MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of January 12, 2022

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**Henry I. Bowditch Public Health Council Room, 2nd Floor**

**250 Washington Street, Boston MA**

**Docket: \*\*\*REMOTE MEETING\*\*\* Wednesday, January 12, 2022 – 9:00AM**

***Note: The January Public Health Council meeting will be held remotely as a video conference consistent with St. 2021, c. 20, s. 20, which provides for certain modifications to the Massachusetts Open Meeting Law due to COVID-19.***

Members of the public may listen to the meeting proceedings by using the information below:

Join by Web: https://eohhs.webex.com/eohhs/onstage/g.php?MTID=e5b0c5bbed005a705ef9e10a7c6e20994

Dial in Telephone Number: 650-479-3208

Access code: 2533 588 3277

1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Acting Commissioner Margret Cooke.
	3. Record of the Public Health Council Meeting held December 8, 2021. **(Vote)**
2. **PRELIMINARY REGULATIONS**
	1. Overview of proposed amendments to 105 CMR 300, *Reportable diseases, surveillance, and isolation and quarantine requirements.*
3. **REGULATIONS**
	1. Request to promulgate amendments to 105 CMR 301, *Cancer Registry*. **(Vote)**
4. **PRESENTATIONS**
	1. New Results and Updates from the COVID-19 Community Impact Survey (CCIS).

*The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council’s meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.*

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including timekeeping, attendance and votes cast.

Date of Meeting: January 12, 2022

Start Time: 9:06am Ending Time: 10:20am

| **Board Member** | **Attended** | **First Order: Approval of December 8, 2021 Meeting Minutes (Vote)** | **Second Order: REGULATIONS: Request to promulgate amendments to 105 CMR 301, Cancer Registry. (Vote)** |
| --- | --- | --- | --- |
| **Acting Commissioner Margret Cooke** | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Abstained | Yes |
| **Kathleen Carey** | Yes | Yes | Yes |
| **Secretary Elizabeth Chen** | Yes | Yes | Yes |
| **Harold Cox** | Absent | Absent | Absent |
| **Alba Cruz-Davis** | Yes | Abstained | Yes |
| **Michele David** | Yes | Absent | Abstained |
| **Elizabeth Evans** | Yes | Yes | Yes |
| **Michael Kneeland** | Yes | Abstained | Yes |
| **Joanna Lambert** | Yes | Abstained | Yes |
| **Mary Moscato** | Absent | Absent | Absent |
| **Acting Secretary Cheryl Poppe** | Absent | Absent | Absent |
| **Summary** | 10 Members Present; 3 Absent | 5 Members Approved; 4 Abstained; 4 Absent | 9 Members Approved; 1 Abstained; 3 Absent |

**PROCEEDINGS**

A regular meeting of the Massachusetts Department of Public Health’s Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, January 12, 2022 by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Margret Cooke; Edward Bernstein, MD; Lissette Blondet; Kathleen Carey, PhD; Secretary Elizabeth Chen; Alba Cruz-Davis PhD; Michele David, MD; Elizabeth Evans, PhD; Michael Kneeland, MD and Joanna Lambert

Also in attendance was Rebecca Rodman, General Counsel at the Massachusetts Department of Public Health.

Commissioner Cooke called the meeting to order at 9:06am and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

*b. Updates from Acting Commissioner Margret Cooke*

Commissioner Cooke proceeded to update the council on the following:

**COVID-19 Omicron Response**

Commissioner Cooke opened the meeting by wishing everyone a happy new year. Since the start of the holiday season, DPH has seen a significant rise in COVID-19 cases and hospitalizations, driven in part by the highly transmissible Omicron variant.

* In response, DPH has taken a series of actions to preserve health care personnel resources.
* 320 members of the Massachusetts National Guard has been activated to assist hospitals and emergency medical service providers.
* The mask advisory recommendation was updated stating that everyone, regardless of vaccination status, should wear a mask in indoor, public spaces

**Isolation and Quarantine – CDC Guidance**

* DPH adopted guidance from the CDC reducing the recommended time for isolation and quarantine for asymptomatic people with COVID from 10 days to 5 days, followed by 5 days of wearing a mask when around others.
* Isolation and quarantine guidance for healthcare workers was updated for fully vaccinated, asymptomatic health care workers, or those with resolving symptoms, who may return to work 5 days following a positive COVID test.

**COVID Testing/At-Home Tests**

There is high demand for PCR testing following holiday gatherings. It is important to ensure that Massachusetts testing resources are being used appropriately and there are very limited instances in which a PCR test is necessary. If a positive rapid antigen test is taken, individuals do not need to confirm with a PCR test. A positive rapid test is sufficient, and the individual should isolate appropriately.

* A PCR test (instead of a rapid antigen test) may be needed if an individual has moderate COVID-19 symptoms and had a negative rapid antigen test, or if directed by your health care provider that a PCR test needed.

A PCR Test is NOT required:

* To exit isolation or quarantine.
* It is not required to return to school or work (except in health care settings), per CDC and our DPH guidance.
* It is not required to receive therapeutics like monoclonal antibodies or antiviral medications—a rapid antigen test is an option for this.

