



Cambridge  
Public Health  
Department

## Cambridge COVID-19 Expert Advisory Panel 2 pm, Wednesday, March 24, 2021

Meeting convened at 2:05 pm

### ATTENDEES:

#### Panel Members

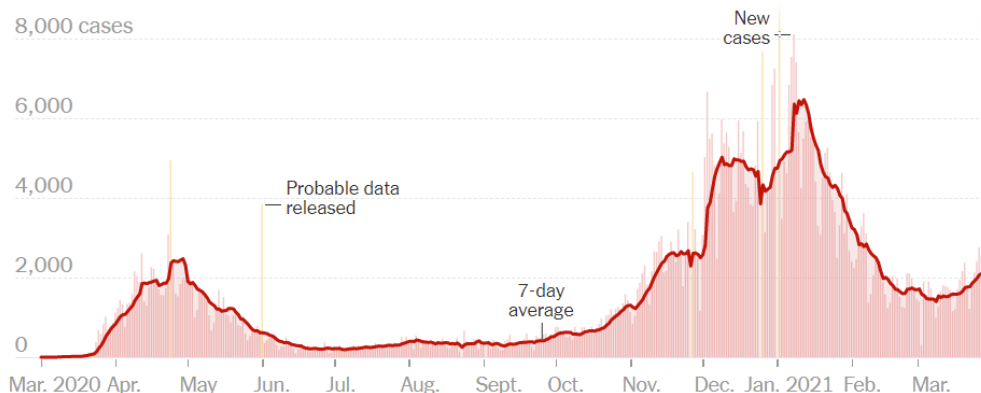
Bill Hanage  
Jill Crittenden  
Louann Bruno-Murtha  
Chris Kreis

#### CPHD/City staff:

Claude Jacob  
Sam Lipson  
Nancy Rihan-Porter  
Sammi Chung  
Lee Gianetti  
Dan Riviello

### 1) Clinical, case and wastewater data update

Updated March 28, 2021, 2:10 P.M. E.T.



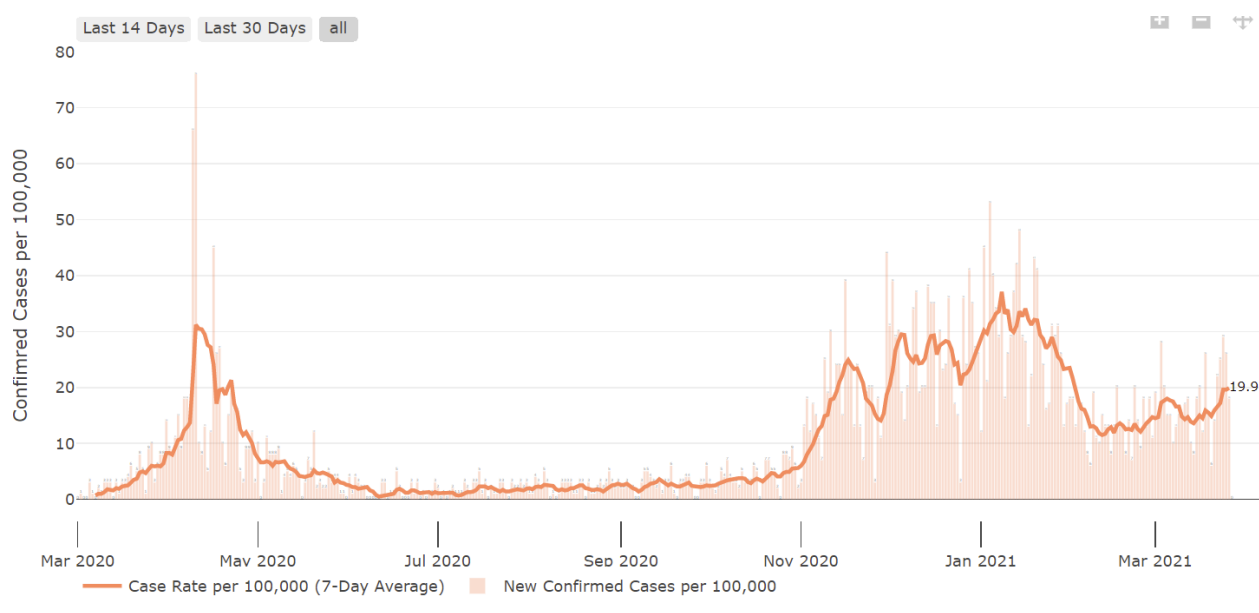
	TOTAL REPORTED	ON MARCH 27	14-DAY CHANGE
<b>Cases</b>	627,556	2,570	+38% →
<b>Deaths</b>	17,086	35	+6% →
<b>Hospitalized</b>		689	+14% →

