



Cambridge
Public Health
Department

Cambridge COVID-19 Expert Advisory Panel

Thursday, November 12, 2020

Attendees:

Bill Hanage
Jill Crittenden
Louann Bruno-Murtha
Chris Kreis
Kirby Erlandson
Claude Jacob
Sam Lipson
Anna Kaplan
Sammi Chung
Dan Riviello
Lee Gianetti

Meeting convened at 1:00 pm

Sam introduced Lee Gianetti and Dan Riviello from the City Manager's Office. One or both will be joining the EAP meetings whenever possible.

1) Case data and clinical updates

Anna: Increase in cases in Cambridgeport, East Cambridge, North Cambridge. Not a huge jump in the Port neighborhood which had a lot of cases in the spring. Increases seen in kids, 20s, 30s. 28 new cases since 4pm yesterday. 7 day moving average of cases is 10/100,000. Viewing graph showing increase since November 1. Increase in cases at universities, particularly MIT. Moved first year business students online.

Louann: CHA hospitalizations stable in the past week, but trending towards increased patients in critical care and on ventilators. Anticipate seeing hospitalization rate go up in next two weeks. Also going to receive monoclonal antibody to administer to mild to moderately severe patients. Can't give to patients who require oxygen supplementation. Setting up infusion center for Covid+ patients to receive it. Data is not great, but study did show less hospitalizations among those treated.

Bill: Working on a model showing the percent of each age group infected. Right now the oldest age groups have much lower percent infected compared to spring. Entirely plausible we have more infection in MA now than in the spring, but younger age groups. This is consistent with waste water data. What typically happens is large number of young people get infected and then there is entry into older age groups which causes strain on health system.

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Louann: What ended up happening with nursing home clusters—did you submit to state for whole genome sequencing?

Anna: DPH said cluster was not big enough to follow through with WGS.

Bill: might be able to do it in his lab

Anna: Samples may have been used up by the Broad, but maybe next time could try that rather than DPH process

Was it one introduction from multiple places or a single source?

Louann: Often Covid brought into nursing home by visitors. Nursing homes doing good job with PPE, testing staff, etc.

Anna: There was one recent cluster with a number of cases, each case happened in isolation unit where individuals were sharing rooms. Now everyone is in individual rooms, but previously were in pairs and infected roommates.

Claude: It has been proposed that students go get tested and then go party. Opportunity to change messaging?

Bill: If you were to stop all transmission now, you would still get hospitalization uptick in 2-3 weeks. Messaging should be to prevent young people from having contact with the older age group. A lot of people who work in restaurants are in younger age group which is quite dangerous.

2) Governor's Orders update ^[1]_{SEP}

Sam: Updated guidelines for stricter outdoor mask use, early closure, gathering limits - 6 in private gatherings. Most recent update is that communities at highest risk cannot continue on to phase 3 step 2 reopening which mostly involves large performance spaces which are not that relevant for Cambridge.

3) Mobility network model (Nature article) suggesting highest risk activities ^[1]_{SEP}

Discussed Mobility network paper and whether it can be used as support to discourage particular high-risk activities. Should this be presented to city?

Bill: the evidence fits with CDC study and additional observational studies from different places.

Bill: Positive news showing shutdowns getting results. All shutdowns that have been successful involve indoor dining and fitness centers. Hotels as well. Study based on old data, months ago so harder to relate it to now. But it is part of a body of evidence, including CDC risk factor analysis. Also misses workplace as high risk activity. It is important to communicate to people what to do if workplace is unsafe, if neighbor is having 20-person party, etc.

Sam: We have not put out formal recommendation on indoor dining and fitness centers/classes, martial arts, dance yoga classes. Is there interest in generating a formal recommendation? It's important to communicate that any decision can be reversed when data and capacity indicate that it is safe to do so.

Bill: We should communicate that increasing rise in cases means they are probably going to have to close at some point, so they should probably start planning now. Anything that can be done to help with take-out and curbside pickup. Governor is concerned about economic impact in the absence of federal support. Doubling time is every couple weeks now in Cambridge. We need to limit number of people going to multi-generational gatherings. Perhaps close for 2 weeks before thanksgiving?

Claude: Thinking ahead about how to minimize disruption.

Jill: Struck by data that it is speaking that causes droplet emission. An important message is to wear a mask when talking. Talking appears to be more risky than chewing

Sam: Having indoor dining open also translates to personal behavior. Allowing people to gather for indoor dining in restaurants sends message that private indoor gatherings are safe too. People use dining as opportunity to do all the wrong things.

Kirby: In favor of making a recommendation for closure of indoor dining and fitness activities. If there is push back or lack of consensus on this, then we should at least make recommendations about limiting size of party or limiting maximum capacity of restaurant.

Sam: hard thing for limiting max capacity is each restaurant is different size and customized capacity limits would overwhelm inspections. Trying to reduce party sizes further is more feasible.

Bill: Agree. Consensus statement is that some action needs to be taken on these sectors, beginning with communication indicating likely closure in near term and efforts to assist these businesses in any way feasible.

Bill, Louann Jill, Kirby raised hands in favor of closing indoor dining and indoor fitness gyms/classes [note: this has been understood to include dance, marital arts, yoga studios]. Non-members can't vote.

4) Amended CPS closure metrics ^[L]_{SEP}

Jill: If metrics are not changed then schools would be closed starting Tuesday. Specifically the change would be the geographic region that is being measured (Cambridge alone vs the region as a whole)—not the metrics themselves. Currently only little kids allowed in schools. Pre-k to 3rd grade and some special needs older kids. Experts recommended switching metrics to Cambridge only. Vote is going to take place.

Current metrics: OK to keep schools open if lower than 5% positivity rate and lower than 25 infections per 100,000 population. There is also a metric related to sewage data.

Bill: Agree, it is increasingly clear 0-10 old age group less likely to be infected based on other country data. May also transmit less. This has been true in schools with no mitigation in place. Important to consider number of people at risk in schools - they may not live in Cambridge. Big addendum is to be careful with wastewater - hard to tell best way to interpret data. Also keep in mind that if you are changing metric, you may only be delaying things by one doubling period.

Anna: Cambridge currently at 10/100,000 cases for 7 day moving average and 0.2% positive. % positivity 3.98%. Differs if you look at it by test modality (include antigen).

Bill: % positivity is flawed metric

Anna: Yes, but without it, may never reach 5% threshold

Jill: MA data is 0.2% positive for 14 day moving average in Cambridge per test

Claude: These 4 weeks have given us helpful data. Performed 2400 tests within school community. Staff getting tested on average 3 times.

Sam: Awkwardness of shifting messaging at this point of surge. Testing so much in schools with great success. In many ways school environment safer than community. If we maintain surveillance these local criteria can be justified.

Anna: 3 documented in school transmissions since October opening

Bill: When you find case in school that is success because you found it and you can do something about it.

Claude: it's a good idea to have this municipal metric. should not disconnect from broader regional metric. Gives different dimension and more complete picture.

Sam: Rate of transmission within school should be considered in these decisions. Look at how school is doing. Isolated cases vs in-school transmission cases.

Claude: recommendations on indoor dining to city manager
Sewage data early next week

Not discussed

5) Timeline and logistics for COVID vaccine dispensing effort ^[11]_[SEP]

Meet was adjourned at 2:05 pm