MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of October 13, 2021

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, October 13, 2021 – 9:00AM**

***Note: The October 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://statema.webex.com/statema/onstage/g.php?MTID=e1f37bfe6fc3ade12f1c10140657ee2b3

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Access code: 2425 345 5453

1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Acting Commissioner Margret Cooke.
	3. Record of the Public Health Council Meeting held September 8, 2021. **(Vote)**
2. **PRELIMINARY REGULATIONS**
	1. Overview of proposed amendments to 105 CMR 172, *Implementation of MGL c.111, section 111c, regulating the reporting of infectious diseases dangerous to the public*.
3. **PRESENTATIONS**
	1. Informational presentation on Healthcare Associated Infections in 2020.
	2. 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: October 13, 2021

Start Time: 9:03am Ending Time: 10:28am

| **Board Member** | **Attended** | **First Order: Approval of September 8, 2021 Meeting Minutes (Vote)** |
| --- | --- | --- |
| **Acting Commissioner Margret Cooke** | Yes | Yes |
| **Edward Bernstein** | Yes | Yes |
| **Lissette Blondet** | Absent | Absent |
| **Kathleen Carey** | Yes | Yes |
| **Sec. Elizabeth Chen** | Yes | Yes |
| **Harold Cox** | Yes | Yes |
| **Alba Cruz-Davis** | Yes | Yes |
| **Michele David** | Absent | Absent |
| **Elizabeth Evans** | Yes | Abstained |
| **Michael Kneeland** | Yes | Yes |
| **Keith Hovan** | Absent | Absent |
| **Joanna Lambert** | Absent | Absent |
| **Mary Moscato** | Yes | Yes |
| **Acting Secretary Cheryl Poppe** | Yes | Yes |
| **Summary** | 10 Members Present; 4 Absent | 9 Members Approved; 1 Abstained; 4 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, October 13, 2021 by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Margret Cooke; Edward Bernstein, MD; Kathleen Carey, PhD; Secretary Elizabeth Chen; Harold Cox; Alba Cruz-Davis, PhD, MPH; Elizabeth Evans, PhD; Michael Kneeland, MD; Mary Moscato and Secretary Cheryl Poppe.

Also in attendance was Elizabeth Scurria Morgan, Special Counsel to the Commissioner at the Massachusetts Department of Public Health.

Commissioner Cooke called the meeting to order at 9:03AM and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

b. Updates from Acting Commissioner Margret Cooke

Secretary Chen arrived at 9:10am.

Commissioner Cooke proceeded to update the council on the following:

**New PHC Member – Dr. Liz Evans**

Commissioner Cooke welcomed the newest member to the Council, Dr. Liz Evans. Dr. Evans is an Associate Professor of public health at UMass Amherst. Her focus is on how health care systems and public policies can better promote health and wellness among vulnerable and underserved populations, particularly for individuals at risk for opioid and other substance use disorders.

Before joining UMass in 2017, Dr. Evans served as an Advanced Postdoctoral Research Fellow at the Center for the Study of Healthcare Innovation, Implementation, and Policy for the U.S. Department of Veterans Affairs, and as Project Director at the UCLA Semel Institute for Neuroscience and Human Behavior.

**Dr. Cunningham Departure**

Commissioner Cooke then announced the departure of Dr. John Cunningham from the Council, who has served for 14 years. She then expressed her deep appreciation for Dr. Cunningham’s service and commitment to this Council’s work. Unfortunately, Dr. Cunningham was unable to join today’s meeting, but will be welcomed back in November for some parting words.

**Dr. Madoff Award**

Commissioner Cooke announced that Dr. Larry Madoff was the recipient of the 2021 Henderson Award, bestowed by the Infectious Diseases Society of America, for his lifetime of achievement in public health.

* Since joining the Department in 2008, Dr. Madoff has served as the Director of our Division of Epidemiology and Immunization, and now as Medical Director for our Bureau of Infectious Disease and Laboratory Sciences, since 2019.
* Dr. Madoff has been a key leader in the state’s COVID-19 response, including coordinating COVID testing and updating the public on developments in the pandemic.
* Dr. Madoff has provided oversight for physicians, epidemiologists, and public health nurses and assisted in the development of public policy for monitoring and controlling infectious diseases.
* He is also a professor of medicine at the University of Massachusetts Medical School and attends on the inpatient ID consult service at the University of Massachusetts Memorial Medical Center in Worcester.
* As a mentor, he has demonstrated tireless dedication to his trainees and to promoting the next generation of epidemiologists and infectious disease physicians.

