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

Tools for LBOHs

September 22, 2020

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Topics Today

- MAVEN Status Map – offline 4 towns
- LBOH Immediate Workflow Reminder
- MAVEN Status Map Slides (request to add again)
- Key Documents
- Last Week’s Recap
  - Quick Friday Office Hours Summary
- Jurisdiction Review
  - Fundamentals
  - Scenarios
- Daycares
  - Resources
  - All contacts need Contact Events
  - Cluster Events only if exposure occurred in facility
- Your Questions
Tuesday Webinars for COVID-19 Case Investigation and Follow-up

Tuesdays @ 11am


Sometimes I wonder if all of this is happening because I didn't forward that message to 10 other people

**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**

**NEW! MAVEN Office Hours DPH Epidemiologists:**
**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.
Updates for today, Tuesday, 9/22

- **MAVEN Status Map** – four towns offline
  - Florida, Holland, New Ashford and Chesterfield

- **LBOH Immediate Workflow** – COVID-19 event only – please check your workflow and clear out the workflow

- **LBOH Cluster Line List Report** – reminder to test the report for your jurisdiction

- **MAVEN Status Map** – adding these slides to this week’s slide set
**MAVEN Status Map as of 9/21/2020**

Chesterfield, Florida, Holland, New Ashford, 

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**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 registerhelp@state.ma.us or by phone at (617)-983-6801.

*This map displays 347 out of the 351 cities and towns in Massachusetts receiving disease notifications electronically through the MAVEN System as of September 7, 2020.*

*Boston reporting data via BoSS MAVEN.*

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

**MAVEN Status September 15, 2020**

- Online (347)
- Offline (4)
**Immediate Notification workflow (COVID-19 Only)**

- **UPDATE:** COVID-19 Immediate Notification Workflow - **899** 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)
“LBOH Cluster Line List Report”

- NEW Report - LBOH Cluster Line List – report outputs a line list of cluster events for LBOH. Please try to run the report for only 1 month at a time if possible.
**Average daily incidence rate** = \( \frac{\text{Cases on Day1/population} + \text{Cases on Day2/population} + \ldots + \text{Cases on Day14/population}}{14} \times 100,000 \).

The 14 days over which the cases are drawn is indicated in the footnotes on the dashboard; the most recent 14 day period was 8/16/2020 - 8/29/2020.
Approximating the Status Map

- Daily incidence rate calculated for 2 week reporting period (ending on previous Saturday)
  - \((\text{# new cases/jurisdiction population estimate}) \times 100,000\)
  - Averaged over 14 day timeframe (including zeroes)
  - Rounded to the nearest tenth decimal point

- Multiple sources of variability:
  - **Timing**
    - Data pulled first thing Wednesday morning
    - Case numbers constantly changing due to revoking, deduplication, reassignment of jurisdiction
  - **Date used to identify cases**
    - Map calculations based on collection date of first positive PCR specimen
    - May not equal event date - most reports extract based on event date
    - Confirmed and Probable report now uses first positive specimen date
  - **Population estimates**
    - DPH calculates rates per 100,000 population using denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020, report, Oct 2016.)
Summary of Key Guidance & Tools

• **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/maasachusetts-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


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

A bit outdated after the new CDC guidance.

More Updated FAQs. Check them out!
Updates – A quick recap for 9/22.

• 9/15 – last week we discussed a variety of interjurisdictional questions and scenarios:
  • Where do college students get counted?
    • Usually their residence while at school
  • Who can see an Event in MAVEN?
    • The LBOH of the Official Address
    • Anyone the Event has been Shared with
    • Possibly a Higher Ed user (if school listed in Risk QP5)
  • How do we Transfer and/or Share cases with other jurisdictions?
    • In State: LBOH to LBOH directly: SHARE, TASK, CALL
    • Out of State: Usually goes through MDPH
  • Remember to SHARE & TASK events to other towns.
    • Best Practice to follow-up with a call.

• Check out last week (9/15) for a full session on jurisdictions!

Lots of Tip Sheets are in MAVEN Help Section
Friday Office Hours Summary

• **Antigens Need PCRs.** We are advising all antigen tests be followed by a PCR, and this certainly should apply to symptomatic students, in general even if there is an alternative diagnosis. (There may be more to come on this, but true for now).

