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

**Hillary Johnson, MHS**
Senior Epidemiology Advisor to Local Health, Division of Epidemiology
**Scott Troppy, MPH, PMP**
Senior Epidemiologist – MAVEN User Management & Data Visualization Lead
**Julie Coco, MPH**
Internship Program and Training Coordinator, Division of Epidemiology
**Kate Hamdan, MPH**
Surveillance Epidemiologist, MAVEN Training Team Lead
**Petra Schubert, MPH**
Emerging Infections Coordinator, Division of Epidemiology
**Lionel White, MSIT**
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

# Infectious Disease Tools for LBOH Webinar Schedule!

## 2025 Upcoming Schedule!

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


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

MAVEN Help has Guidance Documents and Previous Webinars:

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

**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

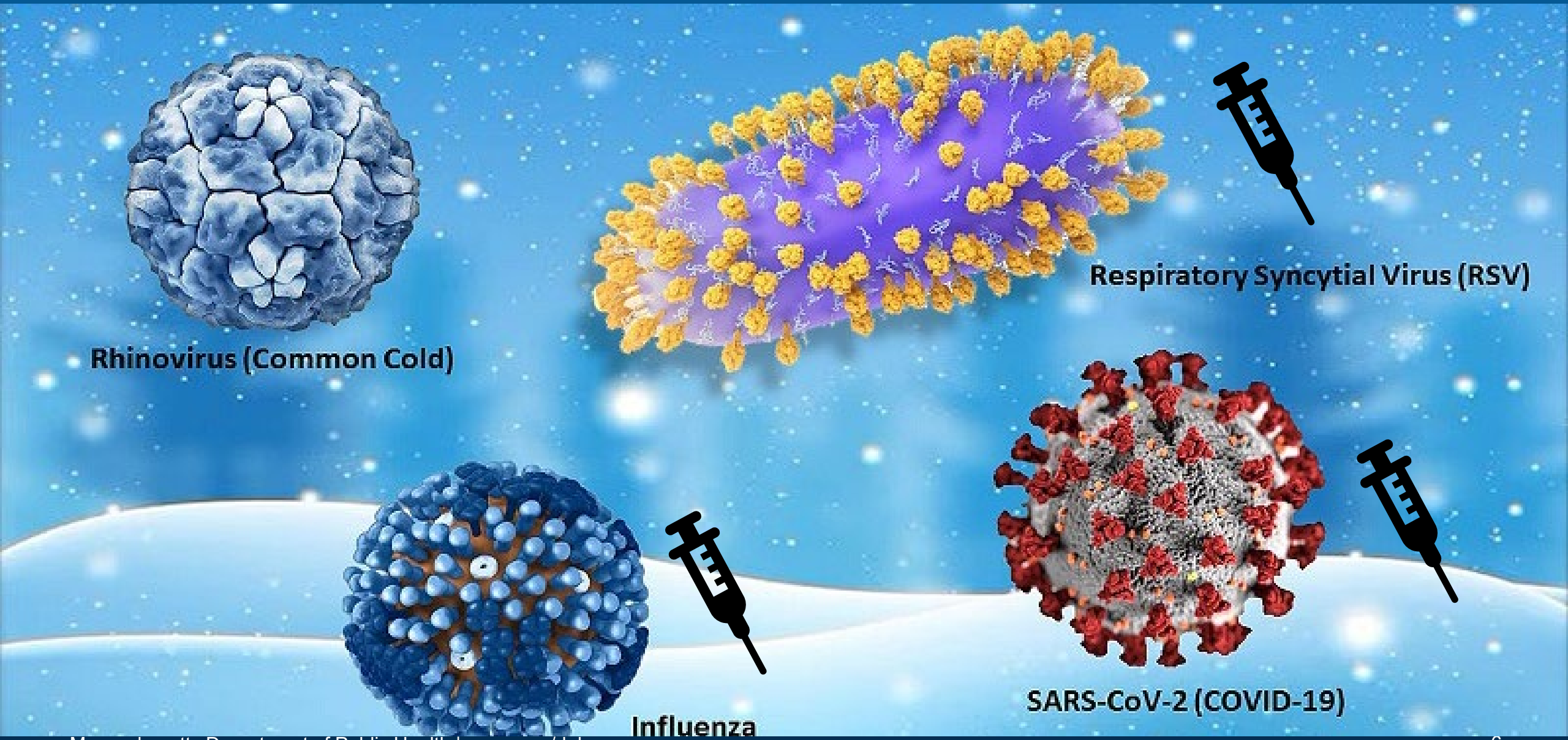
# What is Respiratory Illness Season?

- 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

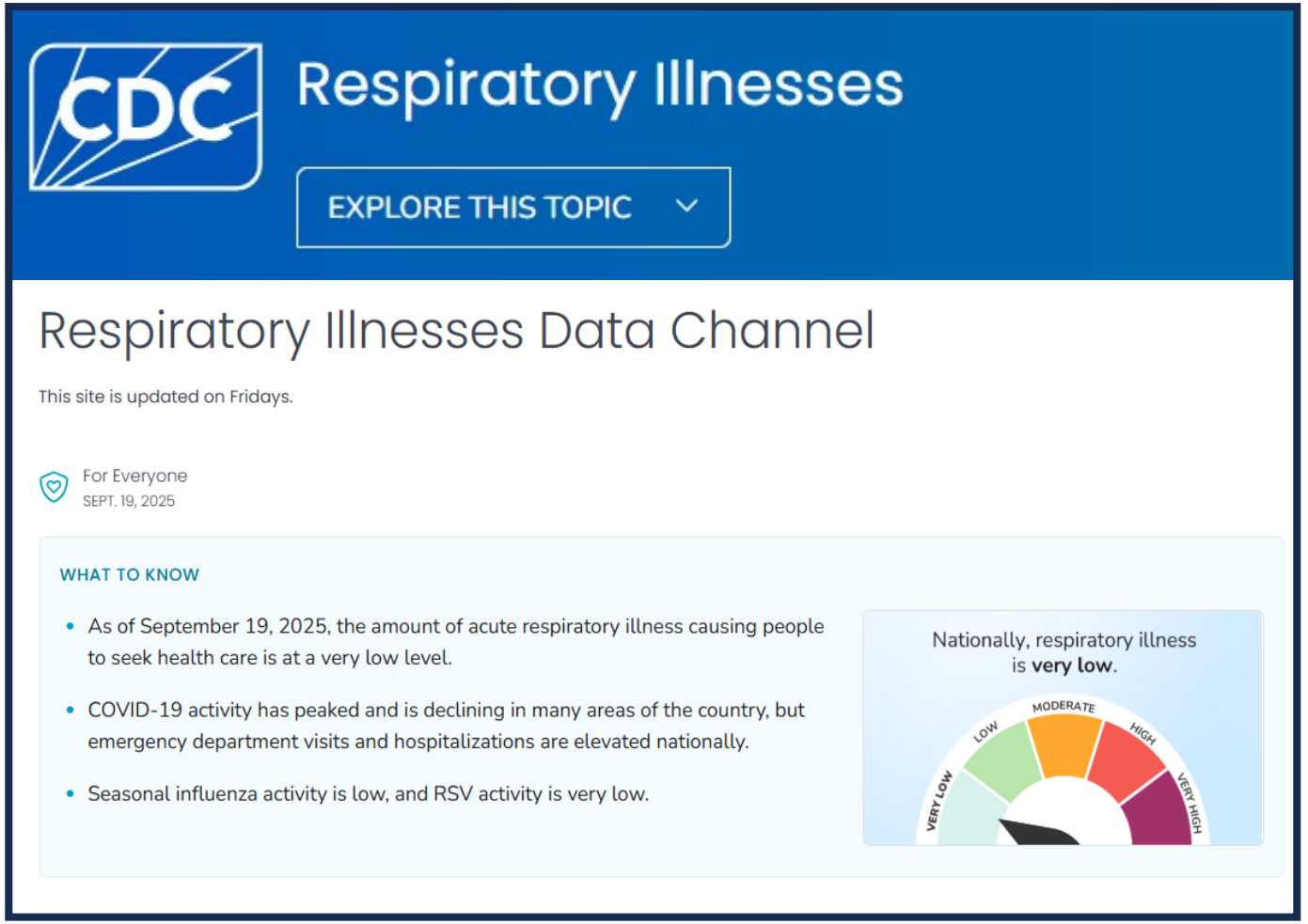





Credit: Graphic created by M.E. Newman, Johns Hopkins Medicine, using public domain images

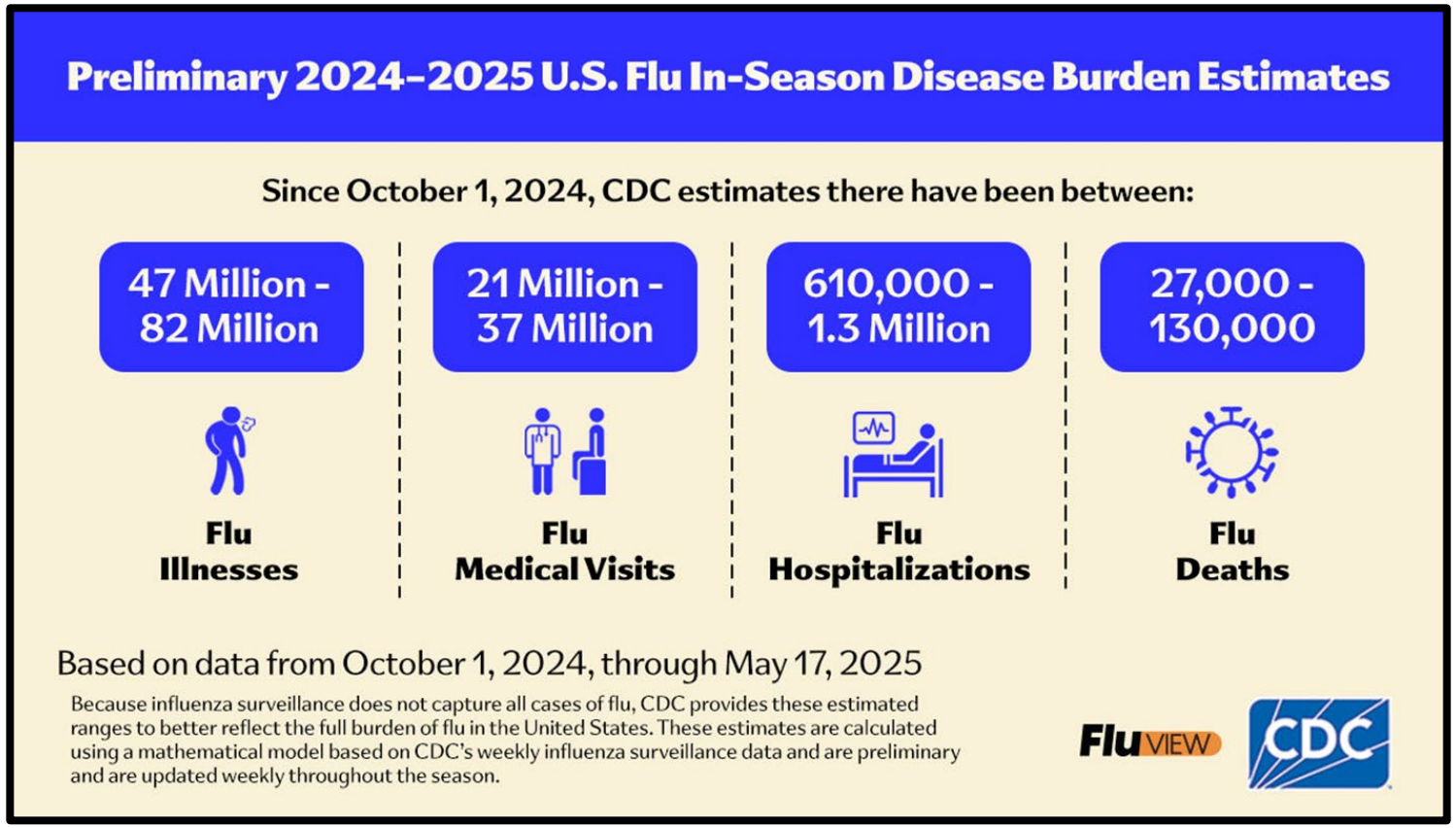
# Respiratory Illness Surveillance

- 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).




