Cambridge
Public Health
Department

Agenda
Cambridge COVID-19 Expert Advisory Panel
2 pm, Wednesday, April 28, 2021

Join with Google Meet

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Join by phone

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Welcome and Attendance

1) Clinical, case, vaccination and wastewater data update

2) MA/CDC outdoor mask guidance & MA reopening schedule (Phase 4, Step 2 and beyond)
Need for clarifying order on outdoor mask use? Risk tied to reopening phases/steps?

3) Cambridge Public Schools update: case rates, full attendance, pool testing participation

4) Variant updates: Recent reduction in MA, Cambridge with B.1.1.7 dominant variant, B.1.617 (India) double-variant and other global risks

Attachments:

1) Cambridge New Case Data (4/26/21)
2) Cambridge Wastewater chart (4/21/21)
3) MA Daily New Cases (4/26/21)
4) MA Outdoor Mask/Reopen Timeline Press Release (4/27/21)
5) *Should I wear a mask outside_ Experts weigh in* Washington Post (4/22/21)
6) *The Lessons of the Johnson & Johnson Vaccine Saga* The New Yorker (4/25/21)

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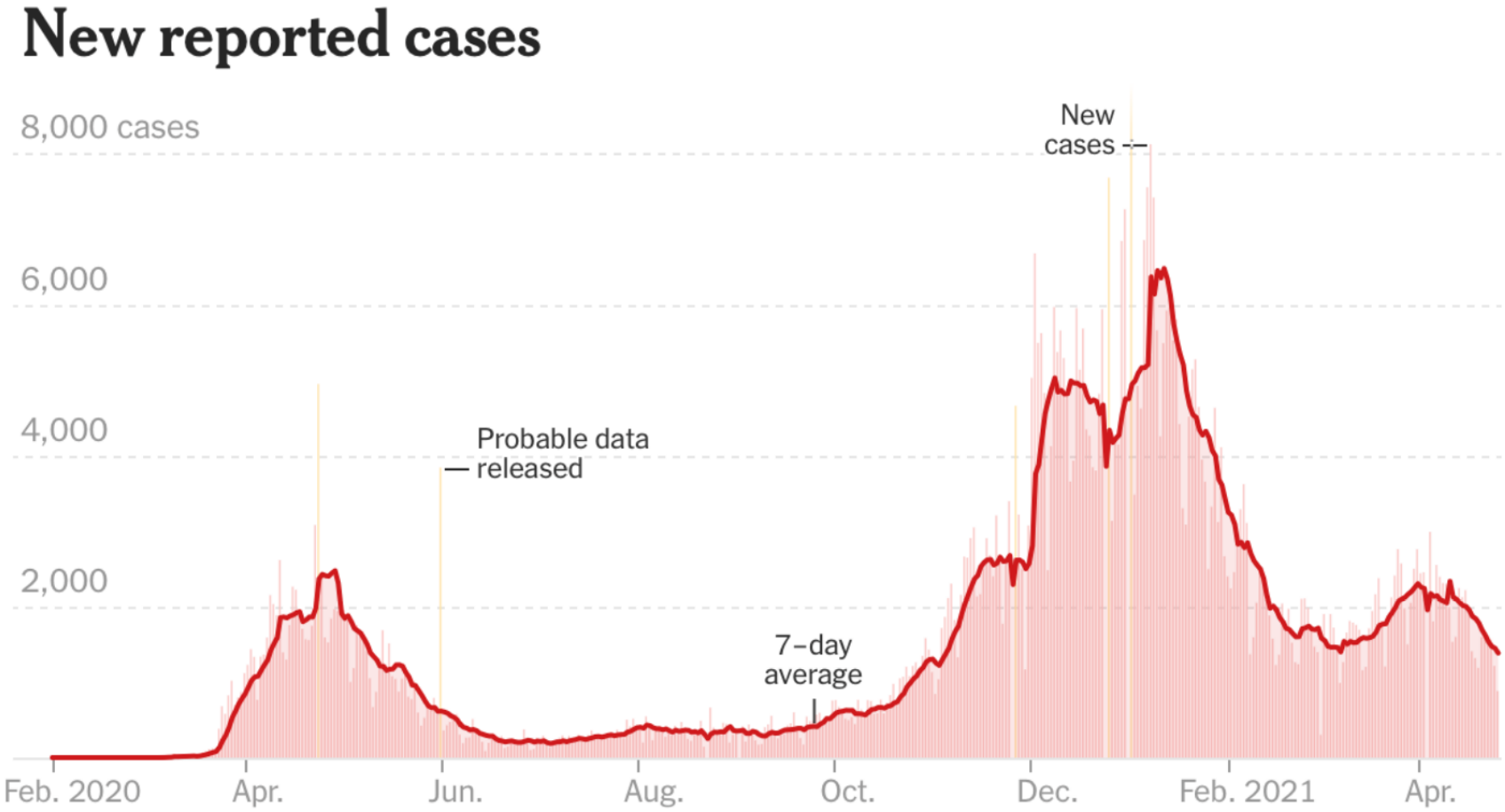
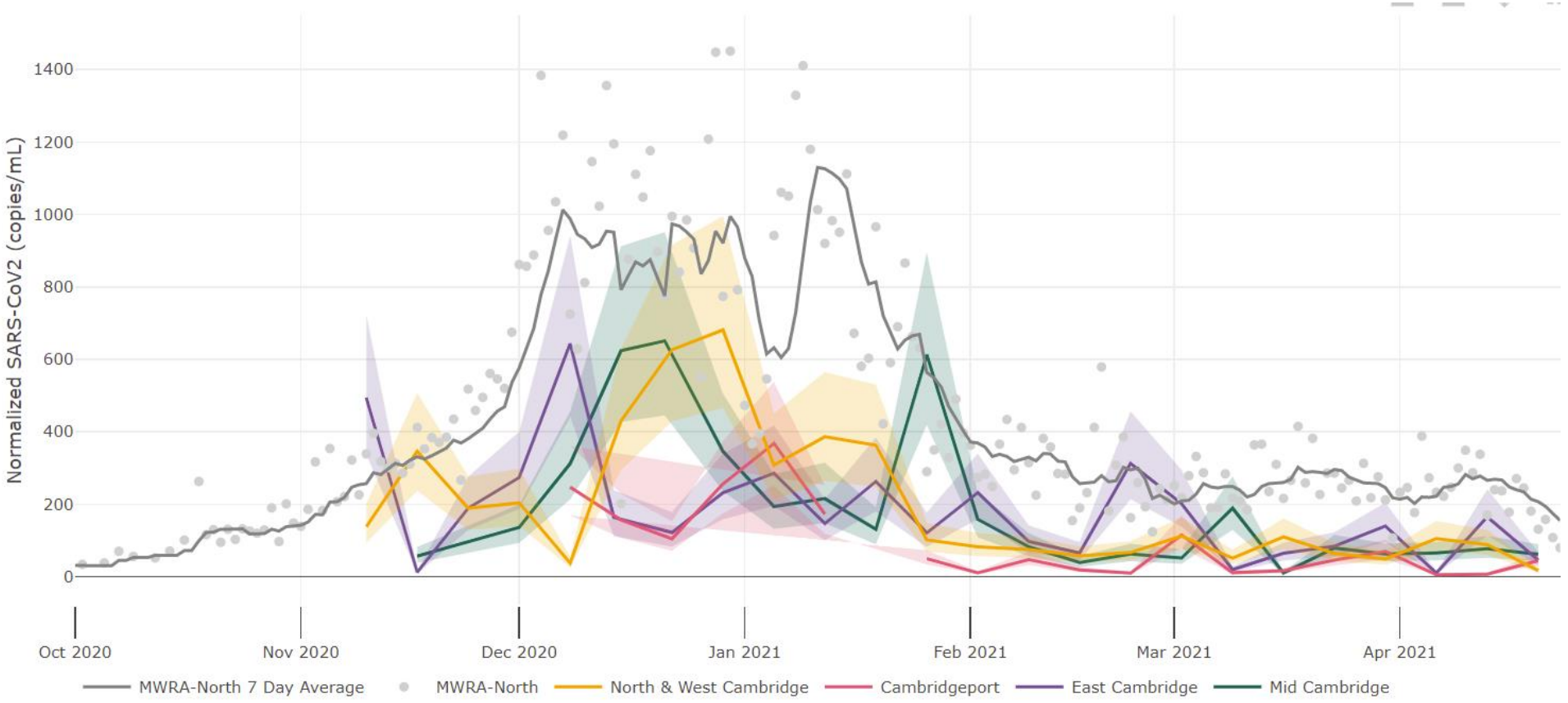
CHA Cambridge Health Alliance