• **Plexiglass** barriers (unless they are effectively a separate room) should not be considered as excluding exposure.
  • Treat Plexiglass like we do masks – a risk reduction tool but does not eliminate exposure.

• More to come on the question of **Repeat Positives** >3months from initial recovery.
MAVEN Skills Needed For Cross-Jurisdictional Situations:

Do you know how to:

- Update an address?
  - 1st Step: Current Address (Participant Tab)
  - 2nd Step: Official Address (Demographics Question Package)

- SHARE an event?
  - full read/write access for Single User
  - full read/write access for User Group

- Create a TASK?
  - Do you know how to assign a task to someone/group?
  - Do you know how to complete a task yourself?

- Can you look up a COMMUNICATION EVENT for another town?
  - Can you update your OWN communication event?

These are fundamentals for working across jurisdictions. Make sure you can do these by reviewing 9/15 Webinar, Using MAVEN Help Tip Sheets, or calling 617-983-6800.
MAVEN Jurisdictional Scenarios

• If a MA case or contact is quarantining or isolating in a MA jurisdiction other than where they usually reside:

1. **SHARE**: The LBOH for the town where the case or contact usually resides should share the event with the LBOH where the case or contact is temporarily staying in Maven
   • SHARING gives access to the event.

2. **TASK**: Notify the receiving LBOH via a Task.
   • Tasking will send an email notification to the receiving LBOH with your notes/guidance for the task.
   • The benefit of a task is the receiving LBOH can mark it complete once follow-up (quarantine or isolation monitoring) is done. This action would send an email back to the original person who assigned the task to let them know it has been completed.

3. **Best Practice (Call)**: Follow-up with a phone call to the LBOH. This will help, particularly if there needs to be coordination on follow-up.
Two Step Process for Interjurisdictional Partnerships

**To Share an Event:** Within the case or contact’s Maven event select “Share Event” located on the left side of Maven then navigate to “Add Event Share”:
- Type= View & Update Full
- User Group= Select the appropriate LBOH group
- Save

**To Task an Event:** Within the case or contact’s Maven event, go to the “Tasks” tab
- Add task
- Type= Assignment
- Description: Case/Contact Isolating/Quarantining in your town
- Assign to group: Select the appropriate LBOH group
- Save

Step 1: Give LBOH Access to Event via Sharing.  
Step 2: Notify the LBOH via Tasking.

Best Practice: Follow-up with a Call.  
(See Communication Event for contact info.)
Key Reminders for Problem Solving Interjurisdictional Questions

- Cases are “counted” in their **Official Address** (town).
- Events in MAVEN can only be seen by the LBOH of the Official Address (town).
  - The address used when creating an event is the Official Address.
  - Changes and updates to an address (as you learn more or make corrections) will not update the “Official Address” unless you additionally click **“Select Official Address”** in the Demographics Question Package (after making changes in the Participants Tab).
  - REMEMBER: changing an official address is a 2-Step Process!

http://www.maventrainingsite.com/maven-help/pdf/How%20to%20update%20addresses%20for%20your%20event%20in%20MAVEN_ver1.0_April_9.pdf
Key Reminders for Problem Solving Interjurisdictional Questions

• You must **SHARE an event** to allow another LBOH (not the Official Address (town)) to view and/or edit an event.
  • You can grant access to just read the event, or you could grant full read/write access when sharing.
  • You can SHARE with a single MAVEN user, or you could Share with a user group (like the full LBOH MAVEN users for a town (recommended if you don’t know who will be doing follow-up specifically)).

Key Reminders for Problem Solving Interjurisdictional Questions

• If you CREATE an event for a different Official Address (town), THAT LBOH can fully see/edit the event (it’s theirs!).

  • **YOU** (individual MAVEN user) will also be able to see the event because you created it, but your **other colleagues** (your LBOH) **will not** because the Event belongs to the other Official Address (town) LBOH.

  • **Ex:** I work for Lowell LBOH. I create a contact event for a contact that lives in Boston.

