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

Tools for LBOHs

November 3, 2020

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MA Department of Public Health
Topics Today

- MAVEN Stats for On-Call Events and Emails (Oct #s)
- MAVEN Status Map
- MAVEN Immediate COVID workflow is at 1,674 this morning!!! Review and clear these out!!!
- Key Documents
- Last Week’s Recap
  - CTC - Epidemic Intelligence Unit
  - Labs 101
  - CDC Updates Close Contact Definition
- Quick Friday Office Hours Summary
- Reminder: You have FREE telephone language services available for COVID
- Labs Review Key Points
- Your Questions
Tuesday Webinars for COVID-19 Case Investigation and Follow-up

Tuesdays @ 11am


MAVEN Help has Guidance Documents and Previous Webinars:

NEW! MAVEN Office Hours
Fridays 11:00-12:00

- Open Q&A. Not a formal presentation.
- Send us your questions or ask us live.
- No requirement to attend. Pop in, pop out.
- You'll need to register via Scott’s email.

MDPH Epi Program: 617-983-6800
MDPH MAVEN Help Desk: isishelp@mass.gov
MDPH ISIS Help Desk: 617-983-6801
MDPH ISIS Fax: 617-983-6813
MDPH Food Protection Program: 617-983-6712
CTC Help Desk: 857-305-2828
Email: COVID19CommunityTracingCollaborativeQuestions@mass.gov
CTC Supervisor Contact List & Higher Ed Contact List
Updates for today, Tuesday, 11/3/2020

- **MAVEN Status Map** – three towns offline
  - Plympton, New Ashford and Warwick
- **MAVEN Stats for October (On-Call and Emails)**
- **LBOH Immediate Workflow** – COVID-19 event only – please check your workflow and clear out the workflow
- **CTC Data Pull** – moving to two times a day
- **Risk, Transmission and Behavior Questions Added**
  - Interview Tool will be updated (Hillary)
- Relabel “Is case Hispanic, Latinx or Spanish origin” in the Demographic Question Package.
- Add a new question “Date last worked” in the Demographic Question Package.
- Add a new disability question “Has the individual disclosed living with a disability” to the Demographic Question Package.
MAVEN Status Map as of 11/2/2020

- Plympton
- New Ashford
- Warwick
# MAVEN User Requests & Training
3/1/2020 - 11/2/2020

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Pending Users</td>
<td>130</td>
</tr>
<tr>
<td>Processed Users</td>
<td>1,423</td>
</tr>
<tr>
<td>Total New Users Trained Or In Process</td>
<td>1,553</td>
</tr>
<tr>
<td>Total MAVEN Users</td>
<td>1,402*</td>
</tr>
</tbody>
</table>

*Pending = User has submitted a URF and is in the training process
*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, CTC, Higher Ed, Infection Prevention and other trained staff
*Total New Users Trained/in process exceeds total MAVEN users due to retraining and/or individuals coming offline and back on again

*these data is accurate as of 11/2/2020 at 12:30PM.
MAVEN On-Call Events
10/1/2020 – 10/31/2020

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Count</th>
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<tbody>
<tr>
<td>Division of Global Populations</td>
<td>21</td>
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<tr>
<td>Epidemiology</td>
<td>483</td>
</tr>
<tr>
<td>Immunization (COVID-19)</td>
<td>2,550</td>
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<tr>
<td>Informatics and Surveillance (ISIS)</td>
<td>262</td>
</tr>
<tr>
<td>STD</td>
<td>5</td>
</tr>
<tr>
<td>Total On-Call MAVEN Events</td>
<td>3,321</td>
</tr>
</tbody>
</table>

*these data is accurate as of 11/2/2020 at 12:30PM
# MAVEN On-Call Events

**3/1/2020 – 10/31/2020**

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Global Populations</td>
<td>94</td>
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<tr>
<td>Epidemiology</td>
<td>2,807</td>
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<tr>
<td>Immunization (COVID-19)</td>
<td>26,316</td>
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<tr>
<td>Informatics and Surveillance (ISIS)</td>
<td>1,501</td>
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<tr>
<td>STD</td>
<td>8</td>
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<tr>
<td><strong>Total On-Call MAVEN Events</strong></td>
<td><strong>30,726</strong></td>
</tr>
</tbody>
</table>

