MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

September 13, 2022

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

Scott Troppy, MPH, PMP, CIC
Senior Epidemiologist – MAVEN User Management & Data Visualization Lead

Kate Hamdan, MPH
Surveillance Epidemiologist, MAVEN Training Team Lead

Alexandra De Jesus MPH, CIC
Epidemiologist II – Pandemic Response Coordinator, Division of Epidemiology
Topics Today

• MAVEN Help Updates Coming Soon!

• Upcoming Webinar Sessions
  • Save the Date: October 11, 2022 – General Review and FAQs. Send us your questions!

• COVID-19
  • Quick Review of Key Resources
  • Key Vaccine Pages

• Monkeypox
  • New Multilingual Materials!
  • New Data Dashboard!
  • Critical Follow-up for Monkeypox Cases with Atypical Risk

• Today’s Guest Presentations:
  • School Immunization Survey Summary
    • Elizabeth Russo, MD
  • What Local Public Health Programs Should Know about School Immunization Requirements and Vaccine Preventable Diseases:
    • Ruth Mori MSN, RN, Phyllis Schilp MSN(c), BSN, RN
# MDPH Conducts Infectious Disease Tools for LBOH Webinars Every Other Week

Upcoming Topics! Register Now!

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>27-Sept-22</td>
<td><strong>Introduction to Pertussis Case Investigations</strong></td>
</tr>
<tr>
<td>11-Oct-22</td>
<td><strong>Local Health Check-In: Your FAQs</strong></td>
</tr>
<tr>
<td>25-Oct-22</td>
<td><strong>Introduction to Influenza Surveillance</strong></td>
</tr>
</tbody>
</table>

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

MDPH presents Every Other Week on Tuesdays 11:00-12:30

- Updates in Guidance.
- Troubleshooting MAVEN.
- How to conduct case investigations and contact tracing in different settings.
- Target Audience: Health Agents, Contact Tracers, and Public Health Nurses doing this work.

**MDPH Epi Program:** 617-983-6800  
**MDPH MAVEN Help Desk:** [MavenHelp@mass.gov](mailto:MavenHelp@mass.gov)  
**MAVEN Onboarding:** [MavenTraining@mass.gov](mailto:MavenTraining@mass.gov)  
**MDPH MAVEN Help Desk:** 617-983-6801  
**MDPH MAVEN Fax:** 617-983-6813

Webinar Schedule Update: Every Other Tuesday @ 11am

Next Webinar: Tuesday, September 27, 2022
Updates – A quick recap for Sept. 13, 2022

We Last Met Aug. 30, 2022:

- Institutes of Higher Ed (IHEs) & COVID-19 Response Planning

  - Guidance Summary
  - Exposed Contacts
    - When to Test (It’s Day 6!)
    - What if you’ve had Covid in last 90 days? (There’s a chart!)
  - New Cases
    - Masking for Cases Days 6-10

- Monkeypox and Demographics Reminders
  - Key required variables (Race & Ethnicity)
  - Tips for Calling Providers

- Featured Disease Training: Overview & Updates to Cryptosporidium & Shigella Case Investigations
  - Emily Harvey


Always Remember you can see recent webinar recordings and slides in MAVEN Help.
October 11 Webinar: Your Questions/Topics

Time for a check-in!

• Tue, Oct 11, 2022 11:00 AM - 12:30 PM EDT

• In this webinar, we'll touch base on reminders, updates, and case investigation tools as driven by your submitted questions. We'll review some of the most recent presentation resources, highlighting key takeaways, and discuss answers to some of the most common questions we receive from Local Health. Be sure to send us your questions ahead of time via the registration link below, or email Hillary and Scott directly!

• Agenda:
  • Review New Tools and Tip Sheets.
  • Discuss Your Submitted FAQs.
  • Demo Requested MAVEN functionality (Tasks, Reports, Workflows, Sharing of Cases).

