



Cambridge
Public Health

**Cambridge COVID-19 Expert Advisory Panel
2 pm, Wednesday, May 12, 2021**

Meeting convened at 2:02 pm

ATTENDEES:

Panel Members

Bill Hanage
Jill Crittenden
Chris Kreis
Louann Bruno-Murtha
Gilberto Russo (appointment pending)

CPHD/City staff:

Claude Jacob
Sam Lipson
Anna Kaplan
Nancy Rihan-Porter
Sammi Chung
Lee Gianetti
Dan Riviello

1) Clinical, case, vaccination, and wastewater data update

Clinical and vaccination updates:

Things look promising in the hospital, as the number of COVID patients at CHA hospitals has dropped to single digits and the overall vaccine uptake rate among staff is over 80% (at least one dose) and 75% are completely vaccinated. At least 50% of the eligible patient population has had at least one dose. CHA community vaccination outreach continues and more is being planned. There are three CHA vaccination centers now operating (Somerville Ave in Somerville, Tufts in Medford and Encore in Everett. All three locations allow walk-ups with no appointment and weekend hours are planned. Unfortunately, the number of vaccines administered at these vaccination centers has decreased recently. Due to the declining interest, CHA is considering switching to a pop-up vaccination sites in areas with poor vaccine uptake in order to serve vulnerable communities and neighborhoods. CHA is also gearing up for an adolescent vaccination clinic (12–15-year-olds). Once approved by ACIP, CDC and MDPH these will begin, possibly as soon as this week. MDPH recommends that an adult accompany younger adolescents (note: The state has since changed their position and no longer require an adult being present). Every vaccination site will need to define its own policy. 69% of the residents have received at least one dose, and 38% are fully vaccinated. CPHD will continue to monitor the case number as well as the vaccination rate to plan for the next step. As Cambridge's vaccination rate is approaching to 70% which is the lower end of the target in order to reach herd immunity (needed coverage estimates range from 70-90%). Cambridge residents should remember that reaching herd immunity will only prevent the large outbreaks and small outbreaks may still occur.

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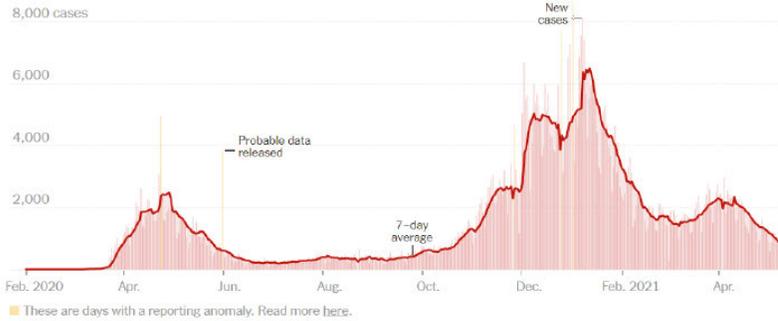


Case update: (MA and Cambridge as of 5/11/21)

MA New Daily COVID Cases 5/11/2021

Updated May 11, 2021

New reported cases



Tests



Hospitalized



Deaths



AVG. ON MAY 10 14-DAY CHANGE TOTAL REPORTED

Vaccinations

[See more details >](#)

Fully vaccinated

43%

At least one dose

61%

[About this data](#)

Restrictions >

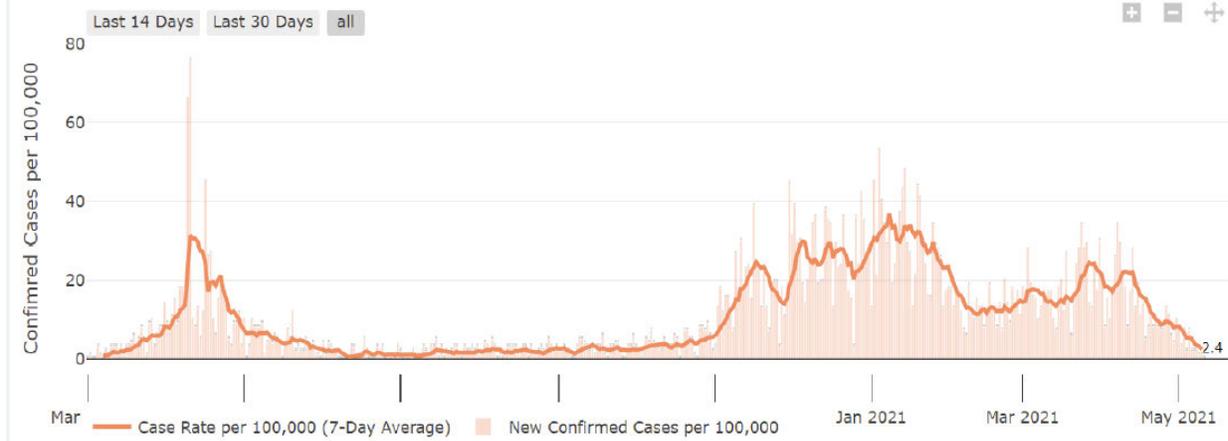
Reopening Aug. 1 If coronavirus metrics remain stable and vaccination progress continues.

