Cambridge
Public Health
Department

Cambridge COVID-19 Expert Advisory Panel

Thursday September 24th, 2020

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

Meeting convened at 2:00 pm

General update on hospitalization and case trends

LouAnn Bruno-Murtha provided an update on COVID admissions at CHA

- CHA currently has 11 COVID patients, most are in advanced care beds
- There has been a big shift towards younger patients, more advanced symptoms.

Bill Hanage: Perhaps it's taking worse symptoms to get younger patients to seek care in a hospital setting.

Anna Kaplan: 5 Cambridge residents are currently hospitalized (CHA serving many communities outside of Cambridge). The largest age cohort is 20-39 years old. One possible factor in this age-shift – universities reopening (students returning). 15 Harvard cases and 17 MIT cases have been recorded since mid-August.

Jill Crittenden: Who does contact tracing at the universities?

Anna Kaplan: Initial tracing is conducted by university staff with any contacts affiliated with the university. Outside COVID contacts get follow up from CPHD staff. Many graduate and undergraduate cases live off-campus, but will still be contacted by university staff for tracing purposes.

Bill Hanage: Distribution of CT values (Cycle Threshold = number of cycles necessary to spot the virus) among positive cases might be tied to the RT (rate of transmission within

the community). There is interest in using CT data more diagnostically. At MGH the CT data suggest an community RT slightly above 1.

LouAnn Bruno-Murtha: MDPH should be able to provide information on CT.

Jill Crittenden: Just to clarify, a higher CT suggests lower viral load and lower likelihood of transmission?

Bill Hanage: CT relates to viable virus loads, but maybe not always showing likelihood of transmission. One recent case I am aware of indicated CT in the 30s, but before his death it dropped to 15. It's not clear if the cause of death was definitely COVID-related. So it's not always clear.

Claude Jacob: Data updates from Cambridge – Over the most recently reported 14-day period Cambridge had a **% positivity of 0.14%**. **Incidence of new COVID cases is 2.4/day** over that period. We have a Special Session of City Council to provide update and answer questions on Tuesday, 9/30.

1) Changes to State reopening (indoor seating- up to 10 at a table, bar dining).

Bill Hanage: I would like to say that I am not in favor of this looser standard. At this point it is difficult to tell how the rise in new cases recently is related is tied to university reopening and how much is tied to food establishments with indoor dining.

Claude Jacob: Any rise in cases is concerning, of course. It seems like this might point to restaurants and bars, given how low the positivity has been among returning students, faculty ad staff at the universities.

Anna Kaplan: We have seen recent clusters among factory workers. It's not clear how consistently masks were being worn in these workplaces. I will say that the frequency of incidents of possible exposure is likely to be much higher in a poorly controlled workplace than in a restaurant. People go out dining once in a while, but go to work many times a week and are more likely to spend all day in one place.

Jill Crittenden: I have observed policemen not wearing masks while waiting for food, so controlling the risk at food establishments is not just about the diners.

2) Indoor mask guidelines?

LouAnn Bruno-Murtha: Is this a sign of "mask fatigue" or just a pattern of poor compliance? Hospitals also have some mask compliance issues among healthcare workers. We believe that exposure during meals and socializing is the primary cause. There is a recent case of a healthcare worker who became an index case at Baystate Medical.

Bill Hanage: Would it be beneficial to have more communication to healthcare workers and teachers about mask use?

Sam Lipson: Maybe include messaging on mask use in the next CHA Grand Rounds?

LouAnn Bruno-Murtha: Grand Rounds are not very well attended these days. Assaad's weekly Town Hall (CEO Forum) might be a better venue for this communication. Also, there is a draft publication from CHA OccHealth about masks and staff transmission at CHA. Sharing this could be a good opportunity to raise the topic and tie-in to mask messaging.

Tracy Rose-Tynes: Positive cases at Cambridge Montessori School recently reported. Asst Director was positive for the antigen test and was symptomatic. CPHD submitted a letter with guidance on communicating positive test results to school families and staff.

Jill Crittenden: Will other families with kids in the same classes be informed in case of positive test results?

Tracy Rose-Tynes: The Asst Director at the school had over 50 contacts, as defined by CDC standard, but was PCR negative. [Public Health follows up with all potential contacts or refer to local BOH in town of residence of the potential contact]

Anna Kaplan: We've seen positive antigen tests with negative PCR results elsewhere.

LouAnn Bruno-Murtha: I would recommend repeating the PCR test under those circumstances. False negatives are possible with PCR if specimen collection was conducted poorly. Anna and Bill agreed that a second PCR if individual is symptomatic.

Anna Kaplan: We're working with our medical director, Lisa Dobberteen, and will follow her recommendations.

Jill Crittenden: It might be worth looking at which antigen test was used in this case, since some are more associated with false positives.

Tracy Rose-Tynes: Cambridge Public Schools are re-opening soon. The testing protocol will be:

- All symptomatic students and staff will be tested (PCR) after a school nurse assessment
- If they are screened in for testing they will be relocated to the Get Well Room to prep for testing.
- Surveillance testing of teaching staff is offered twice per week. This is voluntary but highly encouraged for all staff.

Bill Hanage: This is better than the current return-to-school protocol in the United Kingdom. In the UK they separate class grades, but no mitigation strategies and mask use and poor availability of testing.

In Cambridge schools, if there is a positive test result, who else would then get tested?

Tracy Rose-Tynes: If a teacher tests positive then all students in their classes will get tested. Testing is not likely to take place at the school building.
Bill Hanage: Since positive cases in the school environment are much less concerning then evidence transmission within the classroom (cluster of cases). If a positive case was found I would have some concern about other cohorts (occupants of the same building but not in the same class).

Tracy Rose-Tynes: [in response to a question] All testing of staff is voluntary.

Anna Kaplan: Some staff have raised privacy concerns (as it pertains to the use of the CPSD email vs. their own accounts). In any case contact tracing requires disclosure to all individuals who have been identified as contacts.

Bill Hanage: Pool testing, which may not be a big cost saving in general, can help with privacy issues.

Tracy Rose-Tynes: Massachusetts Department of Public Health (MDPH) says that no one has the right to know the identity of a child who tests positive other than the family, the principal and the school nurse.

Jill Crittenden: Messaging that in schools and to staff that mask use sharply reduces risk,

Bill Hanage: One resource in an effort to reach out to teachers and their union on the critical importance of testing and PPE use is MassCOSH (Massachusetts Coalition for Occupational Safety and Health).

Topics not covered:

3) MIT false positives from COVID research

4) Positives reported on Facebook but not communicated to parents and teachers at schools in surrounding communities and in Cambridge?

5) Discussion about how we might use sewage data?

Meeting adjourned at 3:00 pm