Cambridge
Public Health
Department

Minutes
Cambridge COVID-19 Expert Advisory Panel
2 pm, Tuesday June 9th, 2020

Testing

- Overall number of tests going down. Likely due to perceived risk going down. Effort to get testing in community was initially fueled by fear but interest has dropped off. This is unfortunate because passive environmental testing will be important for tracking infection rates. Question of how to increase participation in testing.
- How many workplaces are testing? Some are requiring tests on a weekly basis. Depending on workplace, this may or may not be representative of population as a whole. Employers can impose testing requirement but not a state guideline.
- Chris says businesses and schools asking for app that manages data on testing and symptoms together. Bill's concern is that symptoms are variable, and potential that large portion of transmission happens before symptom onset.
- Alternative samples - CHA doing study looking at swab of anterior nares for testing – but because positivity rate is falling, it is becoming a several week project. Fecal sensitivity is lower and may not reflect actual transmission risk so not ideal. Saliva test would be particularly useful.
- Increasing issues nationwide on who pays for tests. Negative tests are valuable for public health planning.
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Reopening

- Every town selecting own rules, significant pressure related to restaurant industry. The challenge is that the reason cases are dropping is not independent of the fact restaurants are closed.
- Some recommendations going to governor were that threshold should be when the number of new daily cases is consistently around 150. It's currently 300-500. Another problem is that this is tied to assumption is that testing will continue at same level.

Reopening Parks and outdoor athletic/rec spaces

- Part of the risk is many people arriving together in cars and congregating.
- Effective messaging strategy? Don't share cars, don't have contact with people who have had contact with COVID+ individuals. Delay event if any one attendant is a contact. Reinforcing spatial distancing.
- In absence of good community testing, we don't have enough data available data right now to reliably use positive test counts as triggers for opening/closing. Turnaround is very slow. Cost is 1200 per sample. Could do sample from merged site now but would have to resolve problems to do building-level testing.
- Better marker: Increase in hospitalizations sustaining over 3 week period would be good signal, depending on reproductive rate. We would continue to see increase for 2-3 weeks after stopping activities.
- Could also look 1 month before peak of last surge - Find the rate of change in cases of covid/pneumonia 1 month before then. Monitor for a similar rate of change in current data.

Will senior centers reopen?

- Senior centers meeting for outdoor meetings with chairs disinfected between visitors—not particularly high risk. Bigger issue is planning for combination of heat emergencies and pandemic

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CHA Cambridge Health Alliance

- Need places to congregate distanced indoors with AC and appropriate filters to reduce risk

Progress on household testing capability for virus+ individuals?

- Lou Ann: Now getting everyone on board to test folks who are not highly suspected. Early on did not have enough tests, so they were rationed. Now they have executive approval to test anyone who comes to ED who has any symptom that might be consistent with COVID, even if going home. Moving forward with the idea of targeting households for additional testing and working with ambulatory colleagues to formalize a similar process. There are a lot of conspiracy theories among community members and reluctance to have household members tested. Working with comm health team to dispel myths. Talking to patients who come to respiratory clinic about not waiting until they are really sick to come for testing, esp since CHA they has plasma and remesedivr available.
- People who are sick should monitor at home with pulse ox? Respiratory clinic was initially giving them out but they weren't reliable. No good way to indicate when 02 sat is going to acutely fall. This is part of problem with getting people into hospital in a timely way.
- Claude: Mobile outreach accounts for 40% of tests-lack capacity for households right now but keep on agenda. Aware of linkage with veterans administration to go to certain households. Constraints are avialablity of kits and labor.
- Good topic to bring up with Eric lander/colleagues if they join EAP meeting
- May be smart to pilot this sooner than later, while daily new case counts are still under 5