MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

May 9, 2023

LBOH Preparation for Tickborne Disease Case Investigations and Arboviral Surveillance

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May 2023

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Agenda May 9, 2023

- **Happy National Nurses Week!**

- **Last Webinar for Alexandra De Jesus MPH, CIC, Pandemic Response Coordinator, Division of Epidemiology**

- **End of the Public Health Emergency: Healthcare Impacts**
  - Melissa Cumming MS, CIC, LTC-CIP, Program Manager, Healthcare-Associated Infections and Antimicrobial Resistance Program

- **Routine and Immediate Diseases in MAVEN**

- **COVID-19 Follow-up Reminders & Guidance for Local Jurisdictions – A Review and Your Questions Addressed**

- **Guest Presentation: LBOH Preparation for Tickborne Disease Case Investigations and Arboviral Surveillance**

  - Erin Mann, MPH, Epidemiologist I
  - Matthew Osborne, MPH, Epidemiologist III

I HEARD YOU FEEL WEAK, ACHY, AND FEVERISH.. THE CONTENTS OF THIS NEAR IMPENETRABLE PACKAGING WILL HELP WITH THAT.

DODGED COVID FOR A YEAR AND NOW THIS POLLEN GONNA TO TAKE ME OUT

2023 Infectious Disease Tools for LBOH Webinar Schedule!

Countdown to Webinar time

2023 Spring Schedule!

All Registrations:	https://maven-webinars.constantcontactsites.com/
2nd Tues 5/9/23	**Tickborne Disease Case Investigations and Arboviral Surveillance**
4th Tues 5/23/23	**4th Tuesday Office Hours**
2nd Tues 6/13/23	**Enteric (Gastrointestinal Illness) Disease Case Investigation**
4th Tues 6/27/23	**4th Tuesday Office Hours**

*No Routine Webinars for July and August 2023.

Next Office Hours: Tuesday, May 23, 2023

- You help us identify topics/needs/content!

- Be sure to send ideas, requests, and questions to Hillary and Scott!

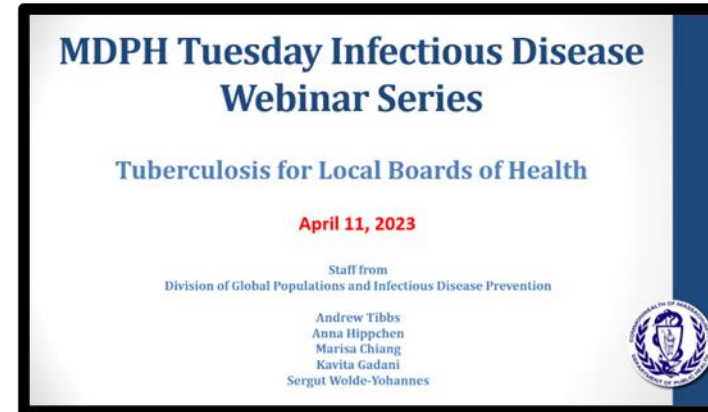MAVEN Help has Guidance Documents and Previous Webinars:

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

Updates – A quick recap for May 9, 2023

<u>We Last Met April 11, 2023:</u>

- **MAVEN Workflow Updates and Reminders**

- **COVID-19 Death Definition Update**

- **COVID-19 Follow-up Reminders & Guidance for Local Jurisdictions**

- **Tuberculosis Overview for Local Boards of Health.**

  - Division of Global Populations and Infectious Disease Prevention

MDPH Tuesday Infectious Disease Webinar Series

Tuberculosis for Local Boards of Health

April 11, 2023

Staff from
Division of Global Populations and Infectious Disease Prevention

Andrew Tibbs
Anna Hippchen
Marisa Chiang
Kavita Gadani
Sergut Wolde-Yohannes

WHAT'D I MISS?

[PDF SLIDES: Tuberculosis for Local Boards of Health](#)

[WEBINAR: Presentation 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

Happy National Nurses Week!

