

Minutes
Cambridge COVID-19 Expert Advisory Panel
2 pm, Tuesday May 19th, 2020

Jill, Kirby, Ramesh, Nancy, Sam, Sam, Bill, Claude, Kezi, Chris, Lou Ann

- Memorial Drive pilot moving forward for May 24th and 31st.
 - City manager informed city council meeting last night, looking at pilot project of closing Mem Drive, with support of police dept, and having educational signage and city presence. The space is under DCR/state police authority. (Claude)
 - Would for-profit vendors (selling masks, testing) be able to join? (Jill) Not set up for vendors but will have info booths (Sam) Bill can ask if Broad would have interest in testing there at some point in the summer.
 - How to manage crowd if it becomes massively over-crowded?
 - Is it possible to establish a rough capacity limit for sections of the road and ask city personnel to collect rough headcounts throughout the day that could be used for future decision making (Kirby). Don't have metric for this, although doing this with golf course (Claude)
 - Ambassadors will be estimating and counting proportion of people wearing masks (Sam)
 - Big messages to reinforce masks are not a substitute for physical distancing, keep mask on while speaking
 - Local golf course open as soon as this coming Thursday, not yet publicized
- Protocol for information to be given to people who test virus-positive
 - Different infrastructure for homeless individuals. State has set up 7 designated regional isolation and recovery centers. Homeless patients from Cambridge have been transferred to these sites--hotels in Lexington or Everett. Intake process includes demographic information, testing confirmation, transportation to hotel, etc. (Claude)
 - For free testing in Cambridge, most people are asymptomatic, everyone receives paper with information including that they should isolate for 14 days and that they will be contacted by local health department with results. Assumption is that local board of health provides additional counseling on interpretation of results (false negatives, if positive stay home, etc). Strong recommendation that all household contacts get tested but not sure what compliance is (Lou Ann)
 - Cambridge not yet focusing testing on households. Efforts have been focused on mobile testing at nursing home, area homeless shelters, and now two-week pilot at community center in Port neighborhood. Public health nurses are first line of counseling for households. (Claude)
 - CHA has 3 testing tents. Malden, Cambridge, and Somerville (Somerville has 3 testing tents). Positivity rate for symptomatic patients at Somerville tent is ~24% which is lower than prior. Asymptomatic positivity rate running at 8%. In Malden, which is serving Everett rate is higher.

- Positivity rates have declined at nursing home as well. Initially 1/3 asymptomatic persons were positive. Now 1/5 with third round of testing. (Claude)
 - Ideal to standardize the counseling/information given to individuals receiving results from public health nurse (Jill)
 - Partnering with contact tracing efforts that are not a part of normal team – the state contact tracing collaborative with PIH and also the American public health volunteering corps (Sam)
 - Extremely important to test household contacts (Bill)
 - **Ramesh from Safe Paths (www.covidsafepaths.org)**
 - Cambridge non-profit spun out of MIT that has grown over past two months
 - App Functionalities – user could view where they have gone and had contact (for contact tracing efforts) and also get general alerts from the city and also location specific alerts
 - Could be something deployed now that is increasingly used for future waves.
 - Where should pilots be? There is a lot of funding for these pilots
 - Additional functionalities - How do you monitor? Triage? Check symptoms? Verify quarantine?
 - Could also have an app for businesses – how to stagger meeting rooms, etc
 - Asian countries (incl Taiwan) have used similar systems but they were not privacy preserving and did not take inclusivity/ethics into consideration
 - Privacy preservation – through the app you can send alerts to people who were exposed to you after you test positive. And then you are prompted to call public health dept if you are exposed and it can tell you where to get tested.
 - How do you make sure the contacts are genuine contacts (not just a neighbor in the same building for example) (Bill)
 - Also issue of false positives/negatives
 - Manual contact tracing – only 60% of people actually pick up the phone when they see a random number calling from PIH. Even if they pick up phone, only 20% follow through. So manual contact tracing is losing more than 80% of people.
 - Privacy is the most important factor
 - Using for people who have been in contact and have been tested and may be in situation where they should be in quarantine. Trying to make contact tracing more effective and comprehensive. We discussed incentives to using app when they are meant to be in quarantine. Have other pilots worked on ways to incentivize contact tracing when not mandatory? (Sam)
- Ramesh: Some pilots pay 1000 per week to each person quarantining. Others the incentive is to approve sick leave and allow you to go back to work. App can detect whether you are actually quarantining so that you get your payment. Piloting giving free smartphone with data plan. Cheaper

to give a phone and a data plan for one month for \$150 dollars in return for staying part of the system. Philanthropists willing to fund these trails.

- Currently no foothold in Massachusetts or Cambridge
- Would be great to have demo with public health nurses to get their take (Claude)
- Able to start with a blank canvas. Can put two engineers on it and launch a particular app designed for Cambridge city
- Don't have a consumer reports for these apps and this is a challenge
- May be effective for you to work with PIH (Sam)
- MIT is also piloting the app. MIT plans to test every student and visitor once a week. It is a high touch program. Universities use safe paths differently than cities.
- Validation that you have fulfilled quarantine could be provided in exchange for 'return to work' letter
- If 3-7 people test positive and are found to cross paths at one location, could look back and see if others were exposed there as well (Chris). This could be a way to gather data about overdistributed reproductive number (Bill).