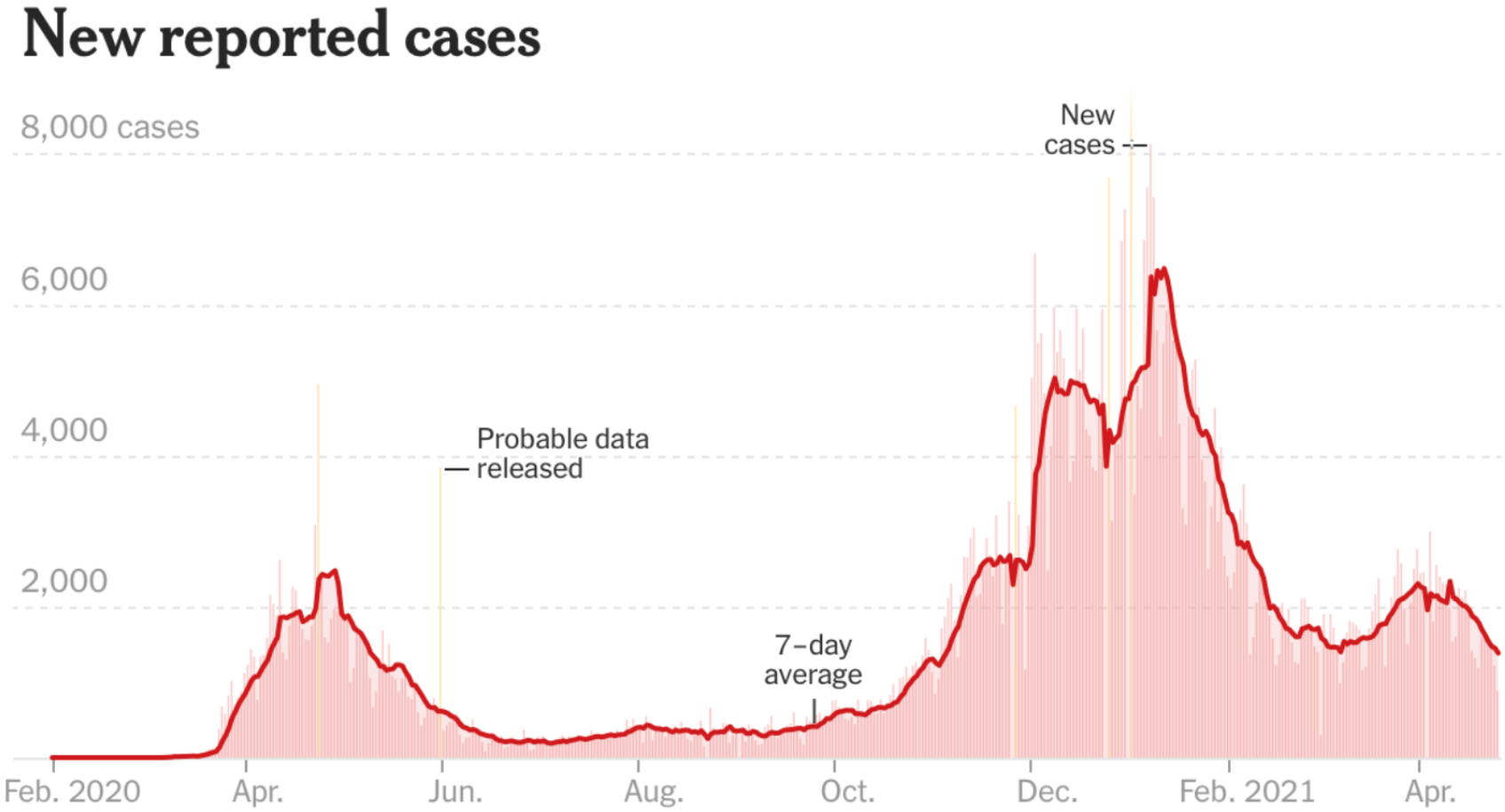
MA New Daily COVID Cases (4-26-21)