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

# Last Season Influenza Highlights 2024-2025



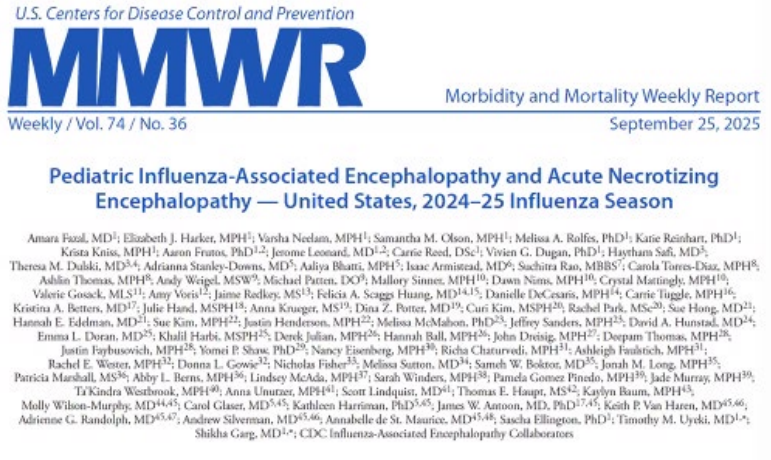

Highest cumulative influenza-associated hospitalization rate since 2010-2011

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

**<u>24-25 Season Flu Vaccine Prevented:</u>**
**12 million flu-related illnesses,**
**5.7 million medical visits, &**
**240,000 hospitalizations**

# 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


U.S. Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Weekly / Vol. 74 / No. 36
September 25, 2025

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

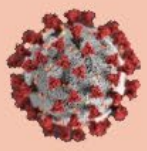
[MMWR - Pediatric Influenza-Associated Encephalopathy and Acute Necrotizing Encephalopathy—United States, 2024–25 Influenza Season]

[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:

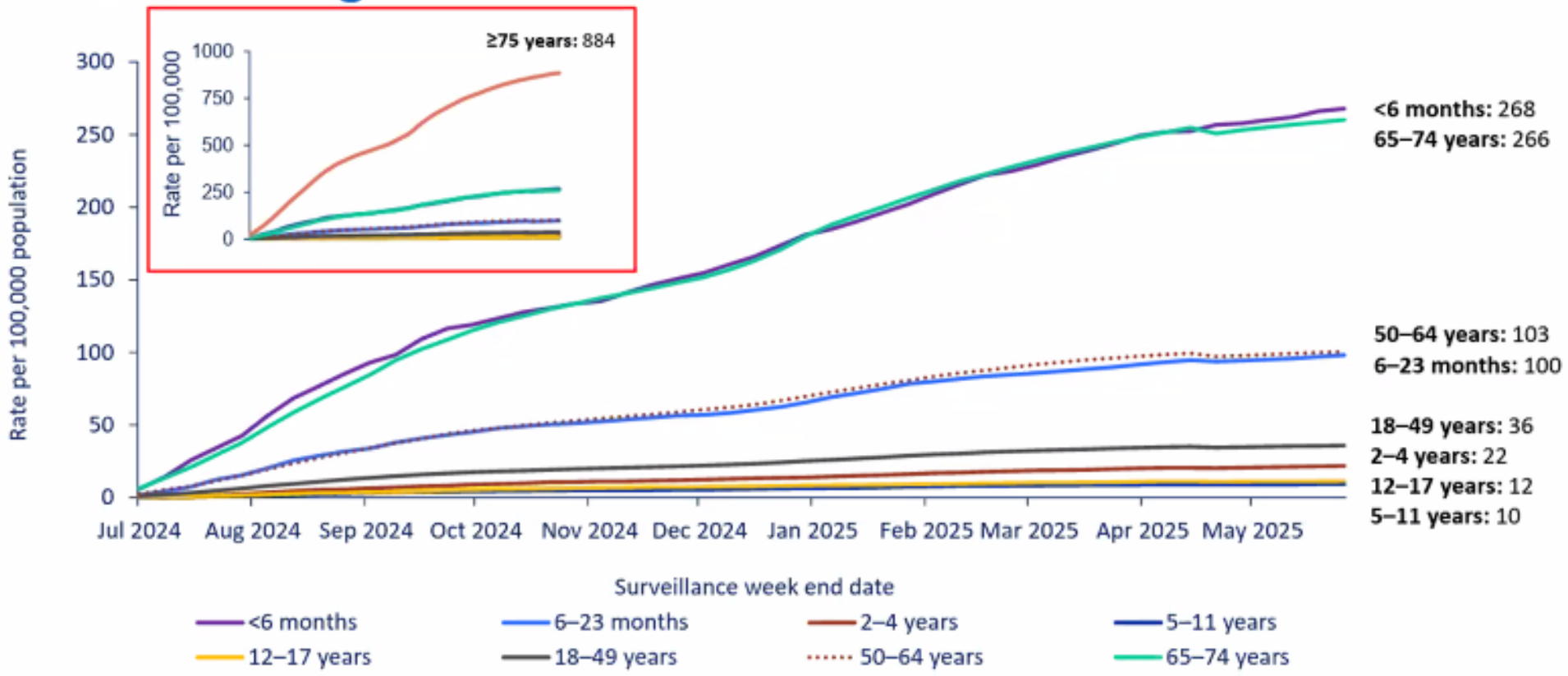
| 13.8 million–20.3 million | 3.3 million–4.8 million | 380,000–540,000 | 44,000–63,000 |
|---|---|---|---|
|  |  |  |  |
| **COVID-19 Illnesses** | **COVID-19 Outpatient Visits** | **COVID-19 Hospitalizations** | **COVID-19 Deaths** |

*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.

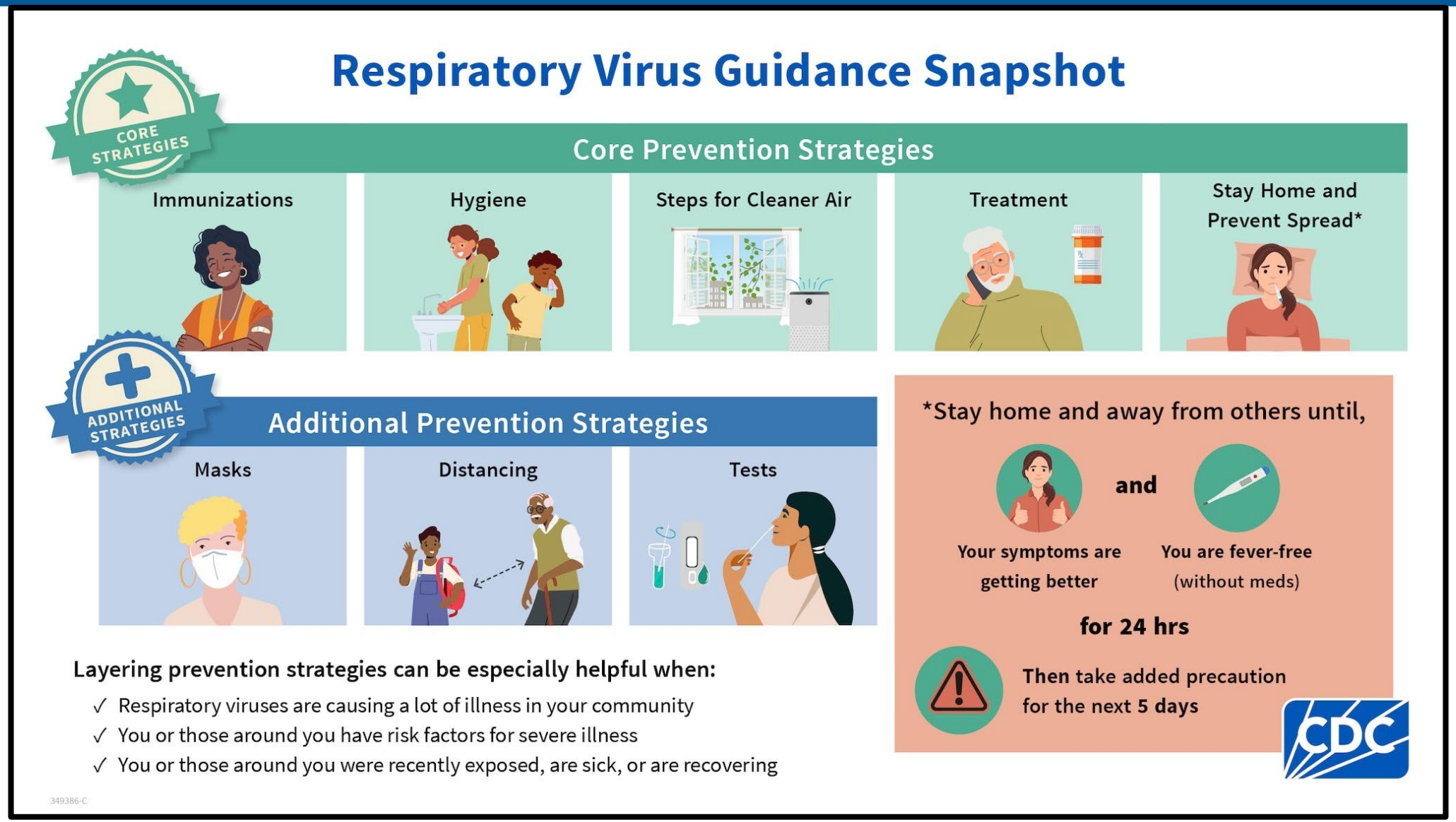



89% of hospitalized children and adolescents had no recent vax on record.

Most adults hospitalized had received no vaccine since July 2023.

NCIRD ACIP Presentation June 25, 2025

# Respiratory Illness Prevention Guidance



# 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)**

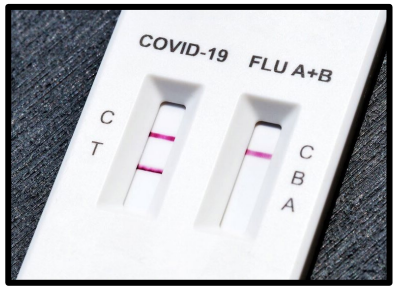
# DPH HCP Vaccination Requirement

- **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 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.

FluMist
Influenza Vaccine
Live, Intranasal

# 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

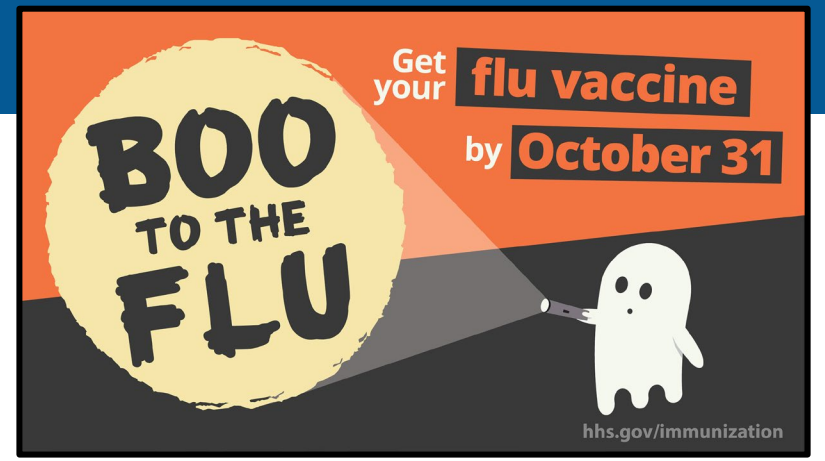
- **Commissioner Goldstein has issued a new standing order for local boards of health to administer COVID-19 vaccines for this respiratory season (Sept 19, 2025).** Accompanying that standing order are two separate standing orders for administering epinephrine in the event of anaphylactic reaction to 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

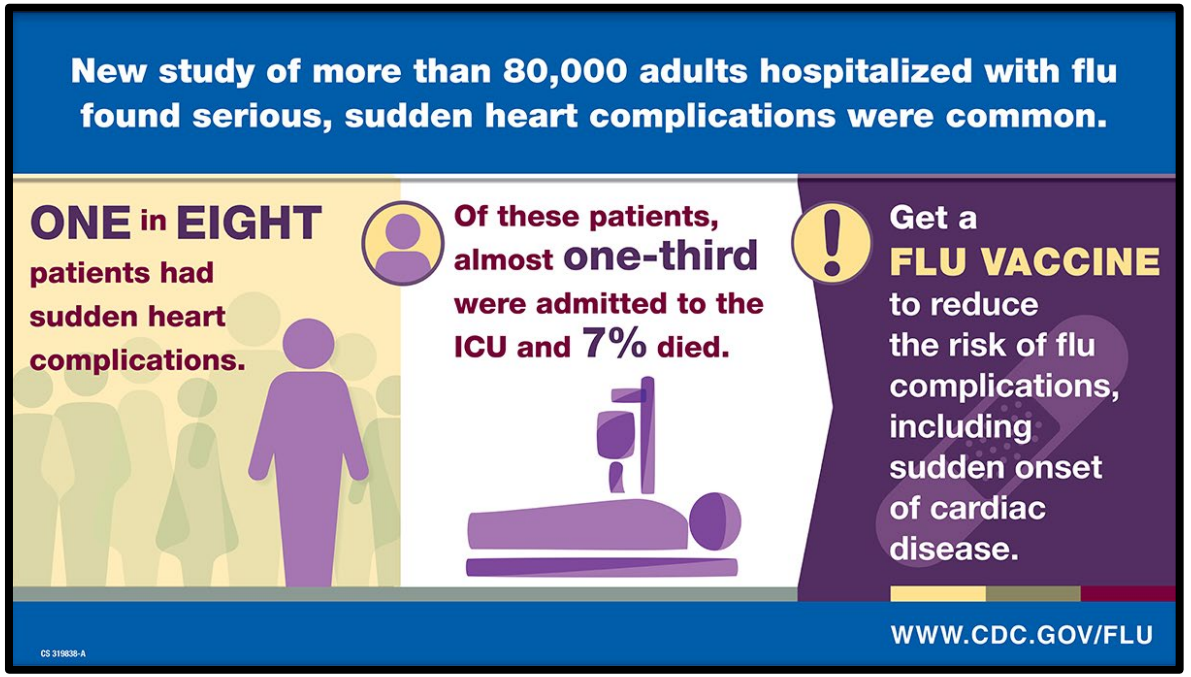
# Fall Vaccines in MA: Quick Update

- **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?