Day with reporting anomaly. Hospitalization data from the U.S. Department of Health and Human Services; 14-day change trends use 7-day averages.

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## Cambridge New Cases (as of 4/27/21)

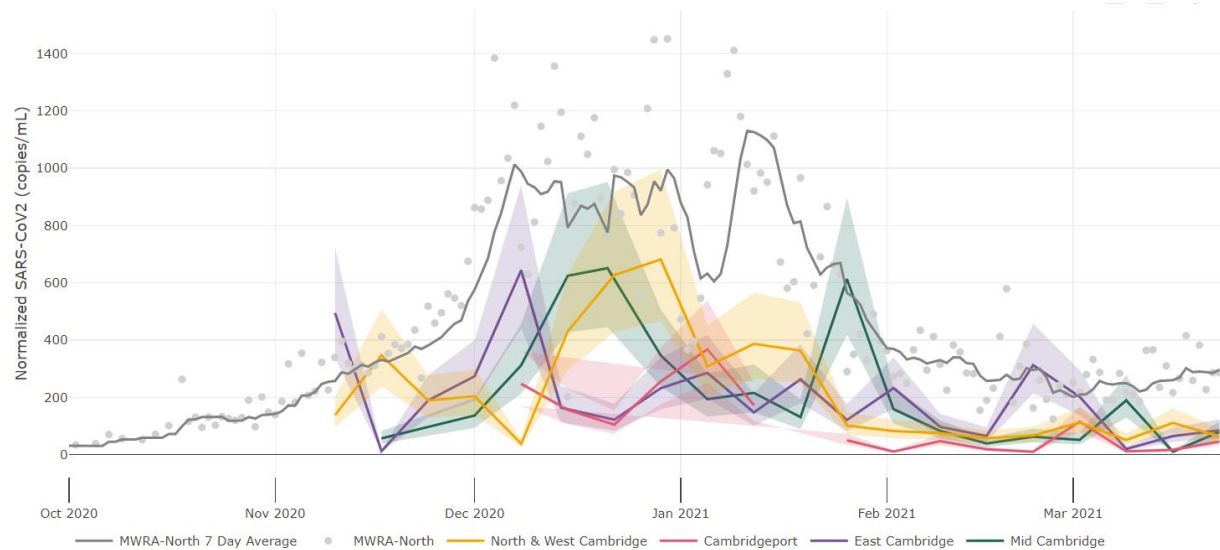


Statewide 14-day average **COVID case rate has increased 38%, hospitalizations up 14%, and deaths up 6%** as a 14-day avg. Cambridge has seen a rise from the recent plateau and now is reporting a 7-day avg of **19.9 new cases per day**. There have been 16 P1 cases reported in Massachusetts. Based on the nationwide trends observed with B117 dominance of cases and small-sample targeted sequencing conducted by various laboratories, including the State Lab, B117 is probably now responsible for somewhere around 30% of new cases in MA and is increasing. The Community Tracing Collaborative (CTC) has dedicated a fair amount of time tracking down cases related to restaurant (diners and staff), but these are the cases where there is good contact data available. Contact tracing efforts have been challenged by the scale of transmissions from the beginning of the pandemic and are clearly not capturing all transmission events and can't be used to rule in or out specific sectors or activities. However, as new variants become more and more prevalent, and gathering sizes increase following easing restrictions, the number of the clusters associated with gatherings, workplaces and public establishments, will also increase over time along with the size of those clusters. Collection of contact information from patrons is specified in the State's minimum requirements for this sector posted as the *Safety Standards and Checklist for Restaurants* (March 22, 2021). According to CTC staff, collection of this information among Cambridge restaurants is not very consistent and could be improved.