Cambridge Weekly Wastewater SARS-CoV-2 (collected 4-21-21)



MA New Daily COVID Cases (4-26-21)



Press Release Baker-Polito Administration Announces Plans for Continued Reopening

Face Coverings Order to be Relaxed for Some Outdoor Settings

FOR IMMEDIATE RELEASE:

4/27/2021

BOSTON — Today, the Baker-Polito Administration announced that Massachusetts will reopen some outdoor Phase 4, Step 2 industries effective May 10th and put plans in place for further reopening on May 29th and August 1st. The Administration continues to take steps to reopen the Commonwealth's economy with public health metrics continuing to trend in a positive direction. This includes drops in average daily COVID cases and hospitalizations. Massachusetts remains first in the nation for first vaccine doses and total doses administered per capita, among states with more than 5 million people. The Administration will also relax the Face Coverings Order for some outdoor settings, effective April 30th.

Phase IV, Step 2 Industries and Gathering Changes:

On March 22, Massachusetts loosened capacity restrictions and advanced to Step 1 of Phase IV of the reopening plan. Since then, case rates dropped by 20%. The positivity rate has dropped to the lowest levels recorded since last summer.

Effective Monday, May 10th:

Large venues such as indoor and outdoor stadiums, arenas and ballparks currently open as part of Phase 4, Step 1 at 12% will be permitted to increase capacity to 25%.

The Commonwealth will reopen some outdoor Phase 4, Step 2 industries including amusement parks, theme parks and outdoor water parks that will be permitted to operate at a 50% capacity after submitting safety plans to the Department of Public Health.

Road races and other large, outdoor organized amateur or professional group athletic events will be permitted to take place with staggered starts after submitting safety plans to a local board of health or the DPH.

Youth and adult amateur sports tournaments will be allowed for moderate and high risk sports.

Singing will also be permitted indoors with strict distancing requirements at performance venues, restaurants, event venues and other businesses.

Effective May 29th:

Subject to public health and vaccination data, gathering limits will increase to 200 people indoors and 250 people outdoors for event venues, public settings and private settings.

Subject to public health and vaccination data, additional Phase 4, Step 2 industries will be permitted to open including:

- Street festivals, parades and agricultural festivals, at 50% of their previous capacity and after submitting safety plans to the local board of health.
- Bars, beer gardens, breweries, wineries and distilleries, will be subject to restaurant rules with seated service only, a 90 minute limit and no dance floors.

Subject to public health and vaccination data, the restaurant guidance will be updated to eliminate the requirement that food be served with alcohol and to increase the maximum table size to 10.

Effective August 1st:

Subject to public health and vaccination data, remaining industries will be permitted to open including:

- Dance clubs, and nightclubs
- Saunas, hot-tubs, steam rooms at fitness centers, health clubs and other facilities
- Indoor water parks
- Ball pits

All industry restrictions will be lifted at that time, and capacity will increase to 100% for all industries, with businesses encouraged to continue following best practices. The gathering limit will be rescinded.

Depending on vaccine distribution and public health data, the Administration may consider re-evaluating the August 1st date.

