

Massachusetts Department of Public Health

MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

September 10, 2024



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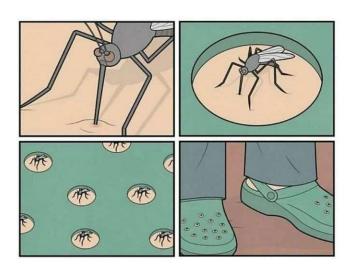
Petra Schubert, MPH

Emerging Infections Coordinator, Division of Epidemiology



September 10, 2024

- Fall Webinars
 - Register for Late Breaker Webinar: Tuesday, September 24, 2024
 - "Updates in Guidance for Overseas Screening for TB: LBOH Priority LTBI follow-up workflow"
- MAVEN Updates
 - MAVEN User Guidance Group (MUGG)
- Morbidity Updates
 - Mpox Situational Update
 - Pertussis Updates and Reminders
 - Arboviral Updates/Resources
- Featured Presentation: General Case Investigation Fall 2024
 - Hillary Johnson, Senior Epidemiology Advisor to Local Health, Division of Epidemiology
 - Petra Schubert, Emerging Infections Coordinator, Division of Epidemiology



Infectious Disease Tools for LBOH Webinar Schedule!

2024 Upcoming Schedule!

All Registrations:	http://tinyurl.com/MAVEN-Webinars
2 nd Tues 9/10/24	Case Investigation Tools and Tips Fall 2024 Updates
4 th Tues 9/24/24	LATEBREAKER! Tuberculosis Updates!
2 nd Tues 10/8/24	Respiratory Illness Season 2024!
4 th Tues 10/22/24	4 th Tuesday Office Hours
2 nd Tues 11/12/24	Webinar Updates
	No November Office Hours
2 nd Tues 12/10/24	MAVEN Year-End Refresher
	No December Office Hours

Please Update To
2024 NEW REGISTRATION PAGE:
http://tinyurl.com/MAVEN-Webinars

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

MAVEN Help has Guidance Documents and Previous Webinars:

TUESDAYS ARE MY FAVORITED

You can always contact

DEOVETRAININGS

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

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

Late Breaker Tuberculosis Presentation During Normally Scheduled Office Hours: Tuesday, September 24, 2024!

Updates - A quick recap for Sept. 10, 2024

<u>July 9, 2024:</u>

- MDPH Updates
 - MAVEN: Electronic Case Reporting (eCR) Updates
 - Molly Crockett, MPH
 - · Tara Fleckner, MPH
 - Viral Hepatitis Report <u>Available Online</u>
 - Measles Exposure Update
 - Pertussis Updates
- Featured Presentation: Foodborne Illness Complaints
 & Enteric Case Investigation Reminders 2024
 - Johanna Vostok, MPH, Division of Epidemiology
 - Nichol Smith, MS, Food Protection Program





Presentation: PDF Slides, Recording

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





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

MAVEN User Guidance Group (MUGG)

Background

- DSAI will be convening a local health MAVEN User Guidance Group (MUGG) later this year to seek feedback from local health MAVEN users on current and future MAVEN functionality
- This group is based off a previous MAVEN Governance Council that was started in 2007

Goals of MUGG

- The goals of the group are for local board of health volunteers (public health nurses, epidemiologists, health agents, infection preventionists, etc.) who actively use MAVEN to:
 - Review and provide feedback on existing MAVEN functionality
 - Review and discuss opportunities to enhance MAVEN functionality
 - Prioritize system improvements for MAVEN software releases/updates

Additional Details

- Frequency of Meetings: The meetings will be held every other month with the first meeting in November 2024
- Participation: Participation is not mandatory but active participation and engagement are encouraged at each meeting
- Location: The first meeting will be held virtually with the hope of having in-person meetings in 2025 at the newly renovated state lab and other regional venues as appropriate

