Follow-up for Positive COVID-19 Cases and their Close Contacts

Tools for LBOHs

August 18, 2020

Hillary Johnson, MHS, Infectious Disease Epidemiologist
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Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health
Topics Today

- MAVEN Online Status Map – 3 offline towns
- MAVEN Stats (Webinar, On-Call, ISIS Help)
- ELR Portal Upgrade
- Immediate Workflow
- MAVEN Training Process Update
- Key Documents – Summary
- Last Week Review
- Fact Sheets – check them out
- New Case Definitions Coming – Preview
  - Next Week Changes to MAVEN
- Antigen Testing – Review from Last Week
  - What to do about discordant Antigens & PCRs.
- Your Questions!

“If you don’t have weights at home, try using canned food or the psychological burden of simply existing in this world!”
Tuesday Webinars Going Forward

Tuesdays @ 11am will continue in August

- Isolation of Cases and Quarantine of Contacts is the goal until that strategy changes/evolves.
- MAVEN is the main reporting source and where you should document your work.
  - Send Cases to CTC for follow-up if not:
    - Hospitalized, Deceased, or linked to a Cluster Facility
- Focusing on Priority Activities
- Clusters in Facilities in your community need your help.
  - Call Epi Program to create cluster events.

* thanks Judith from Danvers!

MAVEN Help has Guidance Documents and Previous Webinars:

MDPH Epi Program: 617-983-6800
MDPH MAVEN Help Desk: isishelp@mass.gov
MDPH Food Protection Program: 617-983-6712
CTC Help Desk: 857-305-2828
COVID19CommunityTracingCollaborativeQuestions@mass.gov
MAVEN Related Updates

As of 8/18/2020

Scott Troppy, MPH, PMP, CIC, Surveillance Epidemiologist
Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health
Updates for today, Tuesday, 8/18

- MAVEN Stats – Webinar, On-Call & isishelp helpdesk emails
- MAVEN Status Map – three towns offline
- ELR Portal Upgrade
- LBOH Immediate Workflow – COVID-19 event only
- MAVEN Trainings – no PDFs being accepted – use the online application link - please email isishelp@state.ma.us
  - Monday trainings from 11-2 p.m. with Lionel
  - Proficiency Test for all users
  - 7-10 days for MAVEN accounts to be created with a valid organizational email (no gmail, yahoo, hotmail accts)
COVID Webinar Attendance, Tuesday’s
3/24/2020 - 8/11/2020
COVID Webinar Attendance, Friday’s
4/8/2020 - 6/26/2020
MAVEN User Requests & Training
3/1/2020 - 8/17/2020

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<th>Count</th>
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</tr>
<tr>
<td>Pending Users</td>
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<td>Processed Users</td>
<td>1002</td>
</tr>
<tr>
<td>Total New Users Trained Or In Process</td>
<td>1083</td>
</tr>
<tr>
<td>Total MAVEN Users</td>
<td>1,549</td>
</tr>
</tbody>
</table>

New = Received user requests and forwarded to the VG for user account creation (2 day process)
Pending = The VG account has been created and waiting on MAVEN Training (Mondays from 11-12:30)
Processed = Trained internal and external staff with VG MAVEN accounts created and MAVEN accounts created by ISIS staff and then access granted appropriate access
Total MAVEN Users = Includes MDPH, LBOH, Infection Prevention and other trained staff

*these data is accurate as of 8/17/2020 at 1:30PM
# MAVEN July On-Call Events

7/1/2020 – 7/31/2020

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Division of Global Populations</td>
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<tr>
<td>Epidemiology</td>
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<td>Immunization (COVID-19)</td>
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<td><strong>Total On-Call MAVEN Events</strong></td>
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*these data is accurate as of 8/17/2020 at 1:30PM*
# MAVEN On-Call Events

3/1/2020 – 7/31/2020

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Count</th>
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</thead>
<tbody>
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<tr>
<td>Epidemiology</td>
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<td>Immunization (COVID-19)</td>
<td>20,454</td>
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<td>Informatics and Surveillance (ISIS)</td>
<td>997</td>
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<td>Total On-Call MAVEN Events</td>
<td>22,993</td>
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*these data is accurate as of 8/17/2020 at 1:30PM*
For Reference what our call volume usually looks like….

