

# MDPH Tuesday Infectious Disease Webinar Series

## Tools for Local Boards of Health

**June 13, 2023**

**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

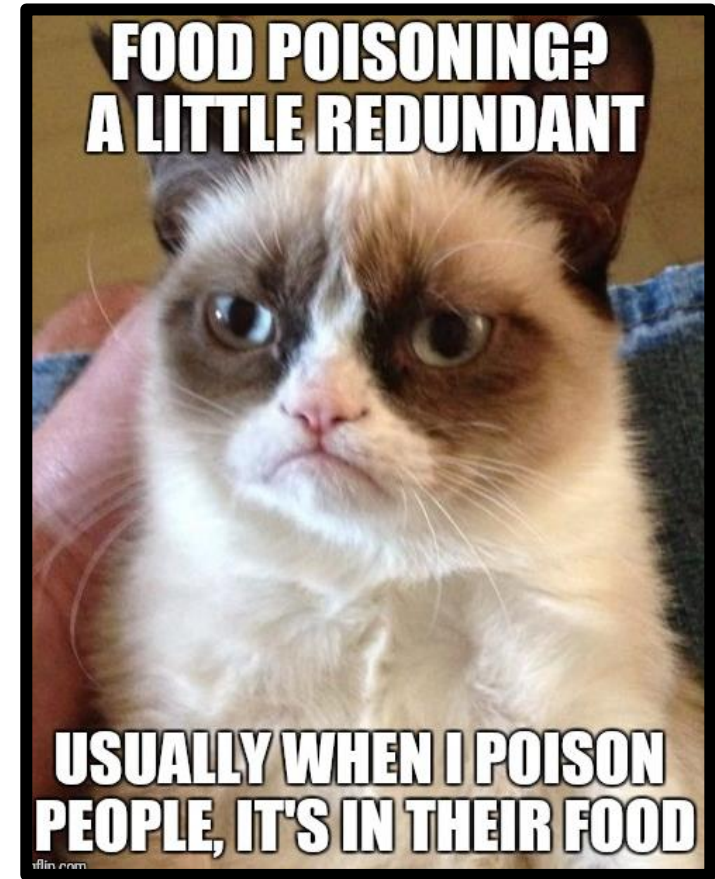
**Julie Coco, MPH**

Epidemiologist II – Internship Program and Training Coordinator,  
Division of Epidemiology



# Agenda June 13, 2023

- Language Line Services Reminder
- Mpox Summer 2023 Updates & Preparation
- MAVEN Capacity Assessment Overview
- **Guest Presentation:** Enteric (Gastrointestinal Illness) Disease Investigations: 2023 Season Refresher
  - Johanna Vostok, MPH, Foodborne and Waterborne Illness Coordinator



# 2023 Infectious Disease Tools for LBOH Webinar Schedule!

## 2023 Spring Schedule!

All Registrations:	<a href="https://maven-webinars.constantcontactsites.com/">https://maven-webinars.constantcontactsites.com/</a>
2 <sup>nd</sup> Tues 6/13/23	Enteric (Gastrointestinal Illness) Disease Case Investigation
4 <sup>th</sup> Tues 6/27/23	4 <sup>th</sup> Tuesday Office Hours
2 <sup>nd</sup> Tues 8/8/23	Hepatitis A Case Investigation
4 <sup>th</sup> Tues 8/22/23	4 <sup>th</sup> Tuesday Office Hours

*\*No Routine Webinars for July 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>

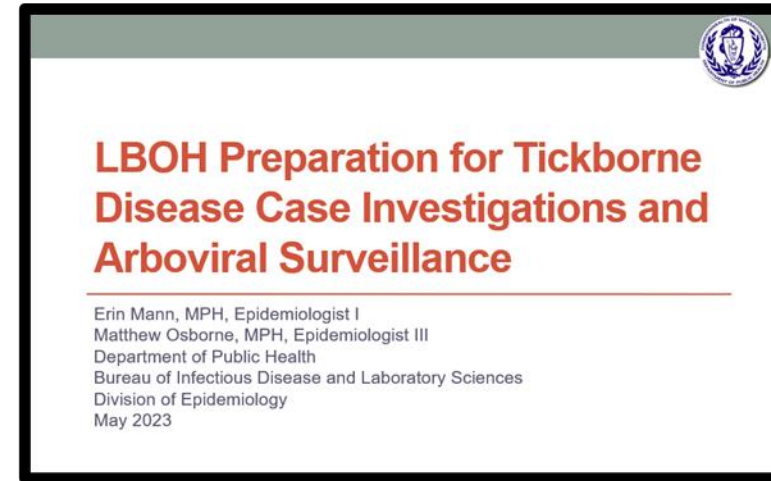
**Next Office Hours: Tuesday, May 23, 2023**



# Updates – A quick recap for June 13, 2023

## We Last Met 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**
- **LBOH Preparation for Tickborne Disease Case Investigations and Arboviral Surveillance**
  - Erin Mann, MPH, Epidemiologist I
  - Matthew Osborne, MPH, Epidemiologist III



[PDF SLIDES: Tickborne Disease & Arboviral Surveillance for Locals](#)

[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>

# Language Line Services for Case Investigation

- The following telephone interpreter services are available for assistance in infectious disease case investigations.
  - Vendor for this service is **LanguageLine Solutions®**.
  - The phone number & access code for this service are as follows:
    - **DIAL: 866-874-3972**
    - **PROVIDE: 684959**
- This vendor is **ONLY** for telephonic language interpreter services. LBOH should not utilize this contract/code for things like document translation or other activities.
- **Under this new process, LBOH can access this service with the access code above, and you do not need to submit invoices to MDPH.**

