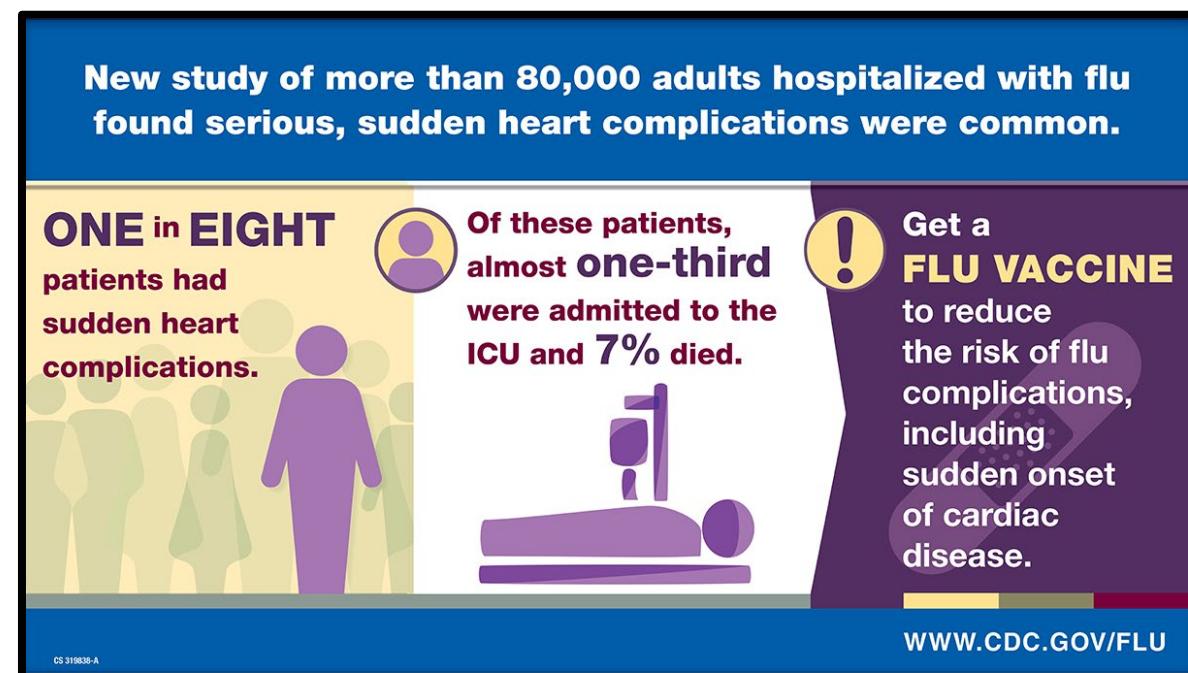
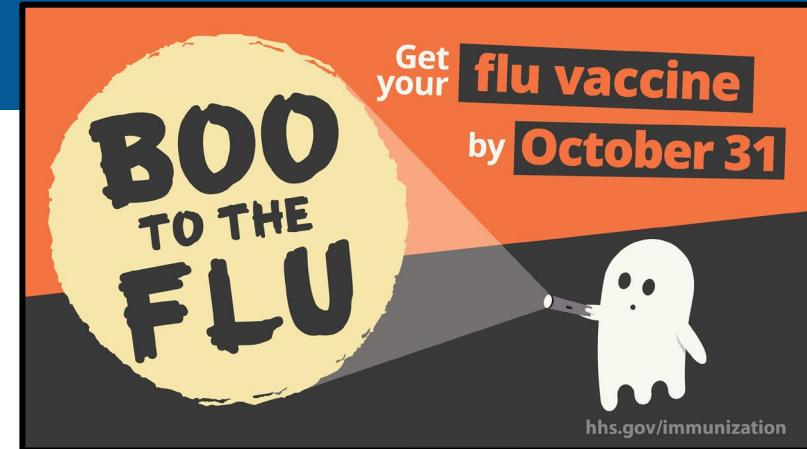
- **Commissioner Goldstein has issued a new standing order for local boards of health to administer COVID-19 vaccines for this respiratory season (Sept 19, 2025).** Accompanying that standing order are two separate standing orders for administering epinephrine in the event of anaphylactic reaction to vaccination. Please refer to the attached standing orders for more information:
 1. [Standing Order for LBOH Administration of COVID](#)
 2. [Medical Management of Vaccine Reaction in Children and Teens in a Community Setting](#)
 3. [Medical Management of Vaccine Reactions to Adults in a Community Setting](#)

Fall Vaccines in MA: Quick Update

- **COVID-19 vaccines are available in pharmacies right now.**
 - There is an online attestation/screening form when scheduling that will ask about possible qualifying conditions.
- **COVID-19 vaccine is available for LBOH ordering through your normal channels for adult/private purchase as well as for State-supplied vaccine.**
 - State supply (pediatric supply) was a little delayed (waiting for CDC to sign off on ACIP recommendations to open up Vaccines for Children (VFC) ordering).
 - **October 6, 2025: Ordering of state-supplied Moderna, Pfizer, and Sanofi/Novavax COVID-19 vaccine for the 2025-2026 Respiratory Season is now open in the MIIS.**

Fall Vaccines in MA: Quick Update

- **Influenza Vaccine: Vaccinate As Usual!**
 - Don't let the chaos of COVID-19 vaccination policy make you confused about other routine vaccination recommendations.
 - Flu vaccine is here, recommendations are routine, make sure you stay up to date!
 - [2025-2026 Flu Season Recommendations](#): Everyone 6 months and older, with rare exceptions, should get a flu vaccine every season.



So, what's the deal with COVID-19 vaccines? Where are we now?

Bottom Line: COVID-19 vaccines are safe, effective, and recommended.

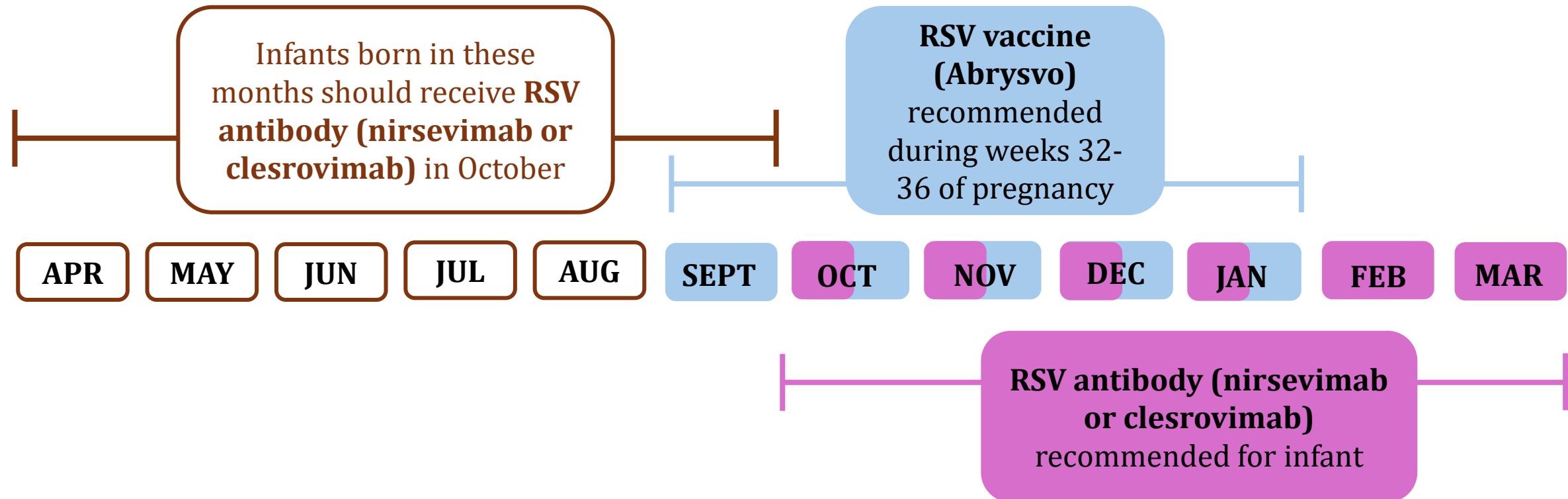
- Massachusetts will follow our [MA COVID-19 vaccine recommendations](#), which aligns with states in the Northeast Public Health Collaborative as well as multiple professional organizations.
- The Commissioner has written [standing orders](#) to help BOHs, pharmacies, and providers provide vaccine to the public.

MA DPH 2025 COVID-19 Recommendations for 2025-2026		
Age Group	Status/Condition	Recommendation
CHILDREN ages 6-23 months	All children in this age group	SHOULD receive one dose of age appropriate 2025-2026 vaccine. If previously unvaccinated, complete initial vaccine series then receive one dose of the 2025-2026 vaccine at least 8 weeks after last dose.
CHILDREN & ADOLESCENTS ages 2-18 years	Children & adolescents considered high risk for severe COVID-19 OR who are residents of LTCF or other congregate setting OR who live with household contacts that are considered high risk for severe COVID-19	SHOULD receive one dose of an age appropriate 2025-2026 vaccine.
	Healthy children and adolescents who have never been vaccinated against COVID-19	SHOULD receive one dose of an age appropriate 2025-2026 vaccine
	All other healthy children and adolescents in this age group	MAY receive one dose of an age appropriate 2025-2026 vaccine
ADULTS ages 19-64 years	Healthy adults in this age group	MAY receive one dose of a 2025-2026 vaccine
	Adults considered high risk for severe COVID-19 OR who live with household contacts that are considered high risk for severe COVID-19	SHOULD receive one dose of a 2025-2026 vaccine
ADULTS ages 65+ years	All adults in this age group	SHOULD receive <u>two doses</u> of a 2025-2026 vaccine, with the second dose administered 6 mo. after the first.
Special populations		Recommendation
People with moderate to severe immunocompromise		SHOULD receive <u>two doses</u> of a 2025-2026 vaccine, with the second dose administered 6 mo. after the first. MAY receive <u>additional doses</u> at a minimum interval of 2 months.
People who are pregnant , contemplating pregnancy, have recently been pregnant or who are lactating		SHOULD receive one dose of a 2025-2026 vaccine
All healthcare workers		SHOULD receive one dose of a 2025-2026 vaccine, independent of age or underlying medical conditions.

