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

Tools for LBOHs

April 17, 2020

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Topics Today

• Updates on Academic Public Health Volunteer Corps & Contact Tracing Collaborative
• When is an Investigation Complete?
• Exiting Isolation Criteria for Confirmed Cases
  • Using Symptoms (non-Test Strategy)
  • Using Testing (Test-based Strategy)
  • Asymptomatic COVID-19 Positives (what to do)
    • UPDATE on Asymptomatic HCWs returning to work.
• New Case Definitions are Here!
  • Confirmed Vs. Probable (NEW)
• CONTACTS
  • What if they are already in MAVEN?
  • Contact Monitoring Question Package (a review)
• Cluster Events in Facilities – What to Do?
• Tips for Staying Organized
• Common 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.
When to Sign Off that a CONTACT COVID Event Investigation is Complete?

• **CONTACT EVENTS:** These can be wrapped up at the completion of the Quarantine Period (if you have checked in at the end and they did not become a case themselves).
  • This would be 14 days after their exposure. (Exposure = Day Zero).
  • Complete your Final Admin Question Package Steps if this event is complete.

• **If the CONTACT EVENT did get tested and become a case,** their lab should have attached to their event and their case status should be updated to CONFIRMED.
  • If this didn’t happen but they have a positive lab, email ISIS and they can help.
  • IF they are now a confirmed case, you would interview them and treat them like a confirmed case before signing off on the event.
When to Sign Off that a CONFIRMED COVID Event Investigation is Complete?

- **CONFIRMED EVENTS:** Confirmed events can be wrapped up and signed off:
  1. Once you have **completed the interview**, AND
  2. The patient has **exited isolation**.

- **When is that?** There is no hard and fast date on when the patient will exit isolation. You have to use a **Test** or **Non-Test based strategy**.

  - If you are using a Non-test based strategy, (looking at symptoms resolving), everyone will resolve symptoms at different points.
    - The **earliest** they could be released from isolation based upon all symptoms resolving right away is 7 days after symptom onset.
    - Thus, I wouldn’t bother calling them to check until at least a week after their symptoms started. Even then, I would use some judgement based upon how sick they were when you first contacted and interviewed them.
    - So set yourself a calendar reminder to check.
Work on Clearing Out Old EVENTS from Workflows

**CONTACT events** over 2 weeks old (done with quarantine) can be signed off after a last check-in.
- Contact Monitoring Question Package
  - Contact Monitoring Status = Completed
- Admin Question Package
  - Complete Steps 1-5 to move these along.

**CONFIRMED COVID** Cases can be signed off when interview is complete & patient is out of isolation (need last check-in).
- Complete Data Entry in Question Packages (from interview)
- Contact Monitoring Question Package
  - Contact Monitoring Status = Completed
- Admin Question Package
  - Complete Steps 1-5 to move these along.
When is isolation over? – Using Symptoms

• The **non-test-strategy**. It should be applied to people who test positive for covid-19 **and** anyone who is clinically diagnosed with covid-19 and not tested.

• **Symptomatic persons with covid-19** (lab-confirmed or clinically diagnosed) who are in home isolation may discontinue home isolation under the following conditions:
  • 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 seven days have passed since symptoms first appeared (illness onset). Onset date (of symptoms) would be considered “day zero.”

• Therefore, anyone with covid-19 should stay home for a minimum of seven days. They should only discontinue isolation if at least 72 hours have also passed since “recovery.”

**Guidance issued 3/16/2020**
When is isolation over? – Using Testing

• Initial Guidance from CDC required two negative tests:
  • The **test-based strategy** is largely unchanged (two negative swabs at least 24 hours apart, resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms).
  • Still an option (but not the best use of resources).
When is isolation over? – Asymptomatic Cases

• **Asymptomatic persons** with lab-confirmed covid-19 infection may discontinue home isolation when at least 7 days have passed since the date of their first positive covid-19 diagnostic test and they have had no subsequent illness.

  • For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other people are present.

  • In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. The covering does not refer to a medical mask or respirator.
When is isolation over?

- Pick a strategy and then stick to it.
  - Non-Test based strategy is most practical. However, some providers or workplaces may request the test-based strategy.

- What if someone was released based upon the Non-Test strategy and then had a positive test?
  - They need to isolate for 7 days after the last positive test. If no additional symptoms, they can exit isolation.
Returning to Work for Healthcare Workers after COVID-19 Diagnosis

Use one of the below strategies to determine when HCP may return to work in healthcare settings

• **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 molecular assay for COVID-19 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)].

• **Non-test-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 7 days have passed *since symptoms first appeared*

• If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.
HCWs Returning to Work – an update

- There is specific guidance on HCWs returning to work following COVID-19 Diagnosis:

- **Symptomatic COVID-19 Positive HCW:** use test or non-test based strategy.

