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

Tools for LBOHs

June 19, 2020

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MA Department of Public Health
Topics Today

- MAVEN Town/City Update
- MAVEN updates
- Updated Interpreter Services for your interviews and contact tracing!
- New Teleform for Clinical Diagnosis!
- Your Questions
- PCRs, Immunity Duration, and Possible Repeat Infections... Discussion continues.

Has COVID-19 forced you to wear glasses and a mask at the same time?
If so, you may be entitled to condensation.
LBOH and MAVEN

As of 6/19/2020

Scott Troppy, MPH, PMP, CIC, Surveillance Epidemiologist
Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health
Updates for today, Friday 6/19

- **MAVEN Status Map** – one town to go
- **CTC Variable Updates**
- **COVID-19 Case Investigation Wizard** – now showing in the wizard - Employer Address, City, Zip
- **Legionella and COVID co-infection link**
- **Cluster Line List Report** – updated report
- **Question Package #8** – Electronic Case Reporting Information (ECR) – CTC Data populates this question package and **Race/Ethnicity will populate QP#2 Demographic**
MAVEN Status Map as of 6/19/2020

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 350 out of the 351 cities and towns in Massachusetts receiving disease notifications electronically through the MAVEN System as of May 27, 2020.

*Boston reporting data via BoSS MAVEN.

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

MAVEN Status May 2020

- Online (350)
- Offline (1)
MAVEN COVID-19 Wizard

<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>04/23/2020</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>
<tr>
<td>5. Risk/Exposure/Control &amp; Prevention</td>
<td>Test COVID CASE</td>
<td>04/23/2020</td>
</tr>
<tr>
<td>6. Contact Monitoring</td>
<td>Test COVID CASE</td>
<td>04/23/2020</td>
</tr>
<tr>
<td>6. Epi-linked and Outbreak Information</td>
<td>Test COVID CASE</td>
<td>04/22/2020</td>
</tr>
<tr>
<td>8. ECR Information</td>
<td>Test COVID CASE</td>
<td>04/22/2020</td>
</tr>
</tbody>
</table>

Wizards:

- COVID-19 Case Investigation Wizard
| CTC Case outreach status: | Awaiting outreach
Outreach underway
Monitoring and support
Closed |
|--------------------------|--------------------------------------------------|
| CTC Case outreach outcome: | Complete
Partially complete
Referred to LBOH
Couldn't be reached
Refused to be interviewed
Contact diagnosed with COVID-19 |
CTC Variable Updates

- **CTC Follow-Up Notes field:** CTC will be able to send notes that they take on each case and contact. You will see these in the COVID Wizard and ECR#8 Question Package.

- **CTC Case outreach outcome variable:** Indicates the interview status of the case/contact.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>Couldn't be reached</td>
</tr>
<tr>
<td>Partially Completed</td>
<td>Refused to interview</td>
</tr>
<tr>
<td>Referred to LBOH</td>
<td>Contact Diagnosed with COVID-19</td>
</tr>
</tbody>
</table>
- **CTC Case outreach status variable**: Case status variables that will show the administrative status of the case/contact.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awaiting Outreach</td>
<td>No attempt has been made.</td>
</tr>
<tr>
<td>Outreach Underway</td>
<td>Has been assigned to CTC staff and an attempt to contact is being made for initial case investigation or contact tracing.</td>
</tr>
<tr>
<td>Monitoring and Support</td>
<td>Home monitoring and Resource Coordinator follow up and ongoing referrals. Starts when there is completion of case investigation or reaching out to an exposed contact.</td>
</tr>
<tr>
<td>Closed</td>
<td>When the COVID Community Tracing Team has closed the case and is no longer responsible for following the case/contact. Closed reasons are required for this status and are found in the Investigation Status variable in ECR#8 Question Package.</td>
</tr>
</tbody>
</table>
COVID Wizard updates – Employer Information

Question Package #2 - Demographic Information

- Occupation: Food Service - Cook/food prep worker
- Employer name: Nadine's Cafe
- Employer address: 123 Main Street
- Employer state: MA
- Employer telephone #: (617) 555-1234
- Employer city: Lowell
- Employer zip code: 01850
Electronic Case Report (ECR) QP#8

- CTC case information goes into ECR-QP#8
- Race & Ethnicity populates QP#2
Legionella and Covid co-infection links
Immediate Notification workflow (COVID-19 Only)

**UPDATE:** We have updated the COVID-19 Immediate Notification Workflow

- This will allow proper notification of all new COVID-19 events for your jurisdiction.
- 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)
LBOH Case Report Forms are Pending Workflow

- **LBOH Case Report Forms (CRF) are pending:** We have updated the workflow to only show non-COVID-19 cases that are still pending. Please review this workflow and complete or close out any older events/cases.