• Register HERE
COVID-19 Key Resources

• COVID-19 CDC References & Helpful Background Info
  • NEW CDC MMWR: Summary of New COVID-19 Guidance (Aug 2022)
  • NEW CDC Understanding Your COVID-19 Risk
  • NEW CDC: Guidance for Exposed Individuals
  • UPDATED CDC: Isolation Guidance
  • CDC Masking Guidance
  • CDC COVID-19 Community Levels
  • UPDATED CDC Staying Up to Date on Your Vaccines Page
  • UPDATED CDC Interim Clinical Considerations (COVID-19 Vaccines)

• COVID-19 Main DPH Guidance Pages for 2022:
  • NEW MA Isolation & Exposure Guidance for General Public
  • UPDATED MA Isolation and Exposure Guidance for Schools, Childcare, and Camps
  • DPH I&Q for Health Care Personnel (12/29/21)
CDC: Stay Up to Date with COVID-19 Vaccines Including Boosters

What You Need to Know

CDC recommends everyone stay up to date with COVID-19 vaccination, including all primary series doses and boosters for their age group:

- **People ages 6 months through 4 years** should get all COVID-19 primary series doses.
- **People ages 5 years and older** should get all primary series doses, and the booster dose recommended for them by CDC, if eligible.
  - People ages **5 years to 11 years** are currently recommended to get the original (monovalent) booster.
  - People ages **12 years and older** are recommended to receive one updated Pfizer or Moderna (bivalent) booster.
    - This includes people who have received all primary series doses and people who have previously received one or more original (monovalent) boosters.
    - At this time, people aged **12 years to 17 years** can only receive the updated Pfizer bivalent booster.

CDC: Stay Up to Date with COVID-19 Vaccines Including Boosters

What You Need to Know continued...

• Getting a COVID-19 vaccine after you recover from COVID-19 infection provides added protection against COVID-19.

• People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines, including boosters.

• COVID-19 vaccine and booster recommendations may be updated as CDC continues to monitor the latest data.

CDC: Use of COVID-19 Vaccines in the US Interim Clinical Considerations

Summary of recent changes (last updated September 2, 2022):

• New booster recommendation for people ages 12 years and older to receive 1 bivalent mRNA booster after completion of a monovalent primary series; it replaces all prior booster recommendations for this age group
  • Recommendations for use of a bivalent Moderna booster dose in people ages 18 years and older
  • Recommendations for use of a bivalent Pfizer-BioNTech booster dose in people ages 12 years and older

• Updated guidance for observation periods following COVID-19 vaccination

• Updated guidance on COVID-19 vaccination and multisystem inflammatory syndrome (MIS) in children (MIS-C) and in adults (MIS-A)

# Updates COVID-19 Guidance

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

<table>
<thead>
<tr>
<th>Isolation for Cases</th>
<th><strong>General Population</strong></th>
<th><strong>School &amp; Childcare</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Isolate Cases</strong></td>
<td>• Isolate 5 Days</td>
<td>• Isolate 5 Days</td>
</tr>
<tr>
<td></td>
<td>• Masking Days 6-10</td>
<td>• Masking Days 6-10</td>
</tr>
<tr>
<td><strong>To End Masking Early:</strong></td>
<td>• 2 Negative Tests to end masking in Day 6-10.</td>
<td>• 1 Negative Test to end masking in Day 6-10.</td>
</tr>
<tr>
<td></td>
<td>• Start testing <strong>Day 6</strong></td>
<td>• Start testing <strong>Day 5</strong></td>
</tr>
<tr>
<td><strong>No Testing/Refuse Masking?</strong></td>
<td>• Isolate 10 days</td>
<td>• Isolate 10 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exposed Contacts</th>
<th><strong>General Population</strong></th>
<th><strong>School &amp; Childcare</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Must Mask</strong></td>
<td>• Must Mask 10 Days</td>
<td>• Must Mask 10 Days</td>
</tr>
<tr>
<td><strong>Get Tested</strong></td>
<td>• Get Tested <strong>Day 6 or Later</strong></td>
<td>• Get Tested <strong>Day 6 or Later</strong></td>
</tr>
<tr>
<td><strong>No Guidance for Ending Masking Early.</strong></td>
<td>• Must Mask Whole 10 Days if you CAN mask.</td>
<td>• Should Mask Whole 10 Days if you CAN mask.</td>
</tr>
<tr>
<td><strong>Follow Gen Pop Guidelines OUTSIDE School Time</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Updates to mass.gov/monkeypox

- MDPH has enhanced the state webpage for monkeypox to now cover numerous MA-specific resources and information. Features of note:
  - **Monkeypox Vaccination resources.**
    - Who, Where, How to obtain vaccine.
  - **Monkeypox Information for Providers**
    - Clinical Guidance, Specimen Collection, Treatment, etc.
  - **NEW! Multilingual Monkeypox Materials**
    - Resources related to monkeypox in multiple languages.
  - **NEW! Monkeypox Data Reporting**
    - Weekly report on MA Monkeypox Cases and Vaccination Data
Monkeypox Demographics

- For the majority of disease events in MAVEN, most relevant demographic questions will be in the Demographic Question Package.
Monkeypox & Demographics

- Some of the most important variables we need include Race and Ethnicity (aka Hispanic, Latinx, or Spanish in origin).

