MDPH Tuesday Infectious Disease Webinar Series

Tools for Local Boards of Health

June 13, 2023

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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!

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

*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:


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

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

PDF SLIDES: Tickborne Disease & Arboviral Surveillance for Locals
WEBINAR: Presentation Recording

Bookmark the URL!

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.
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)
Mpox Refresher
• 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.
• 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.
Mpx 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 mpx 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.)
Mpqx 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
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
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.*

<table>
<thead>
<tr>
<th>Disease</th>
<th>Disease Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyclosporiasis</td>
<td>Immediate</td>
</tr>
<tr>
<td>Group A streptococcus</td>
<td>Immediate</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Immediate</td>
</tr>
<tr>
<td>Listeria</td>
<td>Immediate</td>
</tr>
<tr>
<td>Meningococcal Disease</td>
<td>Immediate</td>
</tr>
<tr>
<td>Tularemia</td>
<td>Immediate</td>
</tr>
<tr>
<td>Babesiosis</td>
<td>Routine</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>Routine</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>Routine</td>
</tr>
<tr>
<td>Human Granulocytic Anaplasmosis</td>
<td>Routine</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>Routine</td>
</tr>
<tr>
<td>Salmonellosis (includes Typhoid fever)</td>
<td>Routine</td>
</tr>
<tr>
<td>Shiga toxin producing organism</td>
<td>Routine</td>
</tr>
<tr>
<td>Haemophilus influenzae</td>
<td>Routine</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Routine</td>
</tr>
<tr>
<td>Mumps</td>
<td>Routine</td>
</tr>
</tbody>
</table>
## CART Assessment – MAVEN Indicator Methodology

### Disease Definitions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate Diseases</td>
<td>Diseases that should be reported and acknowledged within 24-48 hours.</td>
</tr>
<tr>
<td>Routine Diseases</td>
<td>Diseases that should acknowledged within 1 week.</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Step 1 - LBOH acknowledged:</th>
<th>LBOH acknowledged date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>06/05/2023</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Step 2 - Investigation started:</th>
<th>Data Investigation started:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>06/05/2023</td>
</tr>
</tbody>
</table>

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.
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

<table>
<thead>
<tr>
<th>Step 1 - LBOH acknowledged</th>
<th>LBOH acknowledged date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>06/05/2023</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2 - Investigation started</th>
<th>Date investigation started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>06/05/2023</td>
</tr>
</tbody>
</table>

Helpful tools for case investigation follow-up:

**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.

<table>
<thead>
<tr>
<th>Step 3 - LBOH/Agency Investigator: <strong>Assign To Me</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnie Mouse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LBOH/Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abington</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LBOH/Agency Investigator phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(123) 456-7890</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LBOH/Agency Investigator Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Nurse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4 - Case Report Form Completed</th>
<th>Case Report Form complete date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>06/05/2023</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Board of Health (LBOH) - Ready for MDPH review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 5 - LBOH final review:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>
Completing Administrative Steps 1-5 in MAVEN

<table>
<thead>
<tr>
<th>Step 1 - LBOH acknowledged:</th>
<th>LBOH acknowledged date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2 - Investigation started:</th>
<th>Date investigation started:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>06/05/2023</td>
</tr>
</tbody>
</table>

Helpful tools for case investigation follow-up

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

- Minnie Mouse

**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: 06/05/2023

**Completed by:**

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

**Step 5 - LBOH final review:**

- LBOH final review date: 06/05/2023

**Step 4:** Mark 'Yes' when you have completed all components of the case report form.
Completing Administrative Steps 1-5 in MAVEN

<table>
<thead>
<tr>
<th>Local Health and Investigation Steps (1 - 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1 - LBOH acknowledged:</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>Step 2 - Investigation started:</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**Helpful tools for case investigation follow-up**

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

- **LBOH/Agency:** Abington
- **LBOH/Agency Investigator phone:** (123) 456-7890
- **LBOH/Agency Investigator Title:** Public Health Nurse

<table>
<thead>
<tr>
<th><strong>Step 4 - Case Report Form Completed:</strong></th>
<th><strong>Case Report Form complete date:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>06/05/2023</td>
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</tbody>
</table>

**Completed by:**

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

<table>
<thead>
<tr>
<th><strong>Step 5 - LBOH final review:</strong></th>
<th><strong>LBOH final review date:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>06/05/2023</td>
</tr>
</tbody>
</table>

**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.
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!

### Best Practice

<table>
<thead>
<tr>
<th>Workflow Queue</th>
<th>Events</th>
<th>Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBOH Case Report Forms (CRF) are pending</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>LBOH Notification for Immediate Disease</td>
<td>153</td>
<td>0</td>
</tr>
<tr>
<td>LBOH Notification for Routine disease</td>
<td>182</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMMEDIATE diseases</th>
<th>Acknowledged within 2 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE diseases</td>
<td>Acknowledged within 1 week</td>
</tr>
</tbody>
</table>
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.
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](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!
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.
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!
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.

<table>
<thead>
<tr>
<th>Workflows</th>
<th>Events</th>
<th>Assigned</th>
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<tbody>
<tr>
<td>LBOH Case Report Forms (CRF) are pending</td>
<td>5</td>
<td>0</td>
</tr>
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<td>153</td>
<td>0</td>
</tr>
<tr>
<td>LBOH Notification for Routine disease</td>
<td>182</td>
<td>0</td>
</tr>
</tbody>
</table>
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 Epis 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!
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!