## Online LBOH Notifications

<table>
<thead>
<tr>
<th>Workflow Queue</th>
<th>Total Count</th>
<th>Priority</th>
<th>Last Update</th>
<th>Total Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBOH Notification for Routine disease</td>
<td>6</td>
<td>Very High</td>
<td>05/19/2020 08:56 AM</td>
<td>6</td>
</tr>
<tr>
<td>LBOH Case Report Forms (CRF) are pending</td>
<td>0</td>
<td>High</td>
<td>05/19/2020 08:56 AM</td>
<td>6</td>
</tr>
<tr>
<td>LBOH Needs final review</td>
<td>3</td>
<td>Medium</td>
<td>05/19/2020 08:56 AM</td>
<td>3</td>
</tr>
<tr>
<td>LBOH Notification but no follow-up required</td>
<td>2</td>
<td>Medium</td>
<td>05/19/2020 08:56 AM</td>
<td>2</td>
</tr>
</tbody>
</table>
MAVEN Help Section
Tuesday & Friday Webinars for LBOHs

Tuesdays & Fridays @ 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.
  - 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.

MAVEN Help has Guidance Documents and Previous Webinars:

MDPH Epi Program: 617-983-6800
MDPH MAVEN Help Desk: isishelp@state.ma.us
MDPH Food Protection Program: 617-983-6712
CTC Help Desk: 857-305-2828
CTC COVID Email:
COVID19CommunityTracingCollaborativeQuestions@mass.gov
2020 Immunization Updates

Webinar Training Calendar

- 2020 Immunization Schedule Updates — Thurs., June 4; Register
- Vaccine Storage & Handling and VFC Compliance (earn your Certificate!) — Tues., June 9; Register
- Vaccine Confidence - Communication Strategies for Providers (new!) — Wed., June 17; Register
- Vaccine-preventable Diseases in Massachusetts — Tues., June 23; Register

All 2020 sessions will be held via webinar (in-person sessions have been canceled). All are free of charge. All webinars run from noon -1 p.m.

For information on CME credits, click here.
Massachusetts Department of Public Health
Telephonic Interpreter Services

Available to Municipalities for Coronavirus Response
June 2020 Vendor Update

- Massachusetts has a contract *(PRF63)* for telephonic interpretation services.
- Six vendors are shown on the next slide.
- Cities and towns should reach out to a vendor or vendors and *set up an account* with them, mentioning the state contract PRF63.
- Some vendors will bill DPH directly if they setup a group account for this purpose.
- When used for interpreters in response to coronavirus, monthly invoices from the vendors to cities and towns can be submitted to MDPH at the following e-mail address - *sli.invoices@state.ma.us*
- MDPH will pay the vendors directly for telephonic interpretation services utilized by municipalities for coronavirus follow-up through June 2021.
Massachusetts Department of Public Health  
Telephonic Interpreter Services  
Available to Municipalities for Coronavirus Response  
June 2020 – UPDATED VENDOR LIST

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Contact Person</th>
<th>Phone #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Languages International</td>
<td>Dickey McMath</td>
<td>503-484-2317</td>
<td><a href="mailto:dmcmath@certifiedlanguages.com">dmcmath@certifiedlanguages.com</a></td>
</tr>
<tr>
<td>Interpreters and Translators, Inc.</td>
<td>Pamela McMahon</td>
<td>860-730-6149</td>
<td><a href="mailto:pmcmahon@ititranslates.com">pmcmahon@ititranslates.com</a></td>
</tr>
<tr>
<td>JRivera Associates, Inc.</td>
<td>Jose R. Rivera</td>
<td>209-405-0951</td>
<td><a href="mailto:mrr@jriva.com">mrr@jriva.com</a></td>
</tr>
<tr>
<td>Language Line Services</td>
<td>Alisa Smith</td>
<td>831-648-7174</td>
<td><a href="mailto:asmith@languageline.com">asmith@languageline.com</a></td>
</tr>
<tr>
<td>Lionbridge Technologies, Inc.</td>
<td>John Drugan</td>
<td>978-964-9550</td>
<td><a href="mailto:John.Drugan@lionbridge.com">John.Drugan@lionbridge.com</a></td>
</tr>
<tr>
<td>Telelanguage</td>
<td>Manuela Villa</td>
<td>503-459-5655</td>
<td><a href="mailto:mvilla@telelanguage.com">mvilla@telelanguage.com</a></td>
</tr>
</tbody>
</table>

No longer available via the state contract: Interpreters Unlimited, Inc. and TransPerfect Global.
COVID-19 Clinical Reporting Form

- This teleform has been designed for providers to report cases of COVID-19 that they clinically diagnose but do not have confirmatory lab results.