**<u>Bottom Line:</u> 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.

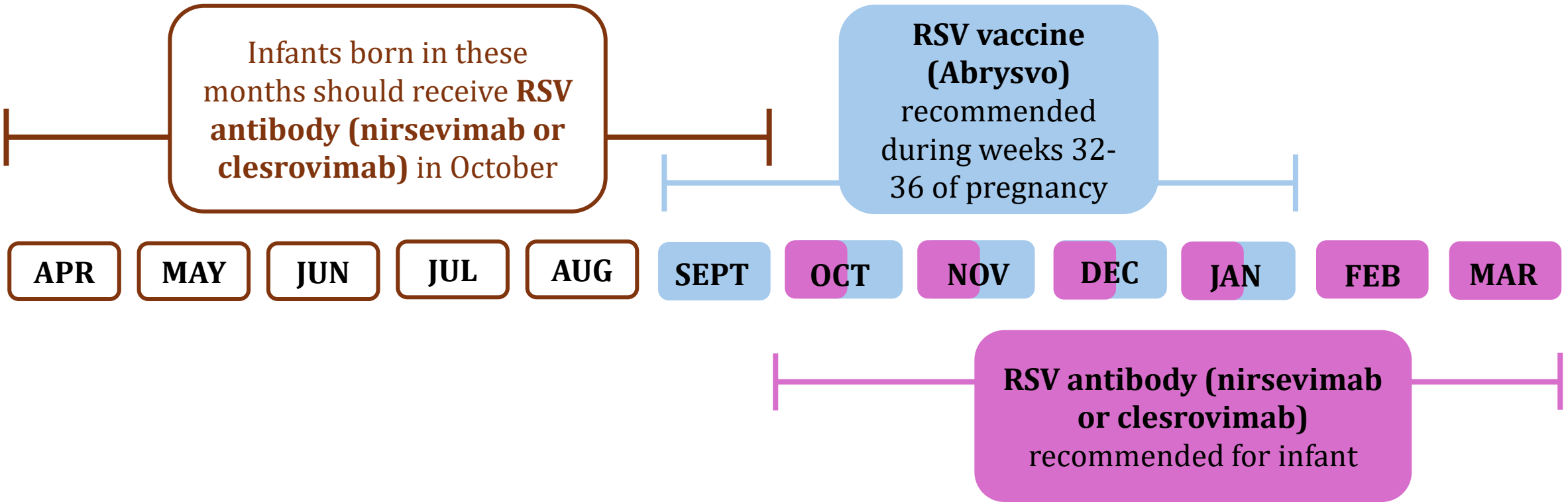
| MA DPH 2025 COVID-19 Recommendations for 2025-2026 | | |
|---|---|---|
| **Age Group** | **Status/Condition** | **Recommendation** |
| **CHILDREN** ages 6-23 months | All children in this age group | **SHOULD** receive one dose of age appropriate 2025-2026 vaccine.<br><br>If previously unvaccinated, 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.<br><br>*Some* children 8 -19 months at increased risk for severe RSV (nirsevimab only) | Long-acting monoclonal antibody | **Beyfortus** (nirsevimab) | Sanofi and AstraZeneca |
| | | | **Elflonsia** (clesrovimab) | Merck |
| **Pregnant people**  | All Pregnant people during the weeks 32-36 of pregnancy during RSV season (September through January)<br><br>[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** | Pfizer |
| | | | **Arexvy** | GSK |
| | | | **mRESVIA** | Moderna |

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

# 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

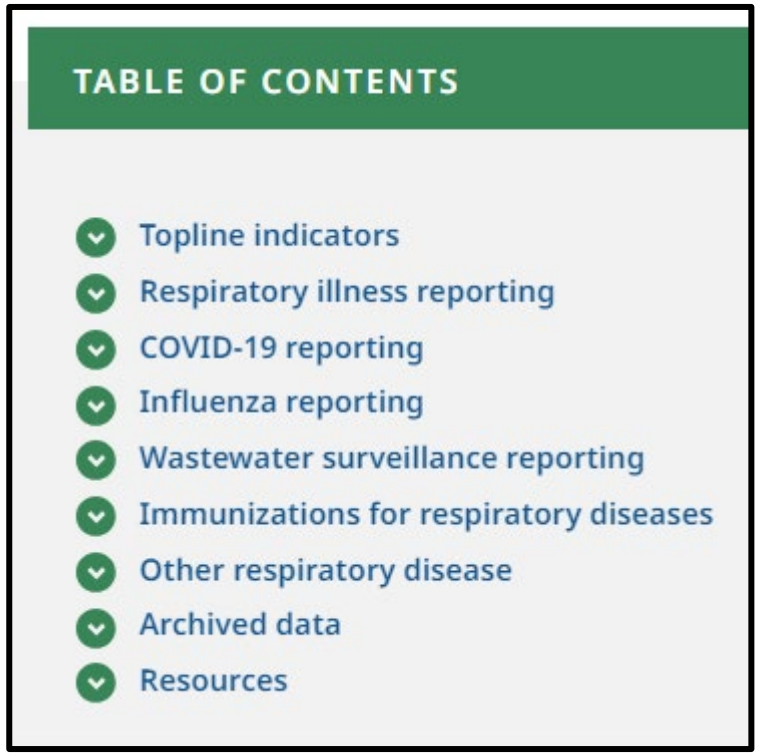
10/14/2025

**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

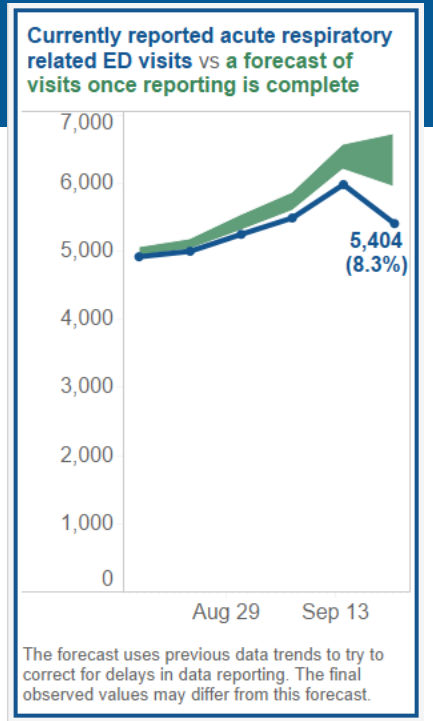


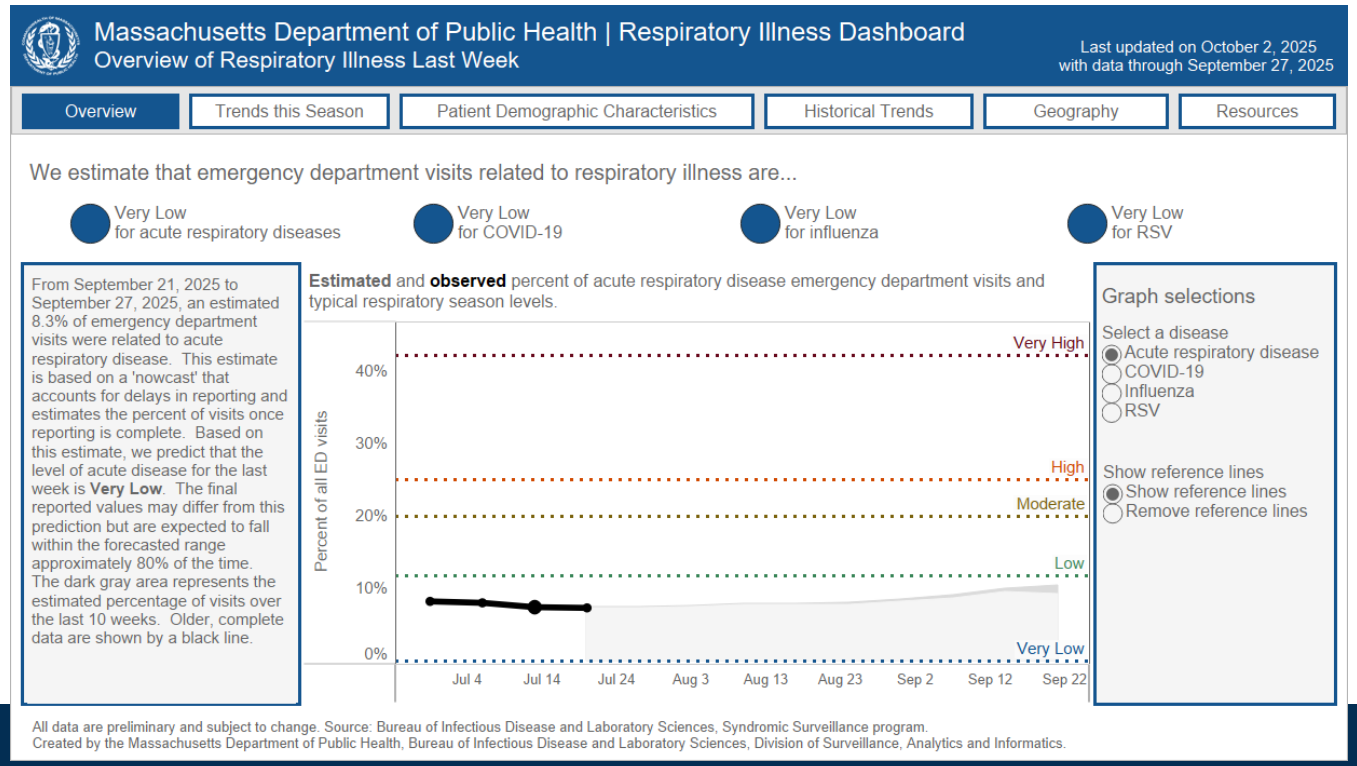
# Forecasting Features

**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

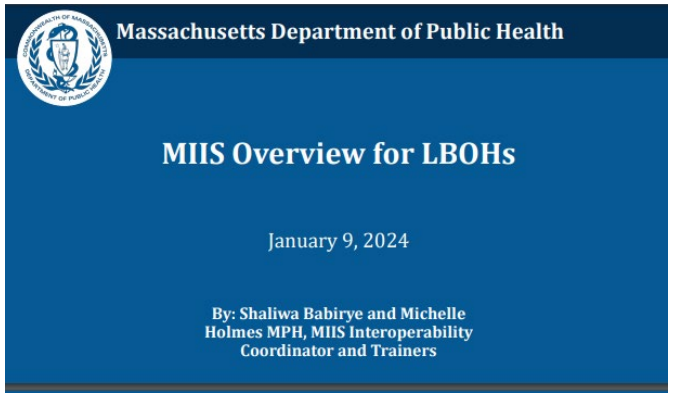
10/14/2025

**Data Assessment Unit (DAU)**

**MDPH Immunization Division**

# MIIS Overview for LBOH: Webinar Available

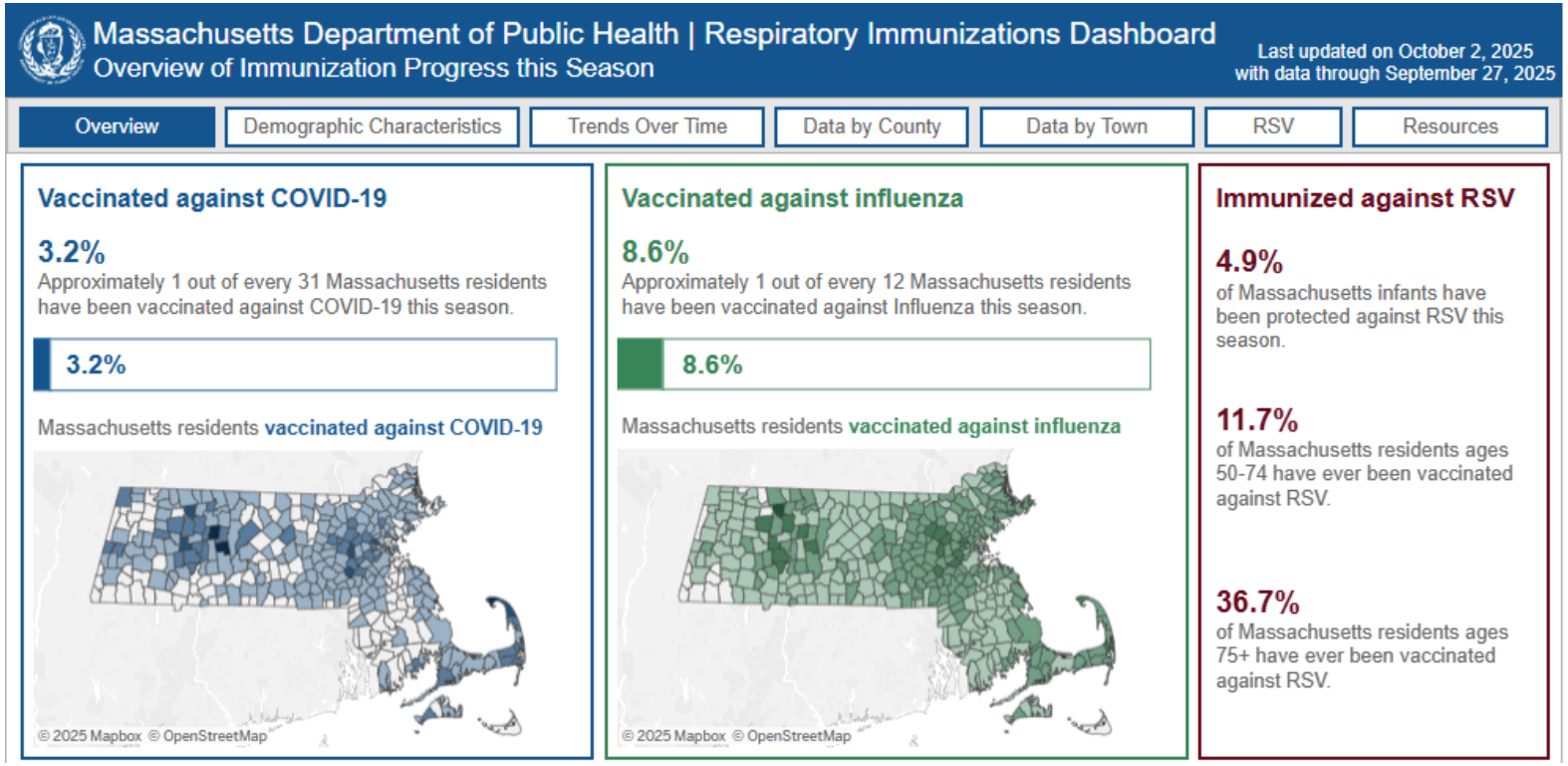
- Tools for Local Health January 2024 Webinar covered MIIS for LBOHs.
  - Topics Covered:
  - Running reports for all residents
  - Flu Coverage Report demo
  - Roster Entry
  - Navigating patient records
  - Registration process demo
  - Resources
  - Q&A