# Check your Immediate, Routine & Pending Workflows TODAY



- **Reminder to check your LBOH Workflows**

- **LBOH Notification for Immediate Diseases (0 cases)**

- **LBOH Notification for Routine disease (95 cases)**

- Cases in these workflows range from November 29 2022 – June 13



- **LBOH Case Report Forms (CRF) are pending (388 cases)**

- Cases in these workflows range from August 8 2022 – June 13

- **LBOH Notification but no follow-up required (2,047 cases in this workflow as of today)**



# Massachusetts Department of Public Health

## Mpox Refresher



# Mpox Refresher- Background

- **More than 30,000 mpox cases, formerly known as monkeypox, have been diagnosed in the United States since May 2022.**
- **In MA, there were 461 confirmed and probable mpox cases (as of June 8, 2023).**
- **Data suggests that gay, bisexual, and other men who have sex with men make up the majority of cases in the current mpox outbreak.**
- **There have been 42 deaths reported nationally associated with mpox.**
- **During the current outbreak, people have been infected mostly during sexual activity from contact with mpox lesions or skin mucosal surfaces.**



# Mpox Refresher- Background

- In recent months, dx have declined to one case/day on average.
- Most jurisdictions in the United States may be at risk for resurgence of mpox outbreaks without continued efforts to vaccinate people at risk.
- CDC modeling suggests that Suffolk County, MA, with an at-risk population immunity of 64%, has a 21% risk for recurrent outbreak.

# Mpox Refresher- Transmission

- **Person-to-person through direct contact**
  - **Physical contact with infectious skin rash or scabs**
  - **Mucosal contact**
  - **Touching heavily soiled items (e.g., clothing, linens)**
    - Risk of infection through contact with low-level contaminated surfaces or objects in household or healthcare setting is considered low
  - **Placental transfer to fetus**
- **Transmission during brief interactions or between people in close proximity for a long duration (e.g., passengers seated near a person with mpox on an airplane) is unlikely**
- **Spread via respiratory secretions- still an unknown**
- **A person is infectious up to four days prior to symptom onset\***
  - **For non-sexual contacts, we are considering infectious period from symptom onset until lesions heal (see note)**

**\*Evidence includes presence of culturable live virus prior to symptoms and epidemiologic evidence related to serial intervals of transmission. Pre-symptomatic transmission does not happen in all cases and is associated with mucosal surfaces. Given these facts, we are recommending that sexual contacts of cases be considered exposed if they had sex within four days prior to case's symptom onset and any time after onset.**

# Mpox Refresher- Local Health

- Promote vaccination
  - Jynneos (2 dose, 28 days apart [effectiveness believed to be between 66-88%](#))
  - [Eligibility](#) (PEP, PrEP)
- Conduct case interview using MAVEN QPs
  - Vaccine status, employment information, current housing status
    - MDPH Epis can assist with interview tool
- When to reach out to MDPH Epi
  - If case traveled during infectious period
    - Flight information, symptom onset/type of symptoms (lesion location, respiratory symptoms, etc.), PPE worn, fever
  - If case is a healthcare worker that worked while infectious
    - Please document symptoms, PPE used, PPE worn by exposed patients, dates worked while infectious
  - If case needs any social services (rental assistance, food, etc.)

# Mpox Refresher- Local Health

CDC recommends that people with mpox remain isolated during the duration of illness (typically 2-4 weeks)

- Avoid close or physical contact with other people and animals
- Cover lesions, wear a well-fitting mask, and avoid public transportation (if they need to seek medical care or for an emergency)

## Flight Restrictions

- People with mpox should not travel
- If a person with mpox must travel, they should be afebrile, not have respiratory symptoms, and be advised to cover all lesions and wear a well-fitting mask.
- If a person has the above symptoms or refuses to wear appropriate PPE and states they will be traveling, notify MDPH Epi

# Mpox Refresher- Local Health



## Clearing from isolation

**Cases should be cleared by their BOH or provider**

**People with mpox should isolate until rash has fully resolved, the scabs have fallen off, and a fresh layer of intact skin has formed.**