Immunizations to Protect Against Severe RSV

Who is it recommended for?		Product Type	Brand Name (generic name)	Manufacturer	
Infants 	All infants under 8 months whose mother did not receive RSV vaccine during pregnancy. <i>Some</i> children 8 -19 months at increased risk for severe RSV (nirsevimab only)	Long-acting monoclonal antibody	Beyfortus (nirsevimab)	Sanofi and AstraZeneca	Yes, all RSV vaccines and monoclonal antibodies will be reported to MIIS.
	Elflonsia (clesrovimab)		Merck		
Pregnant people 	All Pregnant people during the weeks 32-36 of pregnancy during RSV season (September through January) [Protects baby against severe RSV]	Vaccine	Abrysvo	Pfizer	
Adults 50+ 	Adults 50-74 who are increased risk of severe RSV AND everyone aged 75+	Vaccine	Abrysvo Arexvy mRESVIA	Pfizer GSK Moderna	

Timing of RSV Immunizations for Infants and Pregnant People



<https://www.cdc.gov/rsv/vaccines/protect-infants.html>

Talking about Vaccines Effectively

LBOH have a crucial role as trusted health professionals in the community for combatting misinformation and building trust around vaccines.

- Tips on how to talk to vaccine hesitant individuals
 - [Communicating with Confidence: How to talk to patients about vaccines](#)
 - [Childhood Immunization Discussion Guides](#)
 - [Common Immunization Questions from Parents](#)
 - [How to Recommend Vaccines Effectively \(Interactive Activity\)](#)
 - [Reframing the Conversation about Child and Adolescent Vaccinations](#)



Massachusetts Department of Public Health

Respiratory Illness Dashboards

10/14/2025

Andrew Tibbs, MPH

Office of the State Epidemiologist and
Scientific Support

Viral Respiratory Illness Reporting Dashboards

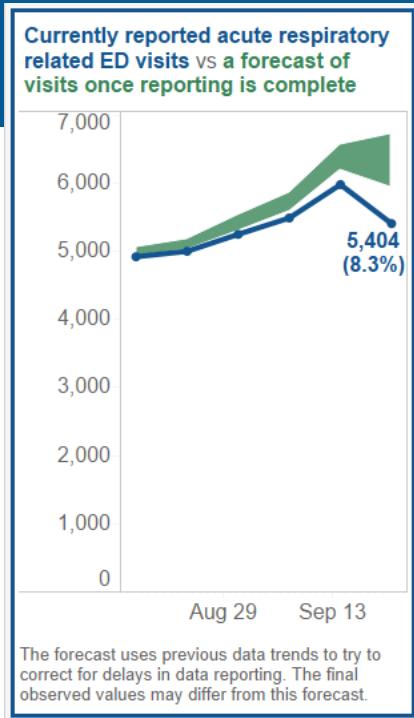
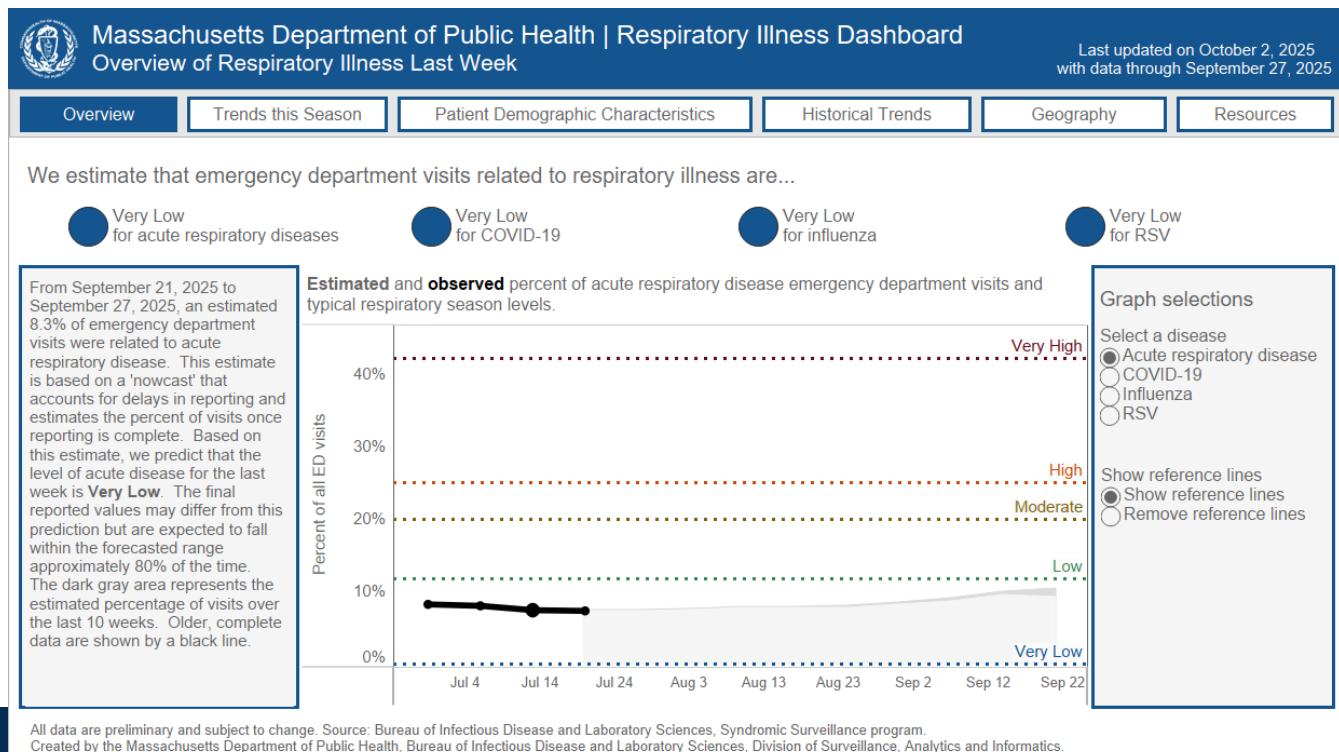
- Includes data on acute respiratory diseases, COVID-19, influenza (flu), respiratory syncytial virus (RSV) and vaccination activity across Massachusetts.
- All respiratory disease dashboards are updated once per week on Thursdays.
- <https://mass.gov/respdiseasedata>

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▼	Respiratory illness reporting
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▼	Influenza reporting
▼	Wastewater surveillance reporting
▼	Immunizations for respiratory diseases
▼	Other respiratory disease
▼	Archived data
▼	Resources

Forecasting Features

Forecasting uses historical data to contextualize and estimate future trends. Forecasting is used in two of the respiratory dashboards:

1. The topline indicator for acute respiratory related ED visits
2. Overview of respiratory illness reporting page



To learn more about the forecasting methodology:

- [Nowcasting and Moving Epidemic Method \(DPH factsheet\)](#)
- Email questions to DPH-BIDLS-OSESSRequests@mass.gov
- For more on the MA DPH respiratory emergency department visits definition:
 - [Broad Acute Respiratory \(NSSP Definition\)](#)
 - [COVID-19, influenza, and RSV \(CDC info page\)](#)



Massachusetts Department of Public Health

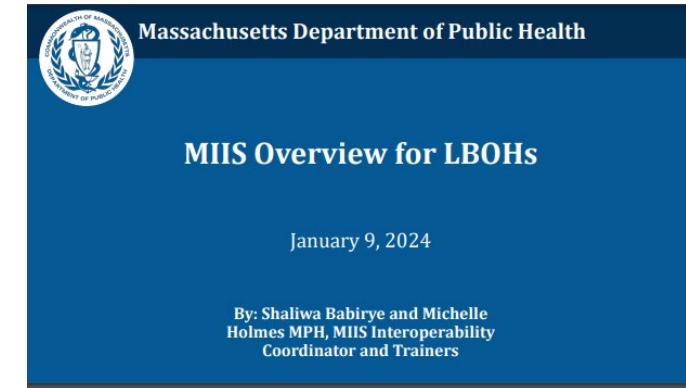
Respiratory Illness Immunization Resources for LBOHs

10/14/2025

**Data Assessment Unit (DAU)
MDPH Immunization Division**

MIIS Overview for LBOH: Webinar Available

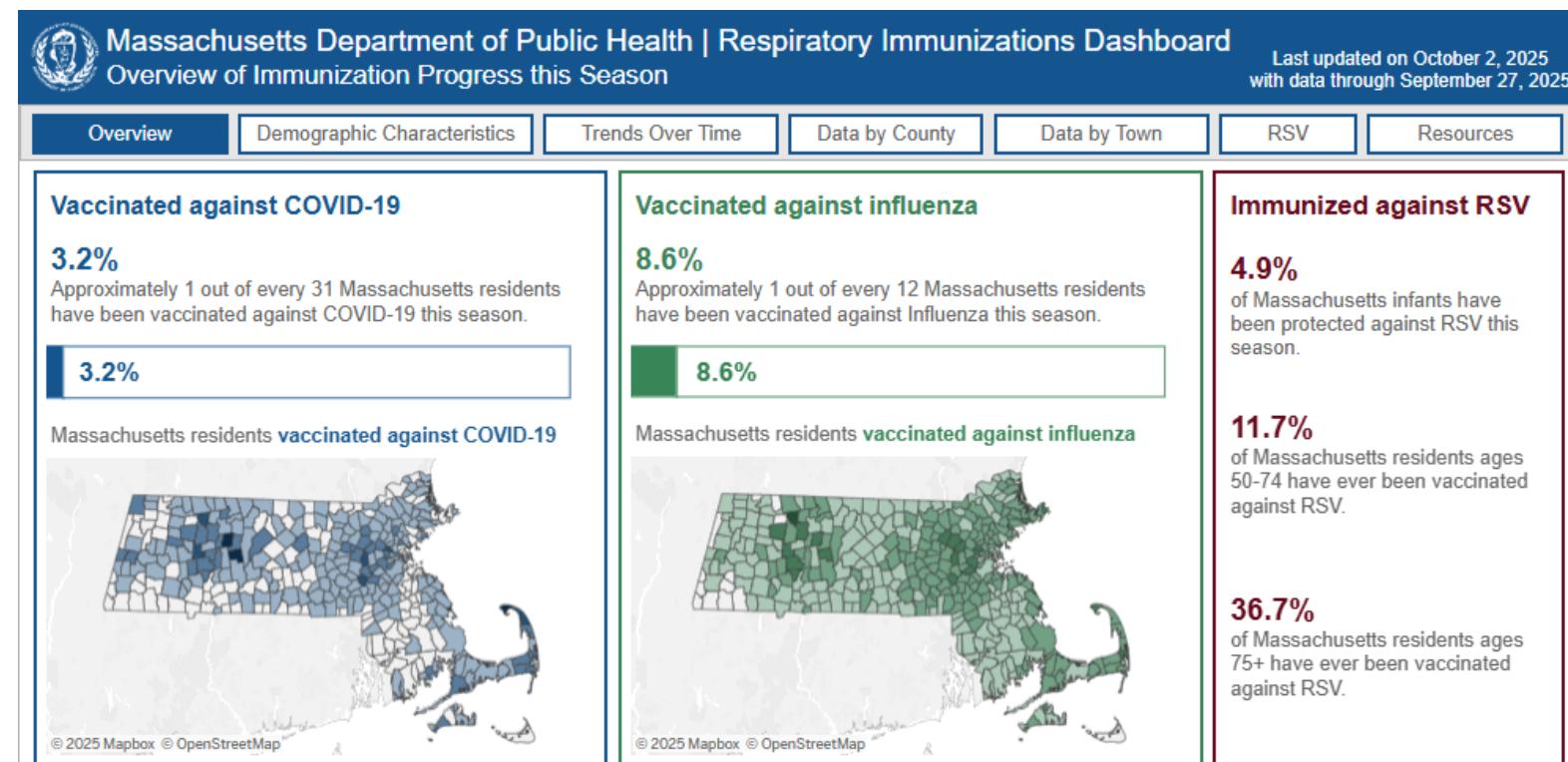
- Tools for Local Health January 2024 Webinar covered MIIS for LBOHs.
 - Topics Covered:
 - Running reports for all residents
 - Flu Coverage Report demo
 - Roster Entry
 - Navigating patient records
 - Registration process demo
 - Resources
 - Q&A