Slides, Webinar Recording

# Respiratory Immunization Dashboard 2025-26

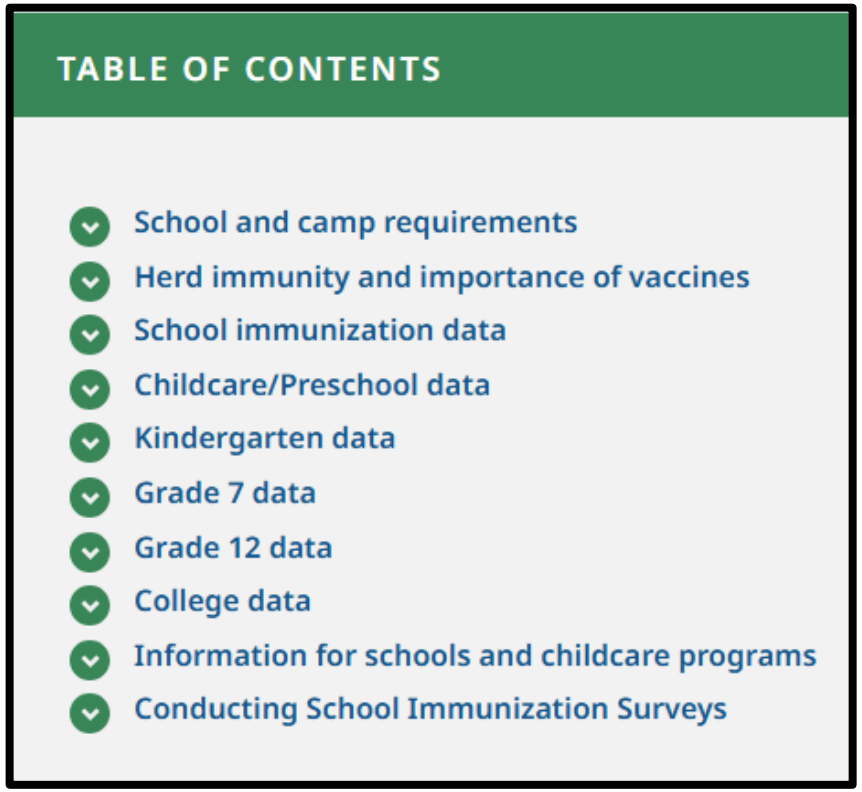
- **Updated MDPH respiratory immunization dashboard planned for late October***
  - Seasonal immunization coverage for flu and COVID-19 will be available at the state and municipal level
  - Cumulative coverage of RSV for adults at the municipal level
  - Statewide estimates for infant RSV protection 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

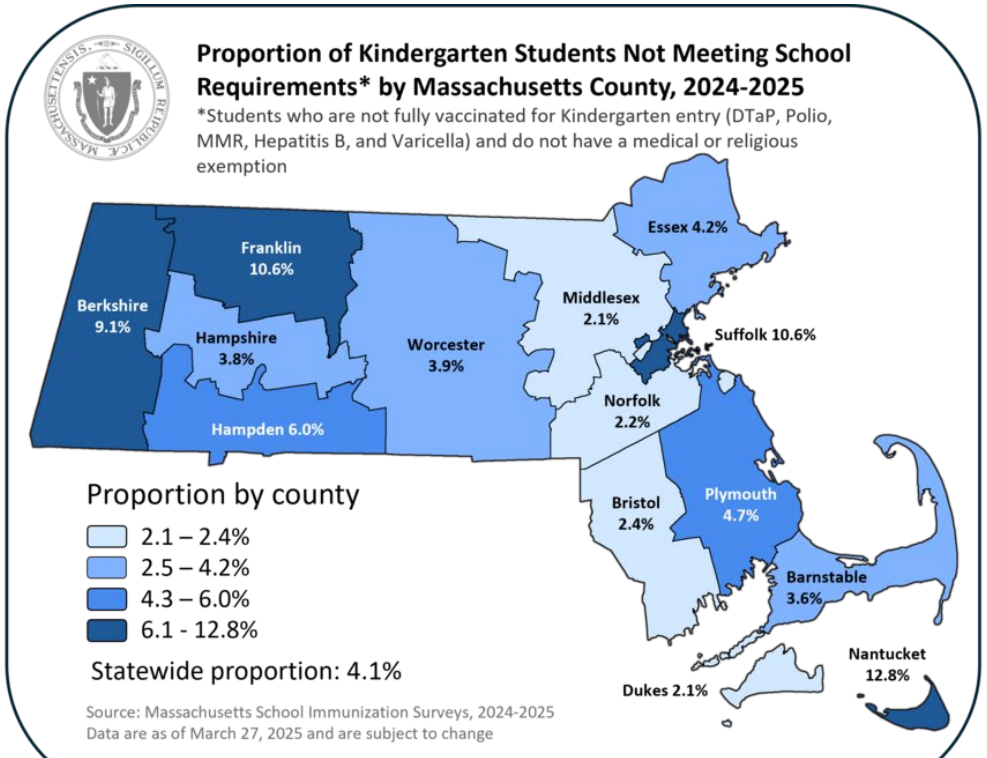



- Data available on mass.gov, including by school and county for each surveyed grade level:
  - https://www.mass.gov/info-details/school-immunizations

# 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% |




# 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

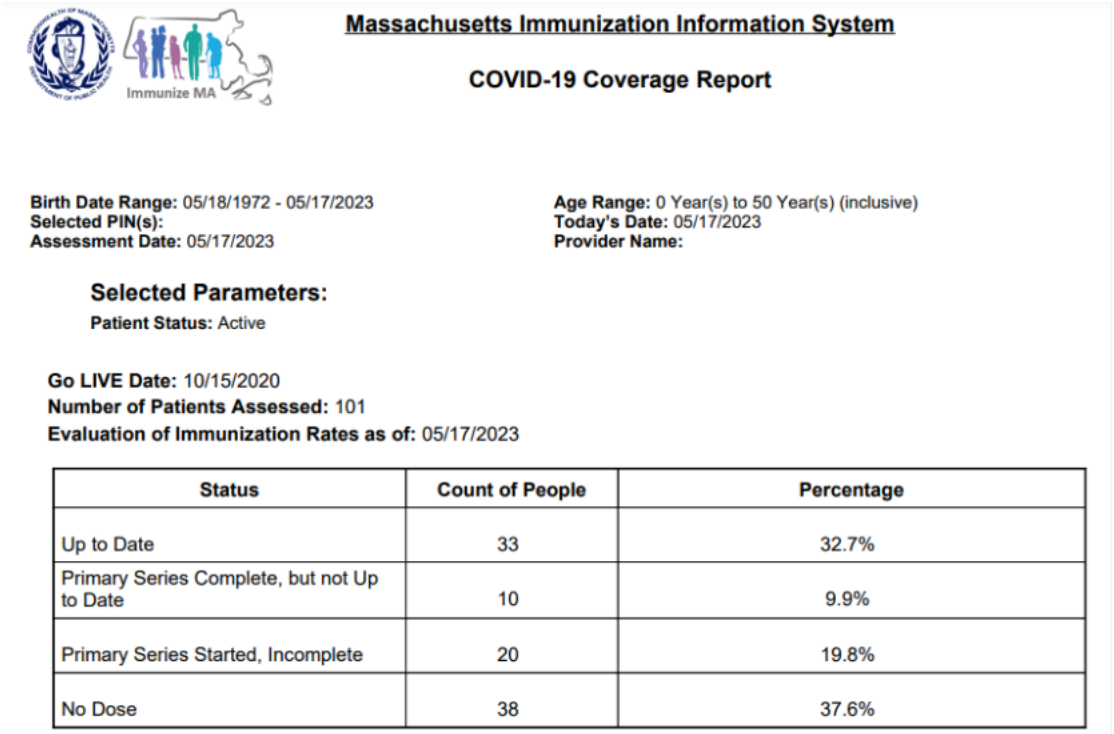
# MIIS Reports and Patient-Level Records

## 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



Immunize MA

**Massachusetts Immunization Information System**

**COVID-19 Coverage Report**

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

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

**Selected Parameters:**
**Patient Status:** Active

**Go LIVE Date:** 10/15/2020
**Number of Patients Assessed:** 101
**Evaluation of Immunization Rates as of:** 05/17/2023

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

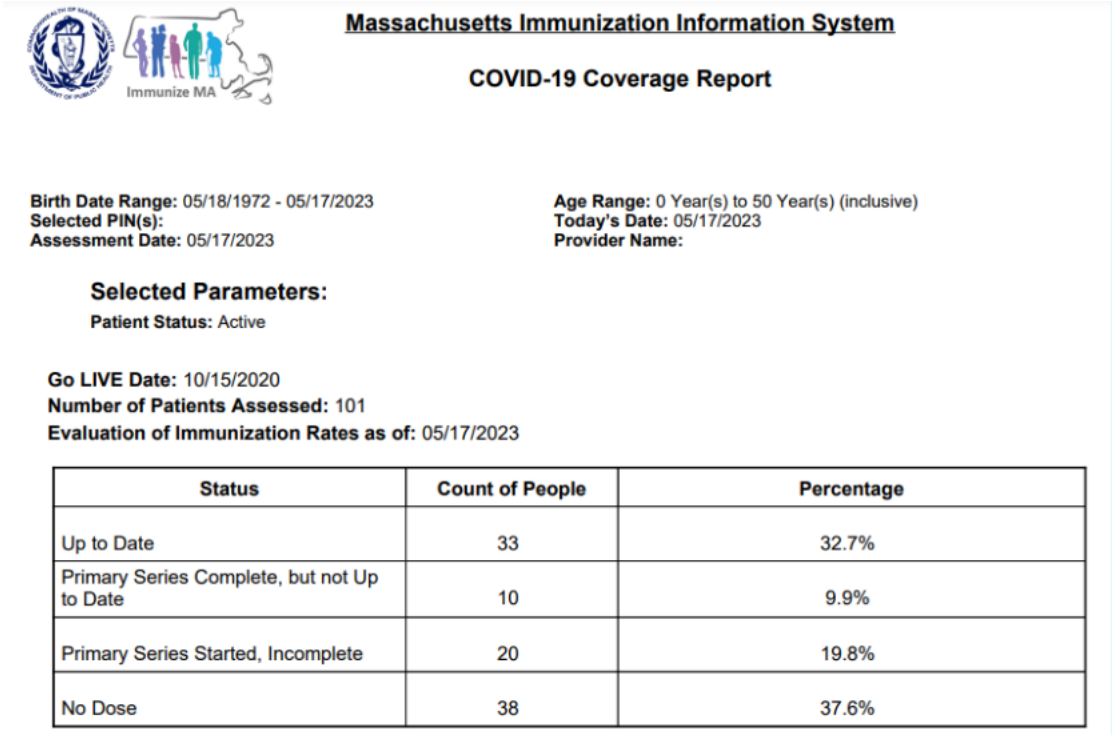
# MIIS Reports and Patient-Level Records

## Reminder Recall Report

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

## Vaccine Reports: (for vaccinating LBOHs)

- Order history
- Inventory status
- Invalid dose report



Massachusetts Immunization Information System

COVID-19 Coverage Report

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

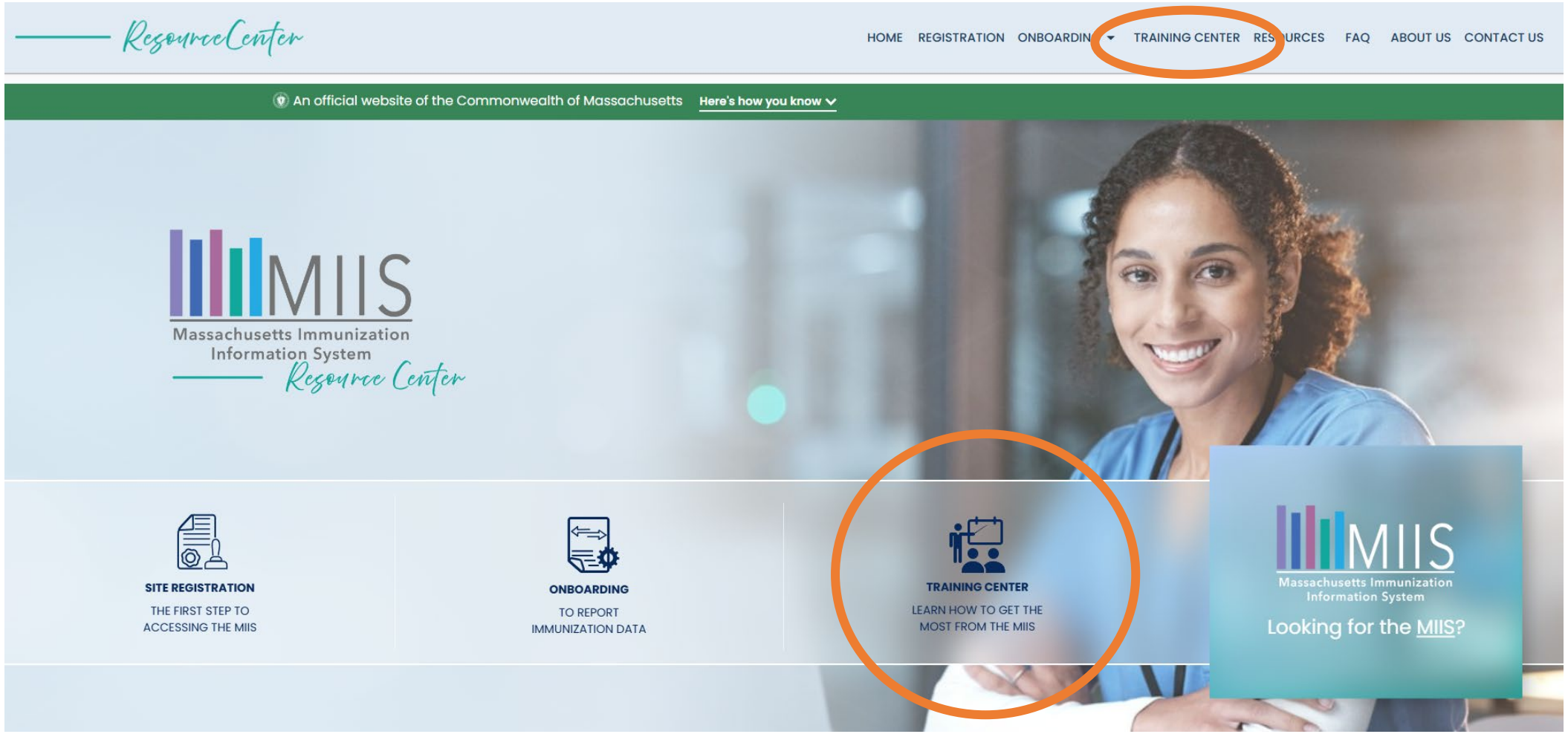
**Age Range:** 0 Year(s) to 50 Year(s) (inclusive)
**Today's Date:** 05/17/2023
**Provider Name:**