### Clinical update

The current trend in COVID admissions at CHA hospitals is at a plateau. There were 14 COVID cases on March 24th, 2/3 in medical units. Hospital occupancy overall is still high from non-COVID patients.

## Wastewater data update



Viral counts from all four Cambridge wastewater collection sites remains low (data shared as handout). With a few short-term spikes along the way, Cambridge wastewater data has remained about one-quarter to one-third of the viral load of the North Boston regional sample taken from MWRA at Deer Island. Cambridge data has been quite consistently below the North Boston region since local wastewater surveillance began in Nov 2020.

Biobot has been developing analytical methods to detect new variants. At this point, Biobot is starting to screen for B117 variant (initially as presence/absence, soon with prevalence) and is offering to clients for the first month, until the middle of April. Once B117 dominates community cases (within a few weeks), there is less value to surveillance to determine its prevalence. Biobot has to decide where to focus their variant surveillance efforts (which emerging variants to seek to detect and quantify). CPHD staff has communicated our interest in participating in these experimental variant surveillance efforts and will consider the value of long-term commitment to their variant tracking efforts. Cambridge has requested a proposal to extend the wastewater surveillance program, so we will soon know if this data sources will continue to be available further into 2021. If the city decides to discontinue the program, reactivating the program later is certainly possible. Selection of sampling sites might be amended in order to capture only Cambridge households, businesses and institutions.

When CPHD staff have written about the Biobot wastewater surveillance they have emphasized that this is an emerging technology that is gaining adoption by regional wastewater utilities and the CDC. Cambridge is one of the smallest separate jurisdictions to participate in a sewershed surveillance program. Potential benefits of a wastewater surveillance program include:

- 1) Use of this signal as an early warning signal for upcoming surges once we have settled into a low steady-state or no-detect baseline.

- 2) Access to pilot surveillance projects. Biobot already agree to include Cambridge to their opioid surveillance program at no cost during a trial
- 3) Ready platform for to participate in other biomarkers reflecting public health outcomes such as metabolic health and other indicators. The data has been promoted globally as a potentially valuable real-time metrics to inform health intervention and promotion efforts.

## **2) Variant updates: Biobot variant surveillance, B.1.526(NYC)**

CDC has introduced a new category in their surveillance called “variants of high consequence” and B117 will likely be in this category (if not already included). The California variant is less transmissible than B.1.1.7 although it does create some therapeutic challenges. The B.1.526(NYC) variant in the absence a specific mutation at E484K which seems to provide some immune evasion is not particularly worrisome and its relative transmissibility is unclear. However B1526(NYC) with this one base-pair mutation could increase rapidly (perhaps even outcompete B117 through being able to reinfect). Also, B1526 has already been detected in Massachusetts about a month ago.

## **3) CPHD vaccine update: home-bound, seniors housing, regional site approved**

Vaccine news has been more positive. The CHA vaccination center at 176 Somerville Avenue in Somerville is actively administering to patients and has also been providing vaccines to non-CHA patients (about 20% of all appointments, mostly teachers so far). CHA has had their proposal to run a regional vaccine collaborative accepted. CHA will collaborate with several local boards of public health, local EMS and fire) and Tufts University to open up another vaccination center on Tufts campus. The third vaccination site is yet to be determined, possibly in Revere. CHA sites have seen vaccinations administered per week increase. There have been patients and residents requesting certain vaccine brands, but sites do not have control over which vaccine they will receive. The vaccination center at Somerville has been operating smoothly with lots of great feedback from patients and from boards of education superintendent. About 75% of CHA staff has been vaccinated. There has been a core group of CHA staff devoted to overcoming vaccine hesitancy in different settings.