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

Respiratory Immunization Dashboard 2025-26

- **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
 - Cumulative coverage of RSV for adults at the municipal level
 - Statewide estimates for infant RSV protection this season



*Draft layout subject to change

School Survey Information

- Yearly survey of students to assess compliance with immunization requirements:
 - Childcare/Preschool
 - Kindergarten
 - Grade 7
 - Grade 12
 - College
- Data available on mass.gov, including by school and county for each surveyed grade level:
 - <https://www.mass.gov/info-details/school-immunizations>

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- School and camp requirements
- Herd immunity and importance of vaccines
- School immunization data
- Childcare/Preschool data
- Kindergarten data
- Grade 7 data
- Grade 12 data
- College data
- Information for schools and childcare programs
- Conducting School Immunization Surveys

Kindergarten Immunization Data by School 2024-2025

See "Notes" Tab for Explanation of Symbols and Limitations: * Did not respond; † Fewer than 30 students; ¶ Data discrepancies; ‡ Negative Gap

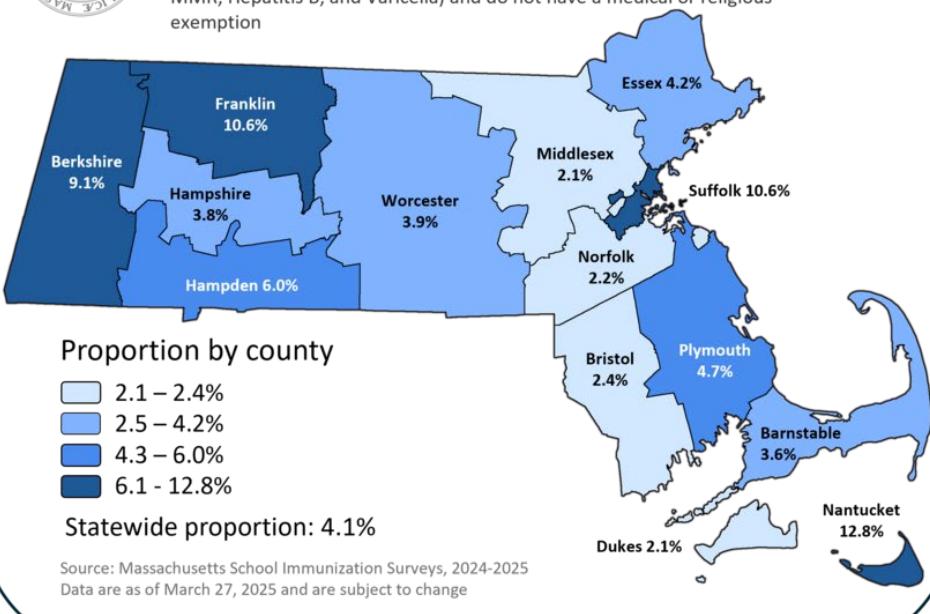
SCHOOL NAME	SCHOOL TYPE	MUNICIPALITY	COUNTY	5 DTaP	4 POLIO	2 MMR	3 HEP B	2 VAR	SERIES	EXEMPTION	UN-IMMUNIZED	NO RECORD	NON-COMPLIANCE
FALLS ELEMENTARY SCHOOL	PUBLIC	NORTH ATTLEBOROUGH	BRISTOL	†	†	†	†	†	†	†	†	†	†
JOSEPH W MARTIN SCHOOL	PUBLIC	NORTH ATTLEBOROUGH	BRISTOL	100%	100%	100%	100%	100%	100%	0%	0%	0%	0%
ROOSEVELT AVENUE SCHOOL	PUBLIC	NORTH ATTLEBOROUGH	BRISTOL	100%	100%	100%	100%	100%	100%	0%	0%	0%	0%
ST MARY-SACRED HEART	PRIVATE	NORTH ATTLEBOROUGH	BRISTOL	†	†	†	†	†	†	†	†	†	†
J.C. SOLMONESE ELEMENTARY SCHOOL	PUBLIC	NORTON	BRISTOL	88%	88%	93%	96%	93%	87%	0%	0%	0%	13%
L.G. NOURSE ELEMENTARY SCHOOL	PUBLIC	NORTON	BRISTOL	100%	100%	98%	100%	98%	98%	0%	0%	0%	2%
MERRILL ELEMENTARY	PUBLIC	RAYNHAM	BRISTOL	100%	100%	100%	99%	99%	99%	0%	0%	0%	1%
CEDAR BROOK SDA SCHOOL	PRIVATE	REHOBOTH	BRISTOL	*	*	*	*	*	*	*	*	*	*
PALMER RIVER ELEMENTARY	PUBLIC	REHOBOTH	BRISTOL	96%	96%	96%	99%	96%	96%	1%	1%	0%	4%



Proportion of Kindergarten Students Not Meeting School Requirements* by Massachusetts County, 2024-2025

Requirements* by Massachusetts County, 2024-2025

*Students who are not fully vaccinated for Kindergarten entry (DTaP, Polio, MMR, Hepatitis B, and Varicella) and do not have a medical or religious exemption



Kindergarten Immunization and Exemption Rates by County

See "Notes" Tab for Explanation of Symbols and Limitations

County	Number of Schools *	Number of Children	5 DTaP	4 Polio	2 MMR	3 Hep B	2 Varicella	Series Complete	Medical Exemption	¶
Barnstable	33	1,453	95.6%	95.7%	95.2%	96.4%	94.8%	93.7%	0.2%	
Berkshire	36	770	94.9%	95.5%	91.8%	95.2%	90.8%	88.3%	0.4%	
Bristol	106	5,652	97.5%	97.7%	97.6%	98.5%	97.2%	96.2%	0.1%	
Dukes	7	144	95.8%	95.1%	95.1%	95.1%	95.1%	93.8%	0.0%	
Essex	166	8,230	96.4%	96.3%	96.5%	97.3%	95.9%	94.6%	0.1%	
Franklin	26	555	91.0%	91.5%	91.5%	91.7%	91.0%	87.2%	0.0%	
Hampden	102	4,924	93.6%	93.7%	93.8%	95.3%	93.3%	91.3%	0.1%	
Hampshire	31	1,038	96.1%	96.5%	95.7%	97.0%	95.2%	94.1%	0.1%	
Middlesex	307	15,547	98.0%	98.1%	98.1%	98.6%	97.8%	96.7%	0.2%	
Nantucket	3	133	90.2%	90.2%	91.0%	91.7%	90.2%	83.5%	0.0%	
Norfolk	144	7,261	97.7%	97.7%	97.8%	98.4%	97.8%	96.7%	0.2%	

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 yet 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

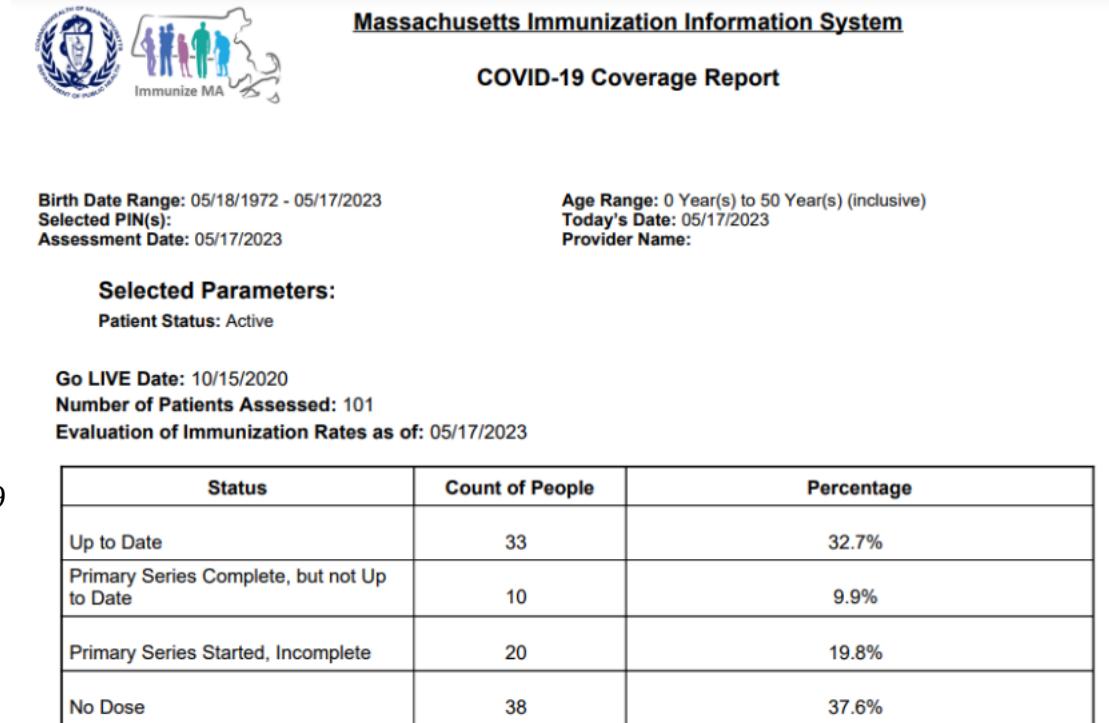
MIIS Reports and Patient-Level Records

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) – **now with updated forecaster functionality!**
 - 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



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 – New look, same resources!