THE PUBLIC HEALTH NURSE

"AN EQUAL CHANCE FOR EQUAL HEALTH"
Thousands of new public health nurses are needed to serve in the big health campaigns of peace and reconstruction. Write for information to
THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING
156 Fifth Avenue, New York City

"Let us never consider ourselves finished nurses. We must be learning all of our lives."

~ Florence Nightingale

License: Attribution 4.0 International (CC BY 4.0)
Credit: Portrait of F. Nightingale in her youth

MassachusettsPublicHealthNurses

Celebrating Nurse Power!
• 1863 •
Susie King Taylor
Served as the first Black Army nurse in the Civil War with the all Black army troop, First South Carolina Volunteers. Like many African American nurses, she was never paid for her work.
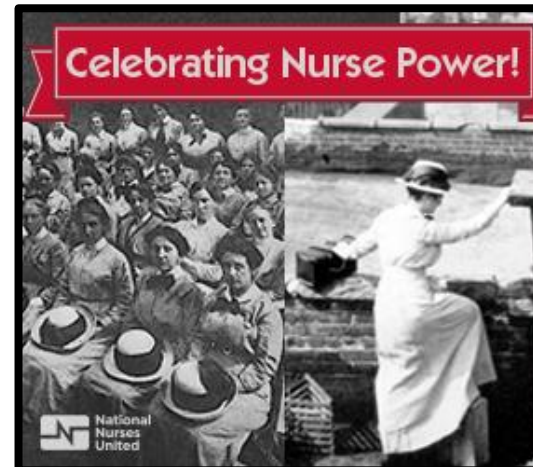National Nurses United

Celebrating Nurse Power!
• 1893 •
Nurses Lillian Wald and Mary Brewster create the Visiting Nurse Service of New York and Henry Street Settlement to serve thousands of immigrants living in tenements in the Lower East Side of New York City. These programs, which continue to thrive, formed the roots of Public Health Nursing.
National Nurses United
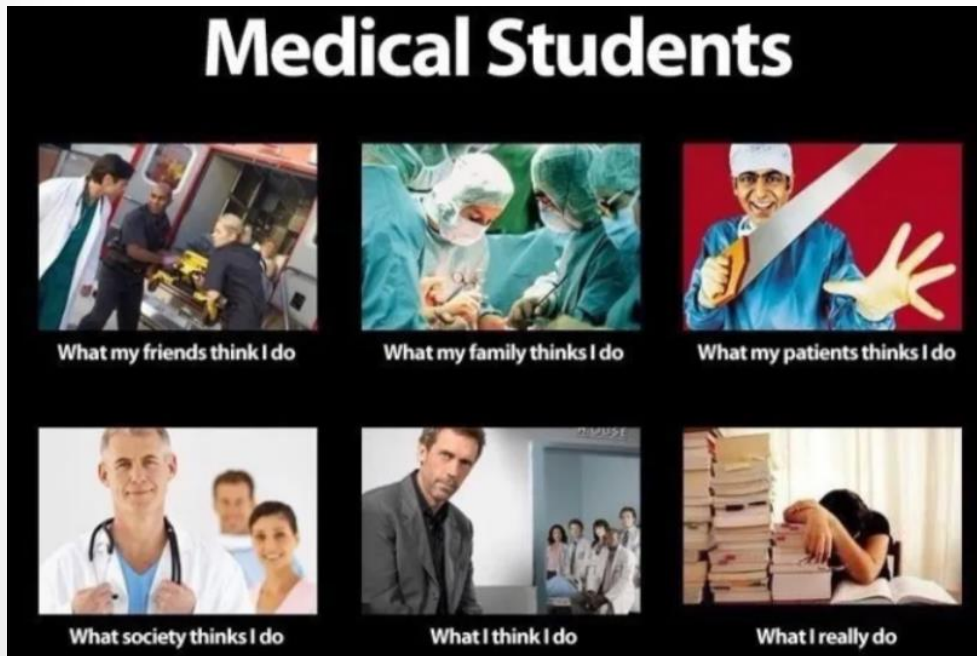
Farewell to Alexandra De Jesus!

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

...is off to Medical School!

You will be missed!

Some Med School Memes from Alex...