    • All Boston LBOH can see the Contact Event (it’s theirs!)
    • I can see the Contact Event (I created it!)
    • My fellow Lowell PH nurse cannot see it (because it is Boston’s Event)
      • I would need to SHARE the event with my own staff if additional Lowell staff need access.
Scenario 1: Paul the Fitchburg State student

- Paul is a Fitchburg State University student who has spent the summer at his parents’ house in East Longmeadow.
  - Paul arrives at his off-campus apartment in Fitchburg and is tested the next day at university health services. He tests positive.
  - Fitchburg State (correctly) uses Paul’s Fitchburg address when reporting the positive lab and Paul appears in MAVEN as a Fitchburg case.
  - Fitchburg BOH, who is the designated contact tracer for the university, investigates the case and learns that Paul has returned to his parents’ house in East Longmeadow to isolate. Paul will be returning to Fitchburg when his isolation period ends.

- What is the official address where we count this case?
- How does Fitchburg BOH notify East Longmeadow that Paul is temporarily isolating in E. Longmeadow?
- Who is responsible for Paul’s isolation and documenting everything in MAVEN?
**Scenario 1: Paul the Fitchburg State student**

Paul: Lives and was tested in Fitchburg, but temporarily goes to E. Longmeadow for isolation.

- Fitchburg BOH manages the case (including identifying Paul's close contacts) and *leaves Paul’s official address as his Fitchburg address.*
  - Paul is a *Fitchburg resident* even if he was only there for a couple days because that is where he lives for the majority of the year.

- Fitchburg BOH enters Paul’s temporary East Longmeadow address in MAVEN and notifies the East Longmeadow BOH as a courtesy.
  - **Current/Temp Address:** Fitchburg BOH adds the East Longmeadow address to the Participants tab but does not go into the Demographic question package to change this to the official address.
  - **Share, Task, Call:** Fitchburg BOH *shares* the event and *tasks* it to the East Longmeadow BOH. They also place a call to the East Longmeadow BOH.

- **Fitchburg BOH is ultimately responsible** for making sure Paul isolates correctly and all the data is entered into MAVEN. This can be a partnership with E. Longmeadow – which is why the phone call to discuss follow-up is critical.
Scenario 2: Hector the UMass Dartmouth student

- Hector is a UMass Dartmouth student who has spent the summer at his parents’ house in Framingham.
  - Hector arrives on campus and is tested the next day at university health services. He tests positive.
  - UMass (correctly) uses Hector’s Dartmouth address when reporting the positive lab and Hector appears in MAVEN as a Dartmouth case.
  - Dartmouth BOH, the designated contact tracer for the university, investigates the case and learns that Hector has returned to his parents’ house in Framingham to isolate. *He is not planning to return to campus after isolation because all his classes are available online and it doesn’t seem worth it anymore to be there in person.*

- What is the official address where we count this case?
- How does Dartmouth BOH notify Framingham that Hector has moved to Framingham?
- Who is responsible for Hector’s isolation and documenting everything in MAVEN?
Scenario 2: Hector the UMass Dartmouth student

Hector: Moved briefly to UMass Dartmouth but is moving back home to Framingham to attend school remotely.

- If Dartmouth BOH is confident that Hector is living the majority of the year in Framingham, then Hector should be considered a **Framingham resident**.
  
  - **Update MAVEN**: Dartmouth BOH captures all relevant information (including UMass affiliation) in MAVEN so that Framingham BOH has context when they take over the case.
  
  - **Update Official Address**: Dartmouth BOH changes the official address by adding the Framingham address to the Participants tab and then selecting it as the official address in the Demographic question package.
    
    - **Note**: Dartmouth will lose access to the case once the official address is changed unless they share it with themselves first.
  
  - **Share, Task, Call**: Particularly because Dartmouth is fully transferring an official case to Framingham, the two LBOHs should discuss the transfer to ensure no balls are dropped.
    
    - **Clear Admin QP steps 1 & 2** (Dartmouth) so Framingham doesn’t miss this case in their workflows.
Scenario 3: Madeleine the University of Vermont student

- **Madeleine attends the University of Vermont (UVM).**
  - At UVM, she is identified as a close contact of a case and is instructed to quarantine. She decides to quarantine at her parents’ house in Dedham.
  - While in Dedham, she becomes symptomatic and is tested at her pediatrician’s office. She tests positive. Because the pediatrician has her parents’ address on file, Madeleine appears in MAVEN as a Dedham case.
  - Dedham BOH investigates the case and learns that Madeleine lives in Vermont for the majority of the year. (Her stay in Dedham is temporary.)