ResourceCenter

HOME REGISTRATION ONBOARDING TRAINING CENTER RESOURCES FAQ ABOUT US CONTACT US

An official website of the Commonwealth of Massachusetts [Here's how you know](#)

MIIS
Massachusetts Immunization Information System
Resource Center

SITE REGISTRATION
THE FIRST STEP TO ACCESSING THE MIIS

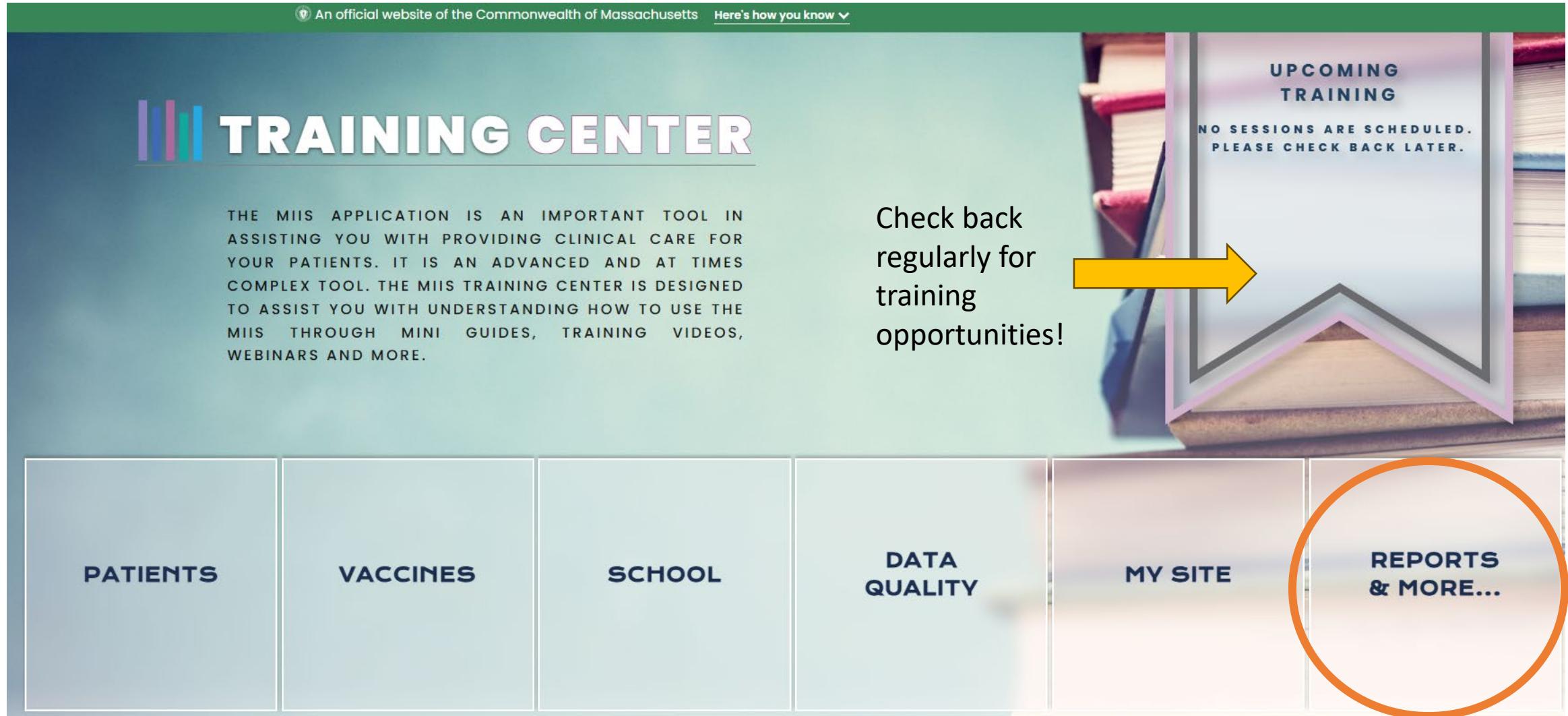
ONBOARDING
TO REPORT IMMUNIZATION DATA

TRAINING CENTER
LEARN HOW TO GET THE MOST FROM THE MIIS

Looking for the [MIIS](#)?

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

MIIS Resource Center – Training Center



An official website of the Commonwealth of Massachusetts [Here's how you know](#)

TRAINING CENTER

THE MIIS APPLICATION IS AN IMPORTANT TOOL IN ASSISTING YOU WITH PROVIDING CLINICAL CARE FOR YOUR PATIENTS. IT IS AN ADVANCED AND AT TIMES COMPLEX TOOL. THE MIIS TRAINING CENTER IS DESIGNED TO ASSIST YOU WITH UNDERSTANDING HOW TO USE THE MIIS THROUGH MINI GUIDES, TRAINING VIDEOS, WEBINARS AND MORE.

PATIENTS

VACCINES

SCHOOL

DATA QUALITY

MY SITE

REPORTS & MORE...

UPCOMING TRAINING
NO SESSIONS ARE SCHEDULED.
PLEASE CHECK BACK LATER.

Check back regularly for training opportunities!

A yellow arrow points from the text "Check back regularly for training opportunities!" to the "UPCOMING TRAINING" section of the website.

MIIS Resource Center – Training Center

Reports & More



Many topics include resources in both PDF mini-guide and pre-recorded webinar format.

Available Resources	Document	Video	Webinar
Coverage Reports	MINI GUIDE		RECORDED WEBINAR
Invalid Dose Report	MINI GUIDE		
Patient Vaccinated Report	MINI GUIDE		RECORDED WEBINAR
Practice Population Report	MINI GUIDE		RECORDED WEBINAR
Reminder Recall Report	MINI GUIDE		

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

Additional Immunization Communication

Monthly MIIS Newsletter



Monthly News & Updates

In This Month's Newsletter:

- Skill UP! - Training Opportunities
- Upcoming Events
- MIIS Resource Spotlight
- DQ Matters
- Top 5 Resources of the Month
- All Aboard!



October 2025 | Issue 43

[Archive](#)

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

Vaccine Confidence Newsletter



Special Edition MVCN Newsletter: Respiratory Illness Season 2024-2025

The 2024-2025 respiratory illness season is quickly approaching and the time for planning to prevent respiratory disease is upon us. The Massachusetts Vaccine Confidence Project (MVCN) recognizes that as a healthcare provider, you are critical in this work. We are reaching out to you for your assistance in promoting vaccination to reduce respiratory disease across Massachusetts ahead of, and during, the upcoming respiratory illness season. We are also sharing a number of resources below to assist you in promoting respiratory vaccines and improving uptake among your patients.

Here at the Massachusetts Vaccine Confidence Project we are committed to increasing vaccine confidence and ensuring that all Massachusetts residents are protected against vaccine preventable diseases.

Interested in receiving future MVCN newsletters? [Click here](#) to subscribe.

RECOMMENDED ACTIONS

Check Vaccination Status and Make Strong Recommendations

Assess a patient's vaccination status at all clinical encounters and strongly recommend all respiratory season vaccines.

- Resource (CDC): [Key Strategies for Making Vaccine Recommendations](#)
- Resource (American Academy of Pediatrics): [Communicating with Families About How to Protect Against Fall and Winter Respiratory Viruses](#)

<https://massvaccineconfidenceproject.org/>

Massachusetts Vaccine Confidence Project (MVCP) Materials

MVCP

- Evidence Based Resources
- Searchable Database
- Training Opportunities
- Upcoming Vaccine Confidence Conferences & Webinars
- MVCP Quarterly Newsletter Sign Up
- Events Calendar

<https://massvaccineconfidenceproject.org/>

MASSACHUSETTS VACCINE CONFIDENCE PROJECT

We are working to increase vaccine confidence throughout Massachusetts to ensure that all residents are fully protected against vaccine-preventable disease.

Vaccine confidence: The trust in the recommended vaccines, the providers who administer them, and the process that leads to vaccine licensure and recommendations.

ATTENTION- COMMUNITY HEALTH WORKERS
Click to learn more about our new program to encourage vaccination and navigate people to services.

Vaccination Community Navigator Training

A project of:   

Sign up for our newsletter!

View Our Special Edition Newsletter: Respiratory Illness Season 2024-2025

MASSACHUSETTS VACCINE CONFIDENCE PROJECT

Communicating with Confidence: Talking with Patients About Vaccines



TRUSTED SOURCES

- [Children's Hospital of Philadelphia](#)
- [Immunize.org](#)
- [National Academy of Medicine](#)
- [Institute for Vaccine Safety \(Johns Hopkins\)](#)
- [Vaccinate Your Family](#)
- [American Academy of Pediatrics](#)
- [CDC: Historical Vaccine Concerns](#)
- [CDC: Safety Information by Vaccine](#)
- [CDC: Autism and Vaccines](#)

ARTICLES

- [*Communicating with Vaccine Hesitant Parents](#)
Evidence-based strategies for providers to address parental vaccine hesitancy (Lilayee, et. al., 2021)
- An [American Sociological Association article](#) provides context into vaccination decisions among common vaccine- hesitant populations. (Reich, 2018)
- [*A systematic review of communication interventions for countering vaccine misinformation](#)
Review of communication strategies to counter vaccine misinformation (Whitehead et. al., 2023)

SPECIAL POPULATIONS

- [Immigrant and Refugee Health: Health Education and Communication Tools](#)
Health education tools (multiple languages) discussing flu, measles, polio and other VPDs (CDC)
- [Vaccination Community Navigator Training](#)
Community health worker training on misinformation, equity, and prevention strategies (VYF)
- [Talking to Pregnant Women About Vaccines](#)
Common vaccine Q&A during pregnancy (CDC)
- [Ways Schools Can Support Routine Vaccination Catch-Up Toolkit](#)
Strategies for schools to increase routine vaccine uptake (Public Health Foundation)

HANDOUTS, MEDIA & MORE

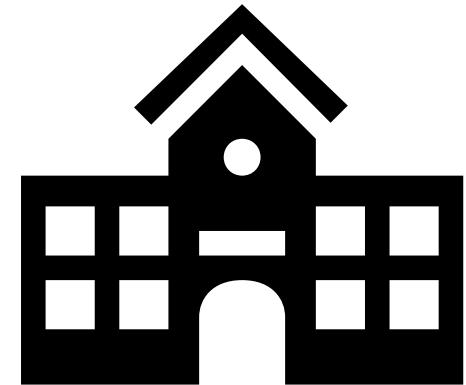
- [Vaccine and Vaccine Safety-Related Q&A Sheets](#)
Printable Q&As addressing misperceptions around ingredients, autism, thimerosal, etc. (CHOP)
- [Translated VIS & Clinical Resources](#)
Includes Haitian Creole, Arabic, Chinese, Korean, Portuguese, Russian, Spanish, and more (Immunize.org)
- [*CDC "Keep it That Way" Printable Resources](#)
Vaccine specific fact sheets, posters, one-pagers (CDC)
- [Clinical Vaccine Phone Apps](#)
Immunization apps that may be helpful for healthcare providers or your patients (Immunize.org)
- [*Vaccine Science Social Media Toolkit](#)
Shareable graphics and sample social media posts to help promote vaccine science (NFID)
- [*The Anti-Anti-Vaxx Toolkit for Social Media](#)
A strategy guide to prepare for, defend against, and clean up after a Facebook Anti-Vaxx (Kids Pluz)

<https://massvaccineconfidenceproject.org/>

Review Date: July 2025

Immunization Clinic Success Story

- The Data Assessment Unit (DAU), along with other DPH Immunization Division staff, participated in school-located vaccination clinics through the winter/spring of 2025.
- In collaboration with school districts and LBOHs, 442 students were vaccinated with 1,575 vaccines.
- While we do not have the funding this year for DPH-led clinics, a “Best Practices” document for planning and operating a vaccination clinic is under development. We are happy to provide technical support surrounding clinic planning if desired.