*These data is accurate as of 11/2/2020 at 12:30PM*
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>
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<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 (up to 10/31)</td>
<td>33,331</td>
</tr>
</tbody>
</table>

*these data is accurate as of 11/2/2020 at 12:30PM
# MAVEN Help Desk Emails

3/15/2020 – 10/31/2020

<table>
<thead>
<tr>
<th>Month</th>
<th>Count</th>
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<tbody>
<tr>
<td>March</td>
<td>2,383</td>
</tr>
<tr>
<td>April</td>
<td>7,816</td>
</tr>
<tr>
<td>May</td>
<td>7,603</td>
</tr>
<tr>
<td>June</td>
<td>6,602</td>
</tr>
<tr>
<td>July</td>
<td>5,231</td>
</tr>
<tr>
<td>August</td>
<td>6,280</td>
</tr>
<tr>
<td>September</td>
<td>5,313</td>
</tr>
<tr>
<td>October</td>
<td>9,587</td>
</tr>
<tr>
<td><strong>Total Emails received</strong></td>
<td><strong>50,815</strong></td>
</tr>
</tbody>
</table>

*these data is accurate as of 11/2/2020 at 12:30PM*
Immediate Notification workflow (COVID-19 Only)

- **UPDATE:** COVID-19 Immediate Notification Workflow - **1,674** 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)
CTC Data Pull to Twice a Day

- We will be moving to sending **two files daily** to the CTC for follow-up
- The first file will still be generated at 10 am, and the second file will be generated at 2 pm
- None of the filter rules regarding COVID assistance are changing – no new cases for which COVID assistance has not been indicated will be sent at the 2 pm file, **only** cases for which “COVID Assistance Requested” was marked to “**Yes**” between 10 am and 2 pm will go in the second daily send.
- **Estimated Date: ~~~Two Weeks**
- **Questions/Concerns: Email** isishelp@state.ma.us
This next round of MAVEN updates will really give LBOHs the tools to help identify risk activities and trends in Massachusetts.
Summary of Key Guidance & Tools

- **Date: 10/21/2020 COVID-19 Testing Scenarios FAQ**
  - Describes different lab test results and what to do
  - Outlines discordant results and what they mean

- **10/13/2020 - Calculating Your Community Threshold red/yellow/green Status Tool:**

- **9/2/2020 Updated COVID-19 Case Classification Manual**
  - Serology positive labs are now classified as "suspect" cases.

- **Date: 8/22/2020: COVID-19 PCR and Antibody Testing Public Health Response Recommendations**
  - Table describes different Public Health Actions based upon different testing results.
  - Big take home: PCR & Antigen positive patients should be treated like cases.
  - Serology + cases no longer require public health follow-up.

- **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**
  - Translations Pending

- **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.
Summary of Key Guidance & Tools

Date: 7/24/2020 - Gov. Baker issued COVID-19 Order No. 45 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
- A negative PCR test within 72 hours of travel can excuse you from quarantine.
- Updated FAQs: https://www.mass.gov/info-details/covid-19-travel-order#potential-other-traveler-scenarios

Date: Aug 16, 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: May 7, 2020 – Occupational Exposure & Return to Work Guidance


A bit outdated after the new CDC guidance.

We do not yet have an updated State Doc reflecting this. But you should use this CDC updated guidance for isolation periods.

More Updated FAQs. Check them out!
Updates – A quick recap for 11/3.

• 10/27 – last week we discussed the following:

  • CTC Guest Speaker: Taylor Brock-Fisher
    • Epidemic Intelligence Unit at the CTC – See CTC Folder in MAVEN Help for presentation.
  • CDC Updates Close Contact Definition
  • Labs 101
    • Testing Types
      • Molecular (PCR) * gold standard
      • Antigen
      • Serology
    • Lab Tab in MAVEN
    • Case Classification
    • Testing Scenarios – document was sent

Defining Close Contact: 15 min Cumulative

- Last week on October 21, CDC updated their definition of “close contact” to clarify:
  - **CLOSE CONTACT:** Someone who was within 6 feet of an infected person for a **cumulative total of 15 minutes or more over a 24-hour period.**
  - Exposure may be cumulative: Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).
    - The exposure does NOT need to be 15 consecutive minutes (e.g., 15 minutes all in one chunk)

- **What’s Not New:** MDPH had been using ‘cumulative’ exposure within a calendar day prior to this clarification from CDC.