The Department of Public Health will also continue to issue guidance as needed, including guidance to still require masks indoors.

Face Coverings Order:

Effective April 30th, the Face Coverings Order will be relaxed for some outdoor settings.

Face coverings will only be required outside in public when it is not possible to socially distance, and at other times required by sector-specific guidance.

Face coverings will still be required at all times in indoor public places. Face coverings will also continue to be required at all times at events, whether held indoors or outdoors and whether held in a public space or private home, except for when eating or drinking.

At smaller gatherings in private homes, face coverings are recommended but not required. The $300 fine as an enforcement mechanism will be eliminated.

For more information, visit mass.gov/reopening.

The Washington Post
Democracy Dies in Darkness

Should I wear a mask outside? Experts weigh in on scenarios.

By **Allyson Chiu**

April 22, 2021 at 5:49 p.m. EDT

As more Americans are vaccinated against the coronavirus and a growing body of scientific evidence suggests that the risk of outdoor transmission is low, many people are wondering: Do we need to keep wearing face masks outside?

The short answer is that masking outdoors can be "optional," says Paul Sax, clinical director of the Division of Infectious Diseases at Brigham and Women's Hospital in Boston. While he says people should still generally don masks indoors, Sax believes statewide mandates for wearing masks outdoors may no longer be necessary. "The science of the viral transmission is advanced enough that we really don't want to be kind of confusing people by forcing them to wear masks in places where really they're at minimal risk," he says.

But before you start spending all your time outdoors barefaced, Sax and other experts emphasize that decisions about when to wear a mask outside largely depend on personal risk assessments involving a variety of virus-related factors. What is your vaccination status? How many other people could you be interacting with? Do you know their vaccination status? How much prolonged close contact could you have with them? Are you, or is anyone in your household, at increased risk for becoming severely ill from covid-19?

"There is not necessarily a straightforward rule," says Krystal Pollitt, an assistant professor of epidemiology at the Yale School of Public Health. "A lot of it really comes down to still thinking of the level of risk of the situation around you and the people around you, especially."

Here's how experts say you should assess risk and what they recommend about masking in various outdoor scenarios.

How can I judge whether it's safe for me to take my mask off?

If you can't maintain distance and there are a lot of people around who might not be vaccinated or might not be comfortable if others are unmasked, "then I think those are good cues to be wearing a mask," Pollitt says. You also should be mindful of the public health guidance on masking in your area.

Linsey Marr, an aerosol expert at Virginia Tech who studies airborne virus transmission, suggests keeping three factors in mind: whether you're outdoors, whether you're at a safe distance from other people and whether everyone is wearing masks. Ideally, Marr says, you should try to be in situations where you can meet two out of three of those conditions, particularly if you or people you're interacting with outside your household aren't vaccinated.

But if you're by yourself or only coming into close contact with members of your household and everyone is considered low risk, being outdoors without a mask is probably fairly safe, experts say.

"When you're walking your dog, you're going for a run or you're on a bicycle, these are really not risky situations for either you or the people who you might transiently pass," Sax says. Studies on ventilation, he adds, have shown that air flow outside is far better than it is indoors, "even with just a gentle breeze."

That means if you're hiking unmasked and you briefly encounter strangers on the trail, experts say there is probably no need to throw on a mask unless you're doing so to be polite. "We know that these aerosols are going to disperse very quickly outdoors," Pollitt says, "and the risk of infection, even without vaccination, would be much lower."

The risk decreases even more if you and the people around you outdoors are fully vaccinated, Marr says — "not zero risk, but getting there."

Of course, if you want to wear a mask outdoors in lower-risk situations, go ahead. "There are going to be people who, for a while, feel uncomfortable being outside without a mask," Sax says. "Any changes we make with relation to this pandemic are going to take some adjustment."

When can I take off my mask while socializing?

Masks aren't necessary for outdoor socializing unless you're in a crowded area where unvaccinated people from different households are close to each other for prolonged periods of time, experts say.