Upcoming Immunization Events

- **MIAP:** November 5th 2025



- **MAIC:** Spring 2026



- **Immunization Updates:** Early summer 2026



Influenza





Massachusetts Department of Public Health



2025-26 Influenza Surveillance for Local Boards Of Health

Division of Epidemiology
Joyce Cohen, MPH



Influenza Agenda Today:

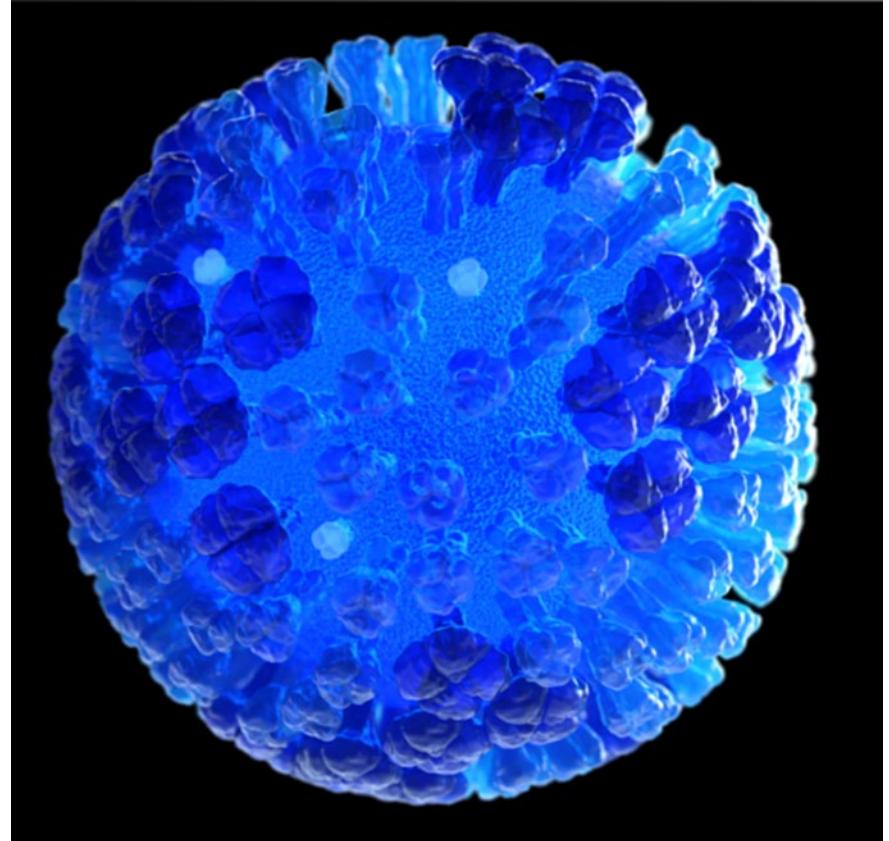
- Background, Clinical Presentation, and Epidemiology of Flu
- Influenza Reporting and Surveillance in MA
 1. Influenza-like illness (ILI)
 2. Hospitalizations
 3. Influenza Positive Lab Test Results reported to the MDPH
 4. Deaths
- Role of Local Health in Influenza-like illness (ILI) Clusters and Follow-up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



[Risk Less. Do More. HHS Campaign Materials Available](#)

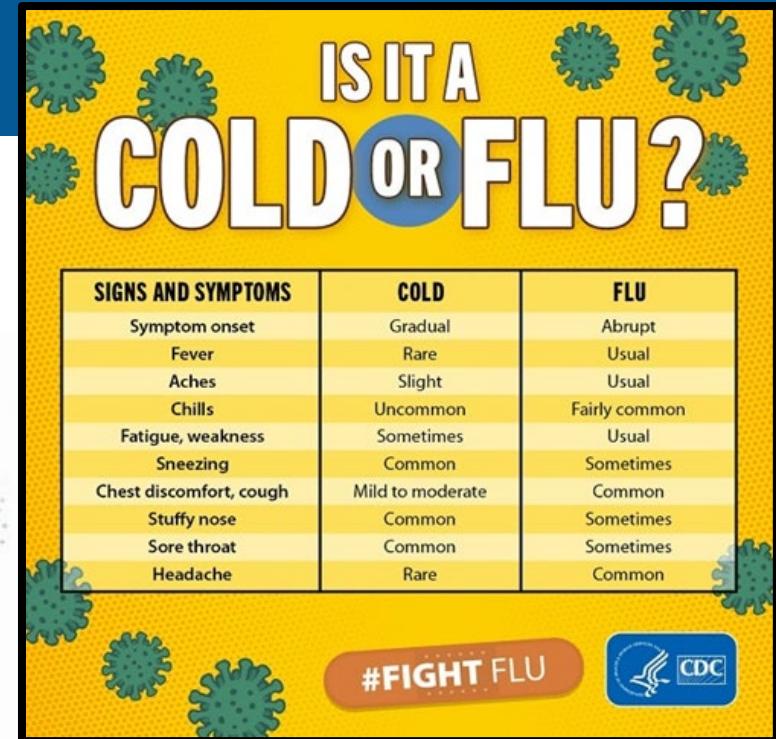
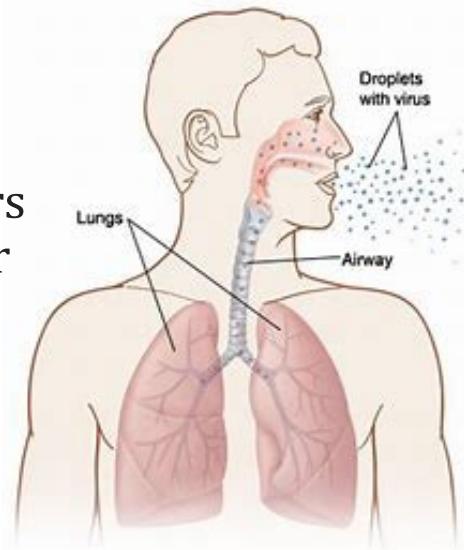
Influenza (Flu) Viruses

- 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.

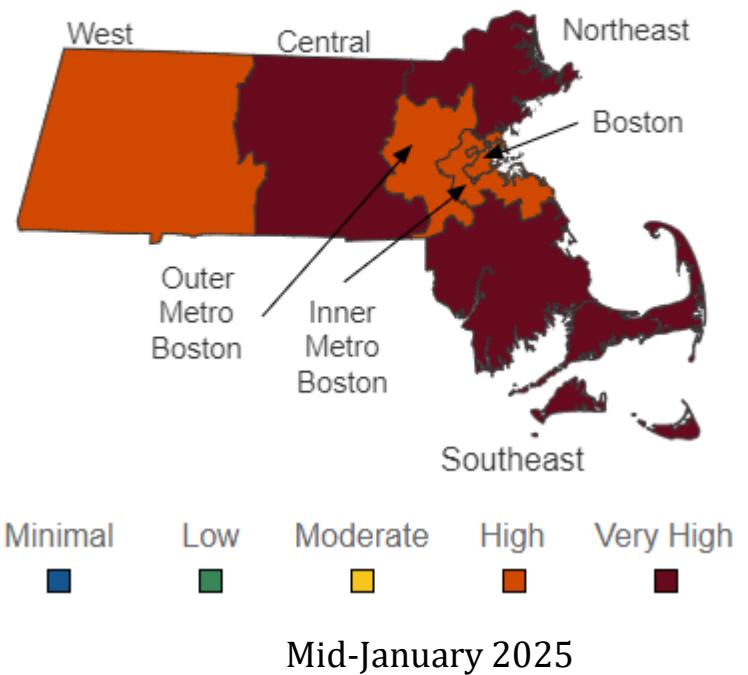


Seasonality: While detected year-round, “flu season” is October through May, typically peaking between December and February.

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

Last week's **influenza-like illness activity** by Massachusetts region



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.



Influenza Dashboard – mass.gov

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

Percent of visits for Influenza-like illness (ILI) (defined as fever + cough and/or sore throat)

Influenza-like illness visits are less than baseline

Most common influenza strains last week

Learn if we're seeing more flu A or flu B

Percent of people admitted from the ED with flu diagnosis

Hospitalizations associated with influenza

Influenza deaths

for the week of 9/21/2025 to 9/27/2025

for the week of 9/21/2025 to 9/27/2025

Low

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.

Massachusetts Department of Public Health | Overview of Influenza Last Week

Overview Influenza Activity Trends ILI Activity Lab Testing Deaths due to Influenza Resources

Last updated October 1, 2025 with data through September 27, 2025

Percent of visits for Influenza-like illness (ILI) (defined as fever + cough and/or sore throat)

Influenza-like illness visits are less than baseline

Most common influenza strains last week

Percent of people admitted from the ED with flu diagnosis

Hospitalizations associated with influenza

Influenza deaths

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.

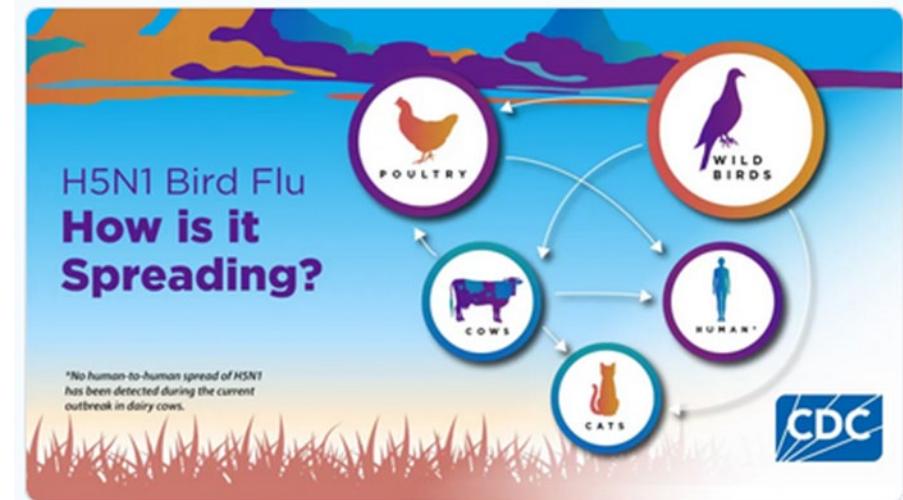
Our Weekly Flu Dashboard is part of [https://mass.gov/respdiseasedata!](https://mass.gov/respdiseasedata)

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.

Highly Pathogenic Avian Influenza (HPAI) Update!