The End of the PHE: Healthcare Impacts

Comprehensive PPE Guidance (DPH Memo 5/5/23)

- **Universal source control (masking) in healthcare facilities no longer required as of 5/11/23.**
  - HCP who choose to wear a mask as source control should be allowed to do so
  - Facilities may have more conservative policies around masking if they wish, especially for certain higher-risk settings, such as oncology or transplant units
- **Isolation gowns and gloves are recommended when caring for patients with COVID-19, *if contact with infectious materials is anticipated*,** otherwise an N95 respirator or alternative and eye protection is acceptable. (Note: CDC still recommends gowns and gloves plus N95 and eye protection for room entry)
- HCP should **return to standard use of transmission-based precautions**
- The use of **full PPE for a patient having an aerosol-generating procedure (AGP), is limited to when there are higher levels of COVID-19 in the community**.

Infection Prevention and Control Guidance Post-PHE- Applies to Licensed Healthcare Facilities and EMS (DPH Memo 5/5/23)

Health care facilities and EMS providers are expected to develop and update their infection prevention and control policies to incorporate actions the licensee will take to mitigate the risk of transmission of respiratory illness, including but not limited to COVID-19 and influenza, within their facilities, particularly during periods when there are increased levels of respiratory illness in their communities. Health care facilities and EMS providers should identify and monitor respiratory illness metrics to indicate when there are increased levels which necessitate implementing additional infection control measures.

- **Examples of potential metrics** include, but are not limited to, increase in outbreaks of healthcare-onset respiratory infections, increase in emergency department or outpatient visits related to respiratory infections, and increase in wastewater SARS-CoV2 levels. (CDC also suggests additional metrics to consider monitoring here: Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

- **Mitigation measures to be included** in a licensee's infection prevention and control policies and procedures should include but are not limited to implementing masking for health care personnel (HCP) and visitors, and patients/residents as able, increasing ventilation within the facility, and offering respiratory vaccination clinics. This can include universal masking, which means having everyone wear a mask upon entry. Such an approach could be implemented facility-wide or could be targeted toward higher risk areas (e.g., emergency departments, urgent care, units experiencing an outbreak, units providing care to severely immunocompromised individuals) based on a facility risk assessment.

Anticipated LTCF Memo (Date pending)

- Admission/readmission testing will be at the discretion of the facility and is no longer required

- Universal source control (masking) no longer required unless levels of COVID-19 in the community rise (also appropriate in facilities experiencing COVID-19 transmission)

- For residents who require ongoing AGPs, no longer recommended to test every three days or wear full PPE absent higher levels of COVID-19 in the community

- In general, facilities should return to normal dining, communal activities and entertainment

FAQs

- Will LTCFs still be reporting COVID via Chapter 93 and CMS? Yes, the Federal requirement to report LTCF COVID-19 data to NHSN is in place until December 31, 2024, however, several of the metrics being reported have been removed. Legislatively-required Chapter 93 reporting (to REDCap) remains in place.
- What are the testing requirements for unvaccinated staff in different sector settings? There are currently no specific requirements for testing unvaccinated staff in healthcare (or other congregate care settings).
- Will there still be sector-specific guidance (located here) for each HC sector for COVID? Eventually, yes, but all are not published yet.
- "Is the guidance for adult day care or congregate settings going to change online for covid cases--otherwise these folks keep calling the LBOH because somewhere in that document it says to..." We can bring this back to our colleagues writing this guidance- feel free to advise these settings that they do not need to notify you of all cases unless you wish to be notified.
- Any changes in recommendations for LBOH engagement with LTCFs? Not at this time, but we always encourage you to support your facilities as able.
- HCW 10/13/22 I&E still says they need a negative test to return to work prior to day 10, will that still apply? At this time, yes.
- Will the May 11th date impact any testing guidance in facilities (acknowledging that surveillance testing was already discontinued March 31, 2023 but everyone may know that)? No- testing in response to a case in a facility, particularly in a LTCF will trigger the same testing as before. Likewise, for exposed individuals in a healthcare setting, the testing guidance has not changed.