- **What is the official address where we count this case?**
- **How does Dedham BOH notify Vermont that Madeleine has tested positive while in Dedham?**
- **Who is responsible for Madeleine’s isolation and documenting everything in MAVEN?**
Scenario 3: Madeleine the University of Vermont student

Madeleine: attends the University of Vermont (UVM) but tested positive while temporarily in Dedham, MA.

- **Update Official Address to VT:** Dedham BOH changes the official address in MAVEN to Madeleine’s UVM address. (This involves adding the address to the Participants tab and then choosing it as the official address in the Demographic question package.)
  - **Note:** Dedham will lose access to the case once the official address is changed unless they share it with themselves first.

- **MDPH will notify VT:** The case is transferred to the Vermont Department of Health (VDH) via an automated process at MDPH that uses official address.
  - **Case Investigation:** VDH is in charge of case investigation, HOWEVER, Dedham BOH should still ensure Madeleine’s isolation in Dedham is monitored and can follow-up on MA close contacts from Dedham’s interview with case. (Technically this could be VT’s responsibility, but why wait if you have the student on the phone now?)
Scenario 4: Eliza the Dean College student

- Eliza attends Dean College and lives in student housing in downtown Franklin.
  - Eliza tests positive at college health services and appears in MAVEN as a Franklin case.
  - Franklin BOH investigates the case, as the designated contact tracer for the college, and learns that Eliza is planning to isolate at her parents’ house in Providence, Rhode Island, and then return to Franklin.

- What is the official address where we count this case?
- How does Franklin BOH notify Rhode Island that Eliza will temporarily isolate in RI?
- Who is responsible for Eliza’s isolation and documenting everything in MAVEN?
Scenario 4: Eliza the Dean College student

Eliza: Attends Dean College and lives Franklin, MA but temporarily leaves to isolate in Rhode Island.

- Franklin BOH continues to manage the case because Eliza is a Franklin resident. Her official address is not changed.
- The Rhode Island Department of Health (RIDOH) should be notified as a courtesy.
  - Notifications to other states are managed by MDPH.
  - Because the official address is still Franklin, RIDOH notification is not an automated process.
  - Franklin BOH documents all relevant information in the MAVEN event and calls MDPH at 617-983-6800.
    - Current/Temp Address: The Rhode Island address should be captured in the Participants tab but not the Official Address in Demographic question package.
- Franklin BOH should stay in touch with Eliza (we may get additional info from RI, but it is not guaranteed).
Sharing Quirks

• Share with your own LBOH so you don’t lose access after you update to another official address.
DAYCARES

Did you sign me up for daycare?

Yes

What did it cost?

Everything
Daycares (Childcare Settings)

1. Key Documents
2. Daycare Talking Points
3. Some background on EEC Reporting
   ---- MDPH Initial Follow-up
4. DAYCARE Clusters & Contact Events
5. Your Questions on Daycares
Key Childcare Documents & Resources

• The Department of Early Education and Care (EEC) oversees childcare and recreational camp settings and is the primary author for their guidance documents and their protocols.

• Key Reopening and Safety Documents:
  • https://eeclidean.force.com/apex/EEC_ChildCareEmergencyHealthGuidance
    • The Playbook: COVID-19 Child Care Playbook: Implementing the Minimum Requirements for Health and Safety
    • FAQ: https://eeclidean.force.com/resource/1594914614000/FAQ_Min_Req

• Childcare providers have also been given this email address to submit questions: Childcare.Covid19@mass.gov. This email goes to the MDPH Division of Epidemiology.

• Dr. Katherine Hsu has been designated EEC’s childcare epidemiologist, at Katherine.hsu@mass.gov or 617-983-6948.
“The Playbook”

• EEC has published a very large document called COVID-19 Child Care Playbook: Implementing the Minimum Requirements for Health and Safety.

• Many questions can be answered by consulting this document. See the Table of Contents here:
Daycares: Caller Questions

• Several people have asked what the appropriate PPE is for changing diapers, etc. This is answered in the Playbook Document.

• Many of your policy/situational questions will be answered here.

