

Worcester Board of Health Meeting
Meeting Minutes
Meeting Held at 25 Meade St. Room 109
Monday, April 1, 2024
6:30 pm
Minutes by Aidan Giasson

Welcome and Introductions

Board Members Present: Interim Chair Frances Anthes, Vice Chair Chareese Allen, Gary Rosen, Leopoldo Negrón Cruz

Staff Present: Dr. Matilde Castiel, Commissioner of HHS; Dr. Mike Hirsh, Medical Director; Soloe Dennis, Director of DPH and CMRPHA; Ian Wong, Deputy Director of DPH; Amelia Houghton, Chief of Public Health Nursing

Guests Present: Henry Schwan, Worcester Telegram & Gazette

Review and Approve March 4 & March 18 Meeting Minutes

Gary Rosen made a motion to approve the minutes from March 4, 2024. Charesse Allen seconded the motion. All members voted in favor of approving the minutes as written.

Gary Rosen made a motion to approve the minutes from March 18, 2024. Chareese Allen seconded the motion. Leo Negrón Cruz abstained because he was not present at the March 18, 2024, meeting. All other members voted in favor of approving the minutes as written.

Covid Update

Dr. Hirsh provided an update on COVID infections. The Massachusetts Department of Public Health has adopted COVID guidelines set by the CDC, which states that one only needs to isolate for as long as it takes to become asymptomatic and have no fever/ or not taking fever reducing medications. After that period of time, one will need to wear a mask in public for 5 days. Dr. Hirsh said these guidelines should be applied to any respiratory illness such as flu, RSV, and Pneumonia.

Dr. Hirsh stated that it's still important to test because high risk patients can receive Paxlovid to mitigate symptoms. Paxlovid should be starting within 5 days of getting COVID.

The places where mask requirements were still being required in clinical settings are starting to do away with their mask requirements. At risk patients and people who work around them will still be encouraged to wear masks.

Dr. Hirsh recommends that people get another monovalent booster this spring if they have risk factors such as age over 65, respiratory and cardiac issues, obesity, and diabetes.

Overview of Communicable Diseases: First Quarter of 2024

Amelia Houghton, the Chief of Public Health Nursing at WDPH joined via Teams to discuss the communicable disease report for the first quarter of 2024. Ms. Houghton will be comparing the numbers

from last year to this year. Norovirus is food and gastrointestinal related diseases. Campylobacteriosis (Campy) is a diarrheal illness often mainly found in daycares and nursing facilities. Numbers are normal for both Norovirus and Campy.

They do not investigate cases of Hepatitis A because they are often chronic, but they are made aware of the cases. Hepatitis is important to monitor, particularly for women in childbearing years. If these women haven't started the Hep vaccine series, the Public Health Nurses will help them start on the 2-dose series.

COVID numbers have gone down since last year but that can be attributed to the prevalence of home testing since the only data presented is from the Commonwealth of Massachusetts laboratory data which does not include the home testing results. Flu numbers have gone up which could be due to increase testing for all respiratory illnesses at healthcare facilities. The number of people accessing the COVID vaccine has gone down because of misinformation.

Ms. Houghton emphasized that Worcester has not seen any cases of Measles.

Disease	2023	2024
Calicivirus/Norovirus	8	6
Campylobacteriosis	7	5
Hepatitis B	15	8
Hepatitis C	16	17
Novel Coronavirus	1670	878
Influenza	302	1560

Ms. Houghton will return to the BOH meeting in May to present on Tuberculosis and Lyme Disease/Tickborne illnesses.

Dr. Hirsh stated that because of isolation during the height of the pandemic we were having lower than average flu rates, but this season is a normal season. Dr. Hirsh noted that Ms. Houghton reported on Measles because they have received alerts of sporadic outbreaks in communities with low Measles vaccination rates.

Vaccine hesitancy concerning the COVID vaccine has caused some families to elect to not obtain routine vaccination for their children. Dr. Hirsh stated that these vaccinations expect for COVID are required in Massachusetts schools but are not required in all communities across the country. He stated that our newly arrived immigrant children must be caught up before they can enter the school system. Ms. Houghton said she will report back after she attends the immunization conference on 4/2.

Long Covid: A New Challenge for Public Health

Dr. Hirsh presented on Long COVID and the challenges it is going to cause for public health. Long COVID is defined as the development of symptoms attributed to COVID-19 (typically including extreme fatigue, breathlessness, and muscle weakness) more than three months after initial infection. A comprehensive list of symptoms can be found on the slides at end of minutes (slide 6).

Common symptoms other than those listed above include taste disorder, cough, headache, difficulty concentrating, diarrhea, joint pain, heart palpitations, and chills.