Routine & Immediate Disease Events in MAVEN

Disease Event Definitions in MAVEN*	
Immediate Diseases	Diseases that should be reported and acknowledged ASAP (Ideally within 24-48 hours).
Routine Diseases	Diseases that should be acknowledged within 1 week.

These were the benchmark acknowledgement times used for scoring in recent LBOH Capacity Assessments, but best practice response time should be faster.

- Most MAVEN events fall into these two main categories, and subsequently the two associated LBOH Notification Workflows.

- While we do want these events acknowledged (Step 1) in your notification workflows as soon as possible, and investigation initiated, the investigation actions should be appropriate to the disease and the situation. For example:

  - Is it High or Low Suspect?

  - Are we waiting on additional laboratory information before considering it probable or confirmed?

  - Has the MDPH Epi left specific guidance on the follow-up recommendations at this point?

    - For example: "hold off on making calls until X," or "check on the household's vaccination status but no outside control measures until we get test results back…"

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Routine & Immediate Disease Events in MAVEN

- **Email Notifications:** Depending on if you have the correct box filled out in your MAVEN Profile, you can receive automatic email notifications from MAVEN when a new Immediate event is created in your jurisdiction.

  - The emails are not perfect (occasionally there are new events created missing key information, so they might not generate an email if they move into your workflow following updates rather than at creation).

  - Some MAVEN users removed the email notifications option in their profile during the pandemic due to the high volume. You can always add it back.

- **Be Judicious in Control Measures:** Be aware that some Immediate events (like Measles, Mumps, etc.) may still be low suspect and need to be confirmed (with additional lab results) before control measures should be implemented. This can help avoid messy situations if the case is eventually revoked.

  - If you have questions on appropriate next steps, contact the assigned MDPH Epi or call the Epi On Call at 617-983-6800.

COVID-19 Activities in 2023

- **MDPH expectations for comprehensive COVID-19 case investigation and contact tracing at the local level for all individual cases were discontinued in December 2021.**

  - Updates to the State of Emergency (in MA or Nationally) do not affect this guidance, which has been in place for over a year.

  - COVID-19 remains a reportable infection and you will see positive lab results generating MAVEN events.

    - For ease in tracking, there are two COVID-19-specific notification workflows. Local jurisdictions can bulk acknowledge these cases and/or review local priority events in more detail at your discretion.

    - The **State COVID-19 Dashboard** includes data on: city/town specific metrics; confirmed and probable cases; testing; age groups, race and ethnicity, and sex of cases, however additional data within the MAVEN COVID-19 events is not currently being utilized to track COVID activity within the Commonwealth.

    - **Interested LBOH can obtain LTCF data at CMS and Chapter 93.**

COVID-19 Activities in 2023

- **Isolation and ~~Quarantine~~ (Exposure) for COVID-19 Cases and Exposed Individuals** has been the same for a while now.

  - **Isolation and Exposure Guidance for the General Public**

    - Cases: Stay home for at least 5 days, then (if symptoms are improving*), you can end home isolation on Day 6 as long as you are masking around others (Days 6-10).

    - Contacts: No need to quarantine (if asymptomatic), but MASK UP for 10 days following exposure. Test on Day 6 (or if symptoms develop).

  - **Isolation and Exposure Guidance for Children and Staff in Childcare, K-12, Camps, etc.**

    - Cases: Stay home for at least 5 days, then (if symptoms are improving*), you can end home isolation on Day 6 as long as you are masking around others (Days 6-10).

    - Contacts: No need to quarantine (if asymptomatic), but MASK UP for 10 days following exposure. Test on Day 6 (or if symptoms develop).

  *Symptom-Based Criteria: symptoms are resolving and they have been fever free without the use of fever-reducing medicine for 24 hours.

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COVID-19 Activities in 2023

- Individual COVID Case Investigation and Contact Tracing is no longer required. Instead, jurisdictions should ensure the **provision of control measure support and guidance for clusters in high-priority settings** (shelters, corrections, daycares, schools, colleges, etc.).

  - AKA: The LBOH provides control recommendations and support as needed and advises on implementation of COVID Isolation and Exposure guidance.