If you're going to be having a face-to-face conversation and don't know whether the other people are fully vaccinated, keep your mask on, Sax says. "Face-to-face conversation is one of the things we know is risky for covid transmission."

But if you're vaccinated and talking outdoors with people from a single household, it may be okay to take your mask off, Marr says, as long as the other people are comfortable. The Centers for Disease Control and Prevention has said that it is low risk for a vaccinated person to spend time indoors and unmasked with unvaccinated people from a single household who aren't vulnerable to severe cases of covid.

"If it's [illegible]"

their masks on outdoors unless they can maintain distance or make sure their encounters with others are brief, Marr says.

I'm eating outdoors, when should I put on mask?

Eating outdoors is generally safe, especially if you're vaccinated, Marr says, noting that she would not recommend that unvaccinated people from different households gather for a meal.

Regardless of your vaccination status, try to avoid dining setups where tables are close together or you're eating with others inside a structure. "You could be under a roof, but there should not be any walls," Marr says.

While brief unmasked interactions with servers are likely low risk, experts say you should still put your mask on when they approach your table to be considerate. Similarly, consider putting on your mask if you're engaging with someone at a drive-through window, even though the risk of transmission is low.

"As a matter of courtesy, we should continue to wear masks when we have encounters with servers because servers have been front-line workers from the start," Sax says. "I think that it's something that we should just do to respect them."

Do I have to wear my mask while walking or running?

While masks aren't needed for a solo walk or run, if you're vaccinated and planning to go with someone outside your household or with a group of people who might not be vaccinated, that may increase risk.

"The larger the group, theoretically, no matter what the activity is, the greater the likelihood that someone could have covid in that group," Sax says.

And, Pollitt notes, you're going to be breathing more heavily if you're running, which means you might inhale greater amounts of air expelled by someone else. If you don't feel comfortable running in a mask, try to keep your distance from other people in the group, she says.

People who want to walk or run with a partner can forgo masks if everyone involved is comfortable with the level of risk, Pollitt says. In this situation, Marr suggests running side-by-side with a bit of distance between you and the other person.

"If one person's following behind the other, then the person behind could be breathing a lot of the front person's exhaled breath," Marr says. "That's the situation you want to avoid."

Do I have to wear my mask playing outdoor sports?

“If you are able to maintain extended distance, the mask, especially for vaccinated individuals, is less important,” Pollitt says.

You probably don’t need to wear a mask during noncontact sports such as tennis or golf, but a pickup basketball game is a different situation, experts say. During a basketball game, “people can get really close to each other and you’re breathing hard,” Marr says. So unless everyone is vaccinated, masks should be worn.

Should I wear my mask at an outdoor game or concert?

Large crowds are risky, even outdoors, Sax says.

If you’re watching a game or attending a concert, you’ll likely be around many other people for an extended period of time and should wear a mask because you can’t know their vaccination status. Keep in mind that people at games and concerts are typically yelling or cheering loudly, Marr says, actions that may forcefully expel larger amounts of potentially infectious particles into the air.

Guests at outdoor weddings also should consider staying masked unless they can be seated at a safe distance, Marr says.

How long will we have to wear masks?

As the pandemic continues to evolve, experts emphasize that recommendations for masking will change. In the meantime, it’s important to understand that being outdoors and without your mask can be safe, Sax says.

“We’re never going to get to a place where there’s zero risk,” Sax says. “But I think that if we focus on the situations that are riskiest and pull back a little on the safer settings, that would actually give people more trust in public health messages.”

