



Cambridge
Public Health
Department

Cambridge COVID-19-19 Expert Advisory Panel

Thursday, December 3, 2020

Meeting convened at 1:00 pm

Attendees:

Bill Hanage

Jill Crittenden

Louann Bruno-Murtha

Chris Kreis

Kirby Erlandson

Sam Lipson

Anna Kaplan

Sammi Chung

Lee Gianetti

Dan Riviello

1) Proposing a new EAP schedule for 2021 (every other week, reconsider day/time)

After discussion panel decided to continue meeting on Thursdays at 1pm, but reduce frequency to 1st and 3rd Thursdays starting in new year (every other week).

2) Clinical update, case/sewer data update (neighborhood hotspot map for November)

Louann: Gradually increasing number of cases on med/surg floor, more so at Cambridge Hospital than Everett (Whidden) Hospital. Greater case load in outpatient COVID-19 clinic; numbers now surpass spring case load, although this could be due to post-COVID-19 care as well. 2 deaths this past week which were the first deaths in quite a while. The challenge now is how to maintain routine care and also manage COVID-19. Other hospitals in Boston have cut back on services. CHA may be forced to do so soon but not there yet. Quickly having to make plans for vaccinations. Receiving 1000 doses of Pfizer vaccine perhaps by Dec 15.

Jill: Moderna is recruiting for children. Is Pfizer?

Louann: In the UK it is only approved for 16 and over

Chris: Anything in the plan for follow up on second dose and for monitoring side effects?



Louann: There is a program you can use on cell phone called V safe to report side effects and it also sends reminder that you are due back for second dose in 21 days. Will be easier to reach HCWs with second dose than patients.

Bill: Most recent MWRA BioBot data is single highest estimate recorded since start of pandemic. Highest number was on Thanksgiving itself, which is surprising because people infected Thanksgiving would start shedding on Monday or Tuesday. Perhaps people came into town for thanksgiving and were already infected. Mean from the north catchment is still lower while the mean from the south is higher. Really substantial amounts of transmission, mostly in younger age groups.

Jill: Is data on people leaving vs coming available from TSA?

Bill: A colleague of mine is looking into that

Anna: 40 cases tested positive on Monday. Monday was the 5th highest number of cases in a single day since start of pandemic. Noticing that among those cases, there are more people in the older age groups (50s, 60s) than there were in recent weeks. Not much has changed by neighborhood. E Cambridge, the Port, and Wellington Harrington have most cases. Able to look at case data by census block group. There are total case counts, not rates by population. 2 blocks in East Cambridge have a lot of cases. There was a Halloween party at a building with many students including Emerson and Babson. The other hotspot appears to the Watermark building on 3rd Street has many cases as well. This is a mixed private and subsidized building. Public Health dept is using map to drive door knocking campaigns. Telling people where and when to test and giving special pass so that they don't need to make appointments. Rindge towers and Jefferson park as well. Still need to normalize data by population, but overall looks like neighborhood trends are being driven by single buildings or groupings of buildings.

Josh Wolf at city created the geocoder. Can match points to waste water catchments as well. Looking at correlations between cases and sewage.

Halloween party was 11 Granite but might actually be outside the sewage catchment. Don't yet have data for "2 Waverly". "16 Medford" includes most of Belmont but also Rindge Towers, Jefferson Park and several long-term care or skilled nursing facilities.

Bill: Looking at sewage data, thinking about uncertainty and batch effects. The drop in Medford is implausible. Is it possible to retest?

Anna: This is the retested data.

Sam: Missing a data point for Granite (East Cambridge) in week 3. Cleaning it up before posting. Spoke with Gloucester about what cities are using surveillance data for. They don't present sewage data separately from case data and other data (e.g. hospitalization). Presenting sewer data in conjunction with other data sources makes a lot of sense.

Anna: BioBot reports also include anticipated daily incidence based on sewage data using predictive model. Doesn't seem to track with what we are seeing so far. Challenging because our sewage data has the Belmont data as well.

Bill: Keep in mind that wastewater data reflects cases you're not getting through standard testing as well. Idea is to guide and prepare for actions that will make a difference in coming months.

3) Strategic use of rapid test cards (door-to-door, restaurants, places of faith, schools?)