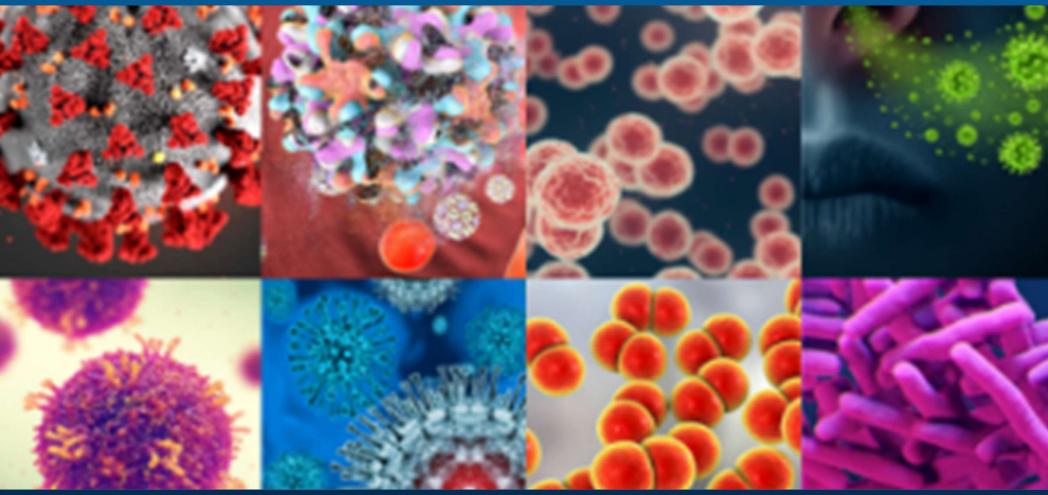
Survey Request

• If you are interested in participating in the MUGG, please complete the brief survey below and we will contact you with details as they become available:

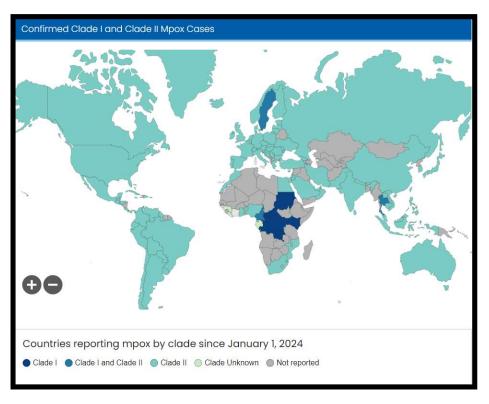
https://arcg.is/1CLv9e

• Please reach out to Scott Troppy (scott.troppy@mass.gov) or Kate Hamdan (kate.hamdan@mass.gov) if you have any questions.

MA Morbidity Updates



Mpox Situational Update - Globally



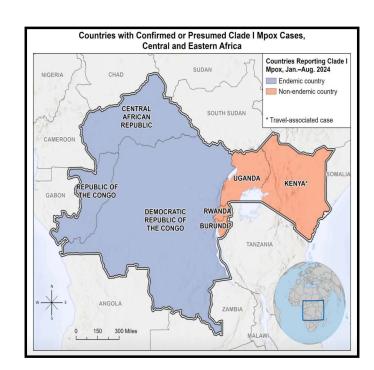
There are two kinds of mpox, clade I and clade II.

- Infections due to clade I may be more severe than clade II.
- Each clade of the virus has subclades: clade Ia and clade Ib; clade IIb.
- Since the 2022 global outbreak, clade IIb mpox has continued to circulate at low levels.
- Since the global mpox outbreak in 2022, mpox cases in Africa have more than tripled and continue to rise.
- In 2024, 14 African countries have reported an mpox outbreak (clade I and clade II). Mpox is endemic to most of the 14 countries, but notably 4 countries are reporting their first mpox case ever.
- 2 travel-associated clade I cases have also been identified outside Africa in Sweden and Thailand

Mpox Situational Update - Globally

Clade I Mpox Outbreak in DRC:

- An outbreak of clade I mpox began in the Democratic Republic of Congo (DRC) in 2023.
- In 2024, this outbreak has spread to nearly all provinces and recently is beginning to spread to neighboring countries (by trade and travel).
- 95% of cases reported in Africa in 2024 have been in DRC (clade I).
- There are several outbreaks occurring simultaneously in DRC, characteristics of who they affect vary by province.
 - Children <15 years make up at least 60% of cases in DRC
 - A high frequency of cases have also been seen among sex workers
 - Household transmission, infection through contact with wild animals, and patient care have also been noted (PPE not used/available)
- Contrasts with the 2022 global outbreak, which largely affected adults, in particular men who have sex with men.



Mpox Situational Update - Globally

On August 14, WHO declared a public health emergency of international concern (PHEIC), signaling that the WHO believes the current mpox outbreak in Africa is:

- Unusual and unexpected
- Has the potential for cross-border transmission
- Requires coordinated international response
- WHO's PHEIC declaration brings attention and resources to increase both testing and vaccination capacity, which have been very limited in affected countries.

WHO Director-General declares mpox outbreak a public health emergency of international concern

14 August 2024 I Name release Weather time: 5 mm (201 ared

WHO Director General for Tedros Adhanom Ghabinnyosus has determined that the upsurge of impay in the Democratic Republic of the Congo (DRC) and a growing number of countries in Africa constitutes a public health emergency of International concern (PHEIC) under the International Health Regulations (2005) (HRI).

Dr Tedrock declaration came on the advice of an IRR Emergency Committee of independent experts who mist earlier in the day to review data presented by experts from WHO and affected countries. The Committee informed the Director-Beneral that it considers the spourge of mapped to be a PHEST, with popertial to spread further acress countries in Artica and possibly outside the continent.

