MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

September 27, 2022

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Topics Today

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

• MAVEN Help Updated – new look and feel

• Reminder to scan and check your Immediate, Routine & Pending Workflows in MAVEN

• Potential Action: Updating COVID-19 events from Immediate to Routine in MAVEN – a poll for you today!

• COVID-19 – HCW Guidance Update

• Monkeypox Reminders
  • Housing Status Variable

• Today's Guest Presentation:
  • Introduction to Pertussis Case Investigations
    • Julie Coco

Me in 2019: I wonder what memes in the 2020’s will be like...

Memes in the 2020’s:
If the coronavirus would wear pants, would it wear them like this or like that?
MDPH Conducts Infectious Disease Tools for LBOH Webinars Every Other Week

Upcoming Topics! Register Now!

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>11-Oct-22</td>
<td>Local Health Check-In: Your FAQs</td>
</tr>
<tr>
<td>25-Oct-22</td>
<td>Introduction to Influenza Surveillance</td>
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Reminder: Each webinar begins with updates and timely topics prior to the featured disease training, so make sure to register each session to stay current!

MAVEN Help has Guidance Documents and Previous Webinars:

Webinar Schedule Update: Every Other Tuesday @ 11am

• 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
MAVEN Onboarding: MavenTraining@mass.gov
MDPH MAVEN Help Desk: 617-983-6801
MDPH MAVEN Fax: 617-983-6813

Next Webinar: Tuesday, October 11, 2022
Updates – A quick recap for Sept. 27, 2022

We Last Met Sept. 13, 2022:

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

• Monkepox
  • New Multilingual Materials!
  • New Data Dashboard!
  • Critical Follow-up for Monkepox 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


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

Bookmark the URL!
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](#)
Check your Immediate, Routine & Pending Workflows

- Reminder to check your LBOH Workflows
  - LBOH Notification for Immediate Diseases (5 cases)
  - LBOH Notification for Routine disease (260 cases)
  - LBOH Case Report Forms (CRF) are pending (937)  
    --- Cases in these workflows range from Jan 2021 – April 2022
  - LBOH Notification but no follow-up required (2,619 cases in this workflow as of today)
Potential Action: Updating COVID-19 events from Immediate to Routine in the MAVEN reporting System.

**How would this change things?**

**Workflows would be unaffected:** Because COVID-19 does not currently occupy either the Immediate Disease or Routine Disease workflows, (There are two individual COVID-19 Workflows currently), this would not affect any workflows and notifications would still occur in the same MAVEN workflows.

**COVID-19 Event Reports would be unaffected:** Because there are numerous event reports specific to COVID-19, these reports would not be affected.

**Email Notifications For Immediate Diseases:** If a MAVEN user currently has their profile set to receive email notifications for new Immediate Disease events, removing COVID-19 from the list of immediate diseases would eliminate email notifications for COVID-19 specifically, but not alter your notifications for other Immediate disease events. This would likely be the biggest update.

**Case Investigation Expectations would not currently change:** At this time, much of individual case investigation has been pulled back at the local level. A change in labeling within MAVEN from Immediate to Routine would more accurately reflect most local follow-up priorities and procedures.
Immediate Disease Events

While all diseases are important, categorization allows for a quicker response time for diseases of immediate concern. Longer response times are allowed for diseases of less immediate concern.

**Immediate Disease Events** are shown in red and include a telephone icon.

- Suspected and confirmed cases must be reported immediately
- You can receive an email for new cases if your MAVEN profile is setup with your email
- These should be investigated within one business day

Diseases categorized as immediate usually have one or more of the following attributes:

- Clusters of illness
- Prompt administration of agents can protect people or prevent the spread of disease (rabies, hepatitis A, meningococcal disease)
- The disease has a high mortality rate (i.e., Eastern Equine Encephalitis)
- There is the potential that a bioterrorism agent was released (i.e., anthrax)
- Unusual disease in a group or geographic region (i.e., acute hepatitis C infection in young injection drug users)
- Enteric illness in a food handler or household contact of a food handler
Routine Disease Events

- Non-immediate diseases
- These should be investigated within one to two business days
  - Salmonellosis
  - Human Granulocytic Anaplasmosis
  - Campylobacteriosis

Reportable Diseases Primarily Detected Through Laboratory Testing

Please work with the laboratory to ensure complete reporting.

