



Cambridge
Public Health
Department

**Cambridge COVID-19 Expert Advisory Panel
2 pm, Wednesday, April 28, 2021**

Meeting convened at 2:02 pm

ATTENDEES:

Panel Members

Bill Hanage
Jill Crittenden
Chris Kreis

Panel Guests

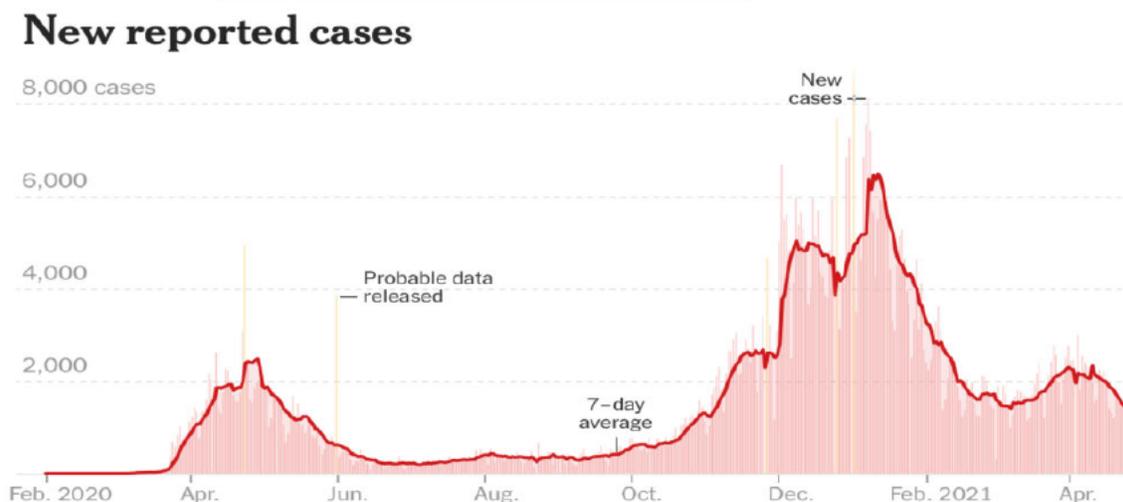
Gilberto Russo
Tracy Rose-Tynes

CPHD/City staff:

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

1) Clinical, case, vaccination and wastewater data updates

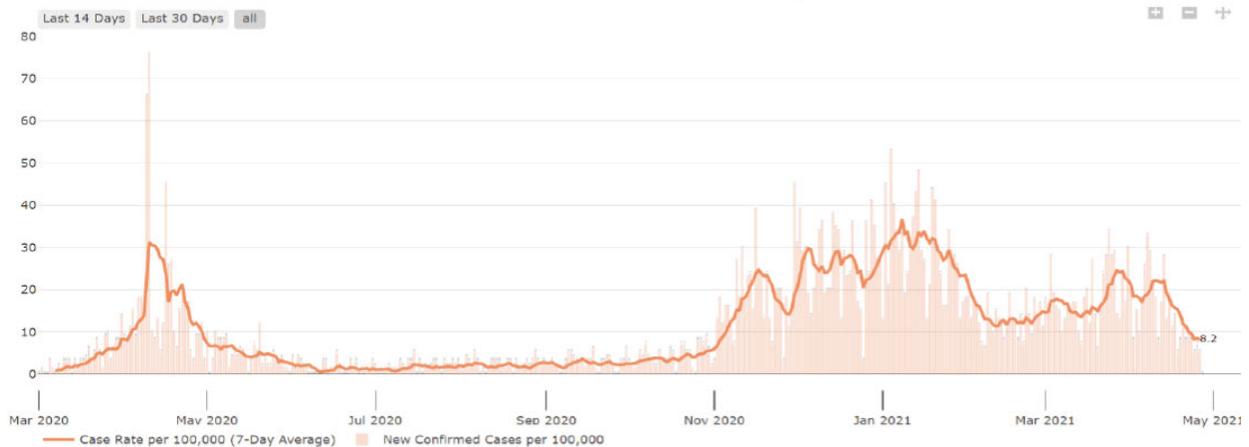
MA New Daily COVID Cases (4-26-21)



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Cambridge New Daily Cases 4-26-21



Clinical update: CHA patient census data shows a reduced burden of COVID cases at 12.

Case update: Cambridge is experiencing a steady decline with the 7-day average at 8.6 per 100K per day. Cambridge new case data is generally tracking statewide trends. The current daily case rate is similar to early November 2020. During the last 3 months the most impacted neighborhoods continue to be The Port, Wellington-Harrington, East Cambridge, and North Cambridge. CPHD will continue to utilize case rates by neighborhood and census block to prioritize vaccine outreach efforts and targeted interventions (clinics). The city is now seeing an overall decrease in new cases, allowing CPHD to be able to quickly locate clusters at the census block level. There have been fewer cases in housing sites where C3 outreach and subsequent mobile vaccination efforts have been staged, especially senior housing. Shelters have also seen a steep decline in cases after vaccination efforts have seen strong uptake by residents and staff. Among 53 cases which have been investigated by CTC last week, 13% were workplace exposure, a small proportion were household exposures, and an increasing number stem from other behaviors, including travel, healthcare, shopping. Overall, there is no obvious single source of new infections, just overall increase in the numbers of people required to be indoors at work, and possibly a reduction in compliance with distancing and masking.