## Lost to follow-up

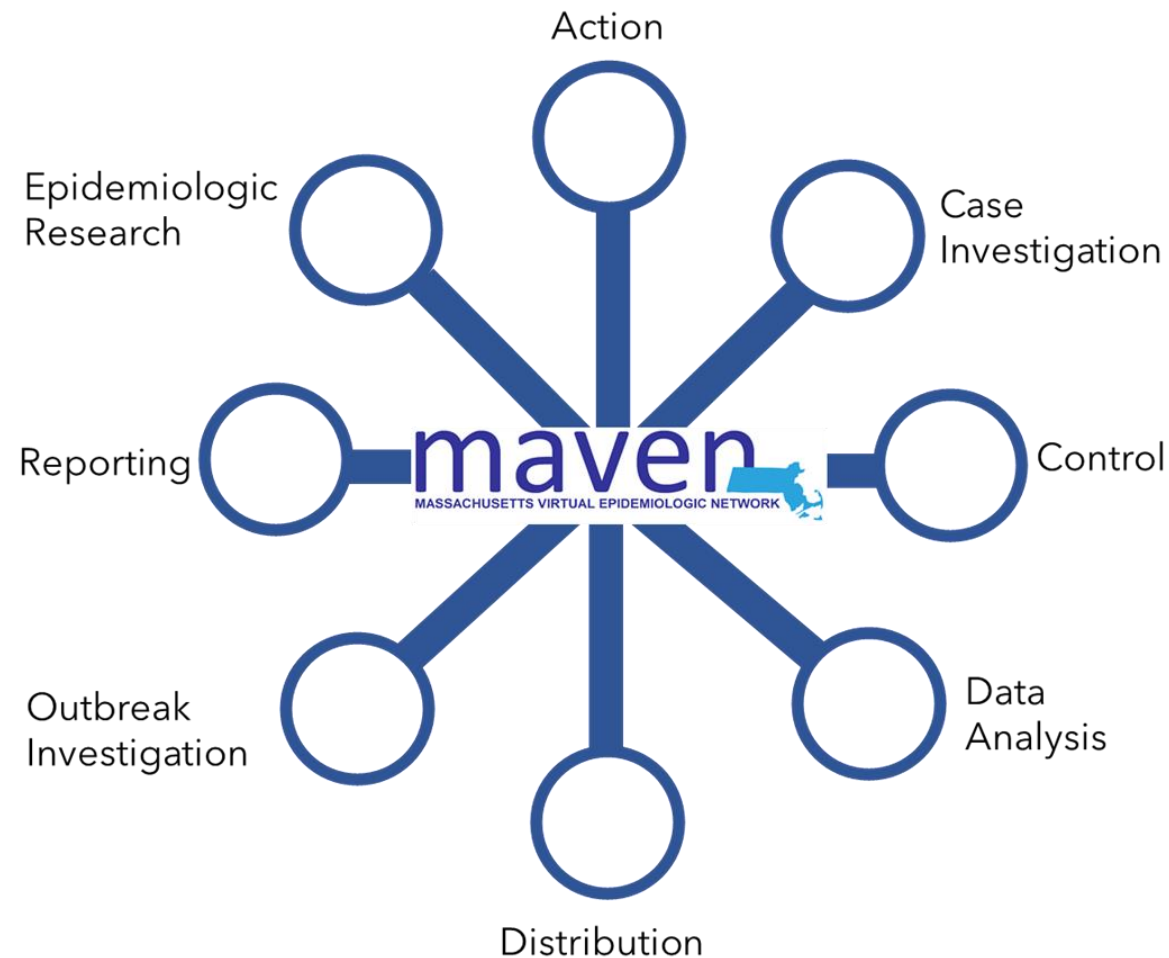
**Make at least 3 separate calls to try to reach case, including outside of business hours**

**LBOH can choose to send a letter if case cannot be contacted**

# Mpox Refresher- Local Health

- For [identified contacts](#), LBOH will be notified and expected to follow-up
  - Verify case is a MA resident
    - If case resides in another state, collect demographic information and let them know their state health department will contact them. Notify MDPH Epi, who will contact other state.
  - Discuss vaccination (refer to slide 5)
  - Establish a monitoring plan for 21 days from the exposure (day 0).
    - There is no quarantine for contacts.
    - Contacts should be aware that IF they develop symptoms, they can spread to sexual contacts four days prior to symptom onset.
    - For [high-risk exposures](#) once/weekly public health monitoring check-in is recommended.
    - For intermediate/low risk, passive (self) monitoring for the 21-day period following official notification is recommended.
    - Contacts should monitor for symptoms (2X/day temp check) for 21 days.
    - For active monitoring, ask the case once/week if they have symptoms. If so, obtain information including where they sought care.
    - IF contact develops symptoms, they should wear a well-fitted mask and cover lesions prior to seeking medical care.
    - Document notes in MAVEN and once contact monitoring has been completed, complete steps 4&5 in Admin QP.
- MDPH Epis are here to assist if you have questions (6800).

# MAVEN Capacity Assessment Overview





# CART Assessment

## **What is the CART Assessment?**

- The Capacity Assessment Results Toolkit (CART) was compiled by the Office of Local and Regional Health (OLRH) to assist Public Health Excellence (PHE) grantees in meeting their goals
- Initial CART assessment reports were distributed and reviewed in March with each PHE grantee group
- MAVEN was one of many indicators included in the CART assessment
  - MAVEN indicator methodology will be described in this presentation
  - All other questions around the CART assessment should be directed to your program coordinator at OLRH

# CART Assessment – MAVEN Indicator Methodology

## How were these diseases chosen?

- Chosen in collaboration with MDPH epidemiologists
- Goal was to choose the key diseases where LBOH are primarily responsible for completing case investigation and follow up

**\*Note that COVID was NOT included in this assessment. In addition, only the years 2019 and 2021 were included.**

Diseases in Report	
Disease	Disease Type
Cyclosporiasis	Immediate
Group A streptococcus	Immediate
Hepatitis A	Immediate
Listeria	Immediate
Meningococcal Disease	Immediate
Tularemia	Immediate
Babesiosis	Routine
Campylobacteriosis	Routine
Giardiasis	Routine
Human Granulocytic Anaplasmosis	Routine
Legionellosis	Routine
Salmonellosis (includes Typhoid fever)	Routine
Shiga toxin producing organism	Routine
Haemophilus influenzae	Routine
Pertussis	Routine
Mumps	Routine

# CART Assessment – MAVEN Indicator Methodology

## Disease Definitions

Immediate Diseases      Diseases that should be reported and acknowledged within 24-48 hours.

Routine Diseases      Diseases that should be acknowledged within 1 week.

