Cambridge
Public Health
Department

Cambridge COVID-19 Expert Advisory Panel

Thursday, November 5, 2020

Attendees:
Bill Hanage
Jill Crittenden
Louann Bruno-Murtha
Chris Kreis
Kirby Erlandson
Sam Lipson
Nancy Riham-Porter

Meeting convened at 1:00 pm

1) Data and Clinical Updates

Anna: 5.88% 5 day average positivity rate, anticipate moving to yellow. Many cases reported in recent days. 26 cases in recent days. 8 positives are aged 20-30s. Some university associated. A few in 60s, and a few under 18.

Sam: Is there a correlation between sewage data and subsequent infection?

Bill: Yes, planning to work on paper with Erik from Biobot. Useful to look at peer nations, peer communities. Things changed very quickly in Europe possibly due to large number of infections in young people suddenly transmitting into older networks.

Jill: Discussion of another testing round in LTCFs?

Anna: SNFs are following EOHHS regulations that require 50% staff tested every two weeks. As soon as they have one positive they test all residents and staff excluding prior positives, weekly, until they have two weeks with no new cases. There were a few cases in October but now two weeks out without new cases.

Sam+Jill: What about SNFs that private/not part of this testing system?

Claude: Did three rounds of testing in SNFs earlier this year. Doing 7 days of community testing a week. 4 sites, 7 days in partnership with Broad and Pro EMS partners. Have not planned going back to nursing homes.

2) Communion Ceremonies

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CHA Cambridge Health Alliance

Anna: City had scenario earlier in the month where someone at daily mass handing out communion tested positive. No known transmission from that person. State guidelines suggest considering making changes to communion practice with no specific recommendation.

Bill: Transmission could happen from passing wafer, but probably not as risky as singing in doors. If people can avoid direct contact that would be ideal. Should have precautions to minimize contact. The risk is more so that it's indoors rather than the communion itself. Low risk to pick it up off platter and eat it outside. Higher risk to place it in someone's mouth.

Louann: Removing the mask indoors to eat wafer is more concerning to me.

Bill: Don't think fomites are the major transmission risk so going outside to eat it would be the recommendation to make it safer.

Sam: Will plan to go to Neal Halpert who coordinated faith leader group and to see if we can get some recommendations out

3) **Strategies to deploy or schedule testing for households in hot spots (based on sewer and case data) Door-to-door visits to make appointments, rapid test for home use?**

Bill: When we talk about test trace isolate, it should really be test, trace, isolate, *support*.

Claude: Have had strike team to provide support, this was part of architecture of nursing home testing. Have not exported that function outside of that.

Bill: Sewage data from 3 testing sites in city is not discriminating enough. Good experience trying to get people to test themselves with serological assay and mail it off. Here we want to do it quickly, so speed is important. Stopping pre symptomatic transmission is most important. This makes rapid home use of tests a good idea. Door to door is ideal. Gates foundation has bought 160M rapid tests to deploy.

Claude: City has announced test sites available 7 days a week. Complement is to think about more agile- true mobile testing. Complement to hot spotting is to actually take vehicle out and get to home bound residents. Will require doctors order.

Bill: R knot looks to be around 1.3 now. One challenge is fatalistic attitudes.

Kirby: Fatalistic attitudes are one reason that deploying rapid tests to people's homes is important. Many families cited the long wait times to access the test and then receive the result as the reason they chose not to isolate sick from healthy living in the same home. Also one reason they chose not to use isolation hotel options.

Claude: Ambulance service considering algorithm for when/how to do home testing.

Kirby: Another option could be doing just one round of rapid, anterior nare testing, door to door in high risk areas, just to demonstrate how easy and comfortable it is and increase familiarity with testing.

Claude: Mayor did video PSA to show testing demo. Have had no-shows for appointments. One reason they moved to 7 days of testing is because people not keeping appointment. Not turning folks away. Constraint is the garage and how many people safely can wait there - don't encourage people to just walk up because of it.

Bill: What is ratio of walk up ratio to appointment?

Claude: For 200-300 test on Wednesday with appointments, we test double that number if you include walk ups. Administered 10K tests this month.

Bill: What about people being tested before thanksgiving?

Claude: Now we have access. Averaging over 500 tests on Wednesdays.

Sam: Lessons from Chelsea have led us to think about ways to improve testing uptake, one we had talked about was coming up with walk up slots.

Claude: Not turning people away. That's what appointment allows you to do.

Sam: Concern is the lack of advertising that walk up is possible.

Kirby: What about people who aren't coming in for testing because they don't know walk up is possible?

Claude: Want to avoid at all costs a run on the sites.

Chris: Can do this system if you don't have any more capacity for walk ups. Once you have more capacity then you can do more.

Sam: Contact tracing good, but point at which we lose control of transmission chains. Door to door if looking at outbreaks in crowded dwellings with multiple families. Chelsea plan to go door to door to compel people to come in for testing; offering QR code to find test site/sign up.

4) **Review now 3 new Governor's Order related to mask use, liquor/cannabis shop early closing, and indoor/outdoor public/private gatherings**

   Sam: State came out with 3 new orders this week. Did not close indoor dining or fitness.

   Bill: Will not be enough to push reproductive number below 1. Could encourage private gatherings indoors. European countries have tried these and in no cases

have they prevented the need for further action. Very difficult to tie to outcome, but having cafés do take-out only was followed by drop in cases. Based on known risk factors, indoor dining is the closure you want to push.

Sam: Symbolism of opening restaurants and the potential that this influences behavior--Suggests indoor social gatherings is OK.

Jill: Similar thinking has come up with schools – if restaurants can do it schools should allow kids to dine indoors together too.

Claude: Did not move forward with phase 3 step 2. Algorithm for reclosing?

Jill: Party bus was brought to city's attention. How to identify and respond to unsafe gatherings?

Claude: Inspectional services has deployed inspectors to visit establishments. Complement is police dept patrols driving around high traffic areas. No easy way to disrupt house parties at this point.

Bill: Here is the messaging – doing this in order to avoid having to do more. Trying to prevent the need for lock downs.

5) **Discuss capacity to distribute higher quality masks and offer testing to frontline small retail or food establishments.**

Sam: Have more than enough masks. Courtesy cards to hand to people in square not wearing masks. Put together packets to allow C3 and ISD to deliver with instructions. Could deliver masks to small and medium sized retail businesses and restaurants. Counterpart is to increasingly offer testing to people who work but don't live in Cambridge

Bill and Jill: Great idea

Claude: Keeping playgrounds/parks open later

Bill: Also great idea

Meet was adjourned at 2:00 pm