Dr. Hirsh discussed how the Boston University Medical Center established a Long COVID treatment program that involves a clinic with a multi-disciplinary approach (neurologist, cardiologist, gastroenterologist, etc.) and an outreach program.

Theories on why people get Long Covid.

- The virus is not cured and is laying dormant in the body like shingles.
- The damage the virus does to an organ during the original infection causes inflammation that the body continues to fight causing lasting symptoms.
- Autoimmunity. Dr. Hirsh finds to be the most worrying theory, as the COVID could leave an imprint of a foreign body and the body would begin attacking healthy tissue.
- The COVID virus is not dormant but is persistently active in the body. This can't be detected with testing.

Dr. Hirsh says that as of right now they do not know who is more likely to get Long COVID, but that 17.6% of patients that have had COVID have long term symptoms, with 6.8% saying their symptoms are persistent. Based on the 100 million people that have had COVID in the US, around 7 million people are likely dealing with some form of Long COVID.

CDC Long COVID Priorities (Slide 9)

- Characterize and assess Long COVID
- Identify risk factors
- Identify groups disproportionately impacted
- Assess the burden (health and financial costs)
- Identify successful interventions
- Distribute clinical guidance and other education materials.

Dr. Hirsh attended a seminar for the Massachusetts Community Engagement Alliance (MA- CEAL) at BU which helps educate providers about what we know and don't about Long COVID. They also help make patients aware if they have a case of it and offer resources. Dr. Hirsh says that there is talk of starting a collaborative clinic with them here in Worcester since they are based on Boston. (Slide 10)

WDPH Long COVID Plans (Slide 11)

- Collaborate with MA-CEAL at BU
- Try to bring a Long Covid clinic to Worcester with help from Boston University Medical Campus
- Monitor prevalence by surveying and working with UMass/St. Vincents/FHC/EMK/The Free Clinics
- Stay up-to-date on medication clinical trials.

Q & A

- Dr. Hirsh stated that research is suggesting that those with more doses of the vaccine are less likely to get Long Covid
- Previously active and healthy people are ending up with Long COVID
- Only 10% of eligible people received the last COVID booster
- There were a lot of undiagnosed cases of COVID which makes it difficult to predict the risk and research the impact of Long COVID.



Next Meeting Dates and Topics

May 13 at 6:30

Communicable Disease Update: Tuberculosis

Ticks, Mosquitoes, and other insect-borne diseases

Future Topics

Community Health Improvement Plan (CHIP)

Mr. Rosen brought up the difficulty in getting a primary care provider and if there is anything we can do about it or if it's simply just the shortage of doctors. Dr. Hirsh says that while many medical societies and medical school associations predicted a decrease in the workforce over the last decades, the pandemic jump started the great resignation. Many healthcare providers pursued early retirements, with increased burnout rates, and shifting to other industries. Health administrators are working on shortening medical school to three years and expanding class sizes. Foreign medical graduates are also very important as they are more likely to serve rural areas of the country. At UMass they are choosing medical students that want to stay in New England and give back to the community.

Adjournment

Gary Rosen moved to adjourn the meeting at 7:25 PM. Charesse Allen seconded the motion. All members voted in favor.

Communicable Diseases overview through MAVEN reporting

January to March 2024

Classification: confirmed

Jurisdiction Worcester

The report contains confidential information. The data are current as of 03/26/2024 and are subject to change.

Event Dates from 01/01/2023 to 03/31/2023

Diseases	Number of Cases
Calicivirus/Norovirus	8
Campylobacteriosis	7
Hepatitis B	15
Hepatitis C	16
Novel Coronavirus	1670
Influenza	302

Event Dates from 01/01/2024 to 03/31/2024

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Novel Coronavirus	878
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Confirmation definition-

A **confirmed** case is one in which the clinical case description is met, and the laboratory confirmation requirement is met. A case may also be considered confirmed if it is linked to a laboratory-confirmed case. Certain diseases may not include laboratory findings as testing is not available.