Grade	Interpretation	Methodology (7 days - routine)
A	Excellent	Average # of days from case create date to completion of step 1 is less than or equal to <b>2 days for immediate diseases and less than or equal to 7 days for routine diseases.</b>
B	Good	Average # of days from case create date to completion of step 1 is <b>3 or 4 days for immediate diseases and between 8-15 days for routine diseases.</b>
C	Needs Improvement	Average # of days from case create date to completion of step 1 is <b>greater than or equal to 5 days for immediate diseases and greater than or equal to 16 days for routine diseases.</b>

**Collaboratives received one grade for routine diseases and one grade for immediate diseases (both scores were averaged for the years of 2019 and 2021)**

# CART Assessment – MAVEN Indicator Methodology

- As a reminder, there are approximately 90+ infectious diseases reportable to LBOH.
- Those in **RED** are considered **Immediate** and require immediate reporting and follow-up.

**COMMUNICABLE AND OTHER INFECTIOUS DISEASES REPORTABLE IN MASSACHUSETTS BY HEALTHCARE PROVIDERS\***

\*Reportable infectious diseases and conditions are not limited to those designated below. This list includes only those which are primarily reportable by clinicians. A full list of reportable diseases in Massachusetts is detailed in 105 CMR 300.100.

**REPORT IMMEDIATELY BY PHONE!**  
This includes both suspected and confirmed cases.  
**All cases should be reported to your local board of health;**  
if unavailable, call the **Massachusetts Department of Public Health:**  
Telephone: (617) 983-6800 Confidential Fax: (617) 983-6813

**REPORT PROMPTLY (WITHIN 24 HOURS)**  
This includes suspected and confirmed cases.

Isolates should be submitted to the State Public Health Laboratory

<ul style="list-style-type: none"> <li>☞ Anthrax ☞</li> <li>☞ Any case of an unusual illness thought to have public health implications</li> <li>☞ Any cluster/outbreak of illness, including but not limited to foodborne illness</li> <li>☞ Botulism ☞</li> <li>☞ Brucellosis ☞</li> <li>☞ Cholera</li> <li>• Chikungunya virus</li> <li>• Creutzfeldt-Jakob disease (CJD) and variant CJD</li> <li>☞ Diphtheria</li> <li>• Encephalitis, any cause</li> <li>☞ Foodborne illness due to toxins (including mushroom toxins, ciguatera toxins, scombrototoxin, tetrodotoxin, paralytic shellfish toxin and amnesic shellfish toxin, staphylococcus enterotoxin and others)</li> <li>• Hansen's disease (leprosy)</li> <li>☞ Hemolytic uremic syndrome</li> <li>☞ Hepatitis A (IgM+ only)</li> <li>• Hepatitis B in pregnant women</li> <li>• Hepatitis syndrome, acute possibly infectious</li> <li>☞ Influenza, pediatric deaths (&lt;18 years old) ☞</li> <li>☞ Infection due to novel influenza A viruses ☞</li> <li>• Jamestown Canyon virus</li> <li>• Lymphocytic choriomeningitis</li> <li>• Malaria</li> <li>☞ Measles ☞</li> <li>• Meningitis, bacterial, community acquired</li> <li>• Meningitis, viral (aseptic), and other infectious (non-bacterial)</li> </ul>	<ul style="list-style-type: none"> <li>☞ Meningococcal disease, invasive (<i>Neisseria meningitidis</i>) ☞</li> <li>• Mumps ☞</li> <li>• Pertussis</li> <li>☞ Plague ☞</li> <li>☞ Polio</li> <li>• Powassan</li> <li>☞ Pox virus infections in humans, including variola (smallpox), monkeypox, vaccinia, and other orthopox or parapox viruses</li> <li>☞ Rabies in humans</li> <li>☞ Respiratory infection thought to be due to any novel coronavirus including SARS and MERS</li> <li>• Reye syndrome</li> <li>• Rickettsialpox</li> <li>• Rocky Mountain spotted fever</li> <li>☞ Rubella</li> <li>☞ Tetanus</li> <li>• Toxic shock syndrome</li> <li>• Trichinosis</li> <li>☞ Tuberculosis ☞</li> <li>• Evidence of tuberculosis infection</li> <li>• Tularemia ☞</li> <li>☞ Typhoid fever ☞</li> <li>• Typhus</li> <li>• Varicella (chickenpox)</li> <li>☞ Viral hemorrhagic fevers</li> </ul>
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**Animal bites should be reported immediately to the designated local authority.**

Important Note: MCPH, its authorized agents, and local boards of health have the authority to collect pertinent information on all reportable diseases, including those not listed on this page, as part of epidemiological investigations (M.G.L. c. 111, s. 7).

**COMMUNICABLE AND OTHER INFECTIOUS DISEASES REPORTABLE IN MASSACHUSETTS**

\*Reportable infectious diseases and conditions are not limited to those designated below. This list includes only those which are primarily reportable by clinicians. A full list of reportable diseases in Massachusetts is detailed in 105 CMR 300.100.

**Reportable Diseases Primarily Detected Through Laboratory Testing**  
Please work with the laboratories you utilize to assure complete reporting.

