



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

March 17, 2021 MMS/DPH Call Summary and Q & A

On March 17, the Massachusetts Medical Society (MMS) hosted its now bi-monthly COVID-19 conference call for physicians with the Massachusetts Department of Public Health (DPH). Larry Madoff, MD, Medical Director, Bureau of Infectious Disease and Laboratory Sciences, Catherine Brown, DVM, MSc, MPH, State Epidemiologist and State Public Health Veterinarian, Kevin Cranston, MDiv, Assistant Commissioner and Director, Bureau of Infectious Disease and Laboratory Sciences, and Kerin Milesky, Director, Office of Preparedness and Emergency Management participated. DPH officials provided an update on COVID-19 vaccine supply and eligibility in the Commonwealth as well as important information about the COVID-19 variants currently circulating.

Vaccine Update:

Mr. Cranston:

- The Commonwealth announced today the timeline for all remaining residents to be eligible for a vaccine.
 - On March 22, 2021, individuals age 60+ and essential workers, now termed “certain workers” will be eligible.
 - On April 5, 2021, individuals who are age 55+ and people with 1 “certain medical condition”.
 - On April 19, 2021, all other individuals who are age 16+ will become eligible.
 - The full eligibility timeline is available at mass.gov/COVIDVaccinePhases.
 - Definitions of “certain workers” as well as what qualifies as “certain medical conditions” are also available on the state’s website. The “certain medical conditions” included are in line with recommendation from both the National Academies of Medicine and the Centers for Disease Control (CDC) and incorporated by Massachusetts’ internal Vaccine Advisory Group.
- K-12 educators, K-12 school staff, and childcare workers are now eligible by federal decree.
- A substantial number of those 75+ and 65+ have already been vaccinated.
- Massachusetts continues to receive a limited supply of COVID-19 vaccines from the federal government each week. Due to high demand and very limited supply, it may take several weeks to schedule an appointment or to be notified that an appointment is available at mass vaccination locations.
- The Baker-Polito Administration has received assurances from the federal government that an increased vaccine supply will be available to states soon. Moving into April, DPH expects to see an increased supply of the Janssen (J&J).
- Safety and efficacy data for two additional vaccinations are pending. DPH is keeping abreast of all vaccine developments.

- The Baker-Polito Administration also announced today a new \$24.7 million investment its Vaccine Equity Initiative. DPH is working closely to help get vaccine to 20 of the hardest hit communities in Massachusetts.

Variant Update:

Dr. Brown:

- The CDC has changed way it talks about and classifies variants. There is now a variant classification scheme that defines three classes of SARS-CoV-2 variants:
 - [Variant of Interest](#) include those with a genetic marker and some epidemiological data, but data is limited. They could be more transmissible and/or less affected by vaccine.
 - [Variant of Concern](#) in addition to the attributes of the variants of interest, these show evidence of impact on diagnostics, treatments, and vaccines, increased transmissibility, and/or increased disease severity.
 - [Variant of High Consequence](#) in addition to the possible attributes of a variant of concern, these variants demonstrate clear evidence that prevention measures or medical countermeasures have significantly reduced effectiveness or result in more severe illness.
- The United Kingdom (U.K.) (B.1.1.7); the South Africa (B.1.351), and the Brazil (P.1) variants circulating in the United States are classified as variants of concern as are two variants circulating in southern CA (B.1.427, and B.1.429).
- The New York (NY) (B.1.526 and B.1.525) variants are listed as variants of interest.
- The B.1.1.7 (U.K.) variant is circulating widely in the U.S. and in Massachusetts. It has considerable increased transmissibility. There are 8 identified cases of the B.1.351 (South African) variant in Massachusetts.
- Massachusetts is ramping up its ability to increase genetic sequencing. Sequencing takes two to three weeks, so much of the data is out of date. The State Laboratory and the Broad Institute are faster, but it still takes 10 days.
- In February, COVID cases came to plateau, but as we head into Phase 3 of vaccination, the variants and COVID fatigue remain a concern. Public health messaging and measures need to continue in order to hold-off another surge as the variants have ability to spread more quickly.

