



Cambridge
Public Health
Department

Cambridge COVID-19 Expert Advisory Panel

Thursday, December 10, 2020

Meeting convened at 1:04 pm

Attendees:

Bill Hanage

Jill Crittenden

Louann Bruno-Murtha

Chris Kreis

Kirby Erlandson

Claude Jacob

Sam Lipson

Anna Kaplan

Nancy Rihan-Porter

Sammi Chung

Lee Gianetti

Dan Riviello

1) Clinical and case/surveillance data update:

Case data and surveillance update

Cases continue to rise but not spiking like in recent weeks. We have increased concern about the shift in cases toward older groups, which will lead to more pressure on hospital capacity. Working with Cambridge Housing Authority to discuss next steps to protect elders.

Sewage surveillance data:

MWRA's Boston North region indicates a large acceleration of virus around Thanksgiving. Extent of increase seems to differ between Boston South and Boston North regions. The factors impacting transmission during Thanksgiving are complicated. The more separate households mix at the dinner the greater the potential to spread the virus.

Cambridge sewage data is pretty limited (between 1 and 5 weeks of data, depending on location), so a clear trend is not evident. Cambridge sampling generally follows the pattern seen in regional MWRA data, though at a lower level of virus than the region overall. Error bars reflecting lab method uncertainty will be included with the data in the future. Alewife data includes most of the Belmont. Cambridge catchment areas will be labeled with more intuitive names when the map and data are shared with the City Council and posted publicly. When the data is shared it will be important to provide some context and set appropriate expectations. Data collected only once a week, from much smaller catchments,



during the middle of a transmission surge are going to be jumpy. Including error bars on the analytical method will help show some of the inherent uncertainty. Panel recommends that the sewershed (catchment) data be presented along with case data and comparison data. Overlaying Cambridge data with MWRA Boston North data on one chart and correcting scale will help show some context.

Current sewage and case data indicate that we are going to continue to see a big rise in cases causing more strain on healthcare locally. The combination of more transmission in the wastewater and more cases in older residents tells us to prepare for steady escalation.

Clinical update

Cambridge and Everett hospitals are currently utilizing all ICU beds. It's important to communicate to the public that we are seeing healthcare capacity getting tight, the older population is being infected requiring more medical support than with younger patients, and the wastewater data suggesting even more transmission in the community coming soon. Despite the bad news, Cambridge is one of the safer large cities in the state. But our lower risk and local healthcare resources should not lead people to believe that we don't need to worry about doing everything we can to stop transmissions.

MA Public Health Council emphasized 3 principles in the statewide vaccination plan: 1) preserving healthcare system, 2) limiting severe morbidity and mortality tied to COVID, and 3) promoting equity across the community.

2) Governor's new order (Back to Phase 3/Step 1 and other changes)

Effective Sunday, 12/13 the Governor has issued a number of new restrictions. The entire state is going back to Phase 3, Step 1. There are stricter masking requirements for indoor dining (all times except when actively eating or drinking), gyms/fitness centers (at all times), workplaces (all times unless in separated office or alone in shared space), reduction of workplace capacity in most sectors from 50% to 40%, and tighter restrictions in high-risk activities.

Some panel members suggested that Cambridge should go further back in the reopening phases than Phase 3/Step 1, since our community had already chosen to freeze at that step. Some members expressed the view that Phase 3/Step 1 is insufficient to deal with the current state of the pandemic on a state level. Cambridge currently is better off than other large urban communities in the Commonwealth, but this requires continued efforts take action to limit transmission.

3) Cambridge indoor dining guidance update

Panel discussed the idea that there is greater risk of wider transmission with indoor establishment dining than hosting one or more people from an outside household at home. One member asserted that dining indoors in a

restaurant is more likely to involve individuals from multiple households, which means you could have a single transmission event infect many households. This idea of reduced mixing of households should be part of the messaging.

The panel agreed that having many separate strategies from town-to-town is not ideal. The panel was informed that City leaders from the Boston area are discussing a unified regional strategy for commercial restrictions.

Panel members discussed the need to working to support businesses, particularly restaurants and bars, that are most impacted by closures and restrictions. In particular the panel discussed the need for a coordinated plan to encourage people to get take-out from local restaurants. Cambridge has had a campaign since March to encourage take-out by covering the delivery fee when using a designated take-out app. Rebranding and further efforts to encourage local take-out could be ramped up.

The City staff is currently working with CPHD communication team on developing table talk materials emphasizing 1) mask requirements, 2) only dine-in with household members, 3) talks with mask on, 4) max 90mins per party at a table. Now the challenge for us is I don't have a good to segment target certain population/restaurant so it could be most effective.

4) Use of higher-grade masks by City staff in higher-risk locations or activities

Panel discussed the pros and cons of promoting the use of KN-95 masks by City staff who are working in locations or functions that pose greater risk of exposure to others. With the caveat that proper use among those given these masks is important, the panel agreed overall that this is a good practice that should be encouraged. Differences in protection provided by different types of masks is not well understood by the public and can be an opportunity to adopt a "harm reduction" approach to varying risks among City staff.

5) Vaccine distribution timeline, priority groups and uncertainty

CHA will be receiving a very limited supply of the Pfizer vaccine on Sunday or Monday. These will be used to vaccinate frontline healthcare workers. It is expected that FDA will be paying close attention to the frequency and severity of allergic reactions. At this point there have only been two cases in individuals who had known allergic hypersensitivity from 20,000 people immunized and these reaction occurred the following day, so might not have been anaphylaxis.

MA was initially expecting to receive 300,000 doses before the end of Dec. In the first batch the state will receive 60,000 doses for distribution next week.

Group 2 individuals (frontline retail/food distribution, public works, public health and other frontline groups are expected to have access to vaccine in the March-April timeframe.

Adjourned 2:00 pm

Notes respectfully submitted by Sam Lipson on Monday, December 14, 2020