- **What’s New:** The 24 hour timeframe. The 15 minutes can possibly accumulate over 2 school days within a 24 hour period (e.g., if a contact was exposed for 10 minutes at 2pm, and again for ≥5 minutes the next morning at 8am, this would be within 24 hours.)
Friday Office Hours: Test-Based Strategy for Ending Isolation

• **Utilizing a Test Based strategy simply ends isolation earlier** than the default 10 days that usually applies to a Symptom or Time-Based strategy.

• **This person is still a confirmed case.** Their classification does not change.
  • Only their isolation period changes (to a shorter period).

• **Their contacts must still complete a full quarantine from their exposure.** This does not mean they were suddenly not exposed to a case anymore.
  • The index case was simply infectious for a shorter period.
    • If a contact was exposed on Day 3, and the index case ends their isolation on Day 7 (instead of Day 10), Day 3 was still an exposure and the contact still needs a 14-day quarantine.
Discontinuing Isolation – Which Strategy?

If the patient had a symptom onset date, use that date to apply a **Symptom-Based Strategy**.

- At least 10 days have passed since symptoms first appeared,
- At least 24 hours have passed since:
  - Resolution of fever without the use of fever-reducing medications; AND
  - Improvement in other symptoms (e.g., cough, shortness of breath)

If the patient never developed symptoms, use a **Time-Based Strategy**.

- At least 10 days have passed since positive test was collected, AND
- No symptoms develop

**Test Based Strategy**: Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized PCR Test. AND any symptoms have resolved per above requirements.

This is no longer a recommended or preferred strategy but could be used providing all the conditions were met (all symptoms have been resolved, observed specimen collection to ensure accurate specimens, etc.). We do not recommend this strategy as a larger routine protocol – particularly in congregate settings, but technically it could be applied on a case by case basis per CDC.
Friday Office Hours: Enforcing Isolation or Quarantine

Q. What if someone is not following isolation or quarantine?

• A. This should be enforced at the local level. Even if you send a case to the CTC, they can only do interviews and contact tracing, they cannot enforce. CTC needs to involve the LBOH if a case is not complying.

• Here is guidance on enforcement: https://www.mass.gov/superior-court-rules/superior-court-administrative-directive-no-20-1-protocol-governing-actions-to

  “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.”

• I&Q enforcement should happen at the local level, however please contact MDPH if there is a need to issue “do not board” orders. This would be MDPH’s role.
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>J Rivera 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>
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<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>
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<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>

TESTING for SARS-CoV-2
SO Many Tests are Available

• We receive questions on different tests all the time. Every time a new company puts out a new test, it is in the news. It becomes difficult to generalize or provide specific performance data on a test type when there are so many brands available and being utilized across the country and world.

• The U.S. Food and Drug Administration (FDA) has so far granted emergency-use authorization to more than 200 different tests meant to detect a current or past infection from SARS-CoV-2, the virus that causes COVID-19.

• Every test is going to have different individual performance criteria.

• For our purposes, COVID-19 tests fall into three main categories:
  • Molecular (PCR)
  • Antigen
  • Antibody.
Molecular (PCR) and Antigen Testing

**Molecular Test (PCR)**
- Also Known As:
  - Diagnostic test,
  - viral test,
  - molecular test,
  - nucleic acid amplification test (NAAT),
  - RT-PCR test,
  - LAMP test

(Some molecular tests can be rapid, but most are not)

**Antigen Test - Newer**
- Also Known As:
  - Rapid diagnostic test

(Usually, a rapid test is referring to an antigen test, although ‘could’ be molecular)

Preferred Test

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

**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
- Most tests one to two days if sent to an outside lab in MA. Several more days if sent out of state to national commercial labs at this time.
  - Some Molecular Tests can be a Rapid Test (results in minutes on site)
- Some home test kits have also been FDA approved.

**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)
  - Guidance from MDPH: PCR following ANY antigen result to confirm results.
- More providers now offering this test.