- Will be sent out to various provider list serves. Will also be distributed to LBOHs to distribute if you have identified providers that are clinically diagnosing cases in your community.

Coming next week!
Your Questions:

Q. Can you tell us more about HIPPA and what we are able to know in an investigation, particularly before someone is confirmed as a positive?

A. HIPPA is one rule related to personal health information and disclosures.
   - Doesn’t say you cannot share information. It states there are official standards for sharing information as needed.
   - And it strikes a balance when public responsibility supports disclosure of some forms of data – for example, to protect public health.

HIPAA & COVID-19:
- https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html

105 CMR 300.00: Reportable diseases, surveillance, and isolation and quarantine requirements:
- Discusses reporting requirements, even for suspect cases, to public health for the purposes of surveillance and disease control.
Your Questions: Calculating R0?

- Q. Is there value and capability in calculating an R-value for a local community, or a mid-sized town?

  R0: In epidemiology, the basic reproduction number: How many new infections will one case cause?

- A. From State Epi: We have had a lot of conversations about R0 with some of the epidemiology advisors that we are using for COVID. The fact is that R0 is not so much measured and calculated as modeled. It is extremely complex and only ever produces an estimated range. Ensuring testing and tracking percent positivity is a more practical approach.

  - If percent positivity is declining, R0 is less than 1. If R0 = 1 than the epidemic is steady state. If cases are increasing, R0 is greater than 1

- Additionally, with the amount of moving between municipalities that happens, modeling for a single community is not realistic.
Your Questions: Contact Monitoring QP

• **Q.** I would like to get clarification on the Question Package #6 Contact Monitoring. This package is used for when we call people and get their temp and symptoms. Do we fill #6 out for cases, contacts of cases or both?

• **A. Contacts.** The Monitoring variables for conducting health assessments in the question package #6 Contact Monitoring were originally designed for daily check-ins with contacts under quarantine.

• However, the whole question package shows up in COVID events for both Contacts AND Cases, so you, in theory, could do checks on a confirmed case as well if you wanted to use those fields for tracking that.
Contact Monitoring Question Package

Tracking Assessment Check-ins

- This is not required by the State at this point, but you can use this question package for this purpose.
- Assessment Date- insert date and the other questions will drop down.
  - Repeatable Fields. You can enter health checks. Not required.
Your Questions: Contact Monitoring QP

- **CONFIRMED CASES need their official clinical symptoms reported in the QP3: Clinical**
  - If you do choose to make use of the health assessment tracking in that question package for your frequent check-ins, the MOST IMPORTANT variables for symptoms and how we track our data on cases is in the QP3: Clinical Question Package.

- QP3: Clinical:
  - Official place to report symptoms for confirmed and probable cases from your interview.
  - We don't do any analysis from the health assessment checks in QP6: Contact Monitoring. QP6 is just for your own tracking and notation if it is helpful to use them.
Confirmed Cases: Must Use QP:3 Clinical Information

QP3: Clinical Information QP
• This is where a summary of all symptoms for confirmed cases should be entered.
• Not repeatable. Include any symptoms experienced, even if they have concluded at point of interview.
• You can add notes to the “Medical Information Notes” Text Box.
Your Questions: workplace exposures

Q. Can you give more detail on determining workplace/public exposures? Ex, a waiter - would their tables be considered exposed in any circumstance?

A. Workplace guidance is still pending from the Command Center.

Exposures can still be defined by our definition of Close Contact:

- A close contact is defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic clients, 2 days prior to positive specimen collection) until the time the patient is isolated.

- Additionally, someone has had close contact if they have come into contact with respiratory secretions (sneezing, coughing, etc.) from an infected individual.

- Some of the successful public health follow-up in surrounding states has been dependent on detailed contact information and records kept by businesses that can be referenced after the fact.
Workplace Exposures

• **What if a staff member doesn’t live in my town?**
  
  • This will be very common. If a staff member doesn’t live in your jurisdiction, you won’t initially be able to see their MAVEN event. The staff member’s event needs to be shared with you, and can be shared by calling MDPH or by the LBOH who owns the event.
    
    • This process involves sharing events and working together.
    • Let’s all share information with each other to help work out these scenarios.

• **Ideal Scenario: A staff member living in Hometown and working in Worktown. Cluster is Worktown workplace.**
  
  • **Workplace Cluster is shared with both Hometown & Worktown**
    • HOW TO: Question Package: Standard Questions. Update Town Affected to include both towns and both towns can then see the cluster.