**Selected Parameters:**
**Patient Status:** Active

**Go LIVE Date:** 10/15/2020
**Number of Patients Assessed:** 101
**Evaluation of Immunization Rates as of:** 05/17/2023

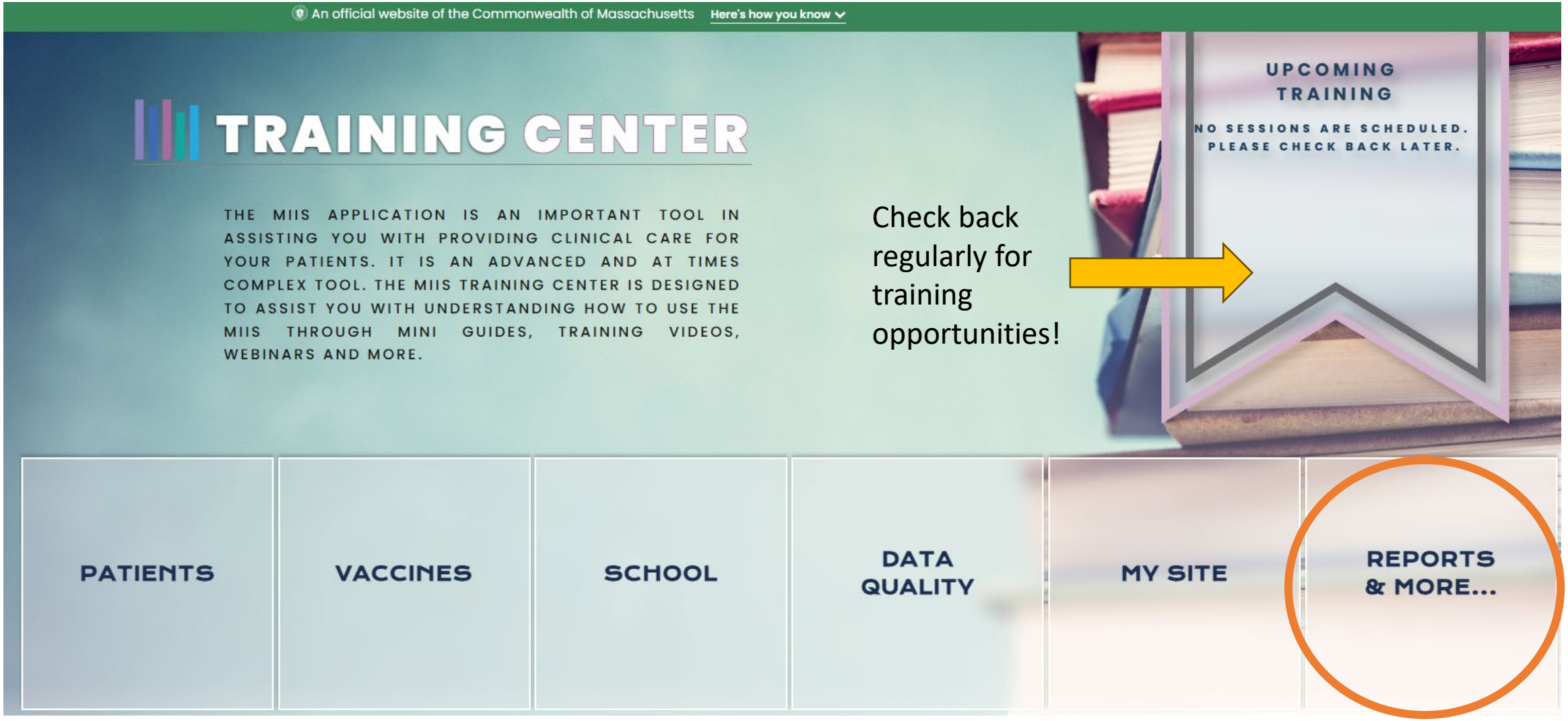
| Status | Count of People | Percentage |
|---|---|---|
| Up to Date | 33 | 32.7% |
| Primary Series Complete, but not Up to Date | 10 | 9.9% |
| Primary Series Started, Incomplete | 20 | 19.8% |
| No Dose | 38 | 37.6% |

# MIIS Resource Center – New look, same resources!




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

# MIIS Resource Center – Training Center



# MIIS Resource Center – Training Center


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

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

# Additional Immunization Communication

## Monthly MIIS Newsletter

MIIS
Massachusetts Immunization Information System

October 2025 | Issue 43
Archive

**Monthly News & Updates**

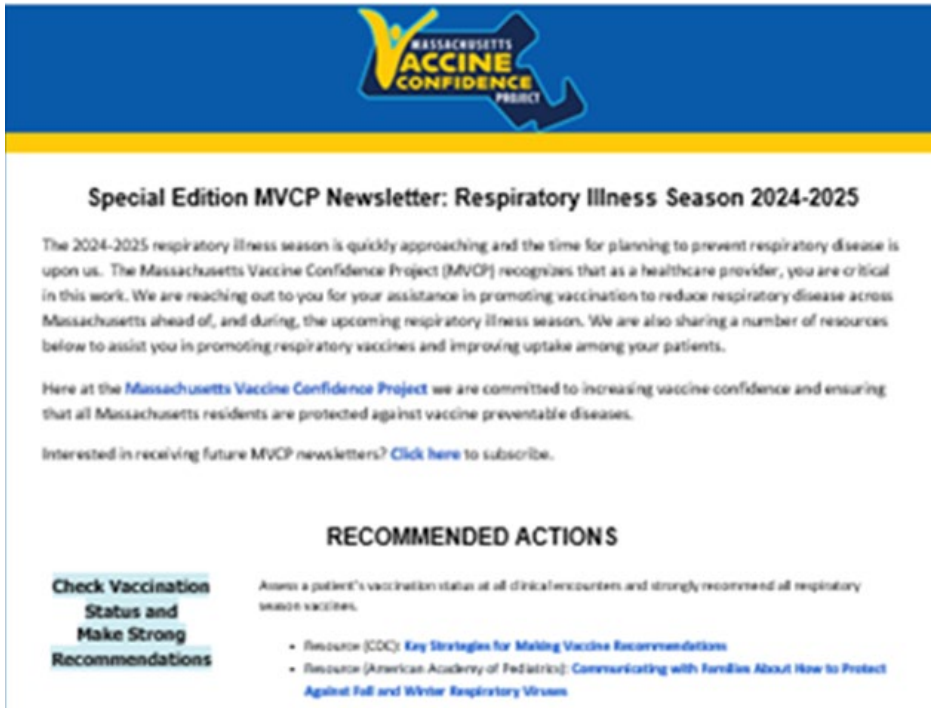
**In This Month's Newsletter:**

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



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

## Vaccine Confidence Newsletter



Massachusetts Vaccine Confidence Project

**Special Edition MVCP 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 (MVCP) 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 MVCP newsletters? Click here to subscribe.

**RECOMMENDED ACTIONS**

**Check Vaccination Status and Make Strong Recommendations**

https://massvaccineconfidenceproject.org/

# Massachusetts Vaccine Confidence Project (MVCP) Materials

## MVCP

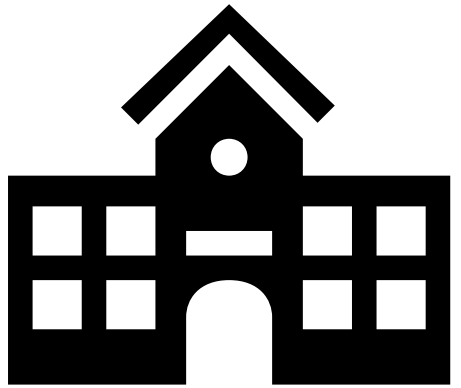
- Evidence Based Resources
- Searchable Database
- Training Opportunities
- Upcoming Vaccine Confidence Conferences & Webinars
- MVCP Quarterly Newsletter Sign Up
- Events Calendar



https://massvaccineconfidenceproject.org/

# 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.

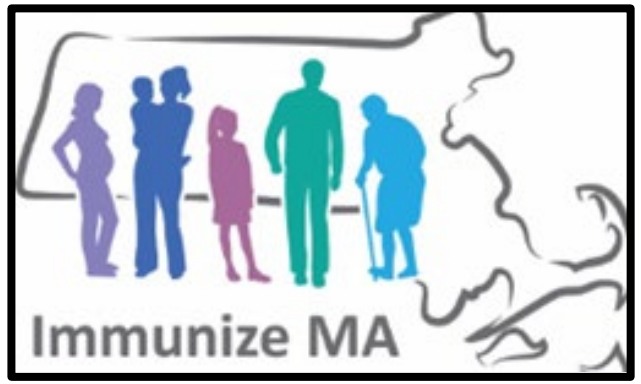


# Upcoming Immunization Events

- **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:

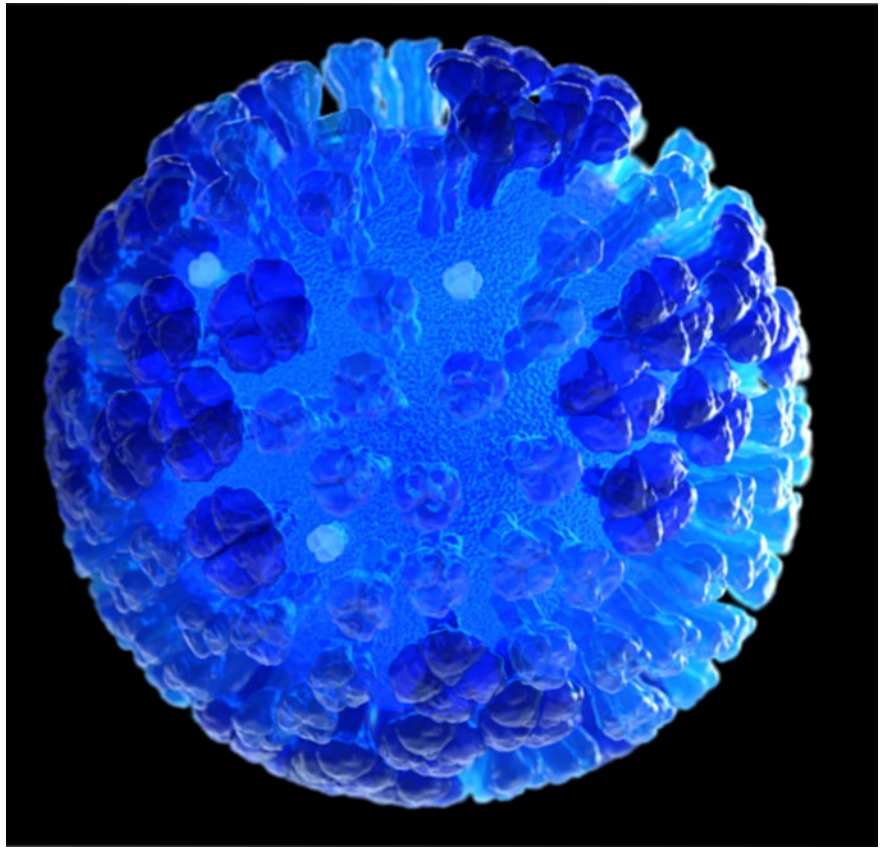
- Background, Clinical Presentation, and Epidemiology of Flu
- Influenza Reporting and Surveillance in MA
    1. Influenza-like illness (ILI)
    2. Hospitalizations
    3. Influenza Positive Lab Test Results reported to the MDPH
    4. Deaths
- Role of Local Health in Influenza-like illness (ILI) Clusters 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

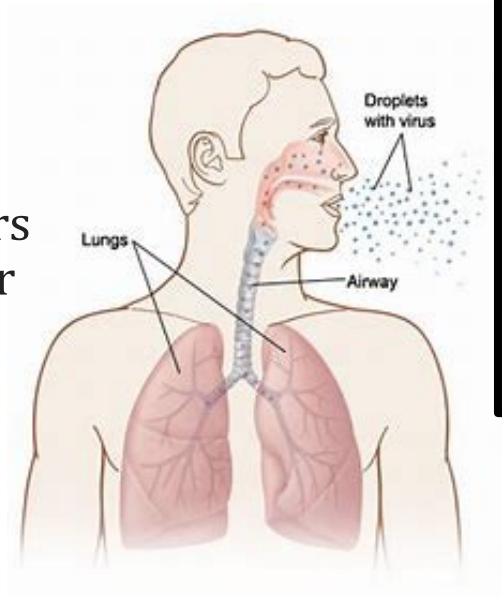
# Influenza (Flu) Viruses

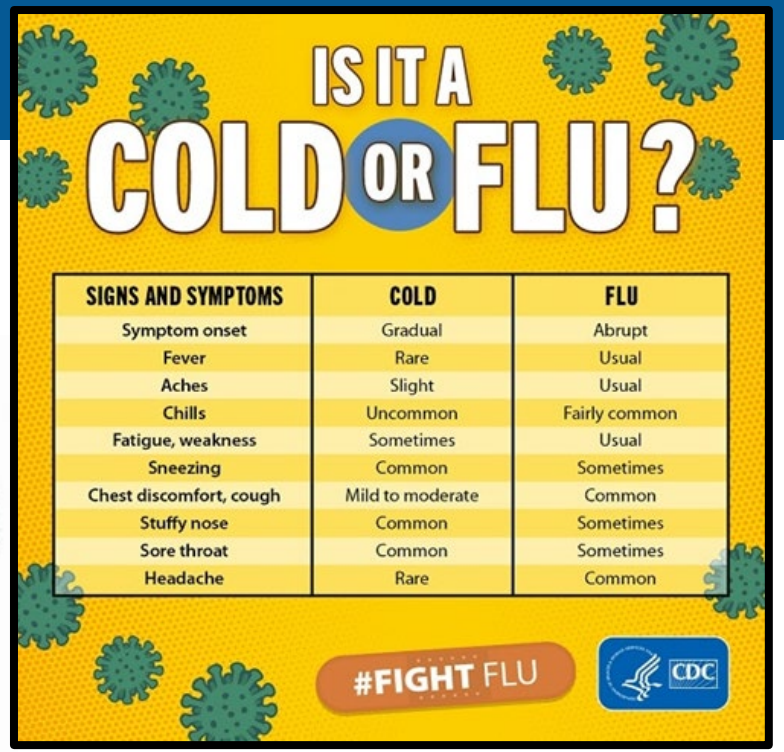
- Influenza is an acute respiratory disease caused by infection with influenza viruses.
- There are two main types of human flu viruses: types A and B. The flu A and B viruses that routinely spread in people are responsible for seasonal flu epidemics each year.
- Influenza is not to be confused with *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.

