



Cambridge  
Public Health  
Department

## Cambridge COVID-19 Expert Advisory Panel

Thursday September 17th, 2020

Jill Crittenden  
Bill Hanage  
LouAnn Bruno-Murtha  
Chris Kreis  
Kirby Erlandson  
Claude Jacob  
Sam Lipson  
Anna Kaplan  
Sammi Chung

Invited guest: Michael Mina (HSPH, Broad Institute)  
Meeting convened at 2:00 pm

Claude: Considering inviting additional members who weren't able to join in the Spring.  
Consider pulling together biosketches. For some, these could just be one-time learning sessions if they can't join consistently.

### **1) Update on our recommendation that CPSD safety guidelines be applied for out-of-school (OST) supervisors and students.**

- Jill: Raising discussion of schools
- Claude: Extending formal invite to Lisa to discuss this topic as the medical director, as well as Tracy. They are best positioned to speak about plans and ways forward.
- Sam: DIscussed with Jim Maloney. Pressure to create remote learning sites to address inequities in access. Most people will be in their own house or a private setting. He is going to bring up question of remote learning. If there is going to be school dept sponsored remote learning site, we need to think about standards for remote learning safety. We should put out guidance so that people are clear.
- Jill: Per Tuesday school committee meeting, this has been offered and accepted by 100 families.
- Bill: Remote learning site is ludicrous proposal. Doing the same thing they would be doing in schools but in another place.
- Jill: Mostly black and brown children would use remote learning site and they are at higher risk
- Kirby: May be needed because of disparities in safety or supervision at home

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- Sam: Access to technology is also an issue
- Claude: Would feel better knowing we could answer questions on safety
- Sam: People doing remote learning at home need public health guidance too
- Jill: Kari Milner is engaged in this and connected to Cambridge Agenda for Children
- Bill: Once it is out of your control you stop because it's out of your responsibility, but need to still try it to influence with advice on contact, ventilation, etc.
- Sam: Most students will not be there. Just because CPHD doesn't have authority doesn't mean guidance can't be put out.
- Claude: Let's ask medical director Lisa to join EAP meeting in next couple weeks.

**2) BioBot proposal for Cambridge: how can data best be used and shared and what are priority catchments.**

- Sam: Regarding Biobot, met Tuesday with Kathy Watkins asst commissioner. DPW has medical leave issues that limit capacity. DPW wants to get it done but must ask Biobot to identify a local contractor to do the sampling. Look at how much sampling equipment they have. Fold it into the RFA so that it's a single price for the staff, sampling, equipment, etc. Hope to hear back by end of week. Next step is to go to City Manager. DPW wants CPHD to lead ask to the city manager.
- Claude: Biobot analytics has presented to multiple groups at CPHD.
- Sam: How to use the data? Not doing city wide? Targeted? Settled on 3 catchment sites. purpose is to capture the entire city. Flexibility in the contract to decide if they want to capture sample of public housing site / other place that is not getting tested as much as we'd like. Question of utility of characterizing certain areas as hotspots.
- Anna: Against sampling the public housing because it would not be opt-in.
- Bill: If you break it down you might see clusters that are really hot and then cool down. Really a period of a week to wait. Talking to mauricio santiano - he thinks it is better to incorporate the variance rather than the specific numbers. Not sure how informative it is for city as a whole.
- Jill: Hospitals like the idea of a signal showing increased transmission so help them prepared for a surge.

**Michael Mina joins the EAP discussion:**

- Speaking about role of rapid antigen testing for COVID-19 that people can perform in their own homes even if they are asymptomatic
- E25 is making diagnostic claim, not public health claim based on what FDA is demanding at the moment
- Abbot rapid test mainly only for symptomatic people
- Unclear if governor still has power to determine what LDTs can go forward without EUA.

- Spoke with Monica and Mary Lou about this issue to lobby to allow states to take over POC and home testing regulatory framework.
- We need federal government to start producing rapid tests. Testing is not making a dent. Capturing very small percent with testing in time to effectively isolate them and quarantine contacts. Rapid tests can work to capture cases more rapidly. Hard to pull people out of the population quickly enough. Most positive PCR tests of asymptomatic people are probably done weeks after person was infectious. Likely they are being erroneously isolated. Probability of PCR testing after infectious is much higher than during initial window. Avg person stays positive for 25 but for many stays positive for 60. CT was 35-37 for months. FDA doesn't want to give CTs out because they aren't FDA approved quantitatively. You could get bad swab and get CT of 37 for someone who is infectious. CT 15 needs to be at top of list for contact tracing. They are super spreaders at that moment if out in the environment.
- Bill: interested in detecting clustered events. Problem is that 50% of people say they won't take vaccine so they probably won't take test either.
- Mike: There are many Americans who will use these tests. People will go out either way, but maybe won't go visit their mom that night if they test positive. We can have half of the population refuse to use it and still have a benefit. Goal is not a passport to school or party, but to suppress outbreaks in hot zones.
- Bill - on other hand gets into sensitivity/specificity issues. Is the risk of false negative and then goes to see mother in nursing home. More likely to be positive when viral loads higher. Could be difficult if result is negative but person is actually positive.
- Mike: If there's nothing else available, better than nothing. People going to school either way, find any positive you can esp in hot spots. Get incidence down during outbreaks.
- Anna - We have fast turnaround on tests and still don't have uptake in communities most impacted by covid. How does antigen testing play a role? How do we build trust around test? Many reasons why people don't trust, and why would they trust the test? If these are at home? How are results going to get to local public health dept, physicians.
- Jill: still more demand than availability
- Mike - biggest barrier is going to the place test is offered. Putting them in homes would increase access. People want to know if kid is bringing it home.. Reporting should be voluntary, not be mandated. We have undocumented and other people who don't want to be part of system. Can scale up 100 fold over testing we are doing today. Can have a lot of people get tested. Net effect of increased reporting.
- Nancy -. People living below poverty line are not accessing testing as much. Reality is that for us, the PCR test is a way to bring it to them. This population is not going to accept or trust a test they take at home without a clinician - Not going to settle for it.  
**Want a doctor present to trust it.**

- Kirby - it may not matter so much whether it's a PCR test vs an antigen test - but instead how you deliver it and where you deliver it. Big opportunity would be to bring rapid testing to workplaces with more low-income workers, for example.
- Sam - Frontline workers may face barriers to current testing offerings, like testing site hours 10a-6p.
- Claude - Do you have data that shows it changes behavior? Lag time is at crux of this. If it's taking a week to get results, and if someone stays positive for 25 days.
- Mike - Creating new tool for people on this call to pick up. These questions are for behavioral/social scientists.
- Sam - How are we following up on tests positive in multi generational households?

**Items not covered during this meeting:**

Contact tracing – are there sufficient communications across Cambridge universities, police departments, and schools to share information about large gatherings with CPHD?  
(Anna and Chris K.)

Meeting adjourned at 2:00 pm