- **Asymptomatic HCWs:** UPDATE on return to work policy.
  - Asymptomatic COVID-19 HCWs are excluded from work for **10 DAYS after Specimen Collection.**
    - *(Update from 7 days for asymptomatic COVID+ HCWs)*
    - **Official wording of this guidance is in the works.**
Antibody Testing (serology)

• Thus far, all confirmed cases have had PCR testing (NP swabs).
• 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?
  • MA will be reviewing the literature and looking at different studies to help determine what role serology testing should play in COVID-19 surveillance. Thus, Guidance is Pending.
• Interview Cases. Why were they tested? Did they have symptoms? Get onset dates.
  • Treat like a case if it sounds like a recent case.

Look in the Lab Tab of a MAVEN event.
Call MDPH if you have questions.
# New Case Definition

<table>
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<tr>
<th>CONFIRMED</th>
<th>• Meets confirmatory laboratory evidence</th>
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<tr>
<td>Probable</td>
<td>• Meets clinical criteria AND epidemiologic linkage with no confirmatory laboratory testing performed for COVID-19 OR; • Meets presumptive laboratory evidence AND clinical criteria OR Epidemiologic linkage. OR; • Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19.</td>
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## Clinical Criteria:
- **At least two of the following symptoms:** fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s); OR
- **At least one of the following symptoms:** cough, shortness of breath, or difficulty breathing; OR
- **Severe respiratory illness with at least one of the following:** clinical or radiographic evidence of pneumonia or acute respiratory distress syndrome (ARDS) AND no alternative more likely diagnosis.

## Presumptive laboratory evidence:
- Detection of specific antigen in a clinical specimen
- Detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection*

*serologic methods for diagnosis are currently being defined
New Case Definition – What does this mean?

• 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.
How do you add a contact if they are already in MAVEN?

1. If the Contact already has a COVID event, you don’t need to add them again, you just want to LINK your Index Case to the Contact’s COVID event.
2. Search for the contact to see if they already exist in MAVEN.
   - They could already have a contact event.
   - They could already be a Confirmed COVID event in MAVEN.
   - They could already be in MAVEN for an older disease event (different from COVID).
3. If you find a COVID event already exists for your contact – Write Down the MAVENID#.
4. Go back to your Index Case that named them.
   - Go into View Linked Events.
   - Link to EXISTING Event.
     - Search by MAVEN ID & Select.
Contact Monitoring Question Package

Key Variables:

- **Contact Monitoring Status**
  - In Progress, Completed, Lost to Follow-up, Transfer, Other

- **Last potential Exposure Date**
  - Exposure date – to calculate quarantine.

- **First/Last Day of Required Monitoring**
  - Quarantine Period
Contact Monitoring Question Package

What are these Variables?

- **Risk Status** – based upon an old risk table assessing exposure. **Not required.**
- **Assessment Date**
  - Repeatable Fields. You can enter health checks. **Not required.**
What are these Variables?

- **Contact Established in 72 hours?**
  - Did you notify the contact w/i 3 days?
- **Did contact receive official notification of I&Q requirements?**
  - Were you able officially notify the contact about their exposure? (MDPH I&Q guidance helpful)
- **Date arrived in the US**
  - For returning travelers. This is probably no longer applicable for 90% of contacts.
Facility Clusters & their residents – what to do in MAVEN
Residents at LTCFs – what to do?

• Link confirmed events to the associated cluster.

• Many residents are being reported with their old ‘permanent’ address so they might not show up in your town’s cases.
  • Call Epi & we can help switch to the correct current address.

• If you get a case that lives in a facility in another town, let the other town know.
  • Update to the correct address (call Epi & we can help)
  • Call or email MAVEN ID to the new LBOH. Otherwise they might not see it.
Clusters

- A facility or location based event that you then link individual patient events to for tracking purposes.
  - LTCF, Rest Homes, Nursing Homes, Group Homes, etc.
- Finding one in MAVEN
- Link individual people events to the cluster

Update Type to “Outbreak” (from Normal)
Contact Tracers Collaborative (CTC)

Partners in Health Community Tracing Collaborative (CTC) and Harvard MHOA REDCap contact tracing groups/outreach

• Not directly overseen by MAVEN or Epi Program

Direct all questions and comments to:

• [COVID19CommunityTracingCollaborativeQuestions@mass.gov](mailto:COVID19CommunityTracingCollaborativeQuestions@mass.gov) is the official mailbox address to use for questions/comments around the Partners in Health Community Tracing Collaborative (CTC) and Harvard MHOA REDCap contact tracing groups/outreach.
  • Email address for questions from LBOH, VNA other related MAVEN users and/or individuals that are contacted directly by contact tracers from either the Harvard group or the CTC Partners in Health folks.
  • MHOA Representative – can also send comments there.
Your Questions:
Follow-up for Positive COVID-19 Cases and their Close Contacts