<ul style="list-style-type: none"> <li>• Anaplasmosis</li> <li>• Amebiasis</li> <li>• Babesiosis</li> <li>• Campylobacteriosis</li> <li>• Cholera</li> <li>• Cryptosporidiosis</li> <li>• Cyclosporiasis</li> <li>• Dengue</li> <li>☞ Eastern equine encephalitis ☞</li> <li>• Ehrlichiosis</li> <li>• <i>Escherichia coli</i> O157:H7 ☞</li> <li>• Enteroviruses (from CSF)</li> <li>• Giardiasis</li> <li>• Glanders ☞</li> <li>☞ Group A streptococcus, invasive</li> <li>• Group B streptococcus, invasive in patients &lt;1 year old</li> <li>☞ <i>Haemophilus influenzae</i>, invasive ☞</li> <li>☞ Hantavirus</li> <li>• Hepatitis B</li> <li>• Hepatitis C</li> <li>• Hepatitis D</li> <li>• Hepatitis E</li> <li>• Influenza (☞ if antiviral resistant)</li> </ul>	<ul style="list-style-type: none"> <li>• Legionellosis ☞</li> <li>• Listeriosis ☞</li> <li>• Lyme disease</li> <li>• Melioidosis ☞</li> <li>• Norovirus</li> <li>• Pneumococcal disease, invasive (<i>Streptococcus pneumoniae</i>) in patients &lt;18 years old ☞</li> <li>• Pneumococcal disease, invasive, penicillin-resistant</li> <li>• Salmonellosis ☞</li> <li>• Shiga toxin-producing organisms ☞</li> <li>• Shigellosis ☞</li> <li>• <i>Staphylococcus aureus</i>, methicillin-resistant (MRSA), invasive</li> <li>☞ <i>Staphylococcus aureus</i>, vancomycin-intermediate (VISA) and vancomycin-resistant (VRSA) ☞</li> <li>• Psittacosis</li> <li>• Q fever</li> <li>• Toxoplasmosis</li> <li>• Typhus</li> <li>• Vibriosis ☞</li> <li>• West Nile ☞</li> <li>• Yellow fever</li> <li>• Yersiniosis ☞</li> <li>• Zika</li> </ul>
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**Report Directly to the Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences**  
305 South Street, Boston, MA 02130  
Tel: (617) 983-6801 Confidential Fax: (617) 983-6813

**Sexually Transmitted Infections**

- Chancroid
- Chlamydial infections (genital)
- Gonorrhea ☞
- Gonorrhea resistant to Ceftriaxone ☞
- Herpes, neonatal (onset within 60 days after birth)
- HIV infection and AIDS
- ☞ Acute HIV infection
- Lymphogranuloma venereum
- Ophthalmia neonatorum
- Pelvic inflammatory disease
- Syphilis

Isolates should be submitted to the State Public Health Laboratory

# Completing Administrative Steps 1-5 in MAVEN

## **What are the Administrative Steps (1-5) in MAVEN?**

- There are 5 questions in the Administrative question package completed by LBOH that let MDPH and your team know you have seen, began investigating, and ultimately completed the case
- Completing the Administrative Steps in a timely manner is key to the scoring used in the CART assessment
- You can use tools such as your workflows and reports to monitor which steps have been completed in a case

# Completing Administrative Steps 1-5 in MAVEN

Local Health and Investigation Steps (1 - 5)

Step 1 - LBOH acknowledged: LBOH acknowledged date:

Yes 06/05/2023

Step 2 - Investigation started: Date investigation started:

Yes 06/05/2023

Helpful tools for case investigation follow-up

Step 3 - LBOH/Agency Investigator: **Assign To Me**

Minnie Mouse

Add New

LBOH/Agency:

Abington

LBOH/Agency Investigator phone:

(123) 456-7890

LBOH/Agency Investigator Title:

Public Health Nurse

Step 4 - Case Report Form Completed: Case Report Form complete date:

Yes 06/05/2023

Completed by:

Local Board of Health (LBOH) - Ready for MDPH review

Step 5 - LBOH final review: LBOH final review date:

Yes 06/05/2023

Save Save & Stay Cancel Help

**Step 1: Mark 'Yes' to acknowledge the case.**  
Acknowledging the case tells us you have seen it and will begin working on it.

For the CART assessment, the goal is to mark Step as 'Yes' within: 2 days for immediate diseases and 7 days for routine diseases.

NOTE: These timelines were a general benchmark for the CART assessment, but BEST PRACTICE for good case investigation would be a faster response.

# Completing Administrative Steps 1-5 in MAVEN

Local Health and Investigation Steps (1 - 5)	
Step 1 - LBOH acknowledged:	LBOH acknowledged date:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Step 2 - Investigation started:	Date investigation started:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Helpful tools for case investigation follow-up	
Step 3 - LBOH/Agency Investigator: <b>Assign To Me</b>	
<input type="text" value="Minnie Mouse"/>	
<input type="button" value="Add New"/>	
LBOH/Agency:	
<input type="text" value="Abington"/>	
LBOH/Agency Investigator phone:	
<input type="text" value="(123) 456-7890"/>	
LBOH/Agency Investigator Title:	
<input type="text" value="Public Health Nurse"/>	
Step 4 - Case Report Form Completed:	Case Report Form complete date:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Completed by:	
<input type="text" value="Local Board of Health (LBOH) - Ready for MDPH review"/>	
Step 5 - LBOH final review:	LBOH final review date
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
<input type="button" value="Save"/> <input type="button" value="Save &amp; Stay"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>	

