



Cambridge
Public Health
Department

Cambridge COVID-19 Expert Advisory Panel Tuesday May 5th, 2020

Present: Kirby, Jill, Bill, Sam, Lou Ann, Claude, Kezi, Chris

- **Lou Ann on Hospital Capacity: New COVID hospitalizations decreasing, but still have many inpatient COVID patients, especially ICU**
 - Low discharge rates due to long length of stay - Average LOS in ICU 12 days
 - Medical unit has more bed availability; have consolidated COVID patients to one area
 - Moratorium on elective surgeries could be lifted May 18 at the earliest. Considering addressing backlog of patients who need surgery; gradually opening clinics
 - Now seeing influx of patients needing more urgent surgeries. Possibly because they had been delaying coming in
- **Mask Order**
 - Sam shared matrix laying out details of the mask orders how they differ between state and municipalities. State's guidance is less protective but more clear: if you're indoors in public you must wear a mask. If you're outside and can't maintain 6 foot buffer you must wear a mask.
 - Bill: masks most useful in cases where physical distancing isn't possible, whether inside or outside. Most needed in more heavily trafficked areas. Not aware of any data about runners transmitting. But it is discourteous to make people uncomfortable by not wearing a mask
 - important to emphasize that masks are helpful when distancing isn't possible and they don't negate the need for distancing.
 - Jill says that data is unclear how much masks protect against inhalation. Data shows distance makes a difference: if you're one foot from the exhaled particle, even if you're wearing a mask, the chances of you inhaling it are higher
 - There are 2 studies showing bathrooms are an issue, both in the air AND on the surfaces and that's not getting out to public
- **Memorial Drive**
 - Claude: DCR with state police have jurisdiction on space. Pushing to see that physical space made available on Sundays.
 - Jill can't recommend without better data, but wants to ensure it's used as educational opportunity if it is, and sees social benefits.
 - Bill believes outdoor transmission can happen but majority likely inside. Consider opening but if so, being absolutely necessary to wear mask (ask to people leave without masks) and have people take an educational flier as they enter. Monitor it and revisit in a few weeks.
 - Sam: Need to extend messaging with sandwich boards right on the road. Police are present and try to take gentle touch. Need more than police involved to try to correct people. DPH personnel needs to be present if it's opened.
- **Testing in Cambridge**
 - Lou Ann: Testing anyone (incl asymptomatic in Somerville) and 15% are testing positive. By NP swab and nucleic acid. No data on Cambridge. Malden testing 300/day with higher rates of positivity. Numbers vary by community. Chelsea tested at 30%.



- Bill not surprised but positivity rate in Chelsea but reminds about false positive rate.
- Cambridge starting public testing available to all, even asymptomatic on Friday. Is this competing with availability of tests for higher risk populations: elder housing, single occupancy, shelters, etc?
- **Connecting to new small business advisory panel to help strategize safe reopening strategies**
 - Sam is on that advisory panel as well – will figure out proper protocol to cross-communicate between groups
- **Advise City to publish PSA about how to care for COVID-19+ at home.**
 - Bill: extremely important - long plateau is due to people being infected outside home (eg essential workers) and transmitting inside home.
 - WHO guidelines –wearing gloves when cleaning is also important--can city make gloves available?
 - LouAnn: Once you identify positive individual in household – need to test the entire house. Need to find anyone negative and try to get them to a safe haven. CHA providers are seeing that positive patients reluctant to leave home. But breadwinner who tests negative has incentive to isolate elsewhere because it allows them to go back to work. Otherwise breadwinner continues working without testing/isolation and contributes to plateau
 - Claude: state currently has structure like this for homeless.
 - Lou Ann – needs to be state initiative. Cities interconnected.
 - Kirby: Need city leadership. Right now we're asking entire household to stay home if someone tests positive because there isn't alternative space available. This group can recommend that a space is made available for household members to isolate if they aren't essential caregivers. The more that city/state leaders recognize the importance, more likely resources will follow. Testing and contact tracing really need to be combined with safe havens to work optimally. They work best as a trio.
 - Sam: reaching out to governor advisory panel may be one mechanism. Panel recommendation would be sent to PH commissioner, city manager, and mayor.
 - Claude: Executive office of health and human services – they're regional agency that is overseeing isolation hotels. State has pushed forward to increase contact tracing with local boards and with PIH. For safe havens, what's in place today caters to homeless individuals. Don't have analogous space for average person.
 - Sam: State of NY indicated publicly that it is important to cohort negative people and Cuomo said state will take cases from LTCF in order to cohort negatives.
 - Bill: Essential to test everybody in house. Two negative tests. Need area for household members who haven't yet had 2 negative tests.
 - Chris: You'll need to remove them, isolate them, get 2 negative tests before putting them in a safe haven. Would have intermediary facility.
 - LouAnn: Remove, isolate in hotel room, test twice, and if negative go to safe haven and can go back to work. Could cohort by floor.
 - Kirby: Could this group recommend to City manager that if alternative accommodation is made available, it would be recommended that household members who aren't essential caregivers use it?
 - Jill: Does panel agree that we recommend guidance for home care and also a section suggesting that if household members are healthy and given location to separate it's an option to consider?

- Simple set of guidelines easier to present. Can include recommendations about home care and recommendations about separation when possible (Sam). Claude can convey the recommendation.
- **Are people dying at home in Cambridge?**
 - Lou Ann: haven't experienced trend of patients delaying too long before they present to hospital
 - Sam: had a couple cases at YMCA who passed away without accessing care. Could ask task force about anecdotal instances.