Tools for LBOHs

April 17, 2020

Gillian Haney, Director of Surveillance and Informatics
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Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health
What’s Ahead? | Roll-Out Timeline

**Rollout**
- LBOH request help from CTC during scale up
- April 15-22
  - 200 trained CTC Staff
  - LBOH selects cases for CTC by 11:59 pm
  - DPH extracts “yes” cases by 10 am
  - Introductory info. on CTC to all LBOH
  - Webinar

**Scale-Up**
- CTC expands to areas in high need
- April 23-30
  - 600 trained CTC Staff
  - Established relationships and preferred communication between CTC and LBOH
  - April 23
    - 1-pager sent to all LBOH on procedures for CTC
    - CTC expands from 1:1 outreach to widespread communication of procedures

**Surge**
- CTC expands to all of MA
- May 1 onward
  - 900 trained CTC Staff
  - Goal: All cases investigated; all contacts traced
  - Active care resource coordination at local level
  - April 30
    - All “yes” and blanks will be sent to CTC
    - All “no” stay with LBOH
    - High risk cases referred back to LBOH
    - LBOH can refer cases to CTC at any time
Community Tracing Collaborative (CTC) sites as of 4/17/2020

- Andover
- Billerica
- Boston
- Brockton
- Chelmsford
- Dracut
- Lowell
- Methuen
- Plymouth
- Salem
- Shrewsbury
- Taunton
- Walpole
- Worcester
Contact Tracing Update

Academic Public Health Volunteer Corps
A partnership between MDPH, MHOA, and MA Academic Institutions

Update to LBOH on April 17, 2020
Academic Partners working with MDPH

1. Boston University, School of Public Health
2. Harvard University T.H Chan School of Public Health
3. Holyoke Community College, Community Health Worker Program
4. MCPHS University (Massachusetts College of Pharmacy and Health Sciences)
5. Northeastern University, Program in Public Health
7. Regis College
8. Simmons University, Program in Public Health
9. Tufts University, School of Public Health
10. UMass Amherst, School of Public Health
11. UMass Lowell, Public Health Program
12. UMass Worcester, Medical School, Public Health Program
### As of Friday, April 17

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<th>Component of Volunteer Assignment Process</th>
<th>Number of individuals or towns</th>
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<td># of volunteers</td>
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<td># of LBOH doing contact tracing with APH Volunteers</td>
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<td># of LBOH* with deployed APH Volunteers (includes 4 county-level assistance requests)</td>
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<td># of APH Volunteers deployed</td>
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# Towns in planning stage

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Changes to Scope of Services from Student Volunteers

as of April 23

Contact Tracing

Cases will no longer go to REDCap. LBOHs will begin work with Community Tracing Collaborative (CTC). Existing cases in REDCap will continue with student volunteers until they are closed out.

Other Public Health Assistance

The following services will continue to be available to LBOH: health communications, social media, data and policy analysis, translation assistance.
How to request Academic Public Health Volunteers

1. Every LBOH is different. Volunteers can assist with health communications, data and policy, translation, and other needs. Please discuss with the Team Lead so we can assign a volunteer team for you.
2. Team Lead acts as single point of contact/project manager with LBOH
Thank you!

*We are open to feedback.*
MAVEN Misc. for today, 4/17/2020

- Please enter your clinical information in the Clinical Question Package **NOT** the notes section
- **Emails** are going in for epi-x cases that are created and from contact tracers – we normally don’t receive them
- Please don’t request a merge/de-duplication for your event in the Notes section. You need to email isishelp@state.ma.us with your request.
- Please update addresses in the participants tab and demographic question package (tip sheet in MAVEN help)
- **Workflows** are not functioning due to volume of cases.
  - Complete your Steps 1-5 to move cases out of the workflows
Reporting your data

Towns are able to report their own data, however; to protect patient confidentiality, the Bureau of Infectious Disease and Laboratory Sciences employs a strict policy whereby case counts of less than five are suppressed in populations of less than 50,000.
COVID Requested Assistance as “Yes” or “No”
COVID 19 Questions

- COVID19CommunityTracingCollaborativeQuestions@mass.gov
COVID-19 Emergency Response

To leaders of public health departments within Massachusetts:

Over the last few days, over 1500 (and counting) public health students from academic institutions in Massachusetts have offered to volunteer to help stop COVID-19. If you are in need of any further assistance, such as with contact tracing, communication, administrative support, or strategy advice, etc, please fill out the form below.

We will contact you within 3 business days to schedule an introductory phone call. You will meet your student team lead, who will gather your request and then coordinate and organize a group of students to respond. *You will only need to coordinate with 1 student.

