



Cambridge  
Public Health  
Department

## Cambridge COVID-19 Expert Advisory Panel

Thursday October 8<sup>th</sup>, 2020

Attendees:

Jill Crittenden  
William Hanage  
LouAnn Bruno-Murtha  
Chris Kreis  
Kirby Erlandson  
Claude Jacob  
Sam Lipson  
Anna Kaplan  
Nancy Rihan-Porter  
Sammi Chung

Meeting convened at 2:00 pm

### Updates: Recent cases at Sancta Maria, contact tracing

**Lou-Ann Bruno-Murtha:** Last Friday, October 2 Sancta Maria reported a positive case (new admission transferred from hospital). Three others in the isolation unit also tested positive soon after, but may have also been acquired outside the facility (at a transferring hospital). Quarantine clock was reset for all patients in that shared a room with these cases. Sancta is moving to single-occupancy only on the isolation unit. All staff have been tested with no positive results.

**Bill Hanage:** Focused protection doesn't seem to work. 4 cases of hospital-acquired infections so close together seems significant.

**Anna Kaplan:** None of these cases were from Mt Auburn or The Cambridge Hospital. None were previously positive and two exhibited symptoms. Some test results are still pending. I was surprised by the number of Hospital Acquired Infections (HAIs). I'm looking into any possible correlation with the medical transport company used.

**Claude Jacob:** Are there any concerns on the ground at the hospitals and clinics?

**LouAnn Bruno Murtha:** I'll be asking here at CHA about universal testing for patients going to Skilled Nursing Facilities (SNFs). This will impact the availability of beds because of the lag to receive test results.

**Anna Kaplan:** In these cases all residents tested negative (PCR) upon discharge. One became positive on Day 12 after discharge.

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**Bill Hanage:** A recently published paper concludes that testing alone doesn't offer much protection (esp. if it's only weekly or less often). PPE and single-room occupancy is required.

**Anna Kaplan:** Overall we were pleased with the response from MDPH and staff at Sancta Maria. MDPH does believe that airborne transmission (passive or via ventilation) is the pathway in this case. I'm not sure this is in alignment with updated CDC guidance on the likelihood of airborne transmission.

**Jill Crittenden:** It's worth noting that at least one resident in a room shared with the positive case didn't become infected.

**Bill Hanage:** The Broad is funded to do sequencing and can help identify the source.

**Anna Kaplan:** That could be useful. I'm also focused on looking at practices related to specimen collection.

**Bill Hanage:** I will follow up with the Broad and Anna.

**LouAnn Bruno-Murtha:** MDPH State Lab can also do sequencing as follow up during an investigation.

**Jill Crittenden:** HVAC transmission risk is always worth looking at.

**Anna Kaplan:** There were no new infections outside of the isolation unit.

## 1) Outdoor mask use review - current EO vs State

**Sam Lipson:** Overview of initial and amendments to the City of Cambridge Executive Order requiring mask use in public places and common areas of multi-unit residential buildings. The original order took effect at 12:01 a.m. on Wednesday, April 29. The order was amended on May 25, June 23, September 25, and October 2 and applies to everyone over the age of five years old, with exceptions as listed in CDC (Center for Disease Control) or Massachusetts Department of Public Health guidelines. Violations may be punishable by a \$300 fine. **The City's Temporary Emergency Order Requiring the Wearing of Masks or Face Coverings in all Public Places, Businesses, and in Common Areas of Residential Buildings was amended on [May 25, 2020](#), [June 23, 2020](#), on [September 25, 2020](#), and on [October 2, 2020](#).**

Earlier this summer I shared with the panel a grid showing several Boston area municipal mask policies (Somerville, Brookline, Boston, Cambridge, State). There are local regulations or executive orders in several towns that are quite strict on outdoor mask use (e.g. in Brookline outdoor mask use is required unless that person is "far from other people" suggesting a distance of 20-25 ft. Somerville has similar language to the Cambridge EO). The concern we recently received from one resident challenged the evidence for

outdoor mask restrictions. I responded by pointing out that the outdoor use of masks was already mandated by the State and, but this relies entirely on individual compliance when in proximity to others. I have previously reported the complaints about pedestrians on the Fresh Pond Reservation path (runners brushing by without masks on). I do agree with her premise that our local mask order should be evidence-based within reason. Many countries understand that public mask use mandates, even when outdoors in some situations, are part of a complete pandemic mitigation campaign. I also indicated that this question would be discussed by the EAP.

**Claude Jacob:** Complaints from residents give the City and the department important input. Getting better compliance is an ongoing challenge. Many residents are expressing COVID safety concerns about Halloween. Other concerns have focused on general mask use compliance in public; use by law enforcement officers, Uber drivers, and construction workers. Is there any literature on the measured outdoor risk?