People with COVID symptoms should:

* Immediately quarantine and self-test to confirm whether symptoms are COVID-related.
* If symptoms worsen, you should call your healthcare provider.

There are hundreds of testing locations throughout the Commonwealth, including many free sites, if needed.

**COVID Vaccination**

As of December 2021, five million people have been fully vaccinated in Massachusetts. As of January 9th 2022, 90% of the eligible population in Massachusetts have received at least one dose of the COVID-19 vaccine, and over 2.3 million people have received a booster dose.

**Breakthrough Cases**

With Omicron, we have seen an increase in the number of breakthrough cases, but studies indicate that the current vaccines and boosters are effective in preventing serious illness, including from Omicron.

* A DPH review released last month found that, as of December 10th, nearly 97% of all breakthrough cases in the Commonwealth did not result in hospitalization or death.
* Data from that same time-period also showed that the unvaccinated are five times more likely to become infected than the fully vaccinated, and 31 times more likely to become infected than fully vaccinated residents who have received a booster.

**Boosters**

Commissioner Cooke stated that vaccines remain the single best way for people to be protected from the virus. Massachusetts has about a thousand locations to get vaccinated - with additional state-sponsored sites open in Boston, Roxbury, Lynn, and Taunton.

**Pediatric Vaccine**

* As of January 9th 2022 more than 45% of children ages 5-11 have received their first dose.
* Over the past couple of weeks, on average, the vaccine equity communities matched the statewide two week first dose increase among children 5-11 years old.
* In the week between Christmas and New Year’s, state-contracted mobile providers, who conduct pop-up clinics in these communities, administered over 800 pediatric doses.
* Family-friendly practices are being used to increase pediatric vaccination, and DPH is working with our outreach and education vendors, mobile providers, and communications partners to ensure we are creating easily accessible and comfortable opportunities for children and their families to be vaccinated.
* Children five and older are eligible for vaccines, and those who are 12 and older are eligible for boosters.

**Vaccine Update: Equity Initiative**

Commissioner Cooke then shared highlights on the DPH Vaccine Equity Initiative.

* Mobile vaccinations increased in December by 25% over November with more than 10,000 doses administered by the mobile providers, in our vaccine equity communities.
* Established standing weekly clinics in 18 of our 20 priority communities, each community now has a standing mobile provider. These clinics are delivered in coordination with local health and community-based organization partners.
* Personnel reinforcements arrived at DPH in the form of 15 full-time staffers provided to Massachusetts by the CDC Foundation and will with DPH for the next six months.

**Flu and COVID Shot Reminder**

Commissioner Cooke closed her remarks with a reminder to individuals to get the flu shot, the COVID shot, or the booster. The latest data indicated that flu activity is high and increasing and could be an active flu season.

Upon the conclusion of the updates, Commissioner Cooke then asked if the Council members had any remarks or questions before proceeding.

Ms. Blondet asked if the DPH staff are required to physically report to work and asked if there is any guidance for tracking the at home rapid test.

Commissioner Cooke stated that there is a remote work policy: The Human Resources Department encourages employees to use the future of work flexibility options and work remotely, when possible. Employees can choose to come into work but there are a limited number of employees in the building at once.

Dr. Katie Brown, State Epidemiologist, stated that the approach to COVID-19 has shifted, both in Massachusetts and nationally. Most at-home antigen tests purchased over the counter are not reported to public health agencies. Though we can’t capture every COVID case – we are shifting our focus from a surveillance standpoint to other metrics. PCR tests and other metrics are able to accurately track the trends, which is most important. There is also a shift in focus from case numbers to the severity of disease and hospitalizations. On the DPH website, there is information on self-testing and provides guidance for those using these tests when they receive positive results.

Ms. Blondet stated the DPH should be leading by example and expressed concern about state employees being exposed to a new variant that has not peaked.

Commissioner Cooke stated that the future of work policy allows for greater flexibilities and that employees are able to take advantage of working remotely as much as possible.

Secretary Chen added that all state employees are required to be masked indoors unless in an office with a closed door.

Dr. Bernstein pointed out and praised the new rollout of the digital vaccine card. He also proposed that N95 masks be distributed statewide with education on usage and effectiveness.

Commissioner Cooke stated that the Commonwealth had issued a digital vaccine card and a QR code to verify that you have received your COVID vaccines.

Commissioner Cooke stated that any mask is better than no mask, and should be worm properly, well-fitted to the face and over the nose and mouth. She stated that for some, N95 masks may be difficult to wear and are generally used in a health care setting where they can be fit-tested. KN95 offer various levels of filtration and the Commonwealth has distributed over six million of these masks to frontline workers and other public-facing workers, as well as those who work with high-risk populations. Municipalities can request either of these masks from DPH, and there is a significant supply of both these types of masks.

Dr. Bernstein stated that N95 masks offer more protection for longer periods of time compared to any other mask and should be heavily utilized.

Commissioner Cooke stated that most of the currently hospitalized COVID-19 patients are unvaccinated individuals and the most important step anyone can take is to get vaccinated and boosted.

Dr. Bernstein stated that mask could be considered a harm reduction strategy for unvaccinated individuals.

