COVID-19 Webinar for Case Investigation and Follow-up

Tools for LBOHs

Friday - May 1, 2020

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Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health
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 (517)-983-6801.

This map displays 349 out of the 351 cities and towns in Massachusetts receiving disease notifications electronically through the MAVEN System as of April 24, 2020.

*Boston reporting data via BoSS MAVEN.

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

MAVEN Status April 2020

- Online (349)
- Offline (2)
Updates for today, Friday 5/1

- Updating the **Immediate COVID workflow** to only retain COVID cases for the last 5 days – this will enable the workflow to be functional again once we test this change
- We continue to see notes that have information we need to see in the Question Packages
- COVID-19 Case Investigation Wizard
- CTC Variables in Admin QP for LBOH and Wizard
- Question Package 8 – Electronic Case Reporting Information (ECR)
- Request for Contact spreadsheets with >5 contacts for your contact investigations
- **Pivot Table Training/Reports** – next Wednesday – invite coming out later today!
### Immediate Notifications

<table>
<thead>
<tr>
<th>Workflow Queue</th>
<th>Total Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBOH Notification for Immediate Disease</td>
<td>0</td>
</tr>
<tr>
<td>LBOH Notification for Immediate Disease (COVID only)</td>
<td>1221</td>
</tr>
<tr>
<td>TB suspect/case notification not acknowledged</td>
<td>0</td>
</tr>
</tbody>
</table>

### Online LBOH Notifications

<table>
<thead>
<tr>
<th>Workflow Queue</th>
<th>Total Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBOH Notification for Routine disease</td>
<td>3</td>
</tr>
<tr>
<td>LBOH Case Report Forms (CRF) are pending</td>
<td>180</td>
</tr>
<tr>
<td>LBOH Needs final review</td>
<td>1</td>
</tr>
<tr>
<td>LBOH Notification but no follow-up required</td>
<td>1</td>
</tr>
</tbody>
</table>

### Online LBOH TB Notifications

<table>
<thead>
<tr>
<th>Workflow Queue</th>
<th>Total Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBOH TB Labs for review</td>
<td>0</td>
</tr>
<tr>
<td>LBOH LTBi Priority Follow-Up</td>
<td>86</td>
</tr>
<tr>
<td>LBOH TB Class A/B Worksheet Complete</td>
<td>10</td>
</tr>
<tr>
<td>LBOH TB Needs final review</td>
<td>3</td>
</tr>
<tr>
<td>LBOH TB Outreach requested and not assigned</td>
<td>0</td>
</tr>
</tbody>
</table>

### Shared Events

<table>
<thead>
<tr>
<th>Workflow Queue</th>
<th>Total Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Cases - Cases shared by me</td>
<td>0</td>
</tr>
<tr>
<td>Shared Cases - Cases shared with me or my group(s)</td>
<td>65</td>
</tr>
</tbody>
</table>
# Question Package 8 – Data from CTC

<table>
<thead>
<tr>
<th>Question Package</th>
<th>Person</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administrative</td>
<td>Event ID</td>
<td>04/30/2020</td>
</tr>
<tr>
<td>2. Demographic</td>
<td>TEST CASE COVID #3</td>
<td>04/30/2020</td>
</tr>
<tr>
<td>3. Clinical</td>
<td>TEST CASE COVID #3</td>
<td>04/30/2020</td>
</tr>
<tr>
<td>5. Risk/Exposure/Control &amp; Prevention</td>
<td>TEST CASE COVID #3</td>
<td>04/30/2020</td>
</tr>
<tr>
<td>6. Contact Monitoring</td>
<td>TEST CASE COVID #3</td>
<td>04/30/2020</td>
</tr>
<tr>
<td>6. Epi-linked and Outbreak Information</td>
<td>TEST CASE COVID #3</td>
<td>03/24/2020</td>
</tr>
<tr>
<td>8. ECR Information</td>
<td>TEST CASE COVID #3</td>
<td>03/24/2020</td>
</tr>
</tbody>
</table>
Please answer **Yes** if you would like contact tracing assistance or **No** if you do not require assistance for your COVID-19 cases.

COVID Requested Assistance as **“Yes”** or **“No”**
New Variables for CTC Events

- Concern shows when you answer COVID Assistance Requested as Yes

<table>
<thead>
<tr>
<th>Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event/Status/Date/Type Notifier 3</td>
</tr>
<tr>
<td>Event Status: Confirmed</td>
</tr>
<tr>
<td>Event Date: 04/27/2020</td>
</tr>
<tr>
<td>Event Type: Report Date</td>
</tr>
</tbody>
</table>

| Concerns 1 |
| The local jurisdiction has requested that this event be investigated by a contact tracer. Please update Steps: 1-5 in the Administrative Question Package to move events out of the MAVEN workflows. |

| Case Classification 2 |
| Age at time of event: 54.91 |
| Age unit: Years |

Edit Event Properties  Copy Event
## MAVEN COVID-19 Wizard

### Question Packages

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<td>Event ID</td>
<td>04/23/2020</td>
</tr>
<tr>
<td>2. Demographic</td>
<td>Test COVID CASE</td>
<td>04/23/2020</td>
</tr>
<tr>
<td>3. Clinical</td>
<td>Test COVID CASE</td>
<td>04/23/2020</td>
</tr>
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<td>Test COVID CASE</td>
<td>04/22/2020</td>
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### Wizards

- **COVID-19 Case Investigation Wizard**
New Variables in the Wizard

• When event is sent to CTC you will see this populated as Yes and Date first sent to CTC.
Event has been sent to CTC

- Additional Concern appears on the event main page to let you know the Event has been sent to CTC.
- Please do not initiate follow-up at this time.