<table>
<thead>
<tr>
<th>Year</th>
<th>Total On-Call Events Created</th>
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<tbody>
<tr>
<td>2015</td>
<td>6,739</td>
</tr>
<tr>
<td>2016</td>
<td>12,830</td>
</tr>
<tr>
<td>2017</td>
<td>12,605</td>
</tr>
<tr>
<td>2018</td>
<td>9,296</td>
</tr>
<tr>
<td>2019</td>
<td>10,652</td>
</tr>
<tr>
<td>So far in 2020</td>
<td>25,464</td>
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</table>

*these data is accurate as of 8/17/2020 at 1:30PM
MAVEN Help Desk Emails
3/15/2020 – 7/31/2020

<table>
<thead>
<tr>
<th>Month</th>
<th>Count</th>
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<td>March</td>
<td>2,383</td>
</tr>
<tr>
<td>April</td>
<td>7,816</td>
</tr>
<tr>
<td>May</td>
<td>6,403</td>
</tr>
<tr>
<td>June</td>
<td>6,602</td>
</tr>
<tr>
<td>July</td>
<td>5,942</td>
</tr>
<tr>
<td><strong>Total Emails</strong></td>
<td><strong>29,146</strong></td>
</tr>
</tbody>
</table>

*these data is accurate as of 8/17/2020 at 1:30PM*
MAVEN Status Map as of 8/18/2020

Massachusetts Virtual Epidemiologic Network

Massachusetts Virtual Epidemiologic Network (MAVEN) is a web-based disease surveillance and case management system that enables MDPH and local health to capture and transfer appropriate public health, laboratory, and clinical data efficiently and securely over the Internet in real-time. The system interfaces with Electronic Laboratory Reporting (ELR) efforts, has automatic (24/7/365) notification of state and local officials of any event requiring their attention and geographic information system (GIS) activities. MAVEN will replace the current paper-based methods of data exchange between MDPH, local public health, and clinicians. For more information please contact isishelp@state.ma.us or by phone at (617)-983-6801.

This map displays 348 out of the 351 cities and towns in Massachusetts receiving disease notifications electronically through the MAVEN System as of August 11, 2020.

*Boston reporting data via BoSS MAVEN.

For more detailed information please zoom in on the map or click on town.

MAVEN Status August 2020

- Online (348)
- Offline (3)
ELR Announcement for this weekend

• The Health Information Portal through which electronic laboratory reports, (ELR) enter Maven will be undergoing maintenance and upgrade on Saturday 8/22.

• Electronic feeds will be turned off from midnight, Friday, 8/21 to 3:00 PM – Saturday, 8/22.

• You may continue to use Maven during this period, but be aware that laboratory data may be delayed.
Immediate Notification workflow (COVID-19 Only)

• UPDATE: COVID-19 Immediate Notification Workflow - 985 events in this workflow today
  • This will allow proper notification of all new COVID-19 events for your jurisdiction. **(Confirmed and Probable Cases)**
  • Please review all events/cases in this workflow and complete your **Step 1- LBOH Notification to “Yes”** to clear out this workflow.
  • If you are retaining ownership then complete Steps 2 (Investigation Started) & 3 (LBOH Investigator (name, lboh, phone number))
  • When you are done then complete Steps 4 (CRF Complete) & 5 (Final Review)
Summary of Key Guidance & Tools

• **Date 8/10/2020: Follow-up for Positive Antigen Test Results**
  - [http://www.maventrainingsite.com/maven-help/pdf/Antigen%20Results%20Follow-up%20Guidance_ver1.0_August_10.pdf](http://www.maventrainingsite.com/maven-help/pdf/Antigen%20Results%20Follow-up%20Guidance_ver1.0_August_10.pdf)

• **Date: 8/9/2020: Updated Isolation & Quarantine Guidelines Documents**

• **Date: 8/7/2020: Updated MA Testing Guidance**
  - Update says to get a PCR with ANY Antigen test
  - Also says no need to test again in 90 days after initial diagnosis.