**Bill Hanage:** I don't worry nearly as much about outdoor exposure, even soccer players. There are situations outdoors that do pose a much higher risk., but I really think we need to keep coming back to the three C's: Close Contact, Closed Spaces, Crowds (*ed. note more like 4 C's*)

I'm worried that we are imposing penalties on outdoor activities that are far safer than staying indoors with others. There is some risk, but we need to encourage people to go outdoors.

**Sam Lipson:** One thing about mask orders is that they are legal documents and defy nuanced messaging. If it's written it needs to be clear, if there are exceptions, they also need to be clear.

**Bill Hanage:** Generally speaking, I recommend that the Public Health Department should be included on development of all future COVID-related executive orders so that their knowledge, anticipation and experience can be reflected.

**Sam Lipson:** With the support of this panel I will recommend at the next opportunity (next mask amendment) that we revert to a simpler outdoor mask standard starting with the State language and specifically citing outdoor circumstances where mask requirements will be in effect (e.g. crowded sidewalks plazas, shared paths, public accesses into buildings). Maybe we can use the 3 C's in the language.

## 2) **BioBot update (data turn-around and sharing meeting)**

**Sam Lipson:** Briefly, we have had another recent meeting with BioBot staff to discuss logistics we need to arrange for direct sampling at three sites. This is being worked out by Cambridge DPW, MWRA and the BioBot engineering team. Anna and I also discussed adding a provision to the contract establishing one-day turnaround time for results. We expect that results will be delivered in a "flat CSV" format until the API formatting is available later in the fall.

### 3) Defining staged introduction of restrictions using data to trigger restrictions.

**Sam Lipson:** We've discussed an approach to this difficult question about re-closing and generally agreed that the follow principles make sense:

- Focus on sectors and activities where the largest number of people can be infected in the shortest period of time.
- Timing of these orders should be tied (at very least) to the capacity of the healthcare sector to manage the number and severity of hospitalizations. Anticipating this impact to limit this risk early enough is the challenge here.
- Specific age groups are very important to track along with hospitalization rates, case rates and sewer data. Younger groups are driving recent infections and this might not show up as hospitalizations until more transmissions to people at greater risk occur. Limiting transmission between younger people requires a different type of enforcement or education. Large social gatherings in private are tough to do anything about, but are a very important risk factor.

**Claude Jacob:** The scale of the event and the age of participants make a big difference in compliance behaviors.

**Bill Hanage:** Not all infections pose the same risk to community infection rates. COVID-19 cases among the 20-40 y.o. age cohort are less likely to impact community transmission rates than among older or sicker people. But if we want to look at that cohort we should look at bars, restaurants and gyms.

**Kirby Erlandson:** Restaurants and bars being open also sends a message that gatherings are safe. That's how it's seen by a lot of people.

**Jill Crittenden:** As the rules stand now people only need to have masks on while seated (rather than circulating inside). Can this be strengthened? [*ed. note: This is more about compliance than the strength of the State order, since the only clear exemption is while eating or drinking*]. By making a bigger deal out of strict compliance in indoor establishments we can help counter the perception that Kirby mentioned.

**Bill Hanage:** We need to worry about the total size and capacity at bars and restaurants (since there is no State limit on patrons, only based on compliance with distancing standards that are clearly not protective}. Also need to think about private gathers and gyms or other indoor fitness activities.

Sam should report back on incremental restrictions at restaurants and indoor fitness. [*ed. note: restaurant and customer compliance are the primary problems with mask behavior. Limits on patrons needs to be explored*].

**Sam Lipson:** We have sent the stricter local indoor fitness order to the Law Department many weeks ago and I've recently responded to a follow up clarification. Haven't gotten it back yet.

**Chris Kreis:** We shouldn't forget performances and places of worship as sources of risk.

**Sam Lipson:** I've worked with many Cambridge faith community leaders on several occasions. Very few are holding in-person services now and few plan to hold them in the near future. Cinemas are allowed to be open, but under strict spacing rules. The City has worked with the Central Sq Business Improvement District to develop the Starlight stages. No indoor performance venues are allowed to open until Phase 3, Step 2 and Cambridge has chosen not to advance that far.

**Bill Hanage:** We need to prepared options for restaurants and gyms to operate safely. We should discuss Halloween safety soon.

**Sam Lipson:** There will be no Cambridge COVID-19 EAP meeting on October 15<sup>th</sup>, so October 22 is the next one. On Halloween safety we want to make sure to emphasize that many things can be done at lower risk, crowded streets pose a higher exposure risk, City permitting for public events will be reconsidered,

**Bill Hanage:** One last recommendation: A recent open letter to Redfield in to USA Today by Bill Fahey. I think it was yesterday.

**Items from agenda not covered during this meeting:**

- 4) Identify local orders to draft if triggers are met (or decision made to tighten rules
- 5) Michael Mina debrief / role of rapid tests

Meeting adjourned at 3:00 pm