This case has been sent to the MA COVID-19 Community Tracing Collaborative. Please do not initiate follow-up at this time.

The local jurisdiction has requested that this event be investigated by a contact tracer. Please update Steps: 1-5 in the Administrative Question Package to move events out of the MAVEN workflows.

Case Classification
- Age at time of event: 54.91
- Age unit: Years
Investigation Status variables
Follow-up for Positive COVID-19 Cases and their Close Contacts

Tools for LBOHs

May 1, 2020

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

- Contact Tracing Collaborative
- Enforcement of Isolation – the official reg for your reference
- MAVEN Help
  - You don’t have to be a MAVEN User to access materials
  - Other Language Materials
- Antibody Testing: What Do They Mean?
  - PROBABLE events
- Ending Isolation for Cases
  - COVID+ HCWs: updates are here
  - Still waiting on non-HCW guidance
- Clusters (Outbreak Events) - FAQs
- Your Questions
Tuesday & Friday Webinars for LBOHs

Now Tuesdays AND Fridays at 11am!!

- 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.

- Focusing on Priority Activities

- Clusters in Facilities in your community need your help.
  - Call Epi Program 617-983-6800 to create cluster events.

Happy May Day!
How Do We Enforce Isolation & Quarantine?

Superior Court Administrative Directive No. 20-1: Protocol governing actions to enforce isolation or quarantine orders issued by state or local public health departments, based on coronavirus (COVID-19) risks

- “Under G. L. c. 111, §§ 6, 7, and 95, and 105 CMR 300.000 et seq., the Massachusetts Department of Public Health (DPH), or a local board of health, can order a person isolated or quarantined if the person is a confirmed or suspected carrier of a communicable disease dangerous to the public health and has not complied with requests to voluntarily isolate or quarantine.”

Run these key reports to get your new events every day.

- Line List for Confirmed Cases
- Line List for Contact Events
- Line List for Which cases have been sent to CTC.
I&Q Documents are available in other languages.

Translated Isolation & Quarantine Documents:
- Brazilian Portuguese
- Haitian Creole
- Simplified Chinese
- Spanish
- Traditional Chinese
- Vietnamese
Antibody Testing (serology)

• Lots of serology tests are being developed which will look for antibodies. Some are being reported to MDPH and MAVEN. Questions remain:
  • What do the different antibody test results mean?
    • Evidence of old infection?
    • Evidence of immunity?
    • Evidence of acute infection?
  • Are there different public health actions for different antibody test results?
    • Ideally, yes. But not yet.
    • Guidance is being developed to look at antibody results and what they mean.
• Look in the Lab Tab of MAVEN to see what type of test was reported. (PCR vs. Antibody)
  • Antibody tests are classified as PROBABLE.
• Interview Cases. Why were they tested? Did they have symptoms? Get onset dates.
  • Treat like a case if it sounds like a recent case.
Antibody Testing

• **CONFIRMED** and **PROBABLE COVID-19 MAVEN** Events should be interviewed.
  • Data Collection & Contact Notification

• **Prioritize CONFIRMED cases (PCR+)**
  • Symptomatic & Asymptomatic Cases should be isolated & interviewed.

• **Probable Cases** – symptomatic cases should still be isolated and we look at symptoms to establish all the timeframes for Isolation (case) and Quarantine (contacts).
  • Asymptomatic Cases with serology tests – more to come.
  • Currently, use the Date of Test (treat like an asymptomatic positive)

• antibody (+): had symptoms in Feb and are now asymptomatic? Do you clear them?
Questions on Ending Isolation/Returning to Work

• Lots of requests for various flow charts and summary tables.
  • We hear you!!!!!

• CDC is supposed to be updating and simplifying their guidance regarding ending isolation.
  • 4/30/2020: LAST NIGHT CDC updated the HCW guidance.
  • Still waiting for Non-HCW discontinuation of isolation guidance.
CDC Updates to Isolation Guidance

Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance) - CDC has updated 4/30/2020!


- Changed name of “non-test-based strategy”:
  - **HCWs have symptoms:** strategy now called ‘symptom-based strategy.’
  - **HCWs never had symptoms:** strategy now called ‘time-based strategy.’

- Updated to extend the duration of **exclusion from work to at least 10 days since symptoms first appeared**. This update was made based on evidence suggesting a longer duration of cultural viral shedding and will be revised as additional evidence becomes available.

Based on this extension of the symptom-based and time-based strategies, language about the test-based strategy being preferred was removed.
HCP with suspected or confirmed COVID-19:

• Remember, to determine the correct course of action, you need to determine if a HCW EVER had symptoms or NEVER had symptoms.

• This helps give you the options for them returning to work following a diagnosis.
Symptomatic HCP with suspected or confirmed COVID-19:

- **Symptom-based strategy.** Exclude from work until:
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
  - At least 10 days have passed *since symptoms first appeared*

- **Test-based strategy.** Exclude from work until:
  - Resolution of fever without the use of fever-reducing medications and
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens) [1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

[1] CDC has updated 4/30/2020!

Asymptomatic HCP with suspected or confirmed COVID-19:

HCP with laboratory-confirmed COVID-19 who have not had any symptoms:

• **Time-based strategy.** Exclude from work until:
  
  • **10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.** If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

• **Test-based strategy.** Exclude from work until:
  
  • Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from *at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).* Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.