Vaccination update:

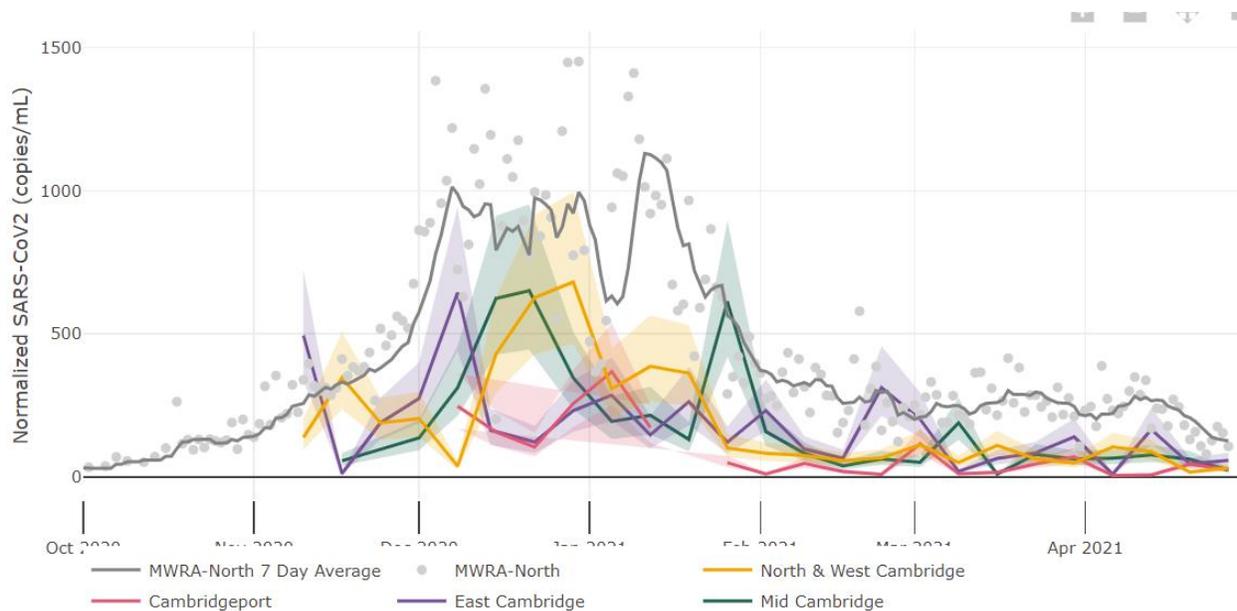
Johnson and Johnson Vaccine pause has been lifted and the City vaccination team has relaunched its neighborhood vaccination program. On Saturday, May 1 (10-4pm) there will be another vaccine clinic held at Reservoir Church (same location as pre-pause clinic). C3 members will conduct outreach throughout North Cambridge on Friday in support.

Starting this week, outreach efforts will implement a new “priority-pass” system with flyers handed out in specific colors by location. Color-coded flyers distributed during outreach will allow people to skip the line at the clinic. To reduce barriers these pop-up clinics will be all walk-up (no appointments). Neighborhood vaccine clinic will be ensuring that any

questions about safety, risk, and benefits of the vaccine are answered. Neighborhood vaccine clinics help lower the barrier for people with limited mobility, off-shift schedules and other logistic challenges. Therefore, most of the clinics will be scheduled on weekends or during afternoon and evenings. Since Johnson & Johnson vaccine is single-dose the need to get time off work (to receive the jab or recover from side-effects) is reduced. This has been seen as a benefit by many residents who are not vaccine (or J&J) hesitant. Panel members requested that Nancy Rihan-Porter provide an update on the “priority pass” approach and overall success of these local vaccine clinics.

The State is still only distributing Johnson & Johnson vaccine to the Cambridge vaccination team. One challenge is how to manage referrals to alternative vaccine sites to get one of the mRNA vaccines, if they are in a higher risk cohort and make such a request. Outreach efforts have included distribution of a citywide, multi-lingual mailer about finding vaccination clinics (which are more likely to offer mRNA vaccines). This mailer also highlights that no insurance, ID, or Social Security number is needed. Similar materials can be given to people who have hesitancy towards the J&J vaccine at neighborhood clinics.

Wastewater data update (through April 27):



MWRA data provides a good regional baseline. This data shows that the region is approaching the baseline we saw last summer. Cambridge has been consistently below the regional viral counts in all 4 locations in nearly all samples collected since the Cambridge program began in mid-November. The variants report shows B.1.1.7 as a high proportion of all virus analyzed, but the current method gives high variability from week to week.