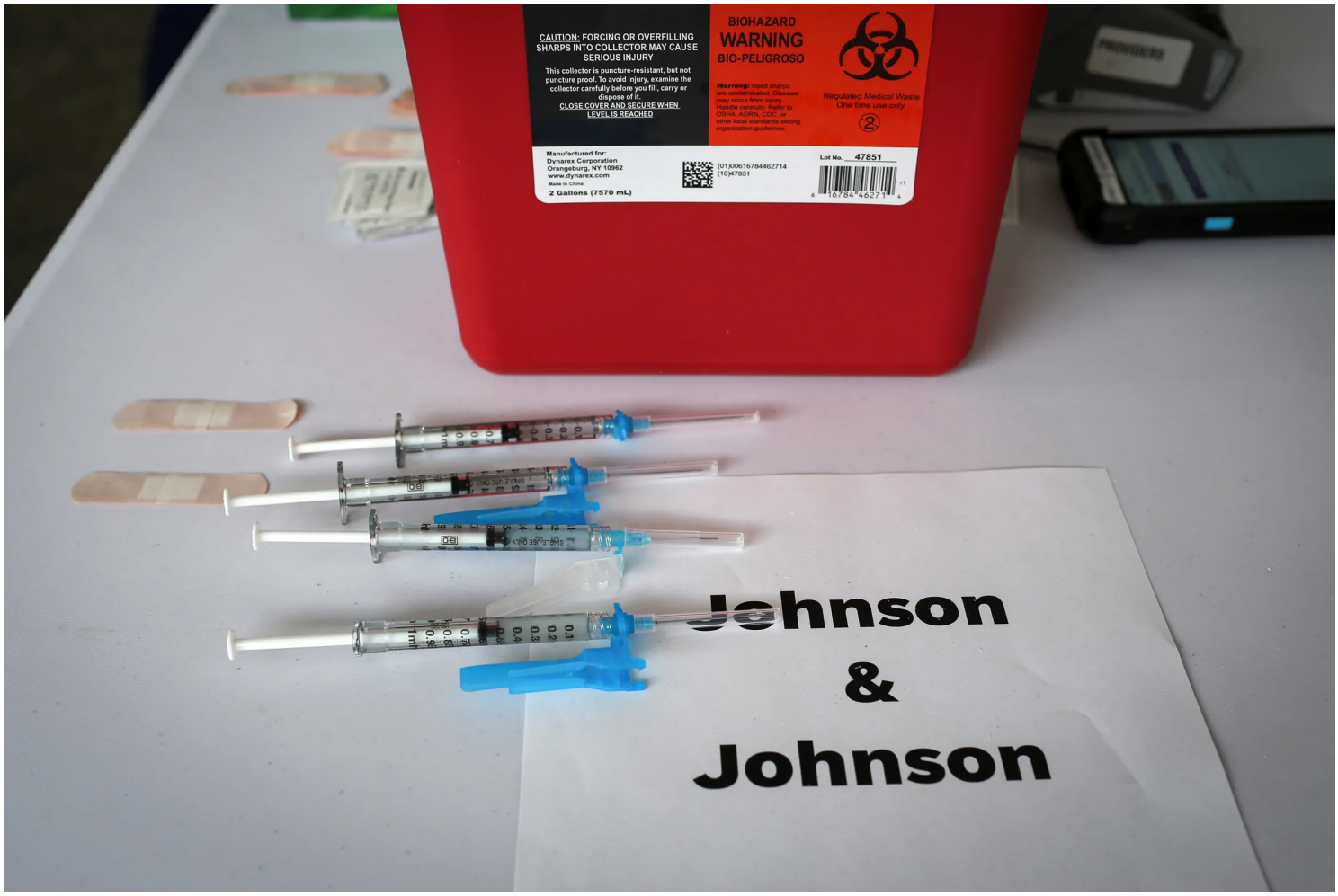
DAILY COMMENT

THE LESSONS OF THE JOHNSON & JOHNSON VACCINE SAGA

There were complaints that the pause would undermine confidence in vaccines. But it would have been more disastrous for the F.D.A. to be seen as ignoring or covering up the issue.

By Amy Davidson Sorkin

April 25, 2021



How do public-health authorities convey to the public when the benefits outweigh the risks? How do they convey, for that matter, when they care about the risks? **Photograph by Marco Bello / Reuters**

On Friday night, the Food and Drug Administration and the Centers for Disease Control and