- **Note: Hispanic, Latinx, or Spanish Origin status** in this variable is very important to capture in MAVEN for every event. This is typically what most reports and analyses are referencing when they talk about ethnicity.

### Race:

- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Pacific Islander
- White
- Other
- Unknown

---

**Is case Hispanic, Latinx or Spanish origin?**

- Yes
- No
- Unknown
- Refused
Monkeypox & Demographics

- There is a SECOND variable actually labeled “Ethnicity” where there is a very long list of ethnicities A-Z. You can specify multiple ethnicities here.

- This variable will allow you to collect more specific and nuanced answers, however the “Hispanic, Latinx, or Spanish Origin” variable is the current focus for coverage and demographic data reports.
Monkeppox Cases by Race/Ethnicity

- 47.8%
- 29.1%
- 14.7%
- 3.5%
- 1.4%
- 3.2%
- 0.8%
- 0.0%

Race/Ethnicity:
- American Indian or Alaskan Native, non-Hispanic
- Asian, non-Hispanic
- Black or African American, non-Hispanic
- Hispanic
- Other race, non-Hispanic
- White, non-Hispanic
- Unknown, missing or refused to answer

Data as of 09/08/2022 and subject to change.
Monkeypox Cases by Sex

- Male: 0.3%
- Female: 0.3%
- Transgender: 0.3%

Data as of 09/08/2022 and subject to change.
Monkeys in Cases by Age Group

Data as of 09/08/2022 and subject to change.
MMWR: Orthopox Testing Challenges among low risk or unknown Epi Links

• Report examined three persons with atypical rashes, uncharacteristic illnesses, and absence of risk factors or an epidemiologic link to a known monkeypox case that received false-positive real-time PCR test results; late cycle threshold values were all ≥34.

• Q. How does this relate to our work?

  • A. When we find atypical cases for the current outbreak, we will want to conduct additional follow-up.
    1. Laboratory Information (Specimens – MDPH Epis)
    2. Epidemiological Information (Interviews – LBOH/MDPH partnership)
Monkeys: Additional Follow-up

- Women and children are atypical for the current outbreak and are easy to identify at the initial stages of MAVEN event reporting/creation:
  - Positive cases in women and children should be flagged for immediate follow-up.
    - MDPH Epis will change classification status to suspect while investigation is ongoing. They will include a note in event: “Updated status to suspect despite positive lab result pending additional investigation.”
    - MDPH Epis and LBOH should coordinate to discuss capacity for a prioritized (AKA, speedy) patient interview to obtain key pieces of risk history and rash presentation and progression. This is critical to assist in determining the likelihood of an actual case vs. a (potential) false positive.
    - MDPH Epis will follow up on the specimens to obtain Ct values and possible specimen forwarding for retesting at SPHL.

For Monkeypox Investigations in Women or Children, we want immediate follow-up right away so we can accurately track shifts in this outbreak.
Monkeys: Additional Follow-up

• Adult Males require initial interviews to determine if risk history and clinical presentation are atypical.
  • Did the case have NO known close skin-to-skin contact with others?
  • Does the case have NO known epidemiological link to a confirmed case or contact with similar symptoms?
  • Are there other potential activities in the incubation period that should be noted?
    • Transportation, housing, work setting, food sharing, personal care services, etc.?
    • These would be atypical sources of exposure for the current outbreak, but we would want to capture these risk histories to identify shifts in the outbreak.

• If you identify a case with atypical risk history, please note as much information as possible in the MAVEN event and contact MDPH Epi Program right away.

• MDPH Epi will pursue the specimen for additional follow-up, and that follow-up is time sensitive, as many labs dispose of specimens shortly after processing.

For Monkeypox Investigations in adult men, immediately notify MDPH Epi if a case does not have a clear risk history or clinical presentation. Further investigation is needed.