The Director-General will share the report of the Committee's meeting and, based on the advice of the Committee, issue temporary recommendations to countries.

In declaring the PHEIC, Dr Tiedros said, "The emergence of a new clade of import, its rapid spread in eastern DRC, and the reporting of cases in several neighbouring countries are very wornying. On top of outbreaks of other import clades in DRC and other countries in Africa, it's idear that a coordinated international response is needed to top others outbreaks and stay likes."

WHO Regional Deutor for Africa Dr Matchildide Model said, "Significant efforts are already underway in close containancials with communicials and governments, with our country seams working on the forcifines of prefetore measures to out in mpor. With the growing operand of the Virus, with scaling up further through coordinated international across to support countries before the unbrusket to an end.

Committee Chair Professor Derive Ogolina said, "The current spenige of impox in parts of Africa, along with the spread of a new sexually transmissible strain of the modelegoes virus, is an emergency, not confy for Africa, but for the entire globe. Mpox, originating is Africa, was neglected there, and later caused a global outbrook in 2022. B is time to act consisted by prevent history from repeating itself."

This PHEIC determination is the second in two years relating to impor. Caused by an Orthopoxivina, impox will first detected in humans in 1970, in the DRC. The disease is considered enderric to countries in central and west Africa.

In July 2022, the multi-country outbreak of mook was declared a PHEIC as it spread rapidly via texual contact across a range of countries where the wrus had not been seen before. That PHEIC was declared over in May 2003 after them had been as wasteries declared in jobbal cases.

Mook has been reported in the DRC for mere than a okcade, and the number of case, reported early year has increased staudily over that period. Last yeak reported cashs increased significantly, and alwayd, the number of cases reported on far this year has exceeded but year's total, with more than 15-800 cases, and \$37 deaths.

The ammigence last year and rapid spread of a new virus strain in DRC, Iddoe 1b, which appears to be spreading mainly through sexual networks, and its detection in countries neighbouring the DRC is especially concerning, and one of the main reasons for the declaration of the PHEIC.

In the pass mount, ever 100 laboratory confirmed cases of date 16 have been reported in four countries neighbouring the DRC that have not reported import before. Burundi, Kenya, Rwanda and Uganda. Experts biblieve the true mumber of cases to be higher as a large proportion of clinically compatible cases have not

Several authreaks of different cludes of impox have occurred in different countries, with different modes of stansmission and different levels of risk.

The ties vectore currently in use for impor are recommended by WHO's Strategic Advisory Group of Expers: on Immunization, and are also approved by WHO litted national regulatory authorities, as well as by inthicitial countries including Nigeria and the DRC.

Last week, the Director-Ganeral ringoised the process for Emergency Lise Listing for import sections, which will accelerate vector access for level-income countries which have not yet its based that own national required approach. Emergency Use Listing also enables partners including Gavi and LINICEF to produce vaccines for distribution.

WHO is working with countries and vectine manufacturies on potential vaccine denations, and coordinating with partners through the interim Medical Countermeasuries Meawark to facilitate equitable access to vectines, therapeutics, diagnostics and other forms.

WHO anticipates an immediate funding requirement of an initial US\$ 15 million to support surveillance, preparedness and response activities. A needs assessment is being undertaken across the three levels of the Opportunities.

To allow for an immediate scale up, WHO has released US\$ 1.45 million from the WHO Contingency Fund for Emergination and may need to release more in the corresp days. The Organization appeals to denors to fund the full extent of needs of the major responsite.

Mpox Situational Update - US

Clade IIb:

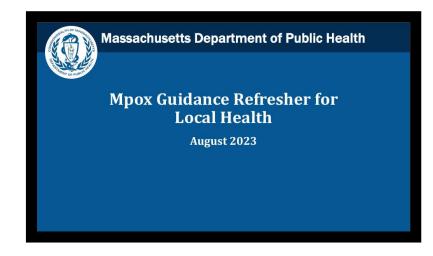
- Massachusetts and the US continue to see cases of clade IIb mpox
- Most new mpox cases have occurred in unvaccinated persons and have been disproportionately reported within networks of self-identified gay and bisexual men, other men who have sex with men (MSM), and transgender individuals who have sex with men.

Clade I:

- No cases of clade I mpox in the US.
- CDC and MA increased surveillance (clinical testing and wastewater) efforts to detect clade I in late 2023 in response to the DRC outbreak.

What does this mean for Local Health in MA?