• Date: 7/24/2020 - Gov. Baker issued [COVID-19 Order No. 45](https://www.mass.gov/info-details/covid-19-travel-order#potential-other-traveler-scenarios) which issues a mandatory 14 day quarantine period for travelers to MA (including MA residents who traveled outside of MA and are returning).
  - If travelers (including returning MA residents) don’t fit into one of the 3 Exemption Categories, must quarantine.
  - There is a form to fill out online. [https://www.mass.gov/forms/massachusetts-travel-form](https://www.mass.gov/forms/massachusetts-travel-form)
  - A negative PCR test within 72 hours of travel can excuse you from quarantine.
Summary of Key Guidance & Tools

- **Date: July 17, 2020** – Updated CDC Guidance on Duration of Isolation & Precautions for Adults with COVID-19
  - 10 Day Isolation Period now has more data supporting it.
  - Ignore most additional PCR tests up to 3 months after initial illness onset.
  - No need to quarantine up to 3 months after initial illness onset.

- **Date: June 1, 2020** - COVID-19 PCR and Antibody Testing Public Health Response Recommendations
  - Table describes different Public Health Actions based upon different testing results.
    - Big take home: For serology positive individuals, ask about recent symptoms. Those individuals should be isolated and their contacts quarantined. Serology positive but no recent symptoms do not require further public health follow-up at this time.

- **Date: May 7, 2020** – Occupational Exposure & Return to Work Guidance

We do not yet have an updated State Doc reflecting this. But you should use this CDC updated guidance for follow-up.

Potential Update for Late Aug.

A bit outdated after the new CDC guidance.
Updates – A quick recap for 8/18.

• **8/11 – last week we discussed antigen testing** (What to do about discordant Antigens & PCRs.)
  - Today we will do a little review to make sure everyone is on the same page.

• Jana Ferguson joined at the end of the call to discuss Higher Ed & COVID. Many LBOHs were still needing to work with colleges and higher ed in your jurisdiction (as well as with boarding schools) to determine a follow-up plan for this fall.
Updated Isolation & Quarantine Docs!

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
355 South Street, Jamaica Plain, MA 02130

Information and Guidance for Persons in Isolation due to COVID-19

You are required to isolate (separate yourself) from other people because you have been diagnosed as a confirmed case of infection with SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) or because you had a high-risk exposure to COVID-19 or now have symptoms.

COVID-19 is caused by a virus. It is spread through respiratory secretions (mucus and droplets from coughs and sneezes) from an infected person and can cause serious illness such as pneumonia (lung infection), and in some rare cases, death.

You must remain in isolation until a public health authority (the Massachusetts Department of Public Health or your local Board of Health) tells you you can return home. A public health authority will confirm that you no longer have a high risk of infecting others and is determined to be safe. For most patients, this period of required isolation will last approximately 10 days, but may be longer if you have symptoms persisting.

During the isolation period, you may not have visitors in the location where you are isolating. If you must share living quarters with another person, then that person will be subject to quarantine. If someone in your household is a young child, pregnant, immunocompromised, or has a chronic heart, liver, lung, or kidney condition, or is over 65 years of age, that person is at particular risk if they have contact with you during isolation. If you have contact with someone in your household who has COVID-19 or someone who is suspected of having COVID-19, they should be isolated in a separate room.

Your local Board of Health and the Massachusetts Department of Public Health will work with you to identify anyone, including household members, who are considered to have been exposed and will make required quarantine recommendations.

This information sheet provides you with information about what is do-able and do-able while you are in isolation. If you have questions after reading this, you can call your local Board of Health, or the Massachusetts Department of Public Health which is available 24/7 at 855-395-3000.

Information and Guidance for Persons in Quarantine due to COVID-19

If you are required to quarantine (separate yourself) from other people because you have been exposed to the 2019 Novel Coronavirus (COVID-19), if you have COVID-19, you could spread it to people around you and you might have it. The Massachusetts Department of Public Health recommends people exposed to COVID-19, regardless of whether they have any symptoms, should be tested as soon as possible after they are notified of their exposure.

Testing should be done by a health care professional if at all possible by testing and disease control, (PCR). Rapid screening (antibody testing) is via a blood draw or skin testing. If a test is available, the results are determined by your symptoms. Those developing symptoms in any adult during your quarantine, you should be tested by PCR. If you have already tested and were negative, COVID-19 is caused by a virus. It is spread through respiratory secretions (mucus and droplets from coughs and sneezes) from an infected person and can cause serious illness such as pneumonia (lung infection), and in some rare cases, death.

This information sheet provides you with information about what is do-able and do-able while you are in quarantine. If you have questions after reading this, you can call your local Board of Health, or the Massachusetts Department of Public Health which is available 24/7 at 855-395-3000.