- **Monitoring is ongoing.** We will continue to subtype flu positive specimens received at MA SPHL so that we can identify any variant or novel strains.
- **Where did it go?** Bird flu activity typically decreases in the summer before increasing in the winter partly due to migration patterns; for dairy herds, there may be less susceptible herds available for infection
- [USDA APHIS](#) continues testing and is identifying the virus.
- Questions related to wildlife, livestock and agricultural fairs should be directed to the **Massachusetts Department of Agricultural Resources (MDAR)** at **617-626-1700**.



Monthly bulk milk testing of all 95 MA dairy farms have continued to be NEGATIVE!
Massachusetts may plan to move to quarterly testing.



Highly Pathogenic Avian Influenza (HPAI) Update!

- Reporting observations of sick or dead wild birds to the [Division of Fisheries and Wildlife](#).
 - If you find 5 or more deceased or ill wild birds at a single location OR
 - You observe a deceased bald eagle, peregrine falcon, or snowy owl
- Report observations of illness in domestic poultry to [MDAR](#).
- MDAR will notify DPH of positive domestic flocks or herds and in turn, DPH will notify LBOHs of any required follow up.
- What happens if there are a few dead birds on a homeowner's property and local animal control is unable to help?
 - [Instructions for safely disposing of dead birds](#).



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 Epi will work with you 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.
- **NEW:** Now clusters can be updated by opening the email submitters receive after submission and clicking on the link provided in the email.



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. (DPH Epi will provide Guidance)
 - **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 Epi 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
2024-2025	10

2. Influenza-Associated Pediatric Deaths, con't.

2024-25 flu season had the highest reported number of flu-related pediatric deaths (280) during a non-pandemic flu season*

56%
of children who died
had an underlying
medical condition

Almost 90%
of children who died
were not fully
vaccinated

**Everyone 6 months and older should receive an annual flu vaccine.
Talk to your doctor about flu vaccination.**

MMWR

* Pediatric influenza deaths have been nationally notifiable since 2004; Influenza-Associated Pediatric Mortality surveillance system

bit.ly/428YhOU

SEPTEMBER 25, 2025



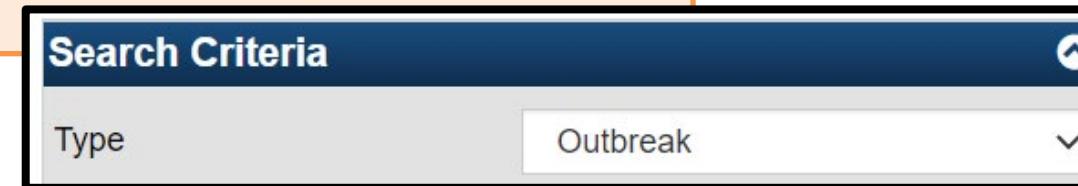
- [Influenza-Associated Pediatric Deaths — United States, 2024–25 Influenza Season](#)

3. Influenza Clusters in Long Term Care Facilities (LTCFs) /Assisted Living Facilities (ALFs)

- 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/infectious-disease-case-report-forms)
 - This will create a cluster event in MAVEN. **NEW:** Now clusters can be updated by opening the auto email submitters receive after submission and clicking on the link provided in the email.
 - 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":



The screenshot shows a search interface with a dark blue header labeled 'Search Criteria'. Below the header, there is a dropdown menu labeled 'Type' with the value 'Outbreak' selected. The interface is clean and modern, designed for easy data entry.



Control Measures for Long Term Care Facilities (LTCFs) /Assisted Living Facilities (ALFs)

Test	Isolate	Treat	Prevent	Report
<ul style="list-style-type: none">• Symptomatic people for COVID and flu• Consider full respiratory panel• NO 'outbreak' testing like with COVID-19	<ul style="list-style-type: none">• Flu cases on droplet precautions• Cohort flu and COVID cases separately	<ul style="list-style-type: none">• Discuss use of antivirals for ill residents• Consider PEP for non-ill residents	<ul style="list-style-type: none">• Surveillance for new cases• Hand hygiene and cough etiquette among staff• Vaccinate! (residents and staff)	<ul style="list-style-type: none">• DPH Epi (Infectious Disease Case Report Forms (mass.gov))• LBOH• Licensing agency (HCSQ or EOEA)

Flu Test Kit Distribution Program



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

- Continuing 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 Christine Nguyen at christine.t.nguyen@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/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 recommend 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.

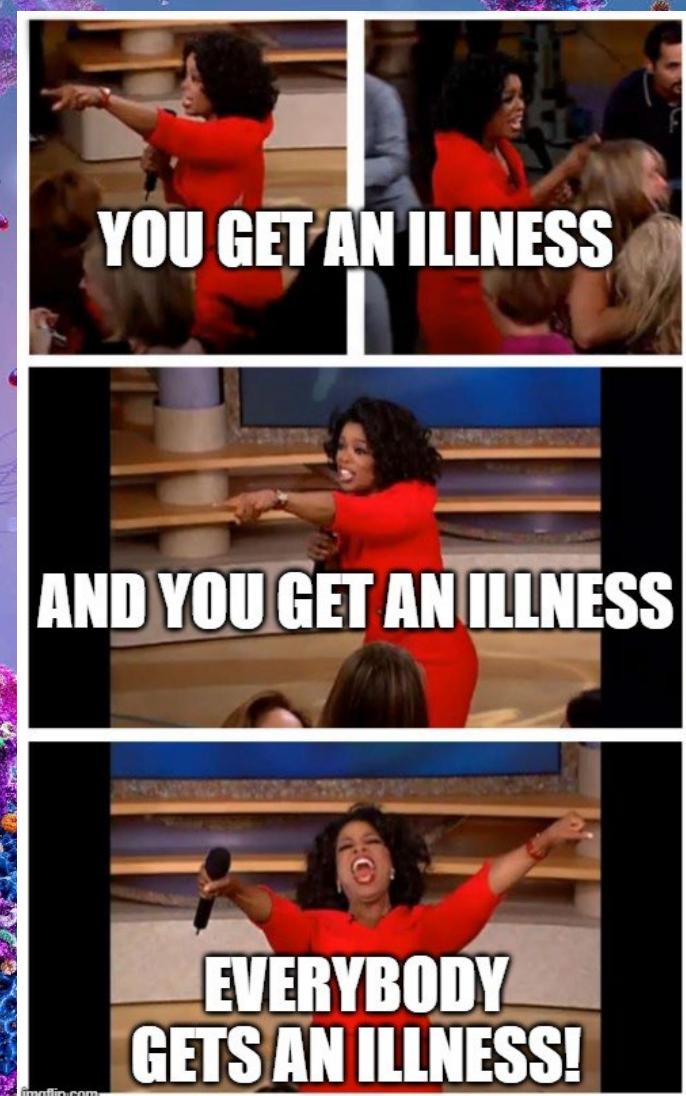
Summary of LBOH Role in Flu Casework

- **Individual Influenza MAVEN Cases/Events** – no follow-up required!
 - Will be in "LBOH Notification but no follow up needed" workflow for bulk review.
- **MAVEN ILI & Influenza Clusters** - [Infectious Disease Case Report Forms \(mass.gov\)](https://www.mass.gov/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](https://www.mass.gov/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.

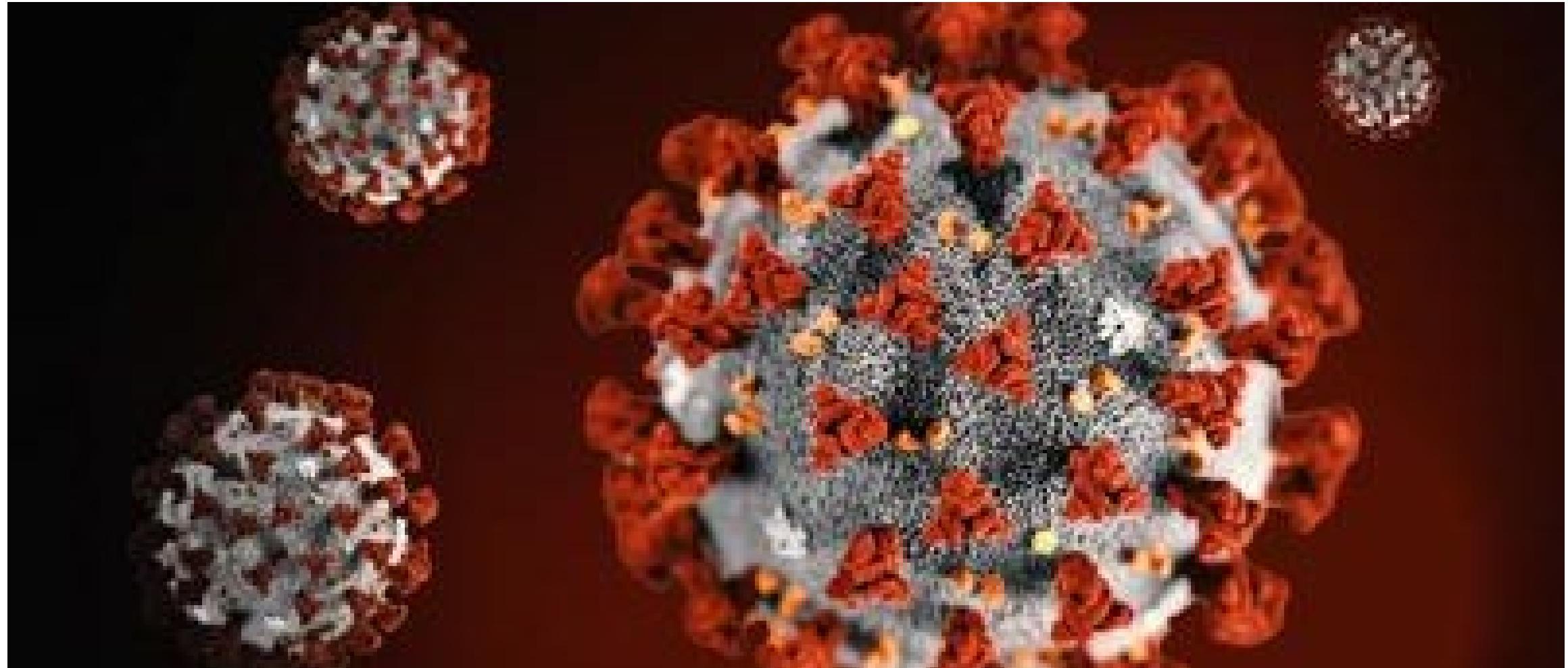
Guidance for Additional Respiratory Illnesses

- COVID-19
- RSV
- *Haemophilus influenzae* (HI)
- *Streptococcus pneumoniae*
- Pertussis

Mia Haddad, MPH,
Division of Epidemiology



COVID-19



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:
 - 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.