No further questions or comments from the council members.

**1. ROUTINE ITEMS**

*c. December 8, 2021 Minutes (Vote)*

The Commissioner asked if there was a motion to approve the December PHC minutes.

Secretary Chen made the motion, which was seconded by Dr. Bernstein. Ms. Blondet, Dr. Cruz-Davis, Dr. Kneeland and Ms. Lambert Abstained. All other present members approved.

**2. PRELIMINARY REGULATIONS**

a. Overview of proposed amendments to 105 CMR 300, *Reportable diseases, surveillance, and isolation and quarantine requirements.*

Commissioner Cooke invited Gillian Haney, Director of DPH’s Division of Surveillance, Analytics and Informatics, to present an overview of proposed amendments to the Department’s regulations regarding reportable diseases, surveillance, and isolation and quarantine requirements. Lynn Squillace, Deputy General Counsel for the Department, accompanied her.

Upon conclusion of the presentation, Commissioner Cooke thanked Ms. Haney and asked if the Council members had any questions.

With no questions or comments, Commissioner Cooke moved to the next item on the docket.

**3. REGULATIONS**

a. Request to promulgate amendments to 105 CMR 301, *Cancer Registry*. (Vote)

Commissioner Cooke invited Susan Gershman, Director of the Massachusetts Cancer Registry, to present on a request promulgate amendments to the Department’s regulations addressing the Cancer Registry. Jim Ballin, Deputy General Counsel for the Department, accompanied her.

Upon conclusion of the regulation, Commissioner Cooke thanks Ms. Gershman and asked if the Council members had any questions.

With no questions or comments, Commissioner Cooke then asked the Council members if there is a motion to promulgate amendments to 105 CMR 301.

Dr. Carey made the motion, which was seconded by Ms. Blondet. All other present members approved.

**4. PRESENTATIONS**

a. New Results and Updates from the COVID-19 Community Impact Survey (CCIS).

Commissioner Cooke welcomed the Bureau of Community Health and Prevention to share findings from the COVID-19 Community Impact Survey (CCIS). The insights shared focus on caregivers. Justine Egan, an epidemiologist in the Division of Child and Adolescent Health and Reproductive Health, presented. She was joined by Elaine Gabovitch, Director, Division for Children & Youth with Special Health Needs and Lauren Cardoso, Deputy Director, Office of Statistics and Evaluation.

Upon conclusion of the presentation, Commissioner Cooke asked if Council members had any questions.

Dr. David arrived at 10:03am.

Secretary Chen thanked Ms. Egan for sharing this information and pointed out the importance of respite care for long term caregivers of older populations, and encouraged the utilization of supportive day programs for those requiring around the clock care, to provide relief to caregivers. She also stated that approximately 40% of caregivers are male, while the dominant narrative tends to emphasize that middle aged women are caregivers.

Dr. Evans asked if there are recommendations going forward to provide resources tailored to gender.

Ms. Gabovitch stated there are ways to provide support through focus groups to learn more about needs from these individuals to help provide more support where it is needed.

Ms. Blondet appreciated the data on implications and impact of the caregivers.

Dr. Bernstein second the comments from his colleagues and asked the size of populations of caregivers for each of these categories. He also stated concerns for caregivers who provide around the clock care for these groups and the individual they serve.

Ms. Egan stated that this information is available in the appendix of the presentation, and online at the CCIS page.

Ms. Gabovitch stated that there is an action plan within the Title V Maternal & Child Health Program used to support these caregivers, including training staff and providing technical assistance to help families navigate and identify their needs.

Secretary Chen stated that there is a caregiver intensity index to help monitor the extent of work caregivers are providing. This index helps identify how these caregivers can better care for themselves. Large employers should acknowledge caregiver responsibilities outside of their work.

Ms. Egan stated that caregivers under the age of 45 reported more acute needs than older caregivers.

Dr. Bernstein stated this work should be supported to help relieve the burden of individuals providing care. He requested action plans for next steps on this issue for a future meeting.

Ms. Gabovitch stated there is a Massachusetts Lifespan Respite Coalition that meets to identify potential solutions to support caregivers. in The Coalition is convened and coordinated by UMass Medical School, in partnership with the DPH Division for Children & Youth with Special Health Needs, the Executive Office of Elder Affairs (EOEA), the Department of Developmental Services, and other state and non-profit agencies. One product that DPH and EOEA have contributed to is the development of a caregiver respite helpline and a training video for case managers about respite support.

Ms. Egan and Dr. Cardoso stated that CCIS would like to come back to a future PHC meeting to report on impact.

Dr. Bernstein asked for the schedule of the webinars for CCIS.

Ms. Egan stated there is a webinar on January 13th, and there are upcoming presentations for future council meetings. All past presentations and recorded webinars from the CCIS can be found on the DPH website.

With no further questions, Commissioner Cooke reminded Council members the next meeting would be held on Wednesday, February 9, 2022.

Commissioner Cooke asked if there was a motion to adjourn. Dr. Cruz-Davis made the motion which was seconded by Ms. Blondet. Dr. David abstained. All present members approved.

The meeting adjourned at 10:20am.