The Playbook: COVID-19 Child Care Playbook: Implementing the Minimum Requirements for Health and Safety
“The Playbook”

Within the Playbook Section titled “COVID-19 Scenario Response Planning,” the following scenarios are addressed in the document:

- **SCENARIO 1:** A Staff Member or Child Tests Positive for COVID-19
- **SCENARIO 2:** A Member of a Child’s Household or a Household Member of an FCC Educator tests positive for COVID-19.
- **SCENARIO 3:** A Child or Staff Member is Identified as a Contact of Someone Who is Not Their Household Member
- **SCENARIO 4:** I Have Previously Reported a Positive Case Through The Positive Reporting Form and Now Additional Confirmed Cases of COVID-19 Have Occurred in Staff, Children, or a Child’s Household Member.
- **SCENARIO 5:** An Individual Becomes Symptomatic While In Care
- **SCENARIO 6:** A Household Member of a Child or Staff Member is Quarantining Due to a Public Health Notification Regarding an Exposure to a Confirmed Case of COVID-19.
- **SCENARIO 7:** An Individual has a Household Member Who is Waiting for the Results of a COVID-19 Test
Daycare Talking Points

• Per daycare guidance, a symptomatic child who shows up at school should not be admitted (so hopefully there isn’t a daycare exposure).

• If a child shows up to daycare and becomes symptomatic during the day, they should be sent home immediately. The daycare does not have to report to the LBOH unless the daycare is notified that the child has COVID-19 and/or has been exposed to COVID-19.

• That being said, you may get called regardless. Remember to obtain as much information as possible. A child who has COVID-19 symptoms should see a provider (who may order a test if appropriate). Refer to EEC documents or MDPH for further guidance if needed for more complicated scenarios.
Daycares

• The highest priority situations:
  • A Confirmed Exposure at a Daycare: A confirmed case attends the daycare and exposes others.
  • Transmission at a Daycare: A confirmed case attended daycare and exposed others. Exposed individuals later develop COVID-19 as well.

• You may receive calls regarding the following:
  • A child or staff member has tested positive. What to do?
  • A child or staff member at the daycare has been identified as a contact to a confirmed case. What to do?
  • A child develops symptoms of illness and is sent home. What to do?
  • Lots of other scenarios that do not always equate to exposure at the facility.

Most of these can now be answered with the Playbook, so you may be receiving fewer calls.
Daycare Talking Points

• Children or staff identified as a contact to a confirmed case should be excluded from daycare for their full quarantine period.
  • Remember that a household contact (such as a child) may have a prolonged quarantine if they are not able to completely separate from the confirmed case(s) in their household.

• Testing is recommended for identified contacts.
  • Remember, a NEGATIVE test during quarantine does not end quarantine early. Any contacts must still complete their full 14 day quarantine even if they tested negative earlier in that 2 weeks.
  • Not all quarantined children will be tested (for various reasons). If they remain asymptomatic and have no indication of infection, they may return to daycare at the completion of their quarantine period.
Daycare Talking Points

• **Daycare Exposures will likely involve multiple LBOHs.**
  - If the facility is in Town A, that is the primary LBOH for follow-up and providing guidance to the daycare.
  - Children or staff who attend the daycare (contacts and cases) may live in other jurisdictions.
    • Remember to share events and add “affected towns” in the cluster event.
  - The confirmed case may live in another jurisdiction. LBOH may call MDPH if they are having trouble confirming a situation/case for possible exposure.

• **Create contact events for all identified children who attend daycares and other school programs that are exposed.**
  - Younger household contacts may not have been a priority in the past for creating their own events, but this is particularly important as we navigate this new daycare landscape and may need to share events across jurisdictions.
Daycare Talking Points

• We would still be using our definition for close contact to determine exposures in a daycare setting.
  
  • If proper social distancing and safety guidelines have been in place, we are hopefully not looking at a full facility for exposure.
    • Small children are not realistically going to maintain social distancing at all times, so other best practices in the facility will help to reduce the risk of spread.
    • Cohorting practices are key for limiting possible exposures.

• If exposure is clearly defined and limited, facility closure may not be the appropriate response.
Children in Quarantine: Prepare for a Long Quarantine.

- When a child is identified as a contact to a confirmed case in their household, they are immediately in quarantine, however the final 14 day countdown of their quarantine cannot begin until they have a final date of exposure (Day 0).
  - When a case and a contact share a living space, cutting off contact while the case isolates can be difficult – particularly between parents and children.

- Best case scenario: The case can go live in another part of the house while completing isolation and does not have interactions with the rest of the household. Then you have a clear “last exposure” date for the contacts.
  - Ex: Case can stay in an in-law apartment, or is able to isolate in the basement or another area (not share bathrooms, common space, kitchens, etc.).
  - Ex: Mom is the case but she can separate from the rest of the family. Dad can care for kids exclusively (so mom is not interacting and re-exposing children each day).