- Legionellosis = GB
- Listeriosis = GB
- Lyme disease
- Malaria = GB
- Nonviral
- Nontuberculous disease, invasive (Pneumocystis jirovecii) in patients <18 years old = GB
- Pneumococcal disease, invasive, penicillin-resistant = GB
- Salmonellosis = GB
- Staphylococci: coagulase-negative = GB
- Staphylococcus aureus, multiresistant (MRSA), invasive
- Staphylococcus aureus, vancomycin-intermediate (VISA) and vancomycin-resistant (VISA), invasive = GB
- Poliomyelitis = GB
- G fever
- Q fever
- Typhoid = GB
- Typhus
- Vibrio = GB
- Whooping cough = GB
- Yellow fever
- Yersiniosis = GB
- Zika
Review/Edit your Profile in MAVEN
Review/Edit your Profile in MAVEN

- Update and review information
  - Emails
  - Office Phone #
  - Mobile #
- This information will show in MAVEN your Communication event
COVID-19 Key Resources

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

- COVID-19 Main DPH Guidance Pages for 2022:
  - MA Isolation & Exposure Guidance for General Public
  - MA Isolation and Exposure Guidance for Schools, Childcare, and Camps
  - DPH I&Q for Health Care Personnel (12/29/21) Updates pending based upon 9/23/22 HCW Guidance Update from CDC. TBD.
CDC: Healthcare Worker Isolation and Exposure Guidance for COVID-19

• On September 23, 2022, CDC updated their Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.

• This guidance was last updated at the end of 2021, and MDPH has been utilizing corresponding State Isolation and Quarantine Guidance for Health Care Personnel since that time.

• This new CDC guidance is under review, and MDPH is evaluating updates for MA State guidance accordingly. Please stay tuned for further information regarding upcoming state guidance updates.
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>Isolate Cases</td>
<td>Isolate 5 Days</td>
<td>Isolate 5 Days</td>
</tr>
<tr>
<td>Masking Days</td>
<td>Masking Days 6-10</td>
<td>Masking Days 6-10</td>
</tr>
<tr>
<td>To End Masking Early:</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>No Testing/Refuse Masking?</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>Must Mask</td>
<td>Must Mask 10 Days</td>
<td>Must Mask 10 Days</td>
</tr>
<tr>
<td>Contacts</td>
<td>Get Tested <strong>Day 6</strong> or Later</td>
<td>Get Tested <strong>Day 6</strong> or Later</td>
</tr>
</tbody>
</table>

Follow Gen Pop Guidelines OUTSIDE School Time
Ending Isolation for Immunocompromised Individuals

- **CDC Ending Isolation and Precautions for People with COVID-19: Interim Guidance** (Aug. 31, 2022)
  - People with moderate or severe COVID-19 should isolate through at least day 10. Those with severe COVID-19 may remain infectious beyond 10 days and may need to extend isolation for up to 20 days.
  - People who are moderately or severely immunocompromised should isolate through at least day 20. Use of serial testing and consultation with an infectious disease specialist is recommended in these patients prior to ending isolation.

- **MA Guidance:** If you were severely ill (were hospitalized) or have a weakened immune system, you should consult your healthcare provider before leaving isolation.
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
For the majority of disease events in MAVEN, most relevant demographic questions will be in the Demographic Question Package.
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.
Monkeypox & Demographics

• Another Important Demographic is Current Housing Status in the Demographic Question Package.

• **Current Housing Status**: This variable is important for further risk factor investigation by MDPH Epis (who may call ordering provider to inquire about substance use disorder (SUD), etc.)

• Persons experiencing homelessness are those who reside in places not designed for or ordinarily used as a regular sleeping accommodation for human beings (i.e., parks, cars, bus stations, etc.). [CDC Definition](#).

• For this current outbreak, we are typically looking at a time period reflective of the incubation period to present.
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)
Monkeypox: 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.
Monkeypox: 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.