**Step 2: Mark 'Yes' when you have started investigating the case. This tells us you have started working on it.**



# Completing Administrative Steps 1-5 in MAVEN

Local Health and Investigation Steps (1 - 5)	
Step 1 - LBOH acknowledged:	LBOH acknowledged date:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Step 2 - Investigation started:	Date investigation started:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Helpful tools for case investigation follow-up	
<b>Step 3 - LBOH/Agency Investigator: Assign To Me</b>	
<input type="text" value="Minnie Mouse"/>	
<input type="button" value="Add New"/>	
LBOH/Agency:	
<input type="text" value="Abington"/>	
LBOH/Agency Investigator phone:	
<input type="text" value="(123) 456-7890"/>	
LBOH/Agency Investigator Title:	
<input type="text" value="Public Health Nurse"/>	
Step 4 - Case Report Form Completed:	Case Report Form complete date:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Completed by:	
<input type="text" value="Local Board of Health (LBOH) - Ready for MDPH review"/>	
Step 5 - LBOH final review:	LBOH final review date
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
<input type="button" value="Save"/> <input type="button" value="Save &amp; Stay"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>	

**Step 3: Fill in your name and contact information once you have started working on the case.**

**You can also click 'assign to me' to fill in any information that is currently in your MAVEN profile.**

# Completing Administrative Steps 1-5 in MAVEN

Local Health and Investigation Steps (1 - 5)	
Step 1 - LBOH acknowledged:	LBOH acknowledged date:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Step 2 - Investigation started:	Date investigation started:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Helpful tools for case investigation follow-up	
Step 3 - LBOH/Agency Investigator: <b>Assign To Me</b>	
<input type="text" value="Minnie Mouse"/>	
<input type="button" value="Add New"/>	
LBOH/Agency:	
<input type="text" value="Abington"/>	
LBOH/Agency Investigator phone:	
<input type="text" value="(123) 456-7890"/>	
LBOH/Agency Investigator Title:	
<input type="text" value="Public Health Nurse"/>	
Step 4 - Case Report Form Completed:	Case Report Form complete date:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Completed by:	
<input type="text" value="Local Board of Health (LBOH) - Ready for MDPH review"/>	
Step 5 - LBOH final review:	LBOH final review date
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
<input type="button" value="Save"/> <input type="button" value="Save &amp; Stay"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>	

**Step 4: Mark 'Yes' when you have completed all components of the case report form.**

# Completing Administrative Steps 1-5 in MAVEN

Local Health and Investigation Steps (1 - 5)	
Step 1 - LBOH acknowledged:	LBOH acknowledged date:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Step 2 - Investigation started:	Date investigation started:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Helpful tools for case investigation follow-up	
Step 3 - LBOH/Agency Investigator: <b>Assign To Me</b>	
<input type="text" value="Minnie Mouse"/>	
<input type="button" value="Add New"/>	
LBOH/Agency:	
<input type="text" value="Abington"/>	
LBOH/Agency Investigator phone:	
<input type="text" value="(123) 456-7890"/>	
LBOH/Agency Investigator Title:	
<input type="text" value="Public Health Nurse"/>	
Step 4 - Case Report Form Completed:	Case Report Form complete date:
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
Completed by:	
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Step 5 - LBOH final review:	LBOH final review date
<input type="text" value="Yes"/>	<input type="text" value="06/05/2023"/>
<input type="button" value="Save"/> <input type="button" value="Save &amp; Stay"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>	

**Step 5: Mark 'Yes' when your investigation is complete.**



# Best Practices for Good Case Investigation AND Future Assessments

- **Jurisdictions should log in to MAVEN at least ONCE DAILY to identify new cases and determine a plan for next steps in follow-up.**
  - **IMMEDIATE** diseases often need action right away (within 24 hours).
  - **ROUTINE** diseases should still have action within about 3 days or so.
- Control Measures (identifying infectious periods for determining exposures and close contacts, or identifying high risk occupations and if a case is a food handler and needs to be excluded from work, etc.) are actions that may be needed for both Immediate and Routine diseases.
- If your jurisdiction maintains only partial coverage (e.g., only staffed for 4 hours 1x per week), this will be difficult.
  - Discuss a better infectious disease coverage option with your Shared Services Coordinator or with neighboring jurisdictions.
  - This will help you meet assessment goals, but **MORE IMPORTANTLY**, it will help provide disease intervention when needed in your communities.

# Best Practices for Tracking Cases in MAVEN

- Your Feedback has indicated a desire for and better understanding of tracking your new and active cases while in MAVEN.
- Strategies for this include:
  - Understanding and Optimizing MAVEN Workflows
  - Mastering Reports in MAVEN
  - Setting Email Notifications
- This webinar and all our MAVEN trainings are recorded and available on [MAVEN Help](#).

# Monitoring Administrative Steps 1-5

## How can I identify new cases? **Answer: Your Workflows!**

- The **LBOH Notification for Immediate Disease** and **LBOH Notification for Routine Disease** will show cases for your jurisdiction(s) where Step 1 has not been acknowledged.
- The **LBOH Case Report Forms (CRF) are pending** shows cases where Step 4 has NOT YET been acknowledged
  - This **CRF Pending** Workflow is the place to find your current/ongoing cases after you've acknowledged receiving notification in Step 1 and prior to completing Step 4 (acknowledging when casework is completed).
- We suggest monitoring these workflows daily to review and acknowledge cases. This will ensure that you meet the capacity assessment goals!