**COVID and Vaccination Update**

Commissioner Cooked stated that more than 4.6 million Massachusetts residents are fully vaccinated against COVID-19.According to the CDC’s most recent update:

* Over 90% of all Massachusetts adults have received at least one dose.
* Over 99.9% of individuals 65 and older have received at least one dose.
* Both nationwide, and in Massachusetts, cases and hospitalizations due to COVID-19 are both decreasing.
	+ On September 13, the 7-day average of hospitalizations was 707.
	+ On September 17, the 7-day average was 677.
	+ On October 5, the 7-day average was 584.

Commissioner Cooke continued by stating based on the last few weeks of data showing decreasing case counts, and with increasing vaccination rates, DPH expects that this trend will continue.

* Since July 30th, there has been a public health advisory in place that advises all unvaccinated residents to continue to wear masks in indoor settings and when they can’t socially distance.
* Department of Elementary and Secondary Education (DESE) has extended its indoor mask mandate for K-12 school settings for an additional month, through November 1st.
* DPH continues to monitor and report statewide and municipal data on COVID, to ensure that our current policies and guidance are appropriate, data-driven, and responsive.
* DPH continues to report on what are called “breakthrough cases” among those who are fully vaccinated.
	+ [Breakthrough cases](https://www.mass.gov/doc/daily-covid-19-vaccine-report-august-4-2021/download) in Massachusetts are very low, less than 1% of those fully vaccinated.
	+ Those hospitalized or who have died after being fully vaccinated, are even lower.
* All available data continues to support that all three vaccines used in the US are highly protective against severe disease and death from all known variants of COVID-19.
	+ For individuals who received the Pfizer vaccine and are eligible, a booster dose has been approved, and we expect to learn of additional approvals for boosters soon.
	+ As of October 8, our Rapid Response Team has provided 3,488 booster shots to residents of long-term care facilities.
	+ DPH includes booster dose administration data in our daily COVID-19 dashboard.

**Vaccine Equity Initiative**

Commissioner Cooke then updated the council members on DPH’s vaccine equity initiative – the state’s focus on the 20 priority communities with lower vaccination rates. The efforts of DPH staff and partners, and the efforts of these communities, to address vaccine hesitancy, to increase vaccine access, and to promote equity are working.

All 20 communities have made strides in their first dose vaccination rates. The statewide first dose average increased by 5.1 percentage points over the last two months, 18 out of the 20 communities experienced larger increases over that period.

* Randolph exceeds the state average.
* Chelsea, Everett, Framingham, Leominster, Malden, and Revere continue to exceed the state average.
* Lynn is continuing to improve week over week, and is now within 3 percentage points of the state average.
* Other communities, such as Lawrence, Brockton, Springfield, and New Bedford, have shown enormous progress over the past two months, each increasing by over 7 percentage points (for eligible residents with their first dose).
* The Commissioner gave a special shoutout to the residents of Chelsea: Chelseaonce had the highest rate of COVID cases in our Commonwealth, and now over 99% of eligible residents have received at least one dose of the vaccine.
* The Vaccine Equity Initiative is continuing to mitigate barriers and lift COVID-19 vaccination rates in these municipalities.
* The next phase of this work this Fall, DPH is focused on the populations with the greatest inequities in vaccination rates.

Commissioner Cooke recognized two DPH vendors – Archipelago Strategies Group, or ASG, and Health Care for All, who hired local community organizations and residents to conduct outreach, facilitate vaccination, and help us build a strong foundation in each of these communities.