Last Exposure = Day 0.
Quarantine = Day 1-Day 14
Children in Quarantine: Prepare for a Long Quarantine.

• **Children in Quarantine (cont.):**

  • **Least Ideal Scenario:** The case cannot separate from the family and must continue to take care of the children/household members. Household is exposed daily while case is still infectious.
    • Ex: Single parent households where parent is the case but must take care of small children daily.
    • Ex: Confirmed case is the primary care giver and there is not private/separate space.
    • Ex: COVID spreads to one household member at a time (restarting quarantine for exposure to each new case).

  • **Children will be “in quarantine” through their last day of exposure and then the next 14 days. If COVID travels through their household, this could be a long time.**

Last Exposure = Day 0.
Quarantine = Day 1-Day 14
Daycare Risk Variables (cases & contacts)

Question Package 5: Risk/Exposure/Control & Prevention

- Employed at, enrolled at, admitted to, or visited a group setting?
  - YES
- Where is the facility located?
  - Facility Name & Location
- Facility Type
  - Daycare (child)
- Employee of facility listed above?
  - Yes (staff)
  - No (child)
Childcare Facilities & COVID-19

Daycare facility related issues will generally come to your attention in one of the following two ways:

1. You receive a confirmed index case through normal MAVEN reporting.
   a. The case is in a staff member who works at, or a child who attends, a daycare.
      • Identifying this link to a daycare requires you to conduct the interview and determine this information.
   b. The case has Close Contacts that attend a daycare (as children or staff members).
      • Identifying this link to a daycare requires you to conduct the interview and determine this information.

2. MDPH receives a report from the Daycare Provider about a positive (Through EEC Required Reporting).
   a. MDPH may update the relevant Index Case events in MAVEN (or create them if they have not yet been created through normal lab reporting),
      • MDPH will update notes in MAVEN regarding the initial report (and their preliminary follow-up), but this will not be a completed index case interview and LBOH should proceed as you normally would for cases and/or clusters.
Follow-up Among Adults: May Still Include Daycare & School

- When investigating a COVID-19 case in an adult, it is very important to identify any potential relationships to childcare settings (this will also apply to schools this fall).

  - **Occupation.** Does the adult work in a Childcare Setting? – GET DETAILS
    - Make sure to note the childcare facility in Risk Question Package 5.
    - Make sure to note the childcare facility in Occupation in the Demographics Question Package 2.

  - **Children.** Does the adult have any children who are close contacts? Do those children attend a Childcare Facility (or school)? – GET DETAILS
    - Create full CONTACT EVENTS for each child.
    - Get the name and contact info for any childcare facility the child attends.
      - Add the Childcare Facility info to the child’s Risk Question Package 5.
      - Make sure the childcare facility is notified about the child’s quarantine period.
      - The child cannot return to childcare until they are released from quarantine by LBOH. THIS COULD BE A VERY LONG TIME.
Follow-up Among Children: May Include Daycare & School

- When investigating a COVID-19 case in a CHILD, it is very important to identify any potential relationships to childcare settings (this will also apply to schools this fall).

  **CHILDCARE. Does the child attend a Childcare Setting? – GET DETAILS**
  - Make sure to note the childcare facility in Risk Question Package 5.
  - Select “Child/Minor/Infant” in Occupation in the Demographics Question Package 2.
  - Make sure the childcare facility is notified about the child’s quarantine period.
  - The child cannot return to childcare until they are released from quarantine by LBOH. THIS COULD BE A VERY LONG TIME.

- **OTHER CONTACTS. Does the child have any other close contacts that are children? Do those children attend a Childcare Facility (or school)? – GET DETAILS**
  - Create full CONTACT EVENTS for each child.
  - Get the name and contact info for any childcare facility the child attends.
    - Add the Childcare Facility info to the child’s Risk Question Package 5.
Daycare facility related issues will generally come to LBOH attention in one of the following two ways:

1. They receive a confirmed index case through normal MAVEN reporting.
   a. The case is in a staff member who works at, or a child who attends, a daycare.
      • Identifying this link to a daycare requires LBOH to conduct the interview and determine this information.
   b. The case has Close Contacts that attend a daycare (as children or staff members).
      • Identifying this link to a daycare requires LBOH to conduct the interview and determine this information.