  • **Staff Member MAVEN event is shared with both Hometown & Worktown.**
    • HOW TO: Hometown LBOH or MDPH can share with Worktown LBOH. (If Worktown LBOH has name of staff, can call to request. If Hometown interviews staff member and identifies place of work, can share with Worktown.)

  • **Anyone with access to the staff member’s event and workplace cluster can link the two together.**
MA Residents Employed Out of State

- ISIS will routinely be identifying and reviewing confirmed or probable cases with an out of state employer noted in either the demographic question package or the CTC section of the eCR question package.

- Cases will only be identified if this information is properly captured in the wizard or question packages, not just in the notes.

- Notifications can only be sent if complete employment information is collected. (Landscaper in Rhode Island or CVS worker in New Hampshire would not be enough information for a notification to be sent.)

- If a local health department has already reached out to the other state, and we can see it documented in the notes, then no notification will be sent.
Your Questions: Vacationers/2nd Homes

• Q. Tracing seasonal visitors: How will MAVEN handle people with more than one residence, in more than one state?

• A. The Official City is where the case is counted. That may be out of state or in a different MA town. If you follow-up on a case in your town and they state they are actually a resident elsewhere, update the official address to the correct town/state.

  • Out of State: If you update the Out of State address and mark as “official address,” ISIS will notify the other state.

  • Different MA Town: If you update the official town to another MA town, mark as official address and notify the other town (courtesy notification) so they can take over follow-up.
Your Questions: Vacationers/2nd Homes

• Q. What about cases from one town who go to their second (vacation) home to isolate?

• A. The Official City where they live is still where the case is counted (and likely originally reported). Make sure to update your interview notes and complete all the variables.
  • Note the isolation address in the NOTES and relevant information.
  • Share the event with the town hosting the isolation.
  • Courtesy notify them about the isolating case in their jurisdiction.
    • The host town may additionally choose to participate in follow-up, based upon your discussion.
Your Questions: Vacationers/2\textsuperscript{nd} Homes

• MDPH generally uses this document. This should cover most scenarios.
  • Revised Guidelines for Determining Residency for Disease Notification Purposes

**Summary Bullets:**

• Cases should be reported by the jurisdiction of the person’s “usual residence” at the time of disease onset.
• If a case lives in one place most of the year but who regularly spend part of the year in another town (e.g., snowbirds/vacation homes) should be reported by the jurisdiction of the residence where they live most of the year.
Your Questions

• **Q.** If people go to an out of state 'summer home' every weekend and come back during the week, should they quarantine?

• **A.** At this time the Governor has asked that anyone coming in to MA to quarantine for 14 days. This is not an enforceable order. And at this time is only applicable through Phase II - although that could change.
PCRs, Immunity Duration, and Possible Repeat Infections...

- Many of you have been noticing people testing PCR+ for a while and wondering what the guidance is.

- Additionally, now that we have had confirmed cases in MA since Feb/March, these people have recovered and are being identified as close contacts to newer confirmed cases.

- Testing asymptomatic people is now more common.

- What do additional PCR+ tests tell us?
- Could previously confirmed cases get COVID-19 again?

This is just a discussion today. No action items.
PCRs, Immunity Duration, and Possible Repeat Infections...

On the topic of repeat PCR testing...

- One thing we want to emphasize is that this topic is in rapid evolution and that our guidance will almost certainly change as we learn more in coming weeks.

- We are looking at 6 weeks as a cutoff because it is more cautious and recognize it may lengthen as we learn more.
PCRs, Immunity Duration, and Possible Repeat Infections...

What we know:

• Virus detection by PCR can persist in recovered patient for weeks.

• We would not generally recommend testing for the six weeks following a positive PCR and recovery, and would disregard any positive results obtained before then.
  • While there may be limited circumstances to use a test-based clearance strategy, it is likely to result in longer isolation and may be logistically difficult.
What we know:

• Isolation of live virus immediately following recovery is extremely rare and transmission from a recovered patient has not been reported.

• Immunity immediately following infection is likely (and is the basis of recovery) but its duration and its correlation with antibody is not known.

• Immunity to other human coronavirus may be short lived and reinfection with community associated coronaviruses occurs frequently within a year of initial infection.
PCRs, Immunity Duration, and Possible Repeat Infections...

Upcoming Guidance around this issue:

• CDC guidance is that positive PCR results in a symptomatic patient beyond 6 weeks from completing isolation should be interpreted as possible reinfection.

• A cautious approach to asymptomatic individuals with a positive PCR result would be to treat them as cases and isolate accordingly. Complex situations may require consultation with an ID specialist.