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

COVID-19 Reporting in Healthcare Settings

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

- **LBOH: If you get a call from a healthcare facility in your community reporting a cluster of COVID-19 (1 case or more):**
 - Support the facility and refer them to the 24/7 Epi Line: 617-983-6800 if they need additional guidance or support.
 - DPH Epidemiologists are no longer routinely assigned to investigate COVID-19 clusters.
 - Facility should complete BHCSQ reporting in HCFRS: [Health Care Facility Reporting | Mass.gov](#).
 - Reports should only be submitted when it has been greater than 28 days since the last positive case.
 - Facilities are also required to submit weekly respiratory virus data (including staff and resident vaccination) to NHSN: [Nursing Homes Data Dashboard | NHSN | CDC](#)

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 1-2 days before symptoms begin through 3-8 days after symptom onset.
- **Seasonality:** Begins in fall and peaks in the winter in most regions of the US
- Most people recover in 1-2 weeks, but it can also cause severe infections such as bronchiolitis and pneumonia or even death.
 - 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:

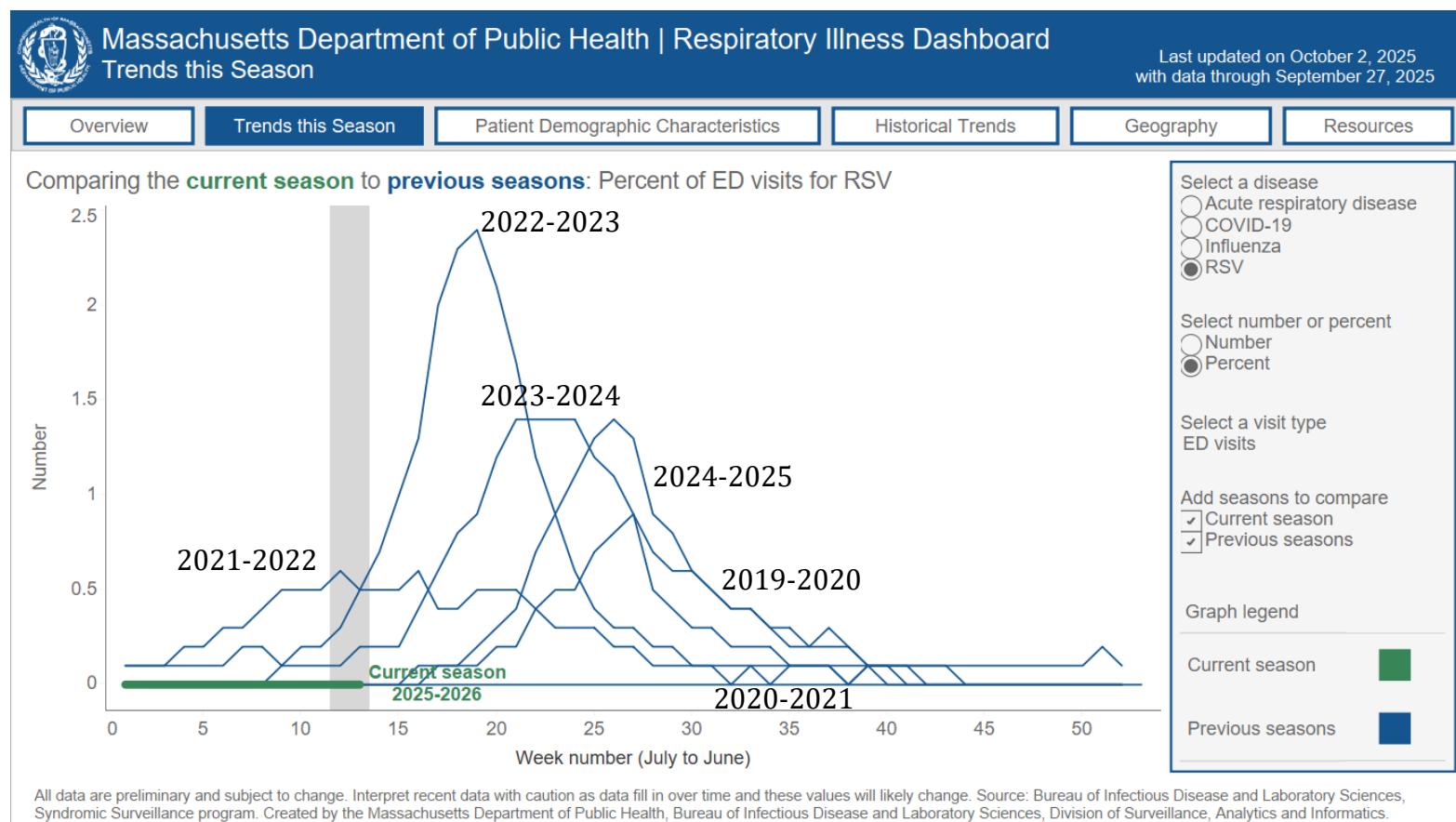
- Premature infants and infants age 6 months and younger
- Individuals with chronic heart or lung disease
- Older adults (65+)
- Individuals with compromised immune systems



[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!
- RSV activity for the 2024-2025 season peaked in December.



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

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.
 - DPH does investigate RSV-associated pediatric deaths (identified through Vital Statistics and provider reporting).
- Clusters of RSV (in healthcare or non-healthcare settings) may be reported using the Respiratory Cluster Report Form ([Infectious Disease Case Report Forms \(mass.gov\)](https://www.mass.gov/infectious-disease-case-report-forms))
 - LBOH can provide general infection control guidance.
 - DPH Epi will follow-up with facility upon receipt of report form.

Haemophilus influenzae (HI) & *Streptococcus pneumoniae*

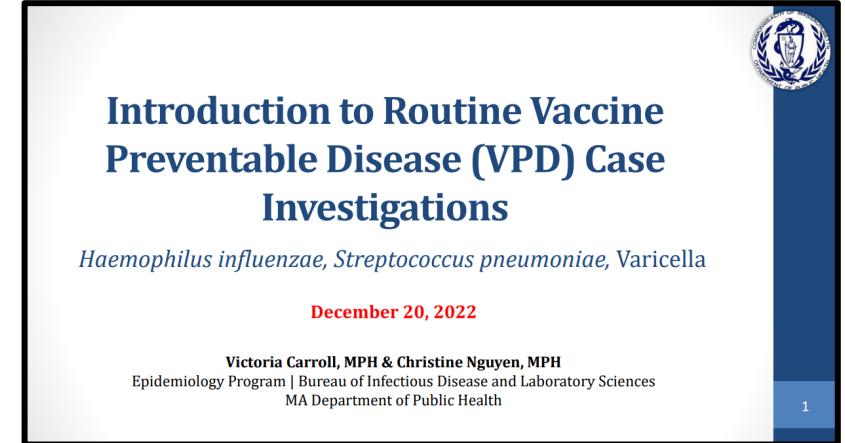


Routine MAVEN Events (See MAVEN Help for Guidance!)

- ***Haemophilus influenzae* (HI)**
 - Clinical Presentation and Epidemiology of HI
 - Role of Local Health Follow-up (MAVEN and Control Measures)
- ***Streptococcus pneumoniae***
 - Clinical Presentation and Epidemiology of *S. pneumo*
 - Role of Local Health Follow-up (MAVEN and Control Measures)

[HI LBOH
Tip Sheet](#)

[*S. pneumo*
LBOH Tip
Sheet](#)



Introduction to Routine Vaccine Preventable Disease (VPD) Case Investigations

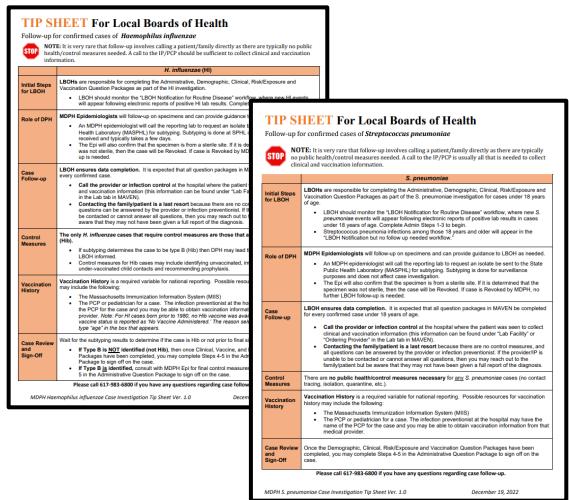
Haemophilus influenzae, Streptococcus pneumoniae, Varicella

December 20, 2022

Victoria Carroll, MPH & Christine Nguyen, MPH
Epidemiology Program | Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health

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[Presentation Slides, Recording](#)



TIP SHEET For Local Boards of Health
Follow-up for confirmed cases of *Haemophilus influenzae*

NOTE: It is very rare that follow-up involves calling a patient/family directly as there are typically no public health control measures needed. A call to the DPH/EP will be sufficient to collect clinical and vaccination information.

Initial Data for LBOH
LBOH are responsible for completing the Administrative, Demographic, Clinical, Risk/Exposure and Vaccination Question Package as soon as possible. If the case is a *Haemophilus influenzae* (HI) case, then the LBOH will appear following electronic reports of positive lab results. Contact the DPH/EP if you have any questions.

Role of DPH
MDPH Epidemiologists will follow-up on specimens and can provide guidance for follow-up:

- An MDPH laboratory (MDPL) will perform the test. If the test is done at a Health Laboratory (MAPL) or for testing, testing is done at SPHL.
- The DPH will also confirm that the specimen has a sterile site. If it is a non-sterile site, then the DPH will be notified if a case is a *Haemophilus influenzae* (HI) case and follow-up is needed.

LBOH Follow-up for *Haemophilus influenzae* (HI) confirmation. It is expected that all question packages for every confirmed case:

- LBOH will contact the provider for a case. The infection presentation at the time of the specimen collection is not necessarily the same as the presentation at the time of the provider. Note: If the case is born prior to 1996, no HI vaccine was available, then the DPH will be notified if the case is a *Haemophilus influenzae* (HI) case. If the case is type "legit" in the box that appears:
- If subtyping determines the case to be type B (HI) then DPH may add a LBOH to the list.
- Contacting the family/parent is a last resort because there are no control measures for this disease. If the case is type B (HI) and the DPH is unable to contact or cannot answer any questions, then you may reach out to the DPH/EP for guidance.

The only *H. influenzae* cases that require control measures are those that are:

- If subtyping determines the case to be type B (HI) then DPH may add a LBOH to the list.
- If the PCP or pediatrician for a case. The infection presentation at the time of the specimen collection is not necessarily the same as the presentation at the time of the provider. Note: If the case is born prior to 1996, no HI vaccine was available, then the DPH will be notified if the case is a *Haemophilus influenzae* (HI) case. If the case is type "legit" in the box that appears:
- If type B is **NOT** identified (not HI), then once Clinical, Vaccine, and Control measures have been completed, you may complete Steps 4-5 in the Administrative Question Package to sign off on the case.
- If type B is **NOT** identified (not HI), then once Clinical, Vaccine, and Control measures have been completed, you may complete Steps 4-5 in the Administrative Question Package to sign off on the case.