  - LBOHs are no longer required to document/chase down each individual case and contact in these high-priority settings.

    - **MAVEN Clusters.** If desired, MAVEN COVID Cluster events can be created to document guidance and follow-up recommendations advised by a LBOH. Individual cases do not need to be created or linked to Cluster Events, and Cluster Events are not currently being used by DPH to monitor COVID activity in the Commonwealth.

COVID-19 Surveillance & Case Investigation – Your Questions

- **Q. Will we still see COVID-19 Events in MAVEN?**

  - **A. Yes.** Massachusetts requires that providers/labs report COVID-19 results **processed on-site** to the Department of Public Health as follows:

    - **What to Report:**

      - Tests for SARS-CoV-2 RNA in a clinical specimen using molecular amplification detection (all positive, negative, equivocal results should be reported); or
      - Tests for SARS-CoV-2 antigen in a clinical specimen (only positive results need to be reported); or
      - Tests for antibodies to SARS-CoV-2 in serum, plasma, or whole blood (only positive results need to be reported)

https://www.mass.gov/info-details/covid-19-testing-guidance

COVID-19 Surveillance & Case Investigation – Your Questions

- **Q. Is COVID-19 Changing from an Immediate to Routine Disease Grouping in MAVEN?**

  - **A. No.** COVID-19 will technically remain an "Immediate" disease in MAVEN after May 11th (changes may be in the future, but not this month!), however the notification workflows ALSO remain separate for COVID-19. Thus COVID-19 MAVEN events and the COVID-19 notification workflows can be approached differently than your other Immediate Notification Workflow and those disease events.

  - **How to Treat COVID-19 Events:**

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

    - Timely acknowledgement for Immediate events is still expected (including for COVID-19).
      - (Populate Admin QP Step 1 either manually by going into each case or in bulk in the notification workflow by selecting a bulk action "Set LBOH Notification to Yes.")
    - Due to workflow volume restrictions, COVID-19 Events will only remain in the two Notification Workflows for approximately 72 hours from 1st positive specimen date, then MAVEN automatically removes them from the workflow.
    - Remember, follow-up for Immediate events should be appropriate to the disease event, and at this time, individual COVID-19 case follow-up is not expected by MDPH.

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COVID-19 Surveillance & Case Investigation – Your Questions

- **Q. If we do not do individual case follow-up, what data will we have for COVID-19?**

  - **A. Labs reporting positive SARS-CoV-2 test results are still required to submit associated baseline demographic data.**

    - **We expect DOB, race, ethnicity, sex, full address, disability, primary language, occupation for all reports from submitters.**

      - Data completion varies by variable and reporter, however general baseline demographics should still be available, for your cases.

      - MDPH does not expect case investigation at the local level for COVID-19 if there is incomplete data at this time.

      - MDPH's primary focus is reviewing and analyzing COVID-19 data variables for the weekly [COVID-19 Data Dashboard](#).
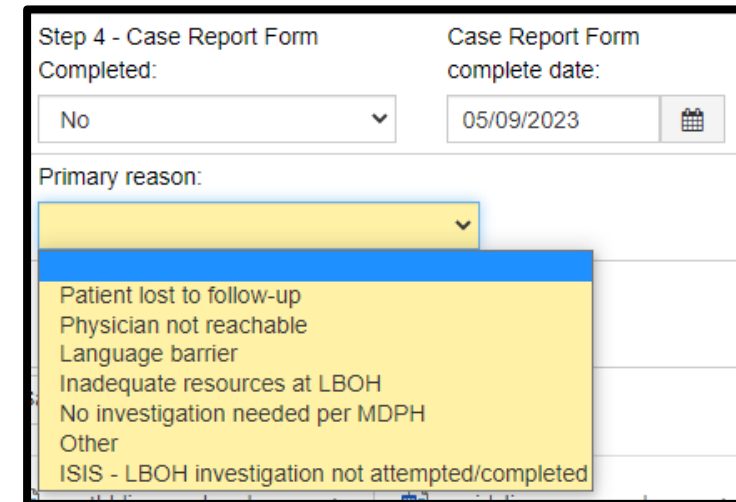
COVID-19 Surveillance & Case Investigation – Your Questions

