



Cambridge  
Public Health  
Department

## Cambridge COVID-19 Expert Advisory Panel

Thursday, November 19, 2020

### Meeting convened at 1:00 pm

Attendees:

**Bill Hanage**

**Jill Crittenden**

**Louann Bruno-Murtha**

**Chris Kreis**

**Kirby Erlandson**

Claude Jacob

Sam Lipson

Nancy Rihan-Porter

Anna Kaplan

Sammi Chung

Lee Gianetti

### 1) Case data, clinical update

Bill: Got tested and it took 36 hours to receive test result. Critical to get results quickly for contact tracing.

Claude: 8 month anniversary since we declared state of emergency. Big difference from beginning when it used to take several days.

Louann: Turnaround time on test results reflect a lack of support for public health that has existed for several years. CHA doing public health testing and turning around results quickly. Delay is getting information from the town to the patients. For CHA, if you get a test and you're on Mychart, you often get results in 8-12 hours. There are not enough people to make phone calls to communicate results.

Chris: Could there be a tech solution? Should be simple to return result instantaneously with text message. Have expertise in text messaging – available if there's interest.

Louann: Relaying result can be more complicated than text message

Anna: For community testing sites, speed is as quick as Broad is able to return result. Email goes out instantaneously. Carewell also returns results immediately. However, people have a lot of questions, what do the results mean, even to be negative?



Anna: Yesterday, number of new cases was in the 20s. Some labs faster than others with reporting. Today 25 reported. Rising testing volumes. Number of tests performed yesterday roughly double.

Jill: People are getting tested for thanksgiving in order to have family gathering. Important to give information about safe thanksgiving and what negative test means. Possible to communicate/give fliers while people are waiting in line for test?

Claude: Currently testing the same number per day as we used to test in one week. What should the messaging be?

Bill: Testing negative now is not a guarantee of not testing positive in the future. You aren't infectious now, but you could be infectious tomorrow. In order to reduce risk further, continue to wear a mask.

Chris: Or recommending temperature check?

Bill: Issue with temperature is you can commonly be infected and contagious without fever. Another good message is to start quarantining a week before you leave for holiday and then get tested and continue to wear a mask.

Louann: Also encourage additional tests upon arrival at destination.

Claude: Students get tested in order to engage in behaviors  
COVID testing page for the city could have a simplified statement about making thanksgiving safer/testing not being perfect solution. Handing out anything at testing site may be logistically challenging right now.

Louann: people don't know difference between tests. Don't know if they got molecular or antigen and the sensitivity of each. One message is: know what test you get.

Bill: Whatever gets missed in screen for infections can be contained with masks. Swiss cheese model.

## **2} BioBiot Data Update**

Sam: Got a second round of data that just came in. Optimistically identified 3 collection points that would cover the entire city. Third sample point at unmanned treatment facility that won't let engineering team onto property. Trying to engineer a workaround with 4 rather than 3 samples. 2 Data points collected Tuesday and reported out on Wednesday now. Wild swing from first week to second week. Data looks seven times higher—questions about whether they've gone through corrective steps—can it be shared publicly?

Bill: Call with Mariana tomorrow on modeling. This uncertainty is the problem with using this data for informing school closure. Perhaps we are getting better at extracting virus from sewage? Signal may jump around locally with big transmission events. Regional data will probably be more smooth.

Anna: Need information on geographic areas from BioBot before city can share data publicly

Bill: Communication issue where people are saying if I can go to restaurant and dine with strangers surely I can have friends over for dinner. Putting this data in public domain may help people make better decisions.

Sam: City council tabled issue of indoor dining and fitness into next week.

Claude: Useful to know how we can continue to communicate to restaurants. Importance of overcommunicating to restaurant community the higher likelihood of transmission in indoor facilities.

### **3) Community Flu Clinics report-out**

Claude: Made commitment to improve access to flu vaccine. This predates state wide mandate. To date, closing in on 2700 vaccines, that's 3x as many as they would typically give. Many more stakeholders involved (CVS, primary care clinics, etc). Algorithm is to get to homeless shelter, first responders, public flu clinics. Saturday went to mall to do vaccinations with 700 flu shots given and 300 Covid tests. Thank you to school nurses, CHA nurses, Mt Auburn who were involved. Average 10 minutes per car for throughput time.

Bill: Implications for Covid vaccine dispensing? Depends which vaccine we have

Louann: Information from State level: plan will be to allocate Pfizer vaccine to big hospitals with -70 freezer space. Other organizations get Moderna vaccine. CHA likely to get Moderna. Would not go ahead and deliver vaccine without seeing 2 months of safety data. Thus, at minimum not planning on giving vaccine until February.

Bill: Agree with Louann on safety. Hearing statements about efficacy with small study numbers.

Claude: Trust factor in community is huge, as is conundrum of getting it out there. Lack of support for government public health enterprise. There is state level vaccine advisory committee—grave concerns raised about on the ground refrigeration, logistics, etc.

Kirby: Are there efforts to hire more nurses or other types of providers to administer vaccines when they are available?

Louann: Shortage in nurses right now- would have to employ pharmacy, pharmacy tech, paramedic, EMT, nursing student, etc.

Claude: Yesterday adopted emergency amendment to regulation on which providers can administer vaccines. Allows state commissioner to allow certain groups to possess and administer vaccine.

Kirby: Do we have data on population who has accessed flu vaccine (e.g., race)? Could use this data to identify segments of population that may be harder to reach with Covid vaccine.

Anna: Have data on who signed up for vaccine clinic on 14<sup>th</sup> – 700 people. Can look at neighborhood, etc. Have not analyzed yet.

Nancy: Re: vaccine logistics, got one dry ice transport cooler. One of the main reasons for doing drive through clinic Saturday was to serve as a drill preparing for Covid vaccine. How to do it with partners, etc.

Sam: Still considering partners in biotech – a lot of capacity for very cold storage

#### **4) C3/Cambridge Community Corps. Proposal for direct outreach for testing**

Claude: Back in July, created Cambridge Community Corps to work on communication and engage community in agreeable way. Done this in tot lots and playgrounds, Harvard square, Inman Sq. Also used same group in flu clinics. Expectation from city council to lean in more with more targeted outreach to North Cambridge, East Cambridge, Cambridgeport.

Bill: True that household transmission is most common mode of transmission. On average each household is infecting more than one other household. Indoor dining is not silver bullet, but something that we can influence that has been shown to be a risk factor for testing positive. Need to support restaurants. More difficult question is how to stop people from gathering in homes without masks.

Sam: Question of how when and where to deploy. Identify hotspots based on test results...What would be trigger to deploy into a certain neighborhood?

Bill: Would recommend canvassing program. Go door to door - here to talk to you about pandemic – it's going to get bad. Here are some things you can do. Use Thanksgiving as opportunity to give messaging on that: expect to see people dying around Christmas who were infected at thanksgiving.

Nancy: Looking at neighborhoods with higher rates, met a few times. Doing testing at one spot – send corps members into neighborhoods. Could also do pop up in one neighborhood. Thinking about people who are shut ins

Bill: important to do this now. Email from Mayor to meet with councilors

Kirby: One important message C3 can promote is how to do pods correctly. Sam prepared messaging on this in recent months. Realistically, many young people not going to completely self-isolate all winter; can no longer meet outdoors. Forming pod can reduce risk, but they need to know how to do it correctly.

Bill: Agree, need to communicate how few links it takes to turn a small network into a big network

Sam: Pod document handed over to marketing and communications folks. How-to document. Some national governments have promoted it. There has been some pushback about moral hazard.

**Meeting adjourned at 2:02 pm**