During your quarantine period, you should not have visitors in your home. The other people who live in your home can continue to live their normal activities as long as they are not in contact with you, as described above. If you live with others, you should also isolate for 14 days. If you have COVID-19 and someone comes into contact with you that person might need to be quarantined.

While you are in quarantine you should follow these instructions:

1. Do not leave your home except to be tested for the coronal virus. If you must leave your home for essential medical care, work in a lab, or in a drug or needle exchange, call the healthcare provider before you go and tell them you are quarantined due to COVID-19 exposure. For the purposes of the state, the Department of Public Health has recommended that you call the health department. Call your local Board of Health, Department of Public Health or one of the numbers available on the next page.

2. Wear a mask, such as a cloth or surgical mask, if you must be in contact with other people. If you are unable to isolate a distance of six feet from others, then it is not possible, limit your time being close to people to five minutes or less.

• Located On MAVEN Help! Updated Translations are in the works.
School Guidance & DESE

- We know there are TONS of questions related to schools and potential school situations for this fall. Updated DESE guidance is in the works. Following that, we will do our best to provide a forum for discussion here and to discuss some school-related concepts. Stay Tuned...
Fact Sheet Resources:

- Mass.Gov COVID Fact Sheets (Lots of different topics):

- 10 Tips for At-Home Quarantine or Self-Monitoring (MA)
  - [https://www.mass.gov/doc/10-tips-for-at-home-quarantine-or-self-monitoring/download](https://www.mass.gov/doc/10-tips-for-at-home-quarantine-or-self-monitoring/download)

- Tips for how to Self-Quarantine or Self-Isolate (text)

- CDC COVID Fact Sheets (Lots of different topics):

- 10 Things You Can Do to Manage your COVID-19 Symptoms at Home (CDC)

- Quarantine and Isolation (Fact Sheet Describing the Difference)
On Wednesday, August 5, 2020, the CSTE Executive Board unanimously approved the second interim position statement for COVID-19, Interim-20-ID-02, entitled “Update to the standardized surveillance case definition and national notification for 2019 novel coronavirus disease (COVID-19).”

This interim position statement updates the standardized case definition for COVID-19 and retains COVID-19 as a nationally notifiable condition.
Updated National Case Definitions for COVID-19

• A full case definition will define these various components:
  A. Clinical Criteria
  B. Laboratory Criteria
  C. Epidemiologic Linkage
  D. Vital Records Criteria

• Then it will describe what combinations of the above components equal different case classifications.
  • Confirmed = some combination of above.
  • Probable = some combination of above.
  • Suspect = some combination of above.

• A national case definition will standardize how we count cases, so that a Confirmed Case in Massachusetts is the same thing as a Confirmed Case in Alabama.
Updated National Case Definitions for COVID-19

A. Updated Clinical Criteria for Reporting: In the absence of a more likely diagnosis, any medically attended person with:

- **At least two of the following symptoms:**
  - fever (measured or subjective),
  - chills,
  - rigors,
  - myalgia,
  - headache,
  - sore throat,
  - nausea or vomiting,
  - diarrhea,
  - fatigue,
  - congestion or runny nose

- OR

- **Any one of the following symptoms:**
  - cough,
  - shortness of breath,
  - difficulty breathing,
  - new olfactory disorder
  - new taste disorder

- OR

- **Severe respiratory illness with at least one of the following:**
  - Clinical or radiographic evidence of pneumonia,
  - Acute respiratory distress syndrome (ARDS).
A. Updated Clinical Criteria for Reporting: In the absence of a more likely diagnosis, any medically attended person with:

- At least two of the following symptoms:
  - fever (measured or subjective),
  - chills,
  - rigors,
  - myalgia,
  - headache,
  - sore throat,
  - nausea or vomiting,
  - diarrhea,
  - fatigue,
  - congestion or runny nose

- Any one of the following symptoms:
  - cough,
  - shortness of breath,
  - difficulty breathing,
  - new olfactory disorder
  - new taste disorder

- Severe respiratory illness with at least one of the following:
  - Clinical or radiographic evidence of pneumonia,
  - Acute respiratory distress syndrome (ARDS).
Updated National Case Definitions for COVID-19

B. Updated Laboratory Evidence for Reporting:

• **Confirmatory** laboratory evidence:
  • Detection of SARS-CoV-2 RNA in a clinical or autopsy specimen using a molecular amplification test