DPH responses to questions asked during the call:

Question: *AstraZeneca failed against the South African variant. Is there vaccine contingency planning for the variants? Also, regarding quantity of vaccine with just 1/6 vaccinated and variants circulating, are there plans to expand allocation sites?*

Dr. Brown: One of things that is important both nationally and globally is that there be a more robust system for the collection of viral mutations. We are seeing positive progress and hopefully we will soon be able to identify and predict more. Variants also need to be paired with future vaccine development. At least one pharmaceutical company is working to be more effective against the South African variant.

Mr. Cranston: Vaccination constraint has been a matter of supply and an adequate system to deploy the vaccine. The variants add a real urgency to that. While we don't know yet what channels will look like when supply increases, PCPs, additional mass vax sites, additional pharmacies, and hospitals moving beyond patient panels are possibilities.

Questions: *How well are vaccines protecting against B.1.1.7? Also, what is being done to support areas and communities where deaths remain high?*

Dr. Brown: We anticipate that there will be vaccine breakthroughs. As B.1.1.7 variant is common in Massachusetts and because surveillance is skewed to identify variants it's hard to have an understanding of the true numbers.

Dr. Madoff: Mortality is the most lagging data and it's not surprising following large surge seen. We expect that mortality will continue to fall. The leading indicators are flat right now. We need to continue to contain and prevent spread. Now is not the time to let up on prevention. Access to monoclonal antibody therapy is something we continue to recommend for those at high risk. The combination of the Lilly and Regeneron products reduce risk of hospitalization, viral load, and mortality when used early in vulnerable individuals. DPH is focusing on vaccination in the 20 most impacted communities that were, and continue to be, hard-hit. We know vaccines are effective on symptomatic illness and likely on asymptomatic illness. Monoclonal antibodies, vaccines, continued preventive measures, and focus on vulnerable populations are all part of our efforts.

Question: *Is monoclonal antibody therapy is available widely?*

Dr. Madoff: It is increasingly more available. In addition to the hospitals, it is being made available federally now to pharmacies and there is a limited supply in the state stockpile.

Ms. Milesky: For those looking for a hospital using monoclonal antibody therapies (mAb) to refer their patient to, 211 has a list with this information for Massachusetts.*

***The U.S. Department of Health and Human Services (HHS) has a web-based COVID-19 outpatient [treatment locator](#) available to assist healthcare providers and patients in finding potential locations for treatment with monoclonal antibody therapeutics (mAb). These medicines are authorized for emergency use in treating patients with mild or moderate COVID-19 who are at high risk of developing severe symptoms and requiring hospitalization.**

The following Massachusetts hospital/systems are included among the locations offering mAb:

Baystate Health- Region 1: Contact Phone Number: 413-795-0566, Email: <mailto:CMAC@baystatehealth.org>

Berkshire Health System (Berkshire Medical Center and Fairview Hospital) - Region 1:
[Berkshire Medical Center Monoclonal Antibody Request](#)

Boston Children's Hospital - Region 4C: General Contact Phone Number: 617-355-2170

Boston Medical Center- Region 4C: General Contact Phone Number: 617-638-6428

Dana-Farber Cancer Institute: General Contact Phone Number: 617-632-6843

Harrington Hospital- Region 2: General Contact Phone Number: 508-765-9771

Mass General Brigham- Region 4C: Currently Only Accepting Referrals from within the MGB system

Milford Regional Medical Center-Region 2: General Contact Phone Number: 508-473-2428

Signature Healthcare Brockton Hospital- Region 5: General Contact Phone Number: 508-941-7770

Southcoast Health- Region 5: General Contact Phone Number: 508-973-2035

Steward Good Samaritan Medical Center, Inc.- Region 5: General Contact Phone Number: 508-427-2602

Tufts Medical Center- Region 4C: General Contact Phone Number: 617-636-3164