After removing the revoked cases-

COVID cases have decreased

Influenza cases have gone up

Hepatitis B and C remained stable (acute cases)

Norovirus- the “stomach bug” and Campylobacteriosis-most common bacterial cause of diarrheal illness in the United States

Tuberculosis and Lyme Disease/Tickborne illness update in May

LONG COVID – A NEW CHALLENGE FOR PUBLIC HEALTH

MICHAEL P. HIRSH, MD
MEDICAL DIRECTOR

WORCESTER DIVISION OF PUBLIC HEALTH



LONG COVID

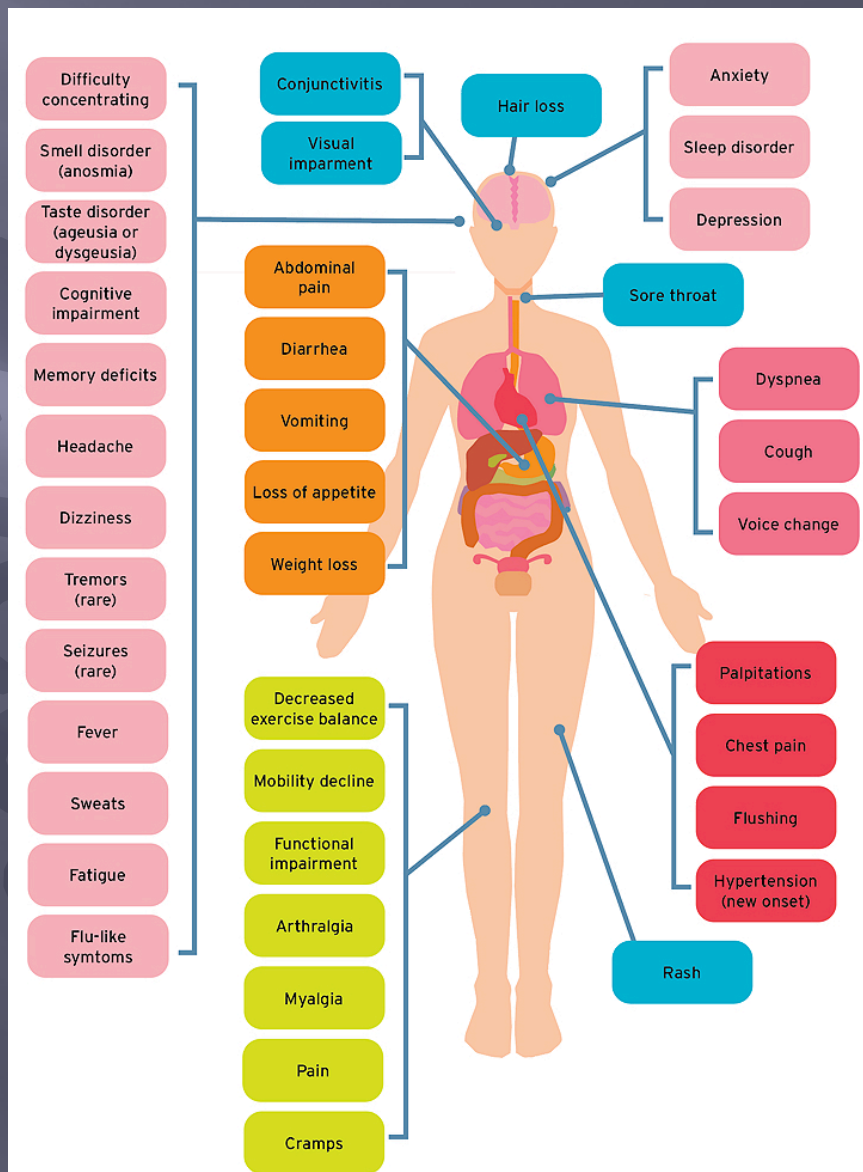
- ▣ DEFINITION-

- ▣ a syndrome characterized by the persistence or development of symptoms attributed to Covid-19 (typically including extreme fatigue, breathlessness, and muscle weakness) more than twelve weeks after initial infection.

LONG COVID

SYMPTOMS-

- **Fatigue.**
- **Cough.**
- **Taste disorder.**
- **Headache.**
- **Difficulty concentrating.**
- **Diarrhea.**
- **Joint pain.**
- **Heart palpitations.**
- **Chills.**



WHY LONG COVID?