2. MDPH receives a report from the Daycare Provider about a positive (Through EEC Required Reporting).
   a. MDPH may update the relevant Index Case events in MAVEN (or create them if they have not yet been created through normal lab reporting),
      • MDPH will update notes in MAVEN regarding the initial report (and MDPH preliminary follow-up), but this will not be a completed index case interview and LBOH should proceed as they normally would for cases and/or clusters.
Summary of Current EEC Reporting Process for Licensed Childcare Providers

1. **MA Licensed and Funded Childcare Providers are required to report** each incident of the following via a web-based **DPH COVID-19 Positive Reporting Form** which lives behind their Licensing Education Analytic Database (LEAD) Portal Login.
   - Confirmed COVID-19 cases in Staff
   - Confirmed COVID-19 cases in Children
   - Confirmed COVID-19 cases in Household Contacts of Children

2. **Epi Program Also Receives Copy of Report**: Once a report is submitted via this form from the Daycare to EEC, MDPH Epi program receives a copy of the report. (We are putting them in On Call)

3. **Epi Calls Back Childcare Reporter**: Provides immediate guidance to Childcare Provider (determine if exposures occurred and if notifications and exclusions/quarantines are applicable). May provide template letters as needed. Try to verify confirmed case/MAVEN reporting for documenting follow-up.

4. **MAVEN Updates as Needed**: Epi may create DAYCARE Cluster if appropriate, update MAVEN notes, link relevant MAVEN individual events, and notify relevant LBOHs for follow-up. This may require an additional call to the case/case’s family to verify appropriate MAVEN events & correct guidance.
Notes about the EEC Reporting Process

• This initial reporting requirement came in July:
  • On Friday July 24, 2020, Governor Baker signed Chapter 124 of the Acts of 2020 into law, which included a requirement for reports from the Department of Public Health on cases of COVID-19 within child care facilities.

  • Confirmed COVID-19 cases in Staff
  • Confirmed COVID-19 cases in Children
  • Confirmed COVID-19 cases in Household Contacts of Children

• Weekly EEC report is available on the Dashboard Webpage under “Additional COVID-19 data”
Notes about the EEC Reporting Process

• Reports must be submitted for EACH new case of the above.
  • So a Daycare provider submits a report for a child’s mom, then their dad, then the child, then the sibling, etc. for each household member that becomes positive.
  • In theory, the family is calling and updating the daycare with each new positive in the household.

1. Confirmed COVID-19 cases in Staff
2. Confirmed COVID-19 cases in Children
3. Confirmed COVID-19 cases in Household Contacts of Children
Notes about the EEC Reporting Process

1. Confirmed COVID-19 cases in Staff
2. Confirmed COVID-19 cases in Children
3. Confirmed COVID-19 cases in Household Contacts of Children

Not Reportable to EEC via this Process (but still situations we will see in MAVEN):

- **Confirmed cases in household members OF STAFF.**
  - Note, if a staff member’s household contact is a case, the staff member is a close contact and should still be out of work for a full quarantine period.
  - Normal MAVEN case and contact follow-up would apply.

- **Staff or children identified as close contacts due to a NON-Household source**
  - Note, if a child or staff member is identified as a close contact through normal contact training (but the index case is not a child’s household member), the child or staff member should still be out daycare for a full quarantine period.
  - Normal MAVEN case and contact follow-up would apply.

If a staff member or child is identified as a contact and needs to stay out of daycare on quarantine (but the index case is not daycare related nor a child’s household member (ex: a friend or relative from outside the household who exposed them)), then this is not reportable through the EEC COVID Positives Reporting.

- Daycares should report these situations through their normal Incident Report.
- Regardless of reporting process, ‘a contact is a contact,’ and MDPH or LBOH should provide appropriate guidance as applicable.
Notes about the EEC Reporting Process

- MDPH provides immediate guidance based upon the information available at the time of report.
  - Helps determine if there was an exposure in the facility.
  - Advises on isolation and quarantine (based upon the information presented).
  - May provide template letters for notifying families and staff.
  - Documents initial guidance in MAVEN.