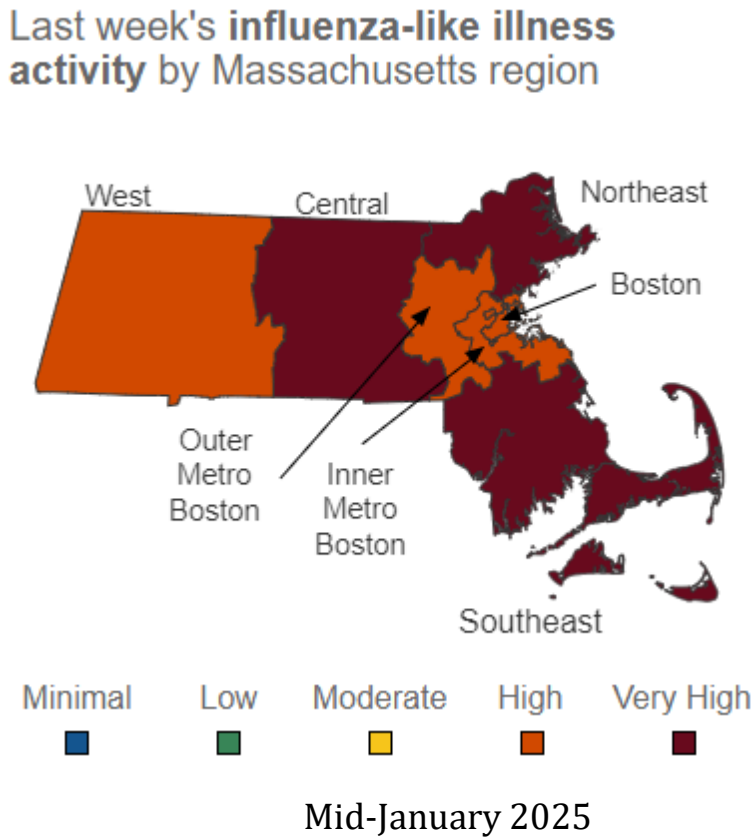



**Seasonality:** While detected year-round, "flu season" is October through May, typically peaking between December and February.

# 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

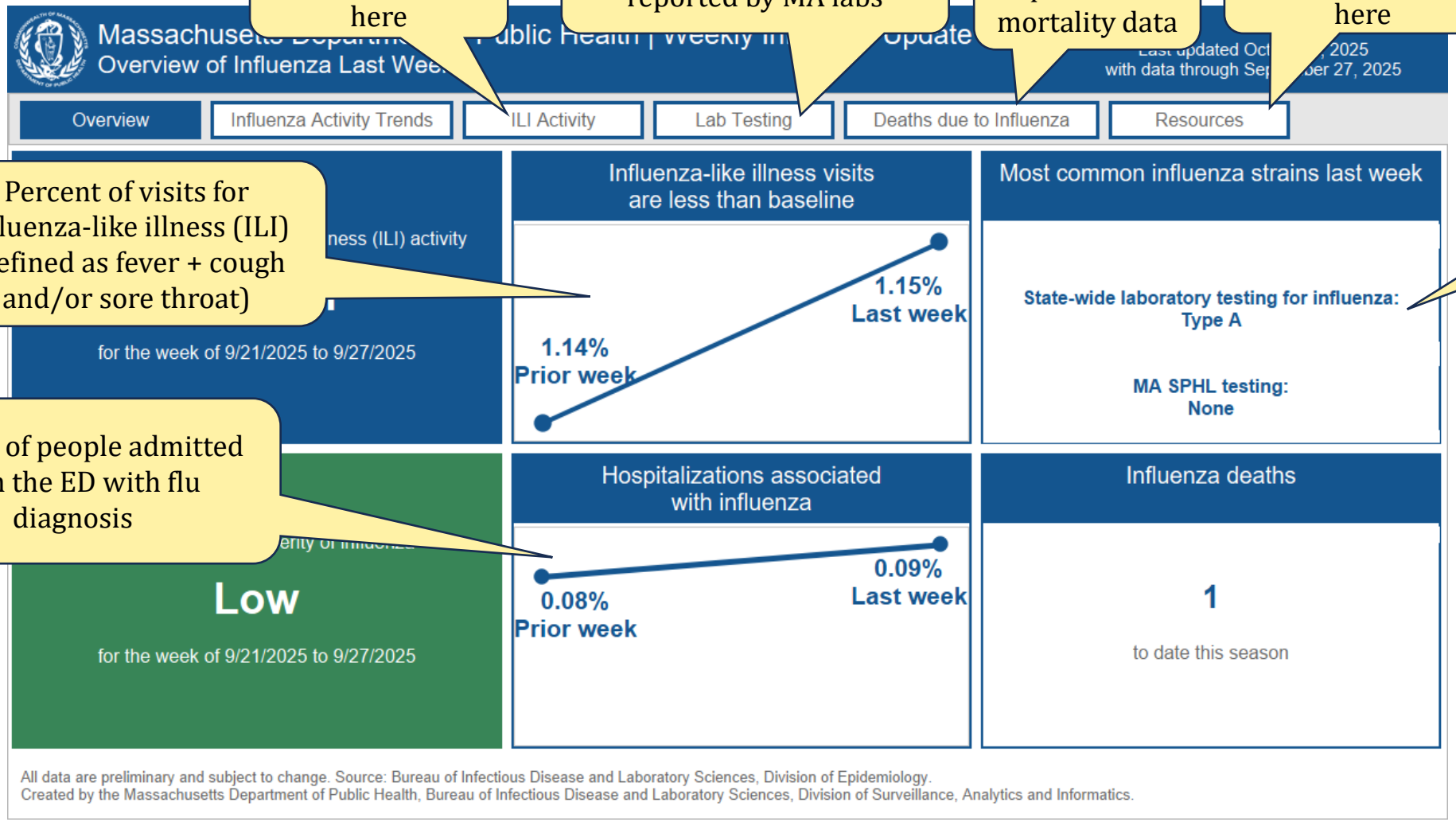



Mid-January 2025

# 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




**Our Weekly Flu Dashboard is part of https://mass.gov/respdiseasedata!**

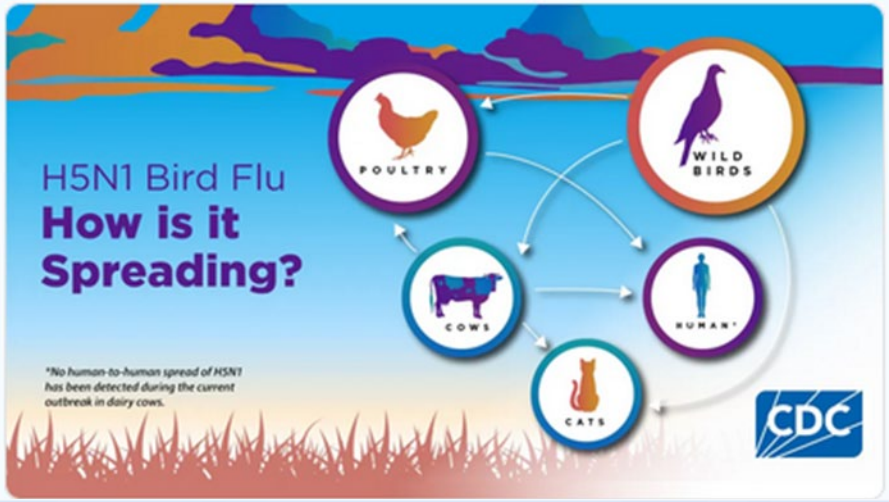
# Influenza Surveillance FAQs

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

- **Q. Are ILI and Flu Hospitalization Data Tracked in MAVEN?**
  - **A.** No, these data are not in MAVEN and are compiled from other reporting sources. Remember to check out the Respiratory Illness Reporting Dashboard for more information.

# 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**.




# 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.

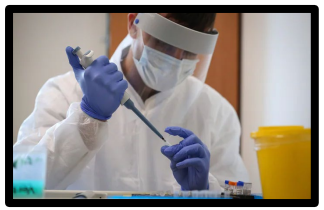
# LBOH & Influenza



# LBOH Overview: Influenza In MAVEN

1. **<u>Positive Influenza Lab Results</u> 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. **<u>Influenza-Associated Pediatric Deaths</u> (< 18 years old) must be reported directly to the Epidemiology Program by Healthcare Providers.**
   - Pediatric Deaths are high profile and require additional investigation and data collection. Sometimes there may be community control measures (such as a flu vaccination campaign at the child's school or other support for the community). MDPH Epis will work with you to assist in these situations.



3. **<u>Respiratory/Influenza Clusters</u> 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.

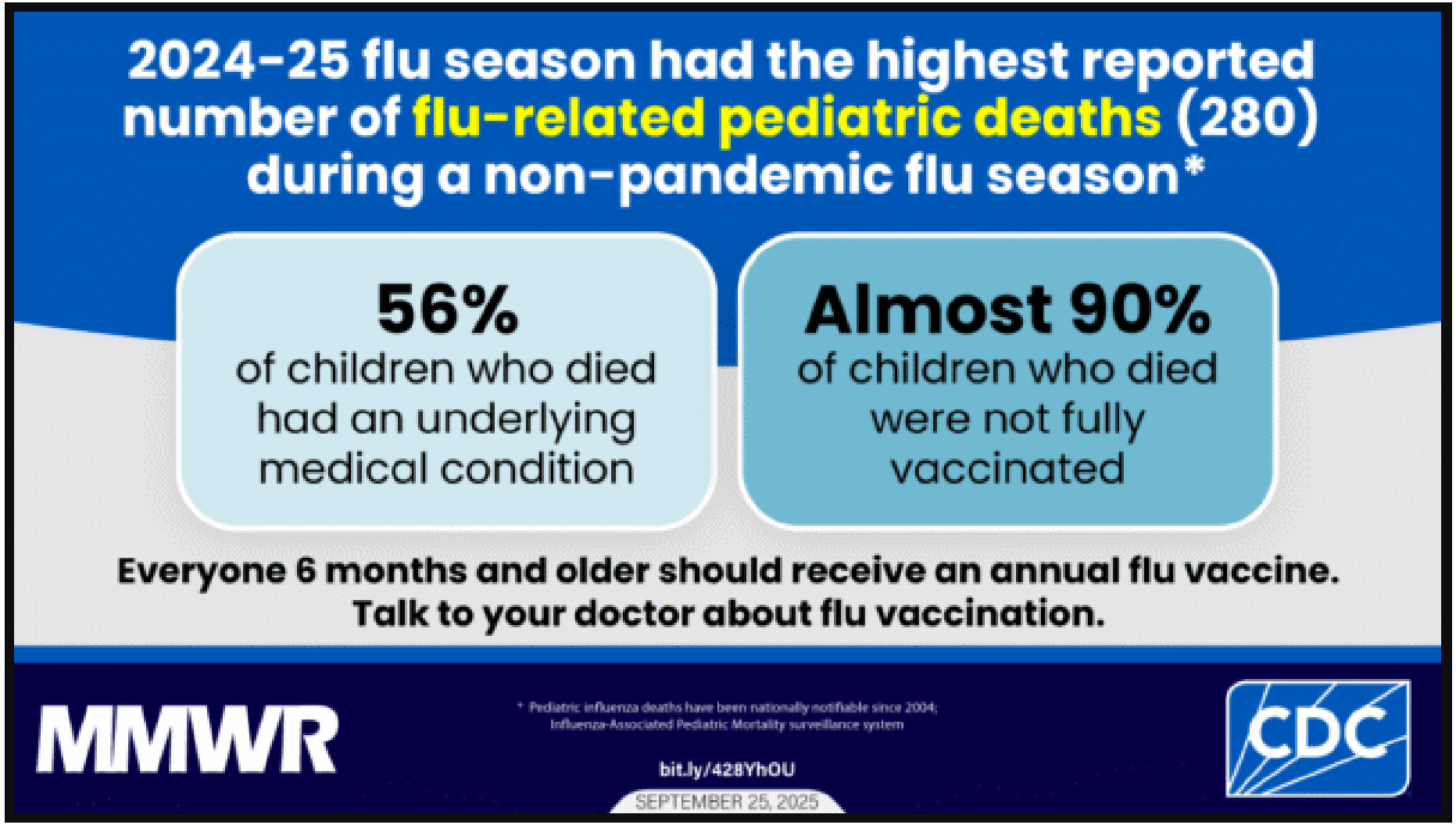
# 2. Influenza-Associated Pediatric Deaths

- **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 Epis will take the lead on these events but work closely with local jurisdictions.**

**Pediatric Influenza-Associated Deaths in MA**

| Year | Count |
|---|---|
| 2009- 2010 | 5 |
| 2010-2011 | 0 |
| 2011-2012 | 1 |
| 2012-2013 | 0 |
| 2013-2014 | 6 |
| 2014-2015 | 1 |
| 2015-2016 | 1 |
| 2016-2017 | 2 |
| 2017-2018 | 2 |
| 2018-2019 | 1 |
| 2019-2020 | 4 |
| 2020-2021 | 0 |
| 2021-2022 | 1 |
| 2022-2023 | 7 |
| 2023-2024 | 5 |
| 2024-2025 | 10 |

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

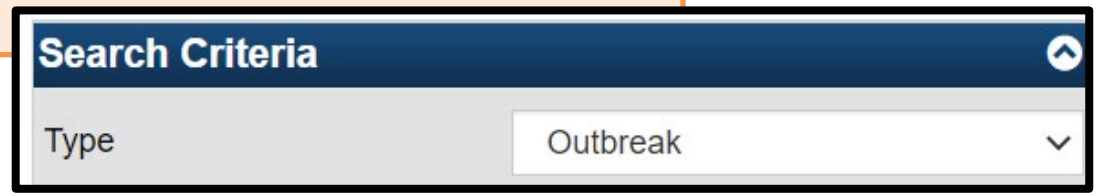



- Influenza-Associated Pediatric Deaths — United States, 2024–25 Influenza Season

# 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)
  - 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":




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

| Test | Isolate | Treat | Prevent | Report |
|---|---|---|---|---|
| • Symptomatic people for COVID and flu<br>• Consider full respiratory panel<br>• NO 'outbreak' testing like with COVID-19 | • Flu cases on droplet precautions<br>• Cohort flu and COVID cases separately | • Discuss use of antivirals for ill residents<br>• Consider PEP for non-ill residents | • Surveillance for new cases<br>• Hand hygiene and cough etiquette among staff<br>• Vaccinate! (residents and staff) | • DPH Epi (Infectious Disease Case Report Forms (mass.gov))<br>• LBOH<br>• 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) 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.