Vaccination History is a required section for certain response packages that may include the following:

- The PCP or pediatrician for a case. The infection presentation at the time of the specimen collection is not necessarily the same as the presentation at the time of the provider.
- Contacting the family/parent is a last resort because there are no control measures, and if you are unable to contact or cannot answer any questions, then you may reach out to the DPH/EP for guidance.

Case Review and Sign-Off
MDPH Epidemiologists will follow-up on specimens and can provide guidance for follow-up:

- If the PCP or pediatrician for a case. The infection presentation at the time of the specimen collection is not necessarily the same as the presentation at the time of the provider. Note: If the case is born prior to 1996, no HI vaccine was available, then the DPH will be notified if the case is a *Haemophilus influenzae* (HI) case. If the case is type "legit" in the box that appears:
- If type B is **NOT** identified (not HI), then once Clinical, Vaccine, and Control measures have been completed, you may complete Steps 4-5 in the Administrative Question Package to sign off on the case.

Please call 617-983-6800 if you have any questions regarding case follow-up.

TIP SHEET For Local Boards of Health
Follow-up for confirmed cases of *Streptococcus pneumoniae*

NOTE: It is very rare that follow-up involves calling a patient/family directly as there are typically no public health/control measures needed. A call to the DPH/EP is usually all that is needed to collect clinical and vaccination information.

Initial Data for LBOH
LBOH are responsible for completing the Administrative, Demographic, Clinical, Risk/Exposure and Vaccination Question Package as soon as possible. If the case is a *Streptococcus pneumoniae* (S. pneumo) case, then the LBOH will appear following electronic reports of positive lab results or cases of age.

Role of DPH
MDPH Epidemiologists will follow-up on specimens and can provide guidance to LBOH as needed:

- LBOH should notify a LBOH notification for *Streptococcus pneumoniae* (S. pneumo) cases to the DPH/EP. Note: If the case is born prior to 1996, no S. pneumo vaccine was available, then the DPH will be notified if the case is a *Streptococcus pneumoniae* (S. pneumo) case among those 18 years and older will appear in the DPH/EP.
- If MDPH epidemiologists will call the reporting lab to request an isolate be sent to the State Reference Laboratory (SPRL) for serotyping. If the isolate is sent to the SPRL and does not meet criteria for serotyping, then the case will be removed. If a case is removed by MDPH, no LBOH will be notified.

LBOH ensure data completeness. It is expected that all question packages in MAVEN be completed for every confirmed case under 18 years of age.

- Call the provider or infection control at the hospital where the patient was seen to collect clinical and vaccination information. This information can be found under "Lab Facility" or "Hospital".
- Contacting the family/parent is a last resort because there are no control measures, and if you are unable to contact or cannot answer any questions, then you may reach out to the DPH/EP for guidance.

Control Measures
There are no public health/control measures necessary for *S. pneumoniae* cases (no contact tracing, isolations, quarantine, etc.).

Vaccination History may include the following:

- The Massachusetts Immunization Information System (MIIS) or the hospital where the patient was seen to collect clinical and vaccination information. The hospital may have the name of the PCP for the case and you may be able to obtain vaccination information from that.

Case Review and Sign-Off
Once the Demographic, Risk/Exposure and Vaccination Question Packages have been completed, you may complete Steps 4-5 in the Administrative Question Package to sign off on the case.

Please call 617-983-6800 if you have any questions regarding case follow-up.

HI & *Strep pneumo*: Routine LBOH Follow-Up

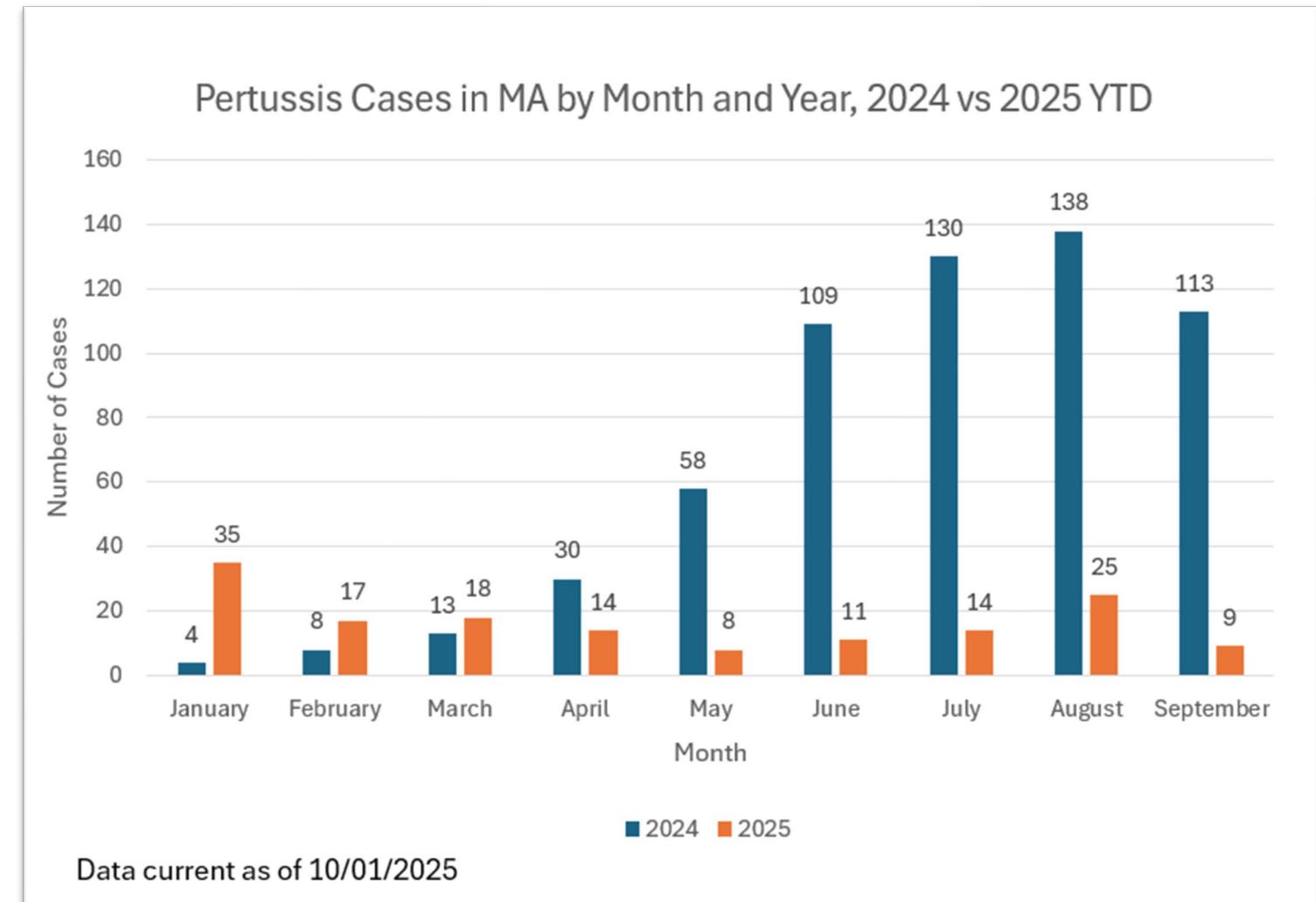
- Cases of *Haemophilus influenzae* and *Streptococcus pneumoniae* generally don't require any public health intervention (no isolation, no quarantine, etc.).
 - EXCEPT *Haemophilus influenzae* type B (Hib) which may require prophylaxis and vaccination recommendations.
- The main goal of public health follow-up is data collection, so please complete all MAVEN question packages for all cases.
 - This can be done by contacting the Infection Preventionist or PCP. Families typically do not need to be contacted directly.

Pertussis (Whooping Cough)



VPD Highlight: Pertussis (Whooping Cough)

- In 2024, MA saw a surge in Pertussis cases beginning in August, with a total of 895 cases.
 - So far, there are about 1/3 as many cases in 2025 as there were in 2024 around this time.



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

[Pertussis Tip Sheet](#)

- **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.

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

LBOH Webinar on Pertussis Case
Investigation on MAVEN Help:
[PDF Slides](#) & [Webinar Recording](#)

Summary Slide Key Points from Today

- **Vaccine Remains our biggest defense for most of our respiratory season illnesses.**
 - Lots of great vaccine resources and information available.
- **MA Respiratory Illness Dashboard has TONS of information you can access.**
- **LBOH Expectations in MAVEN:**
 - **Routine Casework for Individual Events:**
 - *Haemophilus influenzae (HI)* – Routine Event Casework
 - *Streptococcus pneumoniae* – Routine Event Casework
 - Pertussis – Routine Event Casework
 - **NO Casework for Individual Events:**
 - **Influenza** – Lots of surveillance work happening at multiple levels but individual case work not recommended.
 - Influenza Clusters – LBOH may provide guidance on control measures.
 - **RSV** – no individual casework (not reportable)
 - **COVID-19** – no individual casework (yes reportable)

Key Respiratory Illness Resources

- **MA Respiratory Illness Prevention Guidance**
 - General Public: <https://www.mass.gov/info-details/staying-home-to-prevent-the-spread-of-respiratory-viruses>
 - Health Care Personnel: <https://www.mass.gov/doc/guidance-for-health-care-personnel-with-a-respiratory-viral-pathogen-infection-or-exposure>
- **MA Respiratory Illness Dashboards** <https://mass.gov/respdiseasedata>
- **Massachusetts 2025-2026 Respiratory Illness Season COVID-19 Vaccine Recommendations**
<https://www.mass.gov/doc/massachusetts-2025-2026-respiratory-illness-season-covid-19-vaccine-recommendations/download>
- **The Common Health Coalition Vaccine Resources** <https://commonhealthcoalition.org/vaccine-resources/>

Influenza Resources

- CDC Influenza homepage: <https://www.cdc.gov/flu/>
- Influenza Surveillance: <https://www.cdc.gov/fluview/index.html>
- Influenza Vaccination Coverage: <https://www.cdc.gov/fluview/interactive/index.html>
- For Professionals: <https://www.cdc.gov/flu/professionals/index.htm>
- Vaccination homepage: <https://www.cdc.gov/flu/season/2025-2026.html>
- 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/hcp/infection-control/index.html>
- For HPAI situations
 - <https://www.cdc.gov/bird-flu/situation-summary/index.html>
 - <https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza>
- CDC Viral Respiratory Dashboards:
 - <https://www.cdc.gov/surveillance/nrevss/index.html>
 - <https://www.cdc.gov/surveillance/resp-net/dashboard.html>
 - <https://www.cdc.gov/respiratory-viruses/data/activity-levels.html>

QUESTIONS?