- However, follow-up and additional control measures are the responsibility of the LBOH.
  - LBOH for the Daycare Facility should ensure all contacts are created in MAVEN and additional LBOHs are notified as required.

| 1. Confirmed COVID-19 cases in Staff |
| 2. Confirmed COVID-19 cases in Children |
| 3. Confirmed COVID-19 cases in Household Contacts of Children |
Daycare Associated Cases & Their Contacts Need Follow-up

• If there is an exposure in a facility, the LBOH should obtain a list of identified contacts and create full contact events for each contact.
  • If the Provider submitted their EEC report right away, MDPH may have provided day-of initial guidance (help determine that there was an exposure and next steps), however LBOH will be responsible for creating the CONTACT EVENTS for each exposed student and staff member.
  • Contact the Daycare Provider to obtain the list of exposed contacts. Required info:
    • Full Names,
    • Addresses,
    • DOBs,
    • Race & Hispanic Status,
    • Phone #s,
    • dates of attendance, and
    • Guardian Names.
    • You will need exposure dates to determine quarantine period.
Daycare Associated Cases & Their Contacts Need Follow-up

- If there is an exposure in a facility, the LBOH should obtain a list of identified contacts and create full contact events for each contact.
  
  - The Daycare should provide immediate notification to identified contacts (template letters are available to assist with this), however the LBOH for the Daycare should create the MAVEN Contacts and alert relevant LBOHs.
  
  - Contacts cannot return to Daycare until they are released from quarantine by LBOH.
When to Create a Daycare Cluster in MAVEN

• If a staff member or child in a daycare tests positive, and there is an exposure in the facility, a Daycare Cluster Event should be created.
  • Cluster Naming: DAYC_FACILITYNAME_TOWN.
    • Ex: DAYC_HAPPYFEET_LAWRENCE
    • Ex: DAYC_LITTLEBEANS_STOW

• Facilities will need cluster events for EACH distinct cluster, even if in the same facility.
  • So an exposure/cluster in the infant room would be a different cluster than an unrelated exposure/cluster a month later in the 3 year old classroom.
  • Cluster name may need to include a classroom or program to distinguish between unrelated events.

• If a case is confirmed in a child or staff member, but they were not in attendance at the daycare facility while infectious (no exposure), a Cluster Event would not be created.

Because of the EEC reporting requirement, MDPH will likely be the first to know about a Daycare Exposure, and we will create MOST of the Daycare Clusters by default (although LBOH could be the initial creator as well).
Template Letters Available

1. Close Contacts Childcare Template Letter (For close contacts)
   - This template can be used for identified close contacts and can outline specific dates of quarantine.

2. General Notification Template Letter (Childcare Facility – not close contacts)
   - This template can be utilized for a general notification if a facility believes they should provide notice to additional members of their childcare community, even if they were not identified as close contacts. (Examples include to families and staff of students in unaffected classrooms.)

3. General Suspect Case Notification Letter (Childcare Facility – FYI for community following a suspect case that has not yet been confirmed)
   - This template can be utilized by a facility if they believe they have a potential scenario that has not yet been confirmed, but they wish to notify their community at this time. While MDPH does not generally recommend notifications without lab-confirmed evidence, there may be instances where providers still feel pressure to provide updates or information, and this template may be useful.

4. In Home Childcare Provider Quarantine (Letter for In Home Providers who need to close due to their own exposure unrelated to the Childcare Program)
   - This template may be used in the case of an in-home childcare provider or a member of their household being identified as a close contact and needing to quarantine, which leaves the home childcare program unable to operate due to staffing or location issues. This template lets the families know that, while there was no known exposure in the childcare setting, the childcare provider will need to temporarily close to complete quarantine.
DAYCARE CLUSTER REMINDERS

• For a CHILDCARE CLUSTER Facility in YOUR TOWN: You are the LBOH responsible for creating the exposed (students and staff) contact events. Contact the Childcare Provider for a complete list and create the Contact Events in MAVEN.
  • Link to the CLUSTER Event AND
  • Link to the Index Case that exposed them

• LBOHs with DAYCARE Contact Events: You should follow up with the contact/family to ensure they understand the duration of quarantine. You are the final authority for releasing them from Quarantine and back to Daycare.

• Be watchful for evidence of IN FACILITY transmission: Alert MDPH (via 617-983-6800) if you identify significant transmission in a daycare.
YOU HAVE A QUESTION
I HAVE AN ANSWER.