• **Presumptive** laboratory evidence:
  • Detection of SARS-CoV-2 by antigen test in a respiratory specimen

• **Supportive** laboratory evidence:
  • Detection of specific antibody in serum, plasma, or whole blood
  • Detection of specific antigen by immunocytochemistry in an autopsy specimen

**The terms confirmatory, presumptive, and supportive are categorical labels used here to standardize case classifications for public health surveillance. The terms should not be used to interpret the utility or validity of any laboratory test methodology.**
Updated National Case Definitions for COVID-19

C. Epidemiologic Linkage:
One or more of the following exposures in the prior 14 days:
• Close contact with a confirmed or probable case of COVID-19 disease;
• Member of a risk cohort as defined by public health authorities during an outbreak.

D. Vital Records Criteria:
• A death certificate that lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death.
Updated National Case Definitions for COVID-19

Updated Case Classifications:

• **Confirmed:**
  • Meets confirmatory laboratory evidence.

• **Probable:**
  • Meets clinical criteria AND epidemiologic linkage with no confirmatory lab testing performed for SARS-CoV-2.
  • Meets presumptive laboratory evidence.
  • Meets vital records criteria with no confirmatory laboratory evidence for SARS-CoV-2.

• **Suspect:**
  • Meets supportive laboratory evidence*** with no prior history of being a confirmed or probable case.

*** For suspect cases (positive serology only), jurisdictions may opt to place them in a registry for other epidemiological analyses or investigate to determine probable or confirmed status.
Updated National Case Definitions for COVID-19

Updated Case Classifications – what does this mean?

• Confirmed:
  • +PCRs

• Probable:
  • Patient is a contact to a case & symptomatic.
  • Antigen Positive.
  • Vital records say cause of death or significant contributor to death.

• Suspect:
  • Serology + Patients.
Updated National Case Definitions for COVID-19

Updated Case Classifications – what does this mean?

• **Confirmed (PCR+) and Probable (Antigen+ & symptomatic contacts):**
  • We will continue to follow up and treat like regular cases we need to do interviews and contact tracing for. These individuals should isolate.
  • Deaths also require data collection (and possibly contact tracing as applicable)

• **Suspect Cases: Serology+ cases**
  • Likely minimal expectation for follow-up, although same 14 cutoff for recent symptoms would apply.
  • Prioritize acute cases (mostly PCR+ and Antigen+) for follow-up.
  • Local jurisdictions with bandwidth may choose to follow-up further on serology+ cases.
  • **Official guidance will be updated next week.**
Updates Coming:

• **Next week we should have a new MA State Case Definition – updated in the Case Classification Manual.**
  • This will describe the updated case classifications
  • This will also list out the various labs (how they appear in the Lab Tab).
  • We will update any relevant Follow-up Guidance.

• **There will be updates to MAVEN in the next release (scheduled for this week).**
  • Serology + Labs will be created as Suspect COVID-19 Events.
  • Lots of other MAVEN updates including symptoms, Risk Question Packages, Occupation Variables, etc. Many of these updates will help us in tracking University and Daycare related clusters, etc.
Review: Antigen Testing

1. Antigen Testing: Differs from PCR (gold standard).

2. Now we want all antigen results confirmed with a PCR.
   • But you cannot force this.

3. We now have a table outlining what to do if Antigen and PCR results do not match.
   • You have to look at the timing of both tests.
   • If within 2 days before or after the +antigen test, a -PCR trumps the +antigen result.
     • Revoke the case.
### Molecular Test (PCR)
- Detects genetic material of the virus using a lab technique called polymerase chain reaction (PCR).
- Nasal, Throat, or Nasopharyngeal Swab or from saliva
- Test can be a Rapid Test (results in minutes on site)
- Only a couple days for results if sent to a lab in MA. Several more days if sent out of state to national commercial labs at this time.
- Some home test kits have also been FDA approved. (order/send away)

### Antigen Test - Newer
- Detects certain proteins that are part of the virus.
- Nasal or Throat swab to get a fluid sample
- Rapid Test - results in minutes on site.
- Less sensitive than PCR
  - May miss some cases (false negative)
- May be less specific than PCR as well
  - May incorrectly detect disease (false positive)
- New Guidance from MDPH: recommends PCR following ANY antigen result to confirm results.
- More providers now offering this test.