- **Q. If I Bulk Acknowledge Admin Question Package Steps 1 for a bunch of COVID-19 Cases, do I need to go back and complete Admin Steps 2-5?**

  - **A. Not for MDPH. Step 1 is important because it helps the cases move out of the notification workflows and prevents the workflows from maxing out (excess volume) and ceasing to work.**

    - **Other disease events go into your Pending Workflow after you complete Step 1** and live there until additional Admin QP Steps are completed (while you work the case), but this is not the situation for COVID-19 events. There are no additional workflows requiring Admin QP Steps to move them along for COVID-19.

      - If you wish to note why an event is or is not investigated for your own local purposes, you can complete the Admin Question Package Steps (Step 4 specifically – which is where you can relay a reason for not completing the Case Report Form). But this is not required by MDPH and would only be applicable to your own local tracking.

COVID-19 Surveillance & Case Investigation – Your Questions

- **Q. Is there value added in completing Admin Question Package Steps 2-5 if we do not follow-up on a COVID-19 case?**

  - **A. Only if you want to track those variables at the local level. MDPH will not be reviewing those variables for COVID-19 events at this time.**

    - It is important to note that this discussion pertains to COVID-19, but for other disease events, Admin Question Package Steps are still important.

If there is something you want to track locally about these cases, you could create your own notation here.
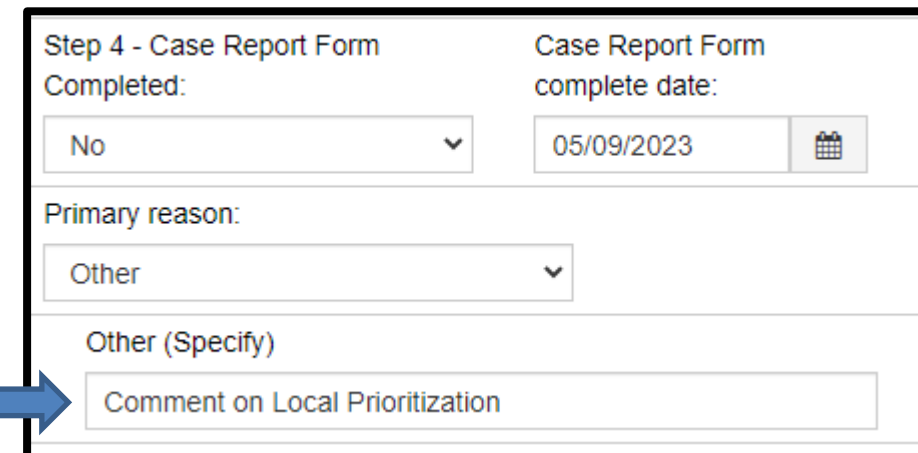
COVID-19 Surveillance & Case Investigation – Your Questions

- **Q. Are we still required to follow-up with patients for COVID-19 (i.e., calling, filling out MAVEN Infectious Disease Question Packages, etc.?)**

    - **A. No. DPH recommendations to end individual case investigation and contact tracing for every case of COVID were made in December 2021.** Local jurisdictions may choose to follow up on priority situations, but we want to make sure OTHER reportable infectious diseases are receiving your attention as well.

        - **Outbreak guidance and control recommendations, generally, make the most sense as a priority activity. As do prevention activities (vaccination & therapeutics promotion, cough and hand hygiene campaigns, etc.).**

            - Public Health Nurses, Contact Tracers, and Epidemiologists should work on other infectious diseases (beyond just COVID-19) and assist with other core local health activities as we move beyond emergency response for COVID-19.

COVID-19 Surveillance & Case Investigation – Your Questions

- **Q. If we are no longer following up on COVID-19 cases, how do we handle them in our workflows?**

  - **A. Populate Step 1 to acknowledge the COVID-19 Cases (either individually in each event or via a bulk acknowledgement while in the workflow).**

    - This should be done routinely (daily) to manage numbers and to provide oversight for your jurisdiction.