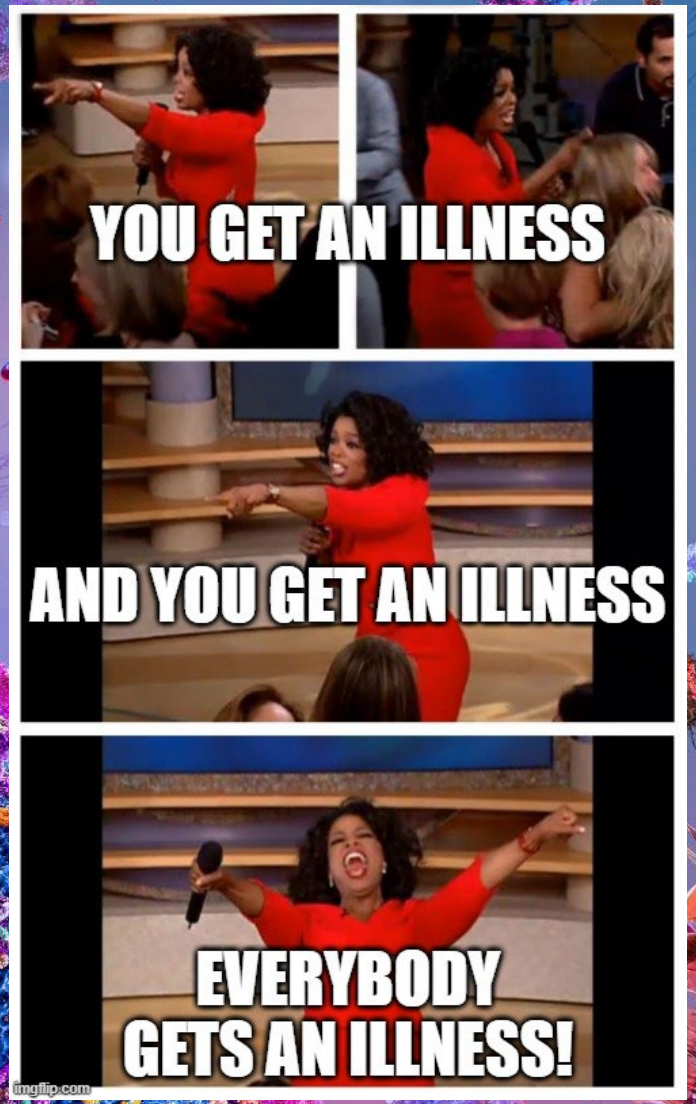
# Summary of LBOH Role in Flu Casework

- **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)
  - Long Term Care Facilities (LTCF)/Assisted Living Facilities (ALF)
    - Have sites submit online a cluster report form if they haven't already
  - Schools/Daycares
    - Provide general guidance found here Staying home to prevent the spread of respiratory viruses
    - LBOH can complete cluster report form if helpful or have them complete the cluster report form which will initiate a DPH epi response to provide guidance.

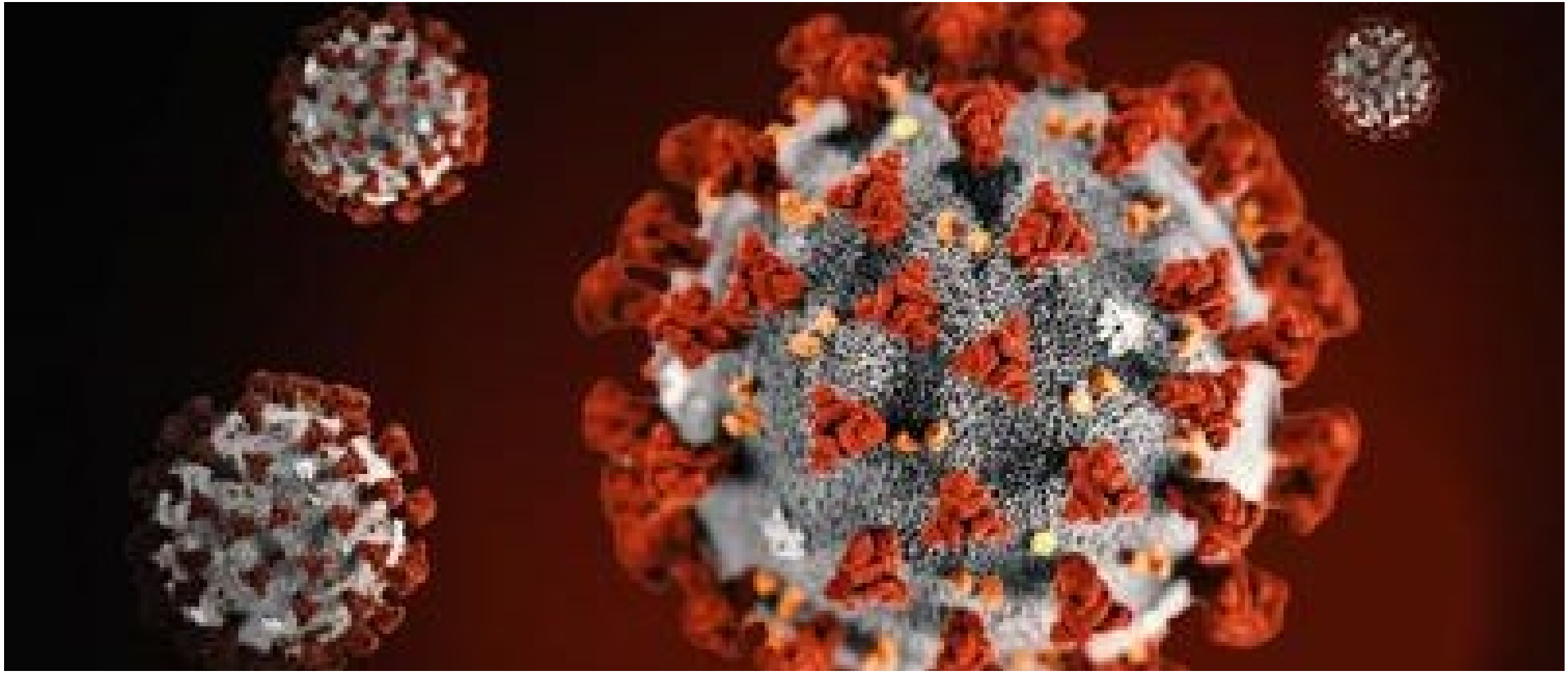
# Guidance for Additional Respiratory Illnesses

- **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:

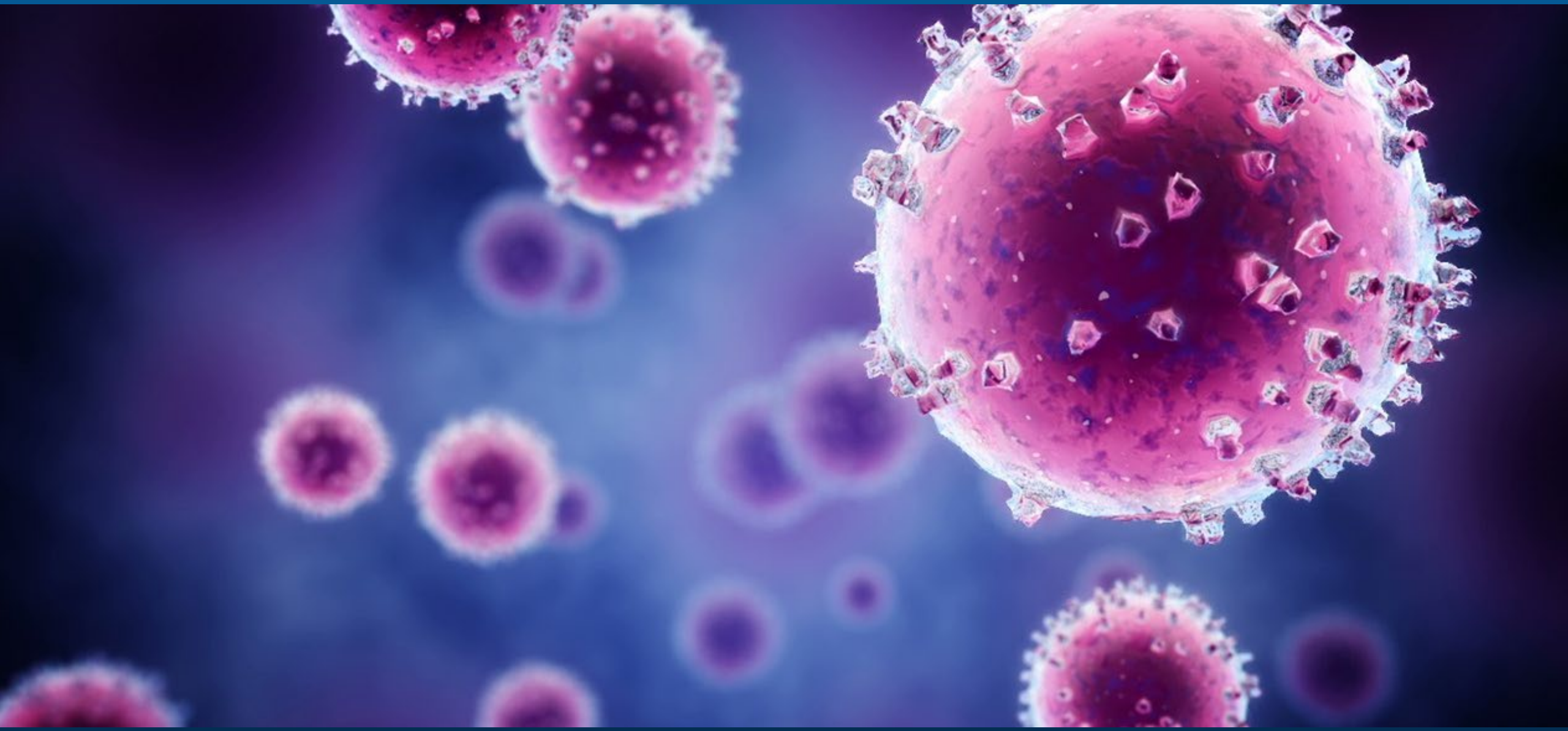

    - Two LBOH Notification Workflows remain to provide a snapshot view of reported COVID-19 cases in your jurisdiction. Timely acknowledgement for COVID-19 Events by LBOH MAVEN Users will help keep workflows in operation.
      - **Individual Events:** Populate Admin QP Step 1 manually by going into each 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.

# COVID-19 Reporting in Healthcare Settings

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

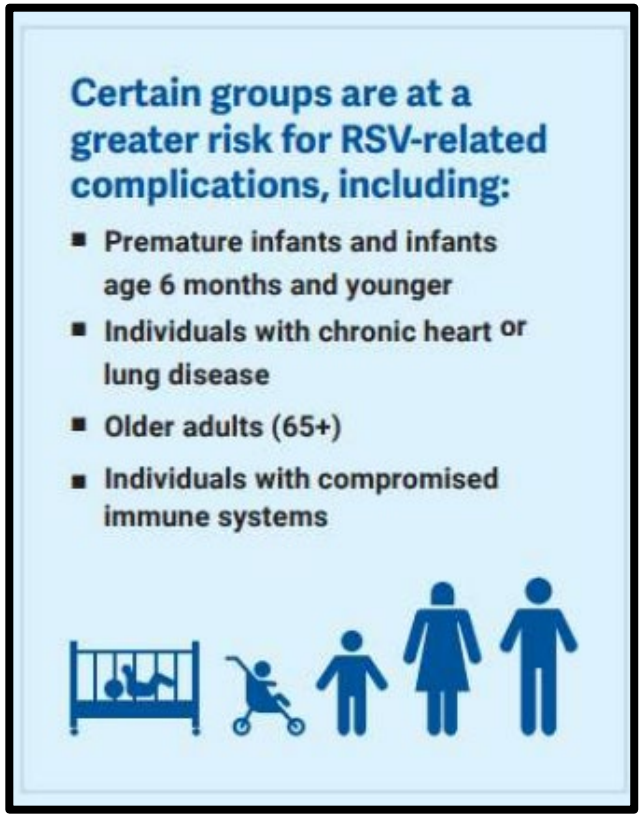
- **LBOH: If you get a call from a healthcare facility in your community reporting a cluster of COVID-19 (1 case or more):**
  - Support the facility and refer them to the 24/7 Epi Line: 617-983-6800 if they need additional guidance or support.
    - DPH Epidemiologists are no longer routinely assigned 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)