**Preferred Test**

**Needs PCR follow-up to confirm any result.**
Molecular (PCR) and Antigen Testing

Molecular Test (PCR)
- Listed in Lab Tab as follows:
  - 2019-nCoV Real-time RT-PCR (PCR)
  - SARS coronavirus 2 RdRp gene (PCR RAPID)

Antigen Test - Newer (still rare)
- Listed in Lab Tab as follows:
  - SARS-CoV-2 Ag (Antigen Test)

Positive Molecular Test: Case Classification = CONFIRMED

Positive Antigen Test: Case Classification = PROBABLE

Antigen Tests – New Guidance

Q. So what are you saying for an update about Antigen Tests, Hillary?

A. New guidance is here for how to follow up on Antigen Positive individuals who also obtain a PCR test.

- If the PCR is collected at the same time or within 2 days of the Antigen Test, the PCR result trumps the antigen result.

http://www.maventrainingsite.com/maven-help/pdf/Antigen%20Results%20Follow-up%20Guidance_ver1.0_August_10.pdf
TABLE 1: Public Health Follow-up for when Both Antigen & PCR Specimens are Collected

- The only time a change in follow-up is indicated is if a PCR is appropriately timed and comes back negative. Then you can cease Isolation & Quarantine. You would also need to contact MDPH to have us update case to “revoked” status.
- All other situations, you treat a positive antigen test like a presumed case.

<table>
<thead>
<tr>
<th>PCR Collected within 2 Days Before or After Positive Antigen Test</th>
<th>PCR Result Pending</th>
<th>PCR Positive</th>
<th>PCR Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treat as a case. Isolate Case &amp; Quarantine Contacts until PCR Results are In.</td>
<td>Treat as a case. Isolate Case &amp; Quarantine Contacts.</td>
<td>Likely false positive. Negative PCR trumps antigen result. Isolation can be discontinued for case. Contacts do not need to quarantine. MAVEN event will need to be updated from PROBABLE to REVOKED.**</td>
<td></td>
</tr>
<tr>
<td>PROBABLE</td>
<td>CONFIRMED</td>
<td>PROBABLE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PCR Collected &gt; 3 Days Before or After Positive Antigen Test</th>
<th>PCR Result Pending</th>
<th>PCR Positive</th>
<th>PCR Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treat as a case. Isolate Case &amp; Quarantine Contacts. (A negative PCR result collected 3 or more days from an antigen test would not negate the positive Antigen result)</td>
<td>Treat as a case. Isolate Case &amp; Quarantine Contacts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROBABLE</td>
<td>CONFIRMED</td>
<td>PROBABLE</td>
<td></td>
</tr>
</tbody>
</table>
Antigen+ & PCR-

- Any negative PCR collected within 2 days before or after will trump the Antigen result.

<table>
<thead>
<tr>
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<th>- Day 3</th>
<th>- Day 2</th>
<th>- Day 1</th>
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<th>Day 3</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Antigen</td>
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<td></td>
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<tr>
<td></td>
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<td>PCR -</td>
<td>PCR -</td>
<td>PCR -</td>
<td>PCR -</td>
<td>PCR -</td>
</tr>
</tbody>
</table>

**This case is presumed negative. Revoke Case.**

**Health agent should contact isishelp@mass.gov or the Division of Epidemiology at 617-983-6800 with MAVEN ID# for cases requiring changes in surveillance case classification status. Be sure to update notes in your MAVEN cases accordingly.**
Antigen+ & PCR-

- Any negative PCR collected ≥ 3 days before or after Positive Antigen does not change follow-up.

<table>
<thead>
<tr>
<th>- Day 4</th>
<th>- Day 3</th>
<th>- Day 2</th>
<th>- Day 1</th>
<th>Day 0</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
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Antigen +

PCR-   PCR-

Negative PCRs collected so far from the antigen test do not give us enough information to trump the +Antigen. Treat as a case and follow up.
Antigen+ & PCR+

- A positive PCR will update the case from Probable to Confirmed.