Workflows			
Workflow Queue		Events	Assigned
★	LBOH Case Report Forms (CRF) are pending	5	0
★	LBOH Notification for Immediate Disease	153	0
★	LBOH Notification for Routine disease	182	0

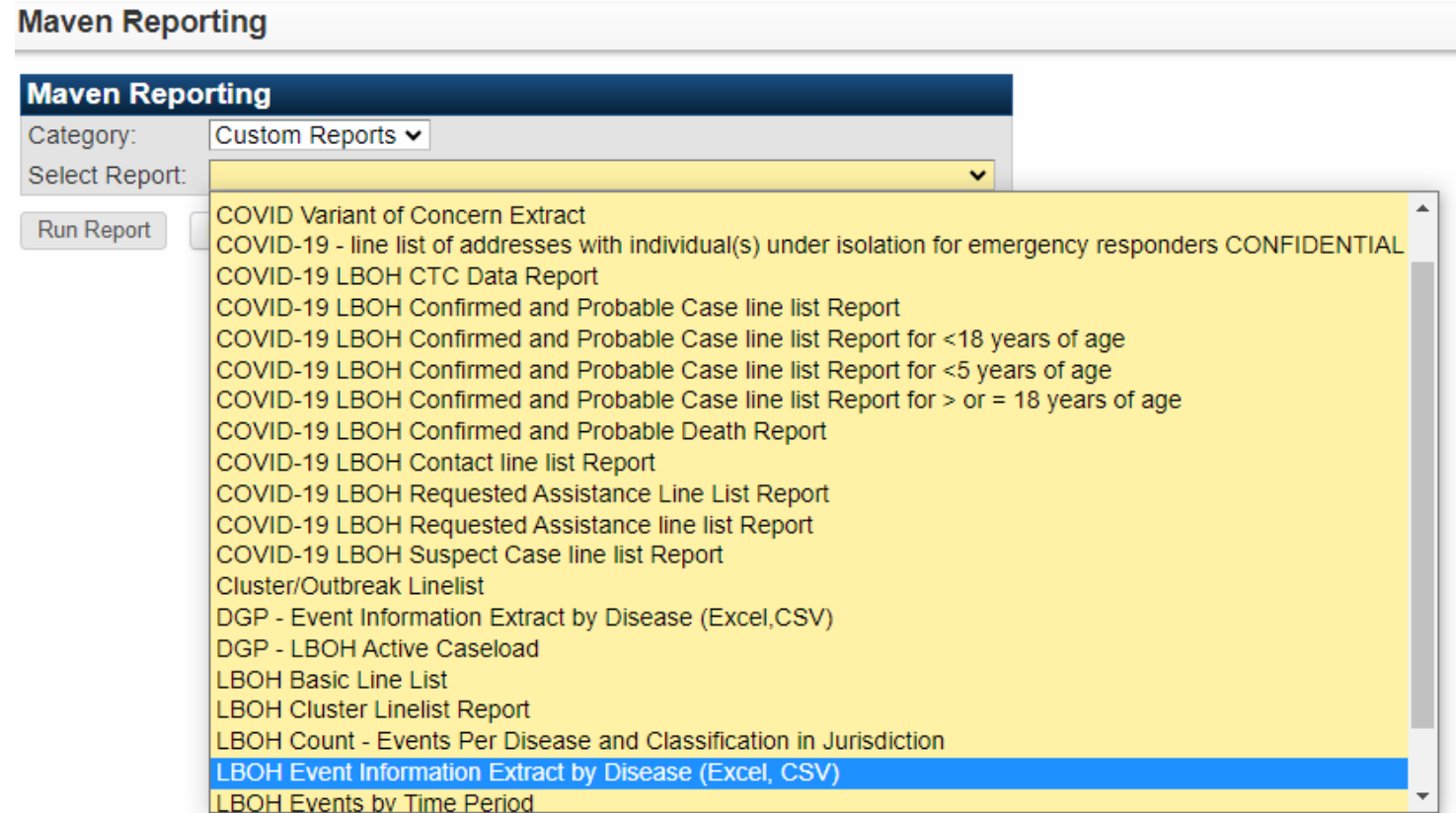
Best Practice	Capacity Assessment Baseline
<b>IMMEDIATE</b> diseases often need action right away (within 24 hours).	Acknowledged within 2 days
<b>ROUTINE</b> diseases should have action within about 3 days or so.	Acknowledged within 1 week

# Monitoring Administrative Steps 1-5

How should I identify new cases? **Answer: Reports!**

- You can also use your reports to view cases over a specific time period along with which administrative steps have been completed.
- Reports that you can help you monitor the administrative steps include:
  - LBOH Event Information Extract by Disease
  - LBOH Basic Line List

Click [here](#) for a tip sheet with more information on how to use MAVEN reports



The screenshot displays the 'Maven Reporting' web application. At the top, there's a header 'Maven Reporting'. Below it, a form section titled 'Maven Reporting' contains a 'Category:' dropdown menu set to 'Custom Reports'. Below the category menu is a 'Select Report:' dropdown menu. A 'Run Report' button is located to the left of the report list. The dropdown menu is open, showing a scrollable list of reports. The reports include various COVID-19 related reports, LBOH reports, and DGP reports. The report 'LBOH Event Information Extract by Disease (Excel, CSV)' is highlighted in blue.