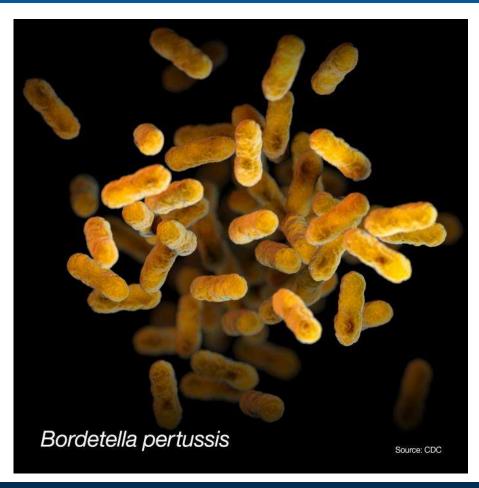
- Whether clade I or clade IIb, <u>LBOH</u> follow up remains the same.
- MA DPH requests that local health authorities remain vigilant for potential cases of clade I.
 - Collection of risk information (i.e., travel) is important for all cases.



Please see Mpox Refresher for Local Health
MAVEN Help training

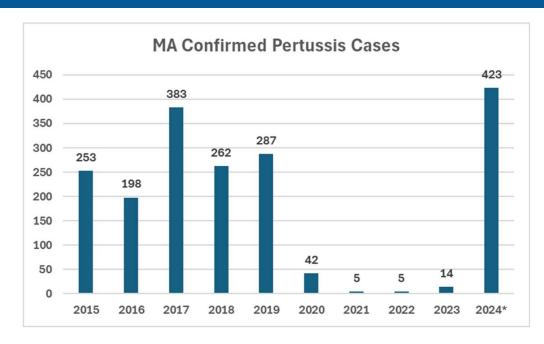
• Therapeutic (TPOXX) availability is different than described in Aug 2023 slides. If case inquires call x6800 to discuss options.

MA Pertussis (Whooping Cough) Updates



Pertussis (Whooping Cough) Updates

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



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

Additional Pertussis Resources

- Webinars and Resources: <u>Train Massachusetts</u>
 - An Old Friend is Back: The "What" and "Why" of Pertussis Reemergence
 - <u>Immunization: You Call the Shots-Module Nine-Tetanus, Diphtheria, and Pertussis (Tdap and Td) Vaccines 2024</u>

CDC Links:

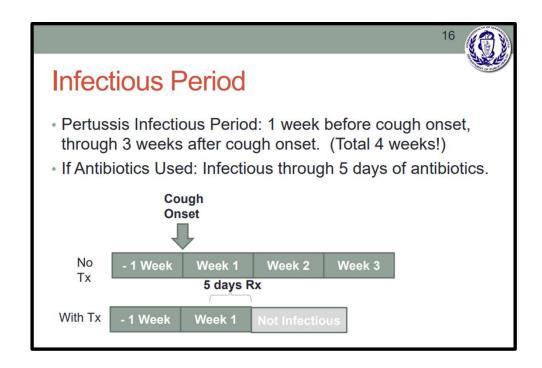
- Pinkbook: Pertussis | CDC
- Pertussis | Infection Control | CDC
- Clinical Overview of Pertussis | Pertussis (Whooping Cough) | CDC

• Podcasts:

• Episode 44 Pertussis: Whoop Here It Is – This Podcast Will Kill You

Pertussis (Whooping Cough) Reminders

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



Pertussis (Whooping Cough)

- Q. Is it possible for fully vaccinated individuals to get pertussis?
 - A. Yes. Immunity from DTaP and Tdap vaccines wanes over time.
- Q. What if a case is still coughing after completing their 5-day course of antibiotics (Z-Pak)?
 - A. This is common, as recovery from pertussis is gradual. If they have completed the appropriate antibiotic course, they are no longer infectious to others, however many patients will still take time to resolve their cough.

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

Arboviral Updates

- **CASE FOLLOW-UP:** DPH Epi initiates immediate follow-up on EEE/WNV cases, but notifies LBOH/Arbo Coordinator (**same day**) via phone call to coordinate additional follow-up.
 - May have LBOH follow-up with case if needed.
- Reminder to make sure Arbovirus Contact in MAVEN (Communication Events) is up to date!
 - That's who we need to reach to report positive human cases, animals, mosquitos, and risk level changes.

Arboviral Resources

- Arbovirus Risk Maps: https://www.mass.gov/info-details/massachusetts-arbovirus-update
 - Discusses risk and mitigation steps; provides daily updates on humans, animals, and mosquito findings (currently at 4 EEE cases, 7 WNV cases) as well as risk levels for both WNV and EEE and associated risk messaging.
- 2024 Arbovirus Surveillance and Response Plan: https://www.mass.gov/doc/2024-arbovirus-surveillance-and-response-plan/download
 - Has a phased response structure in the rear of the document that may be beneficial for those looking for action steps. Can also help LBOH understand criteria used to determine risk status.
- Mosquito Control Project communities serviced and contact information: https://www.mass.gov/info-details/mosquito-control-projects-and-districts
- FAQ: https://www.mass.gov/info-details/mosquito-control-and-spraying