Bill: Some places with many cases are densely populated buildings. Areas/buildings with more unidentified infections would benefit from door to door testing. Slovakia tested everyone nationwide.

Sam: Have you seen it deployed on household level? If we're not getting data back it misses limits the value (no contact tracing). Heard of a system that involves software package which reports out the test result if you use the app.

Bill: Even if people don't report it in, someone who knows they are positive is more likely to take action to avoid contact than someone who doesn't. Will detect a large enough fraction of infections to make a difference. U Birmingham testing all students, every single one. Still, negative test does not mean you can relax vigilance. You should still wear a mask. Test cards do have false negatives.

Sam: What do people think about testing at restaurants?

Bill: Testing restaurant customers and employees would be good. Would still need masks but you would absolutely reduce transmission if you tested. High schools would also be good. Pooled testing could also be effective.

Kirby: Would be good to offer surveillance testing at crowded workplaces such as factories that require many people to gather inside, particularly workplaces where employees are lower income or less engaged in health care. Also important to make sure testing at high priority places like schools is maintained. Would not want to prioritize testing restaurant customers over schools since testing may be required to keep schools open.

Bill: Anywhere with crowds and clusters of people indoors together is where testing should be prioritized.

Louann: Tests for medical workers as well. Currently reagents are limited. If you want to get testing, you have to go to occupational health and tests are limited. Would be a benefit for health care workers who want regular surveillance testing. Would be a great demonstration project. Would appease a lot of staff and reduce transmission to health care workers and patients. If there is opportunity to get hands on tests would be interested.

Sam: What is approval status of this antigen rapid-test for self-administration?

Jill: One approved earlier this week that requires prescription.

Bill: Diagnostic test is not something you use for public health. Testing among health care workers – 2x a week. Incidence as a whole in BU group which is getting tested has been lower than in population as a whole.

4) Safety practices among indoor diners (posters, Cambridge guidance)

Jill: Seeing diners who only have mask on when you're not seated at their table. See big groups who don't look like they're from same household seated together.

Sam: Opportunity to let guard down in significant way. Not seeing people put mask up when they're not eating.

Bill: If you are with a person unmasked you are consenting to be infected. Also what about the server? How can we protect the server?

Jill: City manager putting forward recommendation on wearing masks in the restaurant.

Bill: While you are talking you are shedding virus – put this message on the table tents

Sam: Would like to know more about proposal from restaurant group.

Lee: How to create a campaign – restaurants have a vested interest in keeping dining open. You have a role to play in keeping the establishments open.

Bill: Contact tracing required? Some restaurants are taking customer info for contact tracing. One of the most important things is the contact tracing

Anna: Update to Maven to look at contact tracing questions that include data prior to recent 48 hrs. People are reluctant to share when they feel they've done something risky.

Bill: At point people are about the cause cluster of transmission they are shedding aerosols. This is relatively well recognized. If you go to restaurant you have to provide contact details in Italy. Is that the case here?

Chris: Restaurants are required to track it by asking patrons. No automated method.

Sam: Not sure if recommended or required.

Bill: Tracking will help restaurants stay open longer

Jill: Restaurant manager told her they haven't had updated guidance since April

Lee: Unless new recommendation comes from the State we haven't issued new guidance. If you have recommendations now would be the time to do it. [note: Cambridge issued non-binding best practices in April before the State issued sector-specific orders].

Bill: message for table tent. Most infectious before you develop symptoms. To protect other people keep a mask on as much as possible. If you are infected, majority of people recover, but you can help by telling public health contact tracers that you visited this restaurant if you do get COVID-19.

Kirby: For restaurants that are not gathering contact info from every patron using, it would be good to hear from them why. The apps like Resy for tracking customer contact info seem pretty easy. What are the barriers restaurants face to using them? What can city do to support the restaurants in implementing these systems?

5) Testing outreach in The Port on Saturday. Planning next outreach event.

That's great!

Sam: Using C3 ambassadors for direct outreach to residents planned for this Saturday. New role for them. Ask them to go household to household. Use door hangers 2 days ahead of time and then doing visit. Less appointment density in Saturday and they can use the flier to jump the line. Applying this at buildings with high infection density.

Bill: we did a bad job around thanksgiving, can do better job for this holiday

Meeting adjourned at 2:00 pm