* Their teams knocked on over 800,000 doors, had 240,000 phone conversations, and conducted 2,300 mobile clinics in our equity communities.
* DPH invested in more than 150 community and faith-based organizations within our equity communities and have fostered relationships with local health, community health centers, and local government, and we have DPH community liaisons supporting local efforts and progress.
* DPH will continue to customize the approach based on each community’s needs and requests

Commissioner Cooke then thanked her DPH colleagues and our many partners for their work on this wide-ranging initiative. The goal remains to get every eligible resident vaccinated against COVID illness. Commissioner Cooke then stated that we are coming into flu season and will need to get our flu shots. Individuals who have yet to get their COVID-19 vaccination or the COVID booster, for those eligible, they can receive their flu shot at the same time.

Commissioner Cooke turned it over to Dr. Bernstein to share some words.

Dr. Bernstein recognized and commended the first celebrated Indigenous People’s Day and commended the President for making this proclamation. He stated that Indigenous peoples have inhabited Massachusetts for over 12,000 years, and that their population has greatly declined since the 16th century. He stated the importance of re-examining the design of the Commonwealth’s flag, which is now considered disrespectful to Indigenous people. He stated the importance of considering the words that we use, and acknowledging those who live and have lived in our communities, and their contributions.

Commissioner Cooke then asked if the Council members had any remarks or questions before proceeding.

Dr. Cruz-Davis recognized and commended DPH’s work in vaccine equity and targeted outreach efforts.

Commissioner Cooke thanked Dr. Cruz-Davis for her comments

Dr. Bernstein asked if there would be efforts to address access to testing as the holiday season approaches and more people gather indoors.

Commissioner Cooke stated that there are many testing sites, including free sites, offered throughout the Commonwealth, available to anyone in Massachusetts.

Dr. Bernstein asked about increasing the availability and accessibility of rapid testing options.

Commissioner Cooke stated that she would look into this and follow up with council members.

No further questions or comments from the council members.

**1. ROUTINE ITEMS**

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

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

Ms. Moscato made the motion, which was seconded by Dr. Kneeland.

Dr. Evans abstained. All other members present approved.

**2. PRELIMINARY REGULATIONS**

**a. Overview of proposed amendments to 105 CMR 172, Implementation of MGL c.111, section 111c, regulating the reporting of infectious diseases dangerous to the public.**

Commissioner Cooke invited Marita Callahan, Director of Policy and Health Communications for the Bureau of Healthcare Safety and Quality, to present an overview of proposed amendments to the Department’s regulations addressing the reporting of exposures to infectious diseases experienced by first responders and other personnel.

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

Dr. Bernstein stated he was pleased to see Hepatitis D included in the amendment.

**3. PRESENTATIONS**

**a. Informational presentation on Healthcare Associated Infections in 2020.**

Commissioner Cooke invited Dr. Kate Fillo, Director of Clinical Quality Improvement for the Bureau of Healthcare Safety and Quality, to give an informational presentation on Healthcare Associated Infections in 2020. She was joined by Christina Brandeburg, Senior Epidemiologist for the Bureau, and Eileen McHale, DPH’s Healthcare Associated Infection Coordinator for the Commonwealth.

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

Ms. Moscato stated that DPH-provided resources and guidance for long-term care facilities throughout the pandemic has been “remarkable.” She then asked how comprehensive infection control visits made to long term care facilities were documented.

Ms. McHale stated that the data has been collected and the results will be analyzed. Reports of the findings will be shared in aggregate.

Dr. Fillo added that DPH share facility-level findings back with providers, but that technical assistance is done outside of the regulatory framework, such as the CMS-required statement of deficiencies.

Ms. Moscato thanked them for their work and dedication to long term care facilities.

Dr. Bernstein stated that this work is important to continue, even during COVID-19, and asked what lessons can be learned from facilities that are particularly successful in this regard.

Dr. Fillo stated that there are programs in place for tracking utilization of central line and urinary tract catheters. She explained that units that are successful have very aggressive programs to ensure that anyone with these lines or catheters really need them, and patients that do not have them removed as soon as possible. She added that these kinds of practices are of course in addition to standard infection control practices, such as good hand hygiene.

Ms. McHale stated that these infections are taken seriously, and not just seen as routine complications. She stated that when infections occur, it’s important for facilities to review the processes in place that resulted in the infection, and she emphasized the importance of good leadership and supportive team structure.