CDC FAQ updated June 4:
PCRs, Immunity Duration, and Possible Repeat Infections...

Upcoming Guidance around this issue:

• If a COVID-recovered individual becomes symptomatic > 6 weeks from recovery, with symptoms consistent with COVID, isolate and test. If positive, and out of an abundance of caution, treat as a possible re-infection, with appropriate isolation, transmission-based precautions and contact tracing.

• *It is reasonable in such cases, to consider whether or not the individual had opportunity for re-exposure, before implementing these measures*. Review potential exposures to identify risk – outpatient visits, hospitalizations, dialysis treatments, close contacts of symptomatic positive cases, etc.
PCRs, Immunity Duration, and Possible Repeat Infections...

Our Approach to this issue:

- While we do not believe that recovered individuals with new PCR-positive results > 6 weeks after recovery are likely to be infectious, out of an abundance of caution, we would recommend a very cautious approach, especially if they are likely to be in contact with high-risk individuals, until further data are provided to better understand length of immunity.
Previous (PCR+ lab): Confirmed Cases:

**Previous Confirmed Cases (PCR+ lab reported):** If these individuals have met criteria for exiting isolation based upon a symptom-based strategy, additional testing is not recommended.

- Disregard any additional positive tests up until 6 weeks after exiting isolation.

- **Q. Is there a timeframe after primary symptom onset & recovery where additional +PCRs WOULD require isolation and quarantine regardless of symptoms?**
  - **A.** Yes. 6 weeks after recovery (exiting isolation).
Previous (PCR+ lab): Confirmed Cases:

• Q. Do previously confirmed cases need to quarantine if identified as a contact at a later point?
  • A. Yes if exposed > 6 weeks after exiting isolation.

• Q. Should previously recovered cases isolate and be tested via PCR if symptoms recur at a later date?
  • A. Yes

• Q. If positive, would we do contact tracing based upon new onset dates and exposure?
  • A. Yes
Previous (Serology+ lab): Probable Cases:

Previously Serology Positive Probable Cases (negative PCR or no PCR on record):

- **Q.** Previously serology positive with new symptoms – should they isolate and test via PCR?
  - **A.** Yes
  - If PCR+, we do contact tracing based upon new onset dates and exposure.
  - They would be reclassified as a CONFIRMED case because this is their first positive PCR.

- **Q.** Should Probable cases later identified as contacts quarantine (and retest with PCR per recommendation for contacts)?
  - **A.** Yes
  - If PCR+, follow-up for isolation and contact tracing accordingly.
PCRs, Immunity Duration, and Possible Repeat Infections...

Let’s summarize what we just said:

• Immunity immediately following infection is likely (and is the basis of recovery) but its duration and its correlation with antibody is not known.

• **CDC states:** “If the positive test occurs more than 6-8 weeks after the person has completed their most recent isolation, clinicians and public health authorities should consider the possibility of reinfection.”

• **Massachusetts:** We are looking at a 6 week cutoff from recovery (exiting isolation) because it is a cautious cutoff and we may lengthen it as we learn more. **OFFICIAL GUIDANCE TO COME.**
PCRs, Immunity Duration, and Possible Repeat Infections...

• Q. But what about all this antibody testing?
  • A. There is no firm evidence yet that the antibodies that develop in response to infection are protective. If these antibodies are protective, it’s not known what antibody titers are associated with protection from reinfection. - CDC
PCRs, Immunity Duration, and Possible Repeat Infections...

- **Q.** How does this apply to residents in LTCFs?
  - **A.** More guidance is coming. If you have specific questions regarding one of your facility clusters, consult with MDPH epi. 617-983-6800.
So what is next?

- **Old probable and confirmed cases that are identified as new contacts >6 weeks after recovery:** recommend new quarantine at this time.

- MDPH had a call with CDC last Friday to help clarify some of these issues. Epi Program is working with ISIS to determine automated processes to help identify labs of interest in previous cases. We will be working to give you written guidance on this topic and implementation.

- Remember this is not evidence that reinfection occurs, but rather that we do not yet have data showing how long immunity lasts. As a result, we will be taking a more cautious approach.
  - There is no good evidence supporting or refuting the possibility of reinfection with SARS-CoV2.

**Key Points:**
- Don’t run back to retrospective cases at this point to look for newer PCR labs.
- Quarantine of old cases named as new contacts is a reasonable next step at present.
- We will have more guidance coming on this issue.
- MDPH is discussing an automated approach in MAVEN prior to introducing complicated new follow-up procedures.
- Additional CDC talking points on this issue are here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Patients-with-Persistent-or-Recurrence-Positive-Tests
End of Presentation

ANY QUESTIONS?