Maven Reporting

Maven Reporting

Category: Custom Reports

Select Report:

Run Report

- COVID Variant of Concern Extract
- COVID-19 - line list of addresses with individual(s) under isolation for emergency responders CONFIDENTIAL
- COVID-19 LBOH CTC Data Report
- COVID-19 LBOH Confirmed and Probable Case line list Report
- COVID-19 LBOH Confirmed and Probable Case line list Report for <18 years of age
- COVID-19 LBOH Confirmed and Probable Case line list Report for <5 years of age
- COVID-19 LBOH Confirmed and Probable Case line list Report for > or = 18 years of age
- COVID-19 LBOH Confirmed and Probable Death Report
- COVID-19 LBOH Contact line list Report
- COVID-19 LBOH Requested Assistance Line List Report
- COVID-19 LBOH Requested Assistance line list Report
- COVID-19 LBOH Suspect Case line list Report
- Cluster/Outbreak Linelist
- DGP - Event Information Extract by Disease (Excel,CSV)
- DGP - LBOH Active Caseload
- LBOH Basic Line List
- LBOH Cluster Linelist Report
- LBOH Count - Events Per Disease and Classification in Jurisdiction
- LBOH Event Information Extract by Disease (Excel, CSV)**
- LBOH Events by Time Period



# Monitoring Administrative Steps 1-5

**How should I identify new cases? Answer: Email Notifications!**

- You can update your profile settings to receive an email notification for new **immediate** diseases.
- Email notifications are a tool that can help you identify new diseases but should not be relied upon exclusively, as email is imperfect at best. We recommend using your workflows and reports to verify new cases.

Event [REDACTED] - suspected Listeriosis for [REDACTED]. Access event at <https://sso.hhs.state.ma.us/vgportal/login> Please coordinate follow-up with MDPH. If this link does not work copy and paste to your Browser!

# Monitoring Administrative Steps 1-5

How should I identify new cases? **Answer: Email Notifications!**

- Remember that in order to receive email notifications, you will need to ensure your MAVEN profile is updated

Maven Surveillance and Case Management System

Enter Case ID Search Kate Hamdan

### Edit User Information

#### Login Credentials

Username: khamdantest  
Password:  Confirm Password:

#### User Information

First Name: \* Kate  
Last Name: \* Hamdan  
Middle Name:   
Title: Epidemiologist  
Gender: Female  
Supervisor:   
Time Zone:  Accessibility Mode: ☐

#### Contact Information

Email: kate.hamdan@town1.gov Secondary Email: kate.hamdan@town2.gov  
Street 1: 305 South Street  
Street 2:   
City: Boston State: MA  
Zip Code: 02130  
Home Phone: (123) 456-7890 Work Phone: (234) 567-8901  
Mobile Phone: (345) 678-9012  
Fax: (234) 567-8901  
Contact Method: Mobile phone  
Notification of Immediate Disease sent to: kate.hamdan@town.gov

Save Cancel Help

# Tracking My Cases

How should I keep track of specific MAVEN events? **Answer: Bookmark Them!**

- You can “pin” specific cases in your Recent Records dashboard, and they will stay at the top of your most recently viewed events until you “unpin” them.
- Select the “STAR” to pin!



Recent Records			
	Event ID	Name	Event
★	100002652	Kid, Little	Pertussis (and other Bordetella species)
★	100002651	Case, MyFavorite	Cryptosporidiosis
☆	100002656	Lover, Oyster	Shigellosis
☆	100002655	Surfer, Summer	Babesiosis
☆	100002654	Case, Another	Streptococcus pneumoniae
☆	100002653	Traveler, TravelGal	Measles

# Optimizing Your Workflows

- Remember, don't leave ongoing/active cases in the **Routine** and **Immediate Notification** Workflows as a way to keep track of your events in MAVEN.
  - Leaving cases in the Notification Workflow 'dings' your performance measure and also doesn't indicate to MDPH and others that you are working on the case (most critical).
  - You can easily track and update current cases while in LBOH Case Report Forms (CRF) are pending workflow.

Workflows			
Workflow Queue		Events	Assigned
★	LBOH Case Report Forms (CRF) are pending	5	0
★	LBOH Notification for Immediate Disease	153	0
★	LBOH Notification for Routine disease	182	0

# Optimizing Your Workflows

- **Are you utilizing Step 5 – LBOH Final Review?**

- Completing Step 4, CRF Completed, signals the casework is done and moves the MAVEN event out of **LBOH Case Report Forms (CRF) are Pending** to the **LBOH Needs final review** workflow.
- This workflow is a great tool for supervisory review OR for Epi data cleaning/review/QA activities.
- If you complete Step 4 & 5 at the same time, the event will not enter the **LBOH Needs final review** workflow, but this may be a great tool for a shared services Epi to help perform routine data cleaning or trigger reports, etc.

Step 5 is utilized differently in various jurisdictions, but we recommend optimizing it for your needs!

Workflows			
Workflow Queue		Events	Assigned
★	LBOH Case Report Forms (CRF) are pending	1	0
★	LBOH Needs final review	0	0
★	LBOH Notification for Immediate Disease	3	0
★	LBOH Notification for Routine disease	9	0

Local Health and Investigation Steps (1 - 5)

Step 1 - LBOH acknowledged: LBOH acknowledged date:  
Yes  06/05/2023

Step 2 - Investigation started: Date investigation started:  
Yes  06/05/2023

Helpful tools for case investigation follow-up

Step 3 - LBOH/Agency Investigator: **Assign To Me**  
Minnie Mouse   
**Add New**

LBOH/Agency:  
Abington

LBOH/Agency Investigator phone:  
(123) 456-7890

LBOH/Agency Investigator Title:  
Public Health Nurse

Step 4 - Case Report Form Completed: Case Report Form complete date:  
Yes  06/05/2023

Completed by:  
Local Board of Health (LBOH) - Ready for MDPH review

Step 5 - LBOH final review: LBOH final review date  
Yes  06/05/2023

Save Save & Stay Cancel Help

Think of ways to make this final review work for you!

# Next Steps

- Currently working with OLRH to prepare for the next CART assessment (2024)
- Looking at ways to help LBOH monitor their progress on the CART assessment indicators over time.
- Please feel free to share your thoughts and feedback with our team as we plan for the next analysis!