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Positive PCRs collected at any point will make the case CONFIRMED. But going from Probable to Confirmed doesn’t change follow-up. Treat as a case and follow up.
Antigen Testing: Follow-Up

- **Antigen Testing** – What is the appropriate follow-up for antigen positive patients?
  - **A.** The follow-up is similar to a positive PCR.
    - Consider this a likely new case. Interview and follow-up according to symptom onset date.
      - If no symptoms, use date of test to determine isolation period and contact exposure for close contacts.
    - Despite considering this a likely new case, this type of lab test will still be classified as a “probable” for surveillance.
    - Antigen testing is still rarer, but we anticipate more uptake because it is both rapid and less expensive than some other tests.
Your Questions on Antigen Tests

• Q. What do we do while we are waiting for a PCR result?
  
  • A. The antigen+ individual needs to isolate and should be treated as a case until an appropriately timed PCR result is obtained.

  • In the absence of additional information, positive antigen tests should be treated as cases and isolated accordingly (based upon date of test or symptom onset).

  • DO NOT DELAY ISOLATION. Positive tests should be treated as cases until they are ruled out.
Your Questions:

• Which jurisdiction will own cases for students in boarding schools? Is it the boarding school address or student home address?

• A. The follow-up and case counting should apply to the location of the school.

  • Discuss with schools in your area that are providing or facilitating testing to make sure they have a process in place for documenting the student’s CURRENT LOCAL ADDRESS with their test. This will make speed up reporting and follow-up.
Your Questions:

Q. Why are we receiving air travelers in MAVEN? Aren't they supposed to be on the CTC spreadsheet due to the travel order? What do we do with those?

A. Great Question! MDPH is no longer creating contact events in MAVEN for people traveling from high risk areas that should quarantine based upon travel (this process was discontinued during the initial surge).

  • Hopefully such travelers are filling out the Travel Form online to comply with the Travel Order. Lists of these travelers are being managed by the CTC at this time.

HOWEVER, we still receive lists of direct contacts to confirmed COVID-19 cases.

  • Example: Contact was seated next to a confirmed case on a flight and CDC lets us know.
  • Contacts in MAVEN need to be followed up.
Your Questions: Travel Order

• There are new updates to the Travel Order Website - various scenario questions. This is where clarifications and FAQs seem to be updated. Check this Link Out when you have questions. There might be an updated answer:

• https://www.mass.gov/info-details/covid-19-travel-order#potential-other-traveler-scenarios-
14. I am traveling to MA from a non-lower-risk state and do not meet an exemption criteria. I previously had COVID-19, I isolated pursuant to CDC guidelines and was released from isolation, do I still need to quarantine or meet the testing rule?

- **Yes.** You must quarantine upon arrival or meet the testing rule.
- If you took a test within 72 hours of your arrival and it came back positive due to your previous infection, you can use the positive test result plus a note from your doctor documenting your previous diagnosis and recovery to satisfy the testing rule.
18. May travelers from places other than lower-risk states be exempt from the Travel Order requirements if traveling for the purpose of running errands like going to the grocery store or pharmacy?

- Travelers are exempt from the requirements to fill out the Travel Form and self-quarantine or obtain a negative COVID-19 test result if their travel is limited to brief trips for purposes that the Commissioner has designated as Critical Life Activities. This allowance is limited to short, same-day trips across the border and back for the following purposes: grocery shopping, visits to pharmacies, attending appointments with licensed health care providers including medical, dental, or mental health, visiting persons receiving treatment in hospitals or residing in congregate care settings, attendance at day care or children’s camps, attending religious services and funerals or memorial services, or attending to the care needs of family members.

- During such trips, travelers are instructed to wear face-coverings, maintain social distance, practice good hygiene, and adhere to all other COVID-19 rules and restrictions.
21. Other states’ travel restrictions include exemptions for trips that last less than 24 hours. Does Massachusetts have a similar exemption?

• No, there is no specific exemption for trips that last less than 24 hours. Such short trips may be covered by exemptions like the ones for transitory travel or commuting for work or school. The full list of exemptions is here. Travelers arriving from places other than lower-risk States must fill out the Travel Form and self-quarantine or obtain a negative test result if they do not meet one of these exemptions.
25. What are the Commissioner’s exceptions for Critical Life Activities?

- grocery shopping
- visits to pharmacies
- attending appointments with licensed health care providers, including medical, dental, or mental health
- visiting persons receiving treatment in hospitals or residing in congregate care facilities
- attendance at day care or children’s camps
- attending religious services, and funerals or memorial services
- attending to the care needs of a family member
I MOUSTACHE YOU A QUESTION

BUT I'M SHAVING IT FOR LATER