*Preferred Test*
Rapid Molecular (PCR) – can it be used for return to school? - YES

- **The Abbot ID Now** is a PCR test and though it is somewhat less sensitive than lab-based tests, we consider the results adequate for testing.
- In general a negative result is adequate for return to school and of course a positive is confirmatory. Some clinical discretion is advised and if there is strong clinical suspicion of COVID, IDSA guidelines recommend that a negative test be repeated. This is regardless of what type of PCR is used.
- Will show up in Lab Tab in MAVEN Event:
  - **SARS coronavirus 2 RdRp gene**
Molecular (PCR), Antigen, and Antibody (Serology) Testing

<table>
<thead>
<tr>
<th>Molecular Test (PCR)</th>
<th>Antigen Test - Newer (always rapid)</th>
<th>Antibody (Serology Test)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listed in Lab Tab as follows: • 2019-nCoV Real-time RT-PCR (PCR) • SARS coronavirus 2 RdRp gene (PCR RAPID)</td>
<td>Listed in Lab Tab as follows: • SARS-CoV-2 Ag (Antigen Test)</td>
<td>Listed in Lab Tab as follows: • SARS-CoV-2 IgM (Serology IgM specific) • SARS-CoV-2 IgG (Serology IgG specific) • SARS-CoV-2 IgA (Serology IgA specific) • SARS-CoV-2 IgG + IgM (Serology Antibody Type Unspecified)</td>
</tr>
</tbody>
</table>

Positive Molecular Test: Case Classification = CONFIRMED
Positive Antigen Test: Case Classification = PROBABLe
Positive Antibody Test: Case Classification = SUSPECT

What’s linked? Go here to see/link to contacts or a cluster event.

Confirmed/Probable/Suspect/Contact

Lab Tab to see lab tests

Patient Person Details (address, phone)

Electronic Trail for this event. Who has entered data? Where did this case come from?

6 Question Packages

View Wizard
Lab Tab: All the Labs & Results are Listed

- Where can we tell what kind of test a patient had?
  - A. Check the Lab Tab.

Test Types You May See:
- PCR Test: 2019-nCoV Real-time RT-PCR
- Rapid PCR Test: SARS coronavirus 2 RdRp gene
- SARS-CoV-2 Ag: Antigen Test
- Serology IgM specific: SARS-CoV-2 IgM
- Serology IgG specific: SARS-CoV-2 IgG
- Serology IgA specific: SARS-CoV-2 IgA
- Serology Antibody Type Unspecified: SARS-CoV-2 IgG + IgM

Details fill in here for different labs highlighted in each of the rows above.

Summary Time: Test Results & Different Follow-up

- All SARS-CoV-2 lab results are reportable to the State Health Department and are tracked in MAVEN.

- MAVEN users can see different COVID-19 events based upon their user role (usually jurisdiction based upon town, but new university MAVEN users will also have a view of university-associated cases if that association is indicated.

- Different lab types have different Surveillance Case Definitions.
  - Universities will mostly be using swabs for PCR testing – Gold Standard (Confirmed Cases)
  - Antigen testing (rapid swab) is less reliable (Probable Cases) and should be followed up with a PCR to confirm the result.
  - Serology (antibody) testing should not be used for acute diagnosis and isn’t recommended in general because the science isn’t really there yet for what results mean.
Summary Time: Test Results & Different Follow-up

- A Cases (probable or confirmed) should **isolate** because they are infectious to others.
  - Their Contacts should **quarantine** because they have been exposed and may develop illness themselves (but are not yet cases).
  - If a contact becomes a case, they switch from Quarantine to Isolation.

**Date: 10/21/2020 COVID-19 Testing Scenarios FAQ**
- Describes different test results and what to do
- Outlines discordant results and what they mean

**Date: 8/22/2020: COVID-19 PCR and Antibody Testing Public Health Response Recommendations**
- Table describes different Public Health Actions based upon different testing results.
- Big take home: PCR & Antigen positive patients should be treated like cases.
- Serology + cases no longer require public health follow-up.

**Date 8/10/2020: Follow-up for Positive Antigen Test Results**
- What to do with antigen results – describes when a PCR result Trumps an Antigen Result
- [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)

**Updated COVID-19 Case Classification Manual**
- What labs are classified as what.
- Lists the possible labs you may see in a COVID event in MAVEN (in tech lingo)
I'M NOT SURE IF IT'S A BOOBOO OR AN OWIE, I'LL HAVE TO RUN SOME LAB TESTS

I'M THE LAB