^ Required

Email address *

Your email

Name *

Your answer

Best Phone Number to reach you *

MHOA Survey Link
MAVEN functionality refresher

• Help Section on MAVEN
• Race/Ethnicity in the Demographic Question Package #2
• Additional variables added to Risk/Exposure Question Package
  • *Question: Employed at, admitted to, or visited a healthcare setting?*
• Address updates/Demographic updates (gender, dob, address, city/town)
• Communication events in MAVEN for 351 towns/city
• Reports
• Searching for Events or Cluster
How to Contact the Maven help desk in ISIS.
We are available M-F (9-5p.m.)

- **ISIS Help Desk 617-983-6801**
- **ISIS Fax Number 617-983-6813**
- **isishelp@state.ma.us**
  (do not email names or identifying information - use the MAVEN Event ID)
- **Epi-of-the-Day and Epidemiologist on Call 617-983-6800**
- **Maven Change Request Document (please print, complete and out fax back to ISIS to request changes, enhancements, corrections to the MAVEN database)**

MAVEN Online Help

- **COVID-19 LBOH**
- **General Information**
- **Frequently Asked Questions(FAQs)**
- **Division of Global Populations(DGP)**
- **ePostcards/Webinars**
Race/Ethnicity

Located in the
Demographic QP #2

Race

Ethnicity
Employed at, admitted to, or visited a healthcare setting?
(Risk/Exposure QP#5)

Employed at, admitted to, or visited a healthcare setting?
• Assisted living facility
• Dialysis
• Group home
• Hospital
• Inpatient Psychiatric Long-Term Acute Care
• Long-Term Care Facility (includes nursing homes, skilled nursing, rest homes and rehab facilities)
Select Official Address hyperlink to update the event Official City

2. Demographic - Test COVID CASE#1 - Novel Coronavirus (SARS, MERS, etc)

<table>
<thead>
<tr>
<th>Address Information (Address information below conforms to address when first reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address: 123 Manchester United Way #2</td>
</tr>
<tr>
<td>City: Lawrence</td>
</tr>
<tr>
<td>State: NA</td>
</tr>
<tr>
<td>Zip code: 01841</td>
</tr>
</tbody>
</table>

Old address is displayed
Communication Events in MAVEN

- Each town has a Communication event in MAVEN
- You have access to **update** your town/city information for contacting appropriate staff
- You can search for other jurisdiction(s)
Search for your Communication Event

City: Your town/city
Event: Communication
<table>
<thead>
<tr>
<th>Event ID</th>
<th>Name</th>
<th>Birth Date</th>
<th>Status</th>
<th>Event</th>
<th>Create Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>101623345</td>
<td>Communication Lawrence</td>
<td></td>
<td>Open</td>
<td>Communication</td>
<td>11/06/2013</td>
</tr>
</tbody>
</table>
## Communication Event

### Event Summary

<table>
<thead>
<tr>
<th>Basic Information</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case ID: 101623345</td>
<td>Scott Troppy [stroppy] - (Generic) 03/24/2020 06:29 AM</td>
</tr>
<tr>
<td>Event: Communication</td>
<td>PHN is out of town this weekend, 3/27-3/29 - please call Bob at the health department</td>
</tr>
<tr>
<td>Name: Communication Lawrence</td>
<td>Scott Troppy [stroppy] - (Generic) 03/24/2020 06:24 AM</td>
</tr>
<tr>
<td>Investigation Status: Open</td>
<td>Test Note</td>
</tr>
<tr>
<td>Linked Events/Contacts: 0 (View)</td>
<td>Robert Morreale [rmorreale] - (Generic) 12/18/2015 09:55 AM</td>
</tr>
<tr>
<td>Attachments: 1 (Add) (View)</td>
<td>bzahn - I will be out of the office 12/21/15-1/4/16, No MAVEN coverage.</td>
</tr>
</tbody>
</table>

### Notifications

- Event/Status/Date/Type Notifier: N/A
- Event Status: N/A
- Event Date: 11/06/2013
- Event Type: N/A

Show Maven Status: 1
- Online/Offline Status: Online
### Event Summary

#### Basic Information
- **Case ID:** 101623345
- **Event:** Communication
- **Name:** Communication Lawrence
- **Investigation Status:** Open
- **Linked Events/Contacts:** 0 (View)
- **Attachments:** 1 (Add) (View)

#### Notifications
- **Event Status/Date/Type Notifier:**
  - **Event Status:** N/A
  - **Event Date:** 11/06/2013
  - **Event Type:** N/A

**Show Maven Status**
- **Online/Offline Status:** Online

### Question Packages
- **Question Package:** LBOH Database
- **Person:** Communication Lawrence
MAVEN Related Issues

- Email the helpdesk at: isishelp@state.ma.us