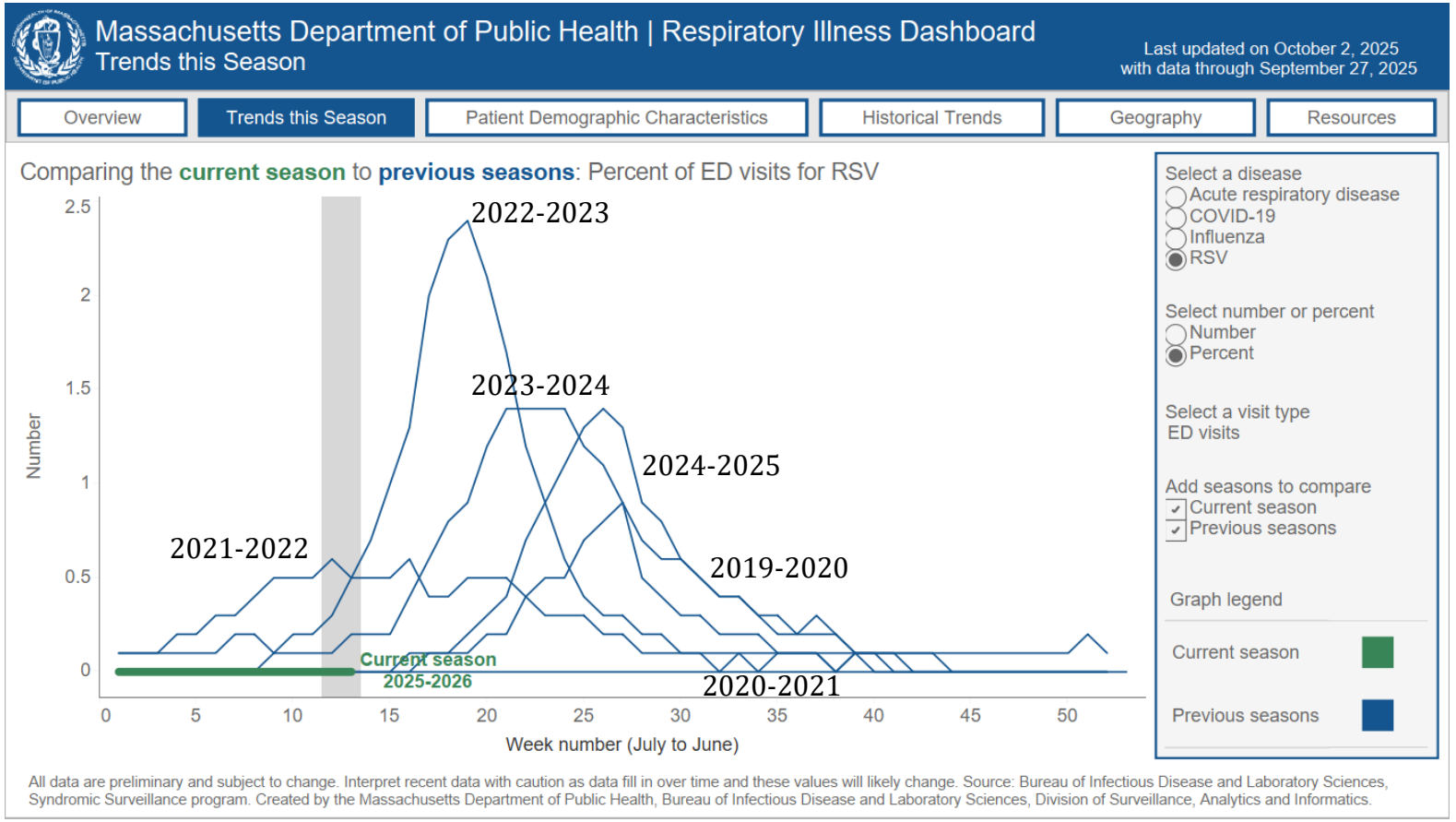
- **Respiratory syncytial virus** (RSV) is a common cause of respiratory illness in all age groups.
  - Almost all children will have had an RSV infection by their second birthday.
- **Symptoms** include:
  - Runny nose
  - Coughing
  - Sneezing
  - Fever
  - Decreased appetite
  - Wheezing
- **Infectious 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.




[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.

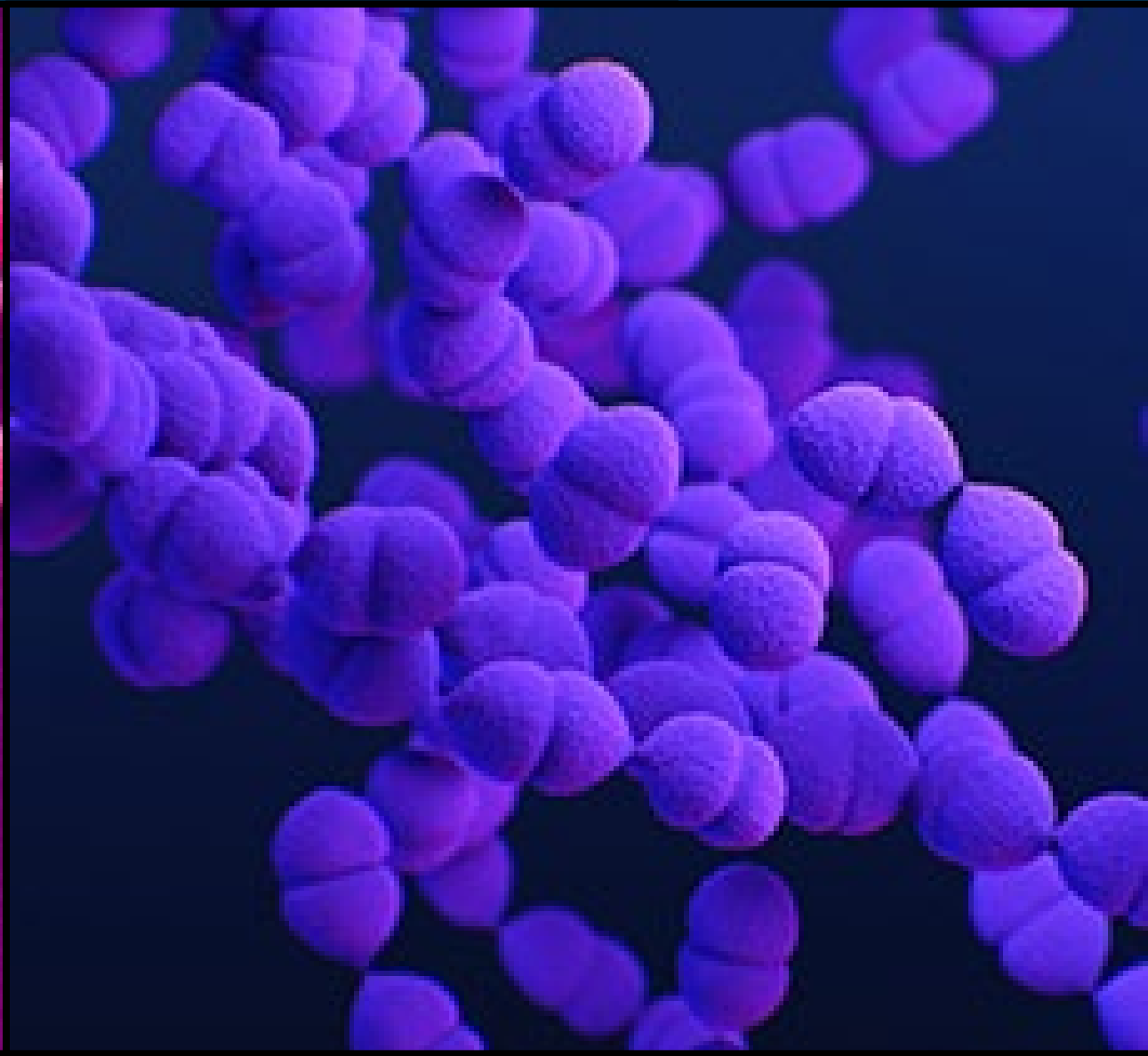



MA DPH | Respiratory Illness Dashboard | Trends this Season

# 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))
  - LBOH can provide general infection control guidance.
  - DPH Epi will follow-up with facility upon receipt of report form.

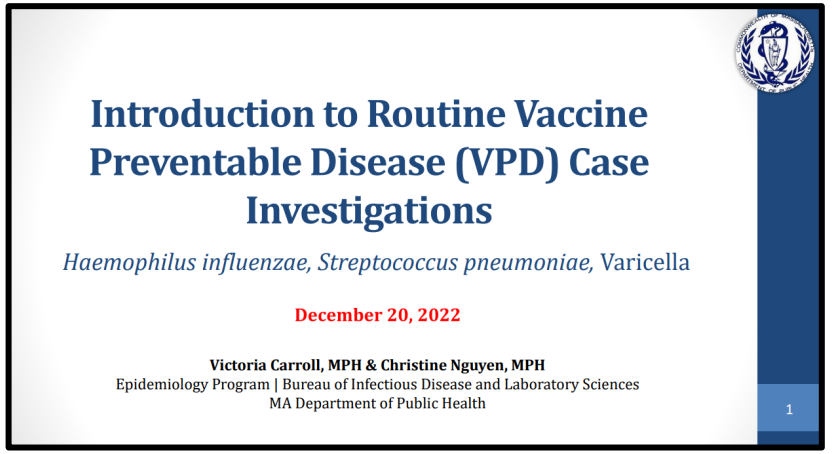
# *Haemophilus influenzae* (HI) & *Streptococcus pneumoniae*



# 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)

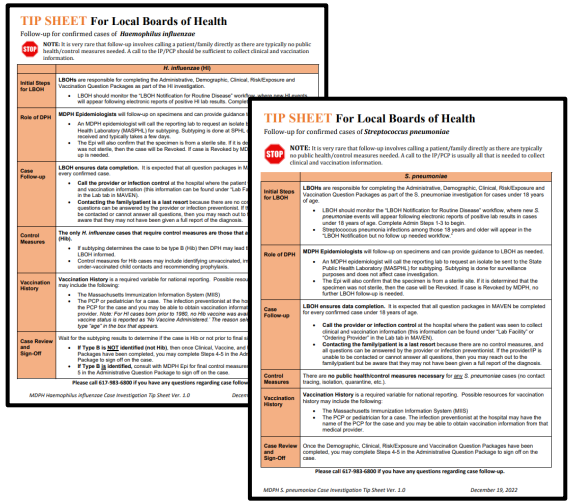
HI LBOH Tip Sheet




Presentation Slides, Recording

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

*S. pneumo* LBOH Tip Sheet



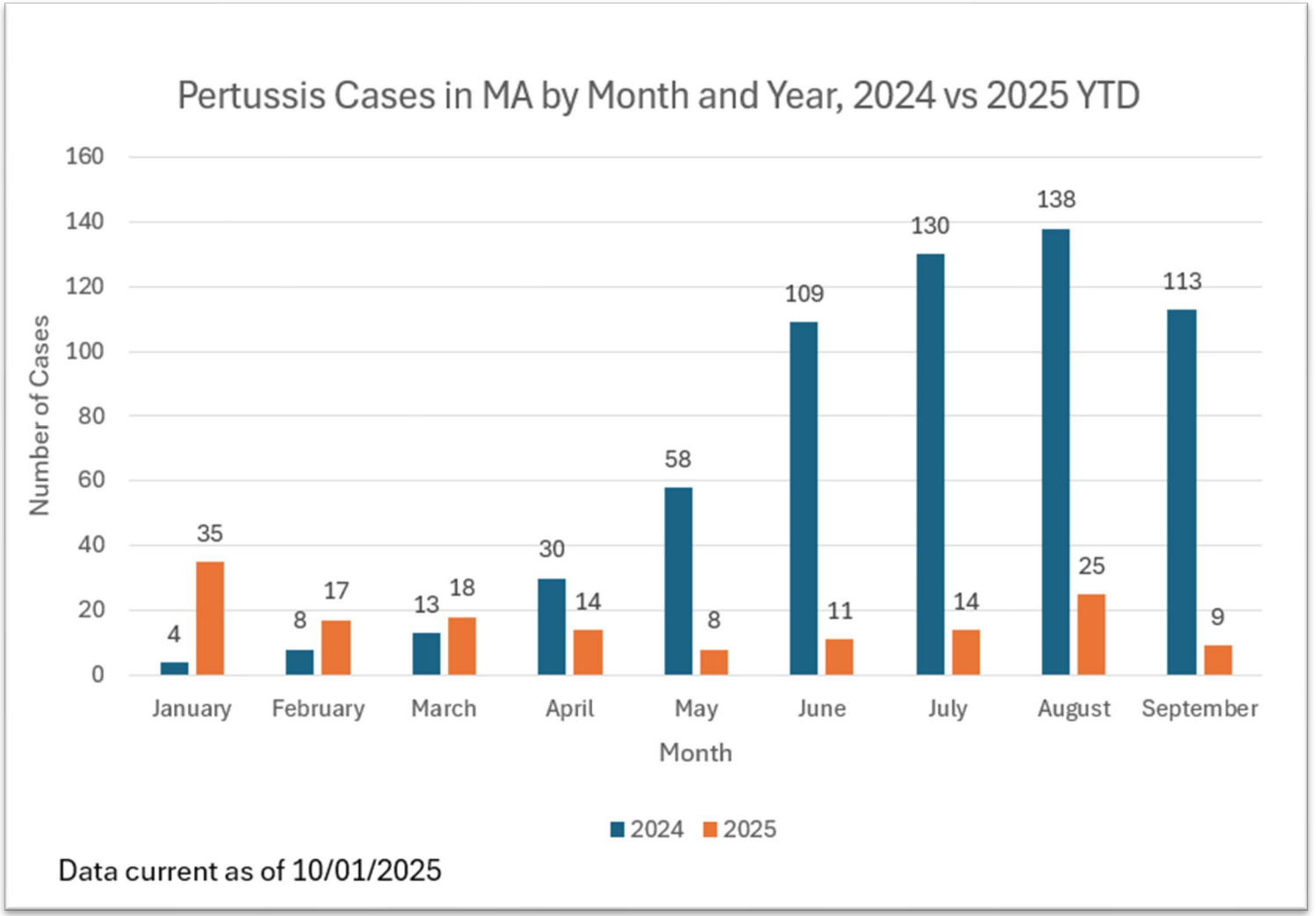
# HI *& Strep pneumo*: Routine LBOH Follow-Up

- 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 <u>not</u> 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

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

- **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.

# 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/fluvaxview/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?