2) MA/CDC outdoor mask guidance & MA reopening schedule (Phase 4, Step 2 and beyond) Need for clarifying order on outdoor mask use? Risk tied to reopening phases/steps?

CDC has recently offered some good communication about what vaccinated people can do safely versus unvaccinated people and which situations (outdoors) call for continued use of distancing and masks. In general, vaccinated people can safely engage in a lot of outdoor activity without masks, unless it involves being in a crowd. EAP members strongly support the State relaxation of the outdoor mask mandate due to low transmission risk in outdoor settings. EAP members raised one caveat and one suggestion for communicating good practices for outdoor mask use.

- The caveat is that some normalization of mask use is helpful to overall community risk, so we want to be clear that everyone should always have a mask with them and it's always OK to use it. We don't want to pretend or suggest that there is no collective benefit to mask use for those circumstances where it is warranted.
- The suggestion for communication is to convey the idea that people should choose "two out of three" behaviors, which are to: 1) avoid indoor gatherings, 2) maintain safe distance, and 3) use an effective mask. Pick two, stay safe.

One EAP member was impressed with the CDC presentation on April 27, especially when discussing the evidence showing the clear impact of vaccines. The City could include similar messaging in the future. We need to show how much confidence and personal liberty is offered through vaccination.

The Governor's order on outdoor mask use did not distinguish between vaccinated and unvaccinated people, even though the CDC guidance clearly promote separate guidance for these two groups. This is a practical matter, since there is no feasible way to know who is and who isn't vaccinated. As a result, public mandates must apply to everyone equally, regardless of vaccine status.

Though the State is moving to Phase 4, Step 2 of their reopening plan, Cambridge has chosen only to proceed to Phase 4, Step 1 and will increase gathering limits (to 100 indoors, 150 outdoors) as of May 6. Cambridge is not considering any changes to indoor mask orders at this time, but has decided to rescind several previously signed executive orders this week. In previous reopening phases/steps Cambridge has established a few measures that are stricter than State rules. Among these are the stricter local rules applying to fitness center and other indoor aerobic activities (e.g. dance, martial arts). [note: EAP has previously supported this EO to limit risk during aerobic activity, which is known to generate more viral particles that travel further. The State standards for these establishments had some gaps and these had been partially addressed by the Cambridge EO for fitness centers].

EAP members reiterate the need to continue to require masks in all indoor public spaces. A provision to allow indoor singing to further relax indoor gatherings limits should be scrutinized before matching the State's policy. Cambridge should consider waiting we achieve until higher vaccination rates before adopting these laxer rules.

3) Cambridge Public Schools update: case rates, full attendance, pool testing participation

There were over 4,000 testing swabs administered at Cambridge Public School last week. More and more students are participating in pooled testing as barriers to signing on have been reduced. Since more staff have got their vaccine, fewer are coming to get tested. This week there were over 300 pools collected (10 swabs per pool). Over the past 6 weeks there have only been 4 positive pools. Currently, high school students are getting tested twice a week. All teachers and staff are tested twice a week, and 6 through 8 graders are tested once a week. Pre-K to 5 graders are tested with pooled specimens. CPS is working on efforts to get more students to participate in testing. Athletes are tested separately, but this will change later. Positive rates among athletes have been extremely low, which suggests that CPS protocols and enforcement for athletic activities have been largely successful.

EAP members suggested that it might be helpful to get student-athletes to promote testing to other students. Since athletes must get tested to participate, they could be role models. Testing lets them pursue their ambitions and interests and this is very relatable.

CPS has had only two cases of probable in-school transmission since January. CPS, CPHD, and Broad institute have worked closely to prevent transmission clusters by with daily phone 6AM calls so that students testing positive do not attend school. The system has held up well as more staff and students return. EAP members believe that the number of potential contacts, introduced infections, and transmissions will increase with full attendance. The inherent risk can be limited if more people sign up for testing. CPS staff are working on messages and strategies to implement new State distancing guidelines (3 ft vs. 6 ft). The 3-foot rule has made it harder to control social contact between students.

As of May 10, CPS will have full attendance. There will be appx 2,000 students and 300 staff in the high school, which is appx 4-5X increase. Currently, CPHD hasn't planned to offer a vaccine clinic for students over 16. CPHD is advising those students to get their vaccine through neighborhood vaccine clinics, pharmacies and mass vax sites. Pfizer vaccine is expecting approval to administer to 12-15 age cohort. Perhaps summer recess can be used to reach this younger population before school resumes in September. Over 90% of CPS staff are now vaccinated.

4) Variant updates: Recent reduction in MA, Cambridge with B.1.1.7 dominant variant, B.1.617 (India) double-variant and other global risks

Nearly all cases in Massachusetts are variants now. Situation in India is the reflection of wishful thinking early on, which led to early reopening and a less aggressive vaccine program. Both B.1.617 and B.1.617.1 are not studied and monitored sufficiently. Currently there are neutralization trials for these variants. Hopefully there will be more information before the next meeting.

Adjourned 3:01 pm

Notes respectfully submitted by Sam Lipson on May 3, 2021