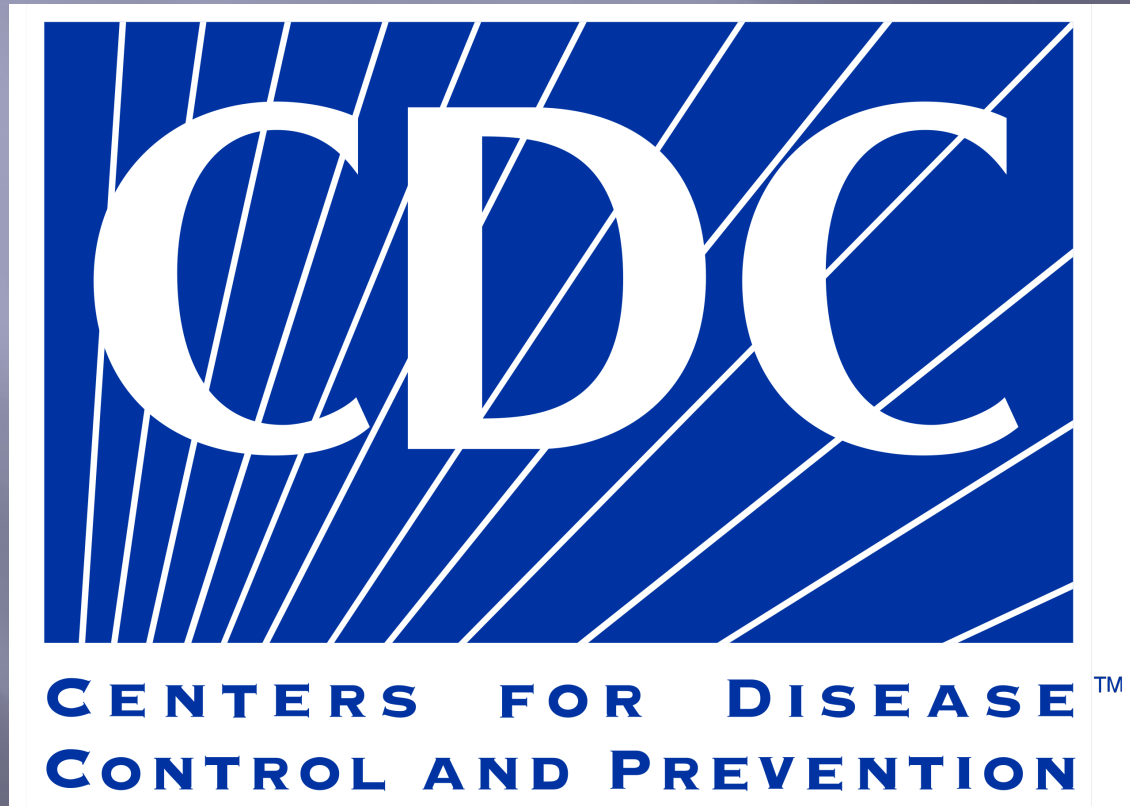
- • Dormant viruses.
- • Persistent inflammation.
- • Autoimmunity. L
- • Persistent viral infection.

LONG COVID

- ▣ **PREVALENCE**

- ▣ **AS OF 3/15/24, THE CDC SAYS THAT AS MANY AS 17.6% OF COVID PATIENTS HAVE HAD LONG TERM SYMPTOMS AT SOME POINT IN THEIR RECOVERY, WITH 6.8 SAYING THESE WERE PERSISTENT**
- ▣ **With over 100 million Covid cases in the US alone, this means we may be dealing with close to 7mil LONG COVID sufferers NATIONWIDE**

CDC PRORITIES RE: LONG COVID



- **Characterize and assess Long COVID** to estimate both the risk of experiencing Long COVID and the numbers of people experiencing these conditions by demographic group.
- **Identify risk factors** to better understand how to prevent Long COVID.
- **Identify groups disproportionately affected** by Long COVID.
- **Assess the burden (health and financial costs)** of Long COVID.
- **Identify successful interventions** to prevent and lessen the effect of Long COVID. This research includes:
 - Assessing if COVID-19 vaccinations and treatment reduce the occurrence of Long COVID, and
 - Promoting equity in healthcare access and utilization for people with Long COVID.
- **Disseminate clinical guidance and other education materials** for healthcare providers, patients, and the public to improve understanding of Long COVID.

Massachusetts Community Engagement Alliance (Massachusetts CEAL) AT BUMC

▣ MA-CEAL's Objectives

- Conduct urgent community-engaged outreach and research around COVID-19
- Improve awareness and education to address widespread misinformation and distrust regarding COVID-19
- Improve education around COVID therapeutics and the prevalence of Long COVID
- Promote an evidence-based response to the disease
- Promote and facilitate the inclusion of diverse racial and ethnic populations in clinical trials to ensure therapies are safe and effective for populations disproportionately affected by the pandemic

WHAT ARE THE WDPH PLANS RE; LONG COVID?

- • **COLLABORATE WITH MA-CEAL**
- • **TRY TO BRING A LONG COVID CLINIC TO WORCESTER (WORKING WITH BUMC)**
- **MONITOR PREVALENCE BY SURVEY AND WORKING WITH UMASS/ST. VINCENTS/FHC/EMK/THE FREE CLINICS**
- **STAY ABREAST OF CLINICAL TRIALS FOR THIS COHORT**

LONG COVID

- ▣ THANK YOU FOR YOUR ATTENTION
- ▣ ANY QUESTIONS?