Dr. Carey thanked the presenters for the information and asked if there was an observable pattern across hospitals, in which those that have higher rates for some infections would also have higher rates for other types of infections. Or, if there are patterns across hospital types, such as major teaching centers compared to rural hospitals. She also asked if there are certain target hospitals that might have higher infection rates and warrant increased focus.

Ms. Brandeburg stated that this data is tracked throughout the year, and quarterly reports are sent to facilities. Some facilities are flagged for certain infections that are considered higher than expected. DPH performs outreach to facilities that might need support and guidance.

Ms. McHale stated that in the past, DPH partnered with specialized groups to address issues where infection rates were high (such as partnering with neonatal intensive care units when higher rates of bloodstream infections were observed in lower birthweight categories of newborns).

Dr. Fillo stated that this data is being reviewed continuously, providing regular feedback to facilities. In situations where there are outliers, DPH reviews procedures in these facilities. For example, after recently seeing an increase in surgical site infections, DPH examined the practices in that facility, to observe the number of people coming in and out of the operating room environment while the procedure was underway, evaluate pre-procedure prep, etc. to determine if there is uniformity among providers, and whether best practices were being employed.

Dr. Bernstein requested to add the denominator/numerator (rate) of infections to the data.

Dr. Fillo agreed they can add in the rate of infections in the data. She explained that for many types of infection, while the goal is always zero infections the numbers are very low (e.g. 15 NICU bloodstream infections statewide), but that these numbers can be added to future presentations.

Ms. Brandeburg stated that there is supplemental data to these reports available on the website via an interactive map.

With no further questions from the Council members, Commissioner Cooke moved on the to the next docket item.

**2. PRESENTATIONS**

**b. 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. She introduced Tom Brigham, Housing Stability Coordinator for the Department’s Office of Health Equity to provide information to the Council with a focus on housing.

Dr. Evans asked if there is data available online that looks at factors contributing to housing instability for sub- populations, such as, people with mental health conditions, individuals with substance use disorder, and people who have been involved in the criminal justice system or who have recently exited incarcerated settings.

Mr. Brigham agreed that these are important populations to include in the team’s further work on housing stability. He invited Ta-wei Lin (Senior Epidemiologist) to add thoughts. Mr. Lin added that this is a very rich data set, and while they try to highlight findings in these presentations, there is more, deeper work to be done. He noted that the team will continue to highlight additional groups as opportunities arise. He added that this presentation was focused on groups who were historically under-represented in similar housing surveys, and for whom data was very scarce (e.g. those of transgender experience). He noted that the groups raised by Dr. Evans are very important as they continue to analyze and report the data.

Commissioner Cooke stated the individuals with substance use disorders are an important population to include in this report and invited Diedre Calvert (Director, Bureau of Substance Addiction Services) to expand on this topic.

Ms. Calvert stated that through DPH’s low threshold housing RFR, the Department has added 12 contracts to secure over 284 units annually, with 100 units set aside for individuals currently at Mass-Cass. She added that over three procurement rounds, there are locations across the Commonwealth, such as Boston, Lawrence, Quincy, Brockton, Holyoke, Springfield, Worcester, and the South Shore. She noted that sobriety is not a requirement for this housing, which is very important. She also added that DPH is working on immediate transitional housing opportunities, which would include case management.

Dr. Cruz-Davis thanked the team and Ms. Calvert for their dedication to these populations.

Dr. Bernstein asked whether this dataset included any information on wealth, or family/intergenerational wealth as a factor in determining housing outcomes for individuals.

Mr. Lin stated that wealth and income is notoriously difficult to capture in a survey form. He noted that when examining the “job loss” category, there was a significant difference between those who lose their job during COVID-19, compared to those who are unemployed but “voluntarily so.” He noted that the team hopes to refine data collection for future iterations of the CCIS, and are recognizing the limitations of collecting income as the sole indicator of wealth.

Dr. Sanouri Ursprung (Director, Office of Statistics and Evaluation), stated that DPH is working with external partners to integrate other datasets to dig deeper into these topics.

With no further questions, Commissioner Cooke reminded Council members the next meeting would be held on Wednesday, November 10, 2021.

Commissioner Cooke asked if there was a motion to adjourn.

Dr. Carey made the motion, which was seconded by Dr. Kneeland. All members present approved. The meeting adjourned at 10:28am.