Masks mandatory indoors

Cambridge New Daily Cases as of 5/11/2021

New Confirmed Cases

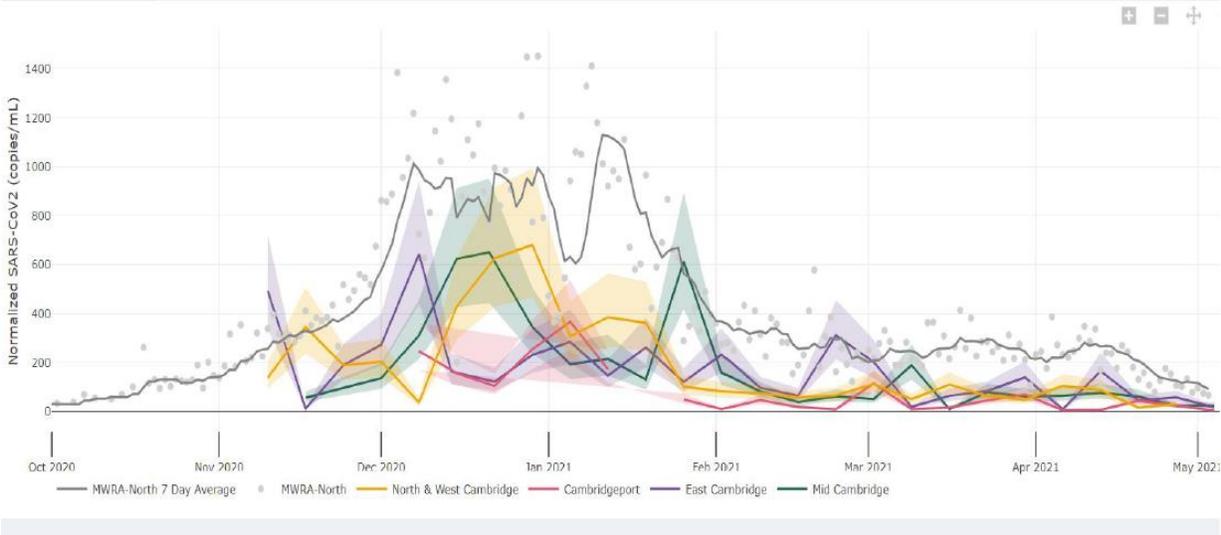
Case Rate <> Case Count*



Cambridge community cases are now on a sustained downturn over several weeks. The 7-day average of cases/100K is around 3, which is a transmission rate last seen on October 4, 2020. Furthermore, the cases seen in the hotspot areas has also declined. The number of cases in the 20-29 age group is significantly decreasing, which can contribute to vaccination among this age group. Yesterday, May 11, MA had no recorded deaths for the first time since March of 2020.

Wastewater data update:

Cambridge Wastewater COVID Counts 5/5/21



Recent wastewater data indicate that the Cambridge has now returned to a fairly steady baseline and continues to remain notably lower than the North of Boston region. Overall MA rates haven't yet reached the baseline seen in summer 2020. Data remain stable and this panel and the CPHD staff will continue to monitor for early signals to that suggest new trends.

2) Update on MA vaccine strategy, Cambridge clinics

Cambridge Vaccine Sites: Since January the Cambridge vaccination team (CPHD, CFD, ProEMS) has operated clinics at the Cambridgeside Galleria and at several pop-up sites. CPHD walk-up clinics are averaging about 130 people over the 5-day period, which is a steep decline from earlier clinics. When asked why they came to one of the Cambridge sites we learned that residents are excited about having to get only one-shot (J & J vaccine), no computers involved (walk-up), and flexible ID requirements (none required). These are specific reasons cited for coming to local City-sponsored clinics. CPHD is transferring vaccine doses over to ProEMS in order to support vaccination efforts at skilled nursing facilities and other extended care sites. ProEMS have been going into these facilities since April 2020, still offer on-site testing periodically, and will provide and promote vaccines during these testing efforts. CPHD is also continuing to focus on unsheltered homeless population across the city. City staff will continue to work with FirstStep to vaccinate those populations. Discussions about a CRLS vaccine clinic are underway as well.