As of last week, about 25% of MA residents had received at least one dose. Beginning on Monday of this week (March 22) the vaccine will be open for anyone over 60 and front-line workers, including some municipal staff:

Anyone over the age of 60  
Restaurant and café workers  
sanitarians, inspectors, checkout clerks  
Food and beverage industry workers, food service, retail  
Market, convenience store, food pantry workers

Medical supply chain and vaccine development workers  
Transit, public works, water, wastewater, utility workers  
Public health public-facing workers and inspectors, sanitation workers  
Court system workers  
Funeral industry workers

Upcoming eligibility dates:

**April 5:** Anyone 55+, anyone with one applicable medical condition

**April 19:** Anyone 16+

### **CPHD vaccine clinics**

On Tuesday, 3/23, CPHD staff administered vaccine at one of the Cambridge Housing Authority properties on Lancaster street (44 vaccinated). Today (3/24) CPHD is administering dose 2 at two of the final Cambridge Housing Authority senior buildings eligible. This would conclude the vaccine operations focused on the seniors living in Cambridge Housing Authority and other eligible properties. On Friday (3/26) CPHD will go to the YMCA to offer vaccinations to all 128 residents and staff. YMCA staff is working with CPHD to get a better idea of the number of residents interested, so that the C3 member can do vaccine outreach tomorrow. CPHD is also working to partners to identify the eligible groups that have not and might have difficulties getting their vaccine, for instance, seniors who live in non-public managed housing, and seniors at home but not considered “homebound”, non-elderly residents with disabilities, dementia, or other specified conditions.

The CPHD/ProEMS/CFD team has administered shots to 8 eligible homebound residents so far. The criteria for this group (homebound) are very strict and residents (not limited to elders) must be in need of substantial assistance to qualify for this category. Currently there has been 27 residents identified in this category.

Next week the Cambridge vaccine team will reach out to eligible seniors who have Cambridge Housing Authority senior vouchers but are not currently living at one of the senior sites. The vaccine for those residents will probably be staged at the Cambridgeside Galleria during the week of March 29<sup>th</sup>.

CPHD staff estimate that there **1 in 8 Cambridge residents have been fully vaccinated** while **1 in 5 have gotten their first dose**. There has been some vaccine hesitancy, based on the feedback from Cambridge Community Corps (C3) members, conversations from the homeless shelters and in senior buildings. CPHD is using old fashioned door knocking along with technology-driven methods (webpage updates, emails) to overcome hesitancy.

### **4) Reopening update**

- Cambridge remains at Phase 3, Step 2

- 3-foot separation guidance (based on MA study)

There has been discussion to get rid of 6-foot and 3-foot social distancing in schools, and

this should only be considered reasonable when good ventilation in place and mask use is strictly enforced. Schools are a much more controlled environment than other indoor public locations. In Cambridge Public Schools, the targeted air exchange rate is 4 per hour.

- School reopening (pool testing challenges)

There has been one case of the class dismissed due to two consecutive inconclusive test results. This type of disruption is one of the unfortunate possible consequences of pool testing, though follow up testing with PCR does not generally result in inconclusive results. The EAP should review the pool testing situation a few weeks to see if there might be any adjustments to recommend.

#### 5) EAP@1-year: lessons learned and messaging forward [The Atlantic 1918 article]

An article in the Lancet infectious diseases last week models the impact of a decision to allow the UK suspend all mitigation measures and return to prepandemic mixing patterns. With all the assumptions and sensitivity analyses around the vaccine efficacy and the herd immunity, the authors predict that the potential for a surge that is comparable to the last one (late fall/winter) is still quite high. This would be the last wave of the pandemic, and the burden would fall mostly on unvaccinated people. There are still sufficiently large numbers who are not immunized, and the expected vaccine efficacy is such that another surge in infections will have a major impact on the society (in the UK and here in the US). Even when the population reach a relatively high level of vaccination (but not yet herd immunity), there is still high chance of a major surge if we completely return to normal regular mixing patterns without any interventions. The takeaway message for the community should be “it’s better once you have been vaccinated, but it’s not over so continue to be wise and cautious”.

#### **Adjourned 3:01 pm**

Notes respectfully submitted by Sam Lipson on 3/28/2021