CHA Vaccine Sites: Regional sites anchored to CHA have been activated for several weeks, including sites in Somerville, Medford, and Everett to serve CHA patients and all community members. All three sites are currently taking walk-ins (no appointments needed). Though not required, residents can still make appointments through Color. If an adolescent (12-18 y.o.) is registered the platform will generate a consent form to be completed. CHA sites will offer weekend hours over next two weeks to accommodate

essential workers who are unable to come during weekdays. CHA will also not require ID in the registration process, while still indicating that having ID will quicken the process.

CHA planners are also discussing strategies to reach patients in the community. The community outreach group is ready to deploy mobile units and some pop-up tents through the summer. There's some discussion about pop-up clinics at transit hubs, like MBTA stations, but this remains TBD. Internal data shows that Haitian-speaking residents are among the most hesitant as a group and their hesitancy significantly different from other communities. On May 18th, which is the national holiday in Haiti (Haitian Flag Day) there will be a Haitian forum of vaccination. On May 27th, there will be another forum for Spanish-speaking communities. There's a lot of discussion around promoting adolescent vaccination clinics.

Cambridge has been a leader among larger MA cities in vaccinating BIPOC individuals and communities of color overall.

3) Variant updates: B.1.617.2 (India sub-variant)

B.1.617.2 is the latest variant of interest associated with the situation in India. There are multiple related lineages (variant lines) closely associated, including B.1.617.2, B.1.617.1, and B.1.617.3. An increasing proportion of cases in the United Kingdom are tied to B.1.617.2. WHO has included B.1.617 (with sub-variants) as a "variant of concern", which suggests that it poses global risks over time. Thus far there has not been sufficient evidence that B.1.617.2 is more transmissible than other variants, but this question is under review. It is likely that it will be found to be at least as transmissible as B.1.1.7. A recent study indicated that the proportion of B.1.1.7 cases in the UK is declining and the concern is that B.1.617.2 is responsible for a growing fraction of new cases, although given the low incidence in that country, and a bias towards sampling cases among travelers the significance of this is unclear. As a result the capacity for B.1.617 to escape immunity and to transmit more readily remains uncertain. The next few weeks will be crucial to understand the global risk posed by B.1.617.

4) Summer priorities: vaccinating 12-18 y.o. cohort, planning booster clinics? Question: Should City support specific long-term policies to reduce transmission risk? [Please see two articles attached]

The panel agreed that the most important thing now is to build and reinforce confidence in the safe resumption of regular activities, while continuing to recognize that the pandemic is not completely over and risks persist for some groups. CPHD and City staff are aware of the need to update COVID safety and vaccine messaging over the summer and into the fall. The fatigue is real, but also the need to maintain focus and vigilance to get us through the end of the year is also very real. It is plausible, even with variants factored in, that we will reach a population-level threat seasonally is comparable to influenza, but adjusting communication to a seasonal a regional risk (vs pandemic risk) be a huge challenge this fall and over the next few years.

5) Biobot rep at May 26th EAP: Planning Questions and Topics

Cambridge-specific wastewater data has been available since mid-November 2020 and regional case rates have been very high during this period. This has allowed us to see how Cambridge viral loads compare to the region and to see how neighborhood-level spikes can occur for a few days (or a single weekly sample) before disappearing to baseline or citywide averages. This has allowed CPHD, along with geocoded case data, to prioritize outreach efforts (testing and vaccination) and to set up testing and vaccine sites where they are most needed. Once the city and the region has reached a steady, low baseline we may have the opportunity to use this signal as an early warning of a seasonal or local surge. From a low and steady baseline any kind of increase is worth investigating. If Biobot I able to establish a practical method to detect marginal but emerging variants the City might be able to screen for specific variants of concern. Hopefully the overall transmission rates will be so low that the risk of outbreaks caused by emerging variants will become vanishingly small.

The panel believed that a reduced capacity for testing over the summer would be reasonable. Along with state surveillance data, the local wastewater surveillance system can help the City to determine when to put expand community testing resources once again. Once a large number of students and parents are vaccinated testing in schools can be used to identify transmission events and can inform closures or remote learning plans.

Adjourned 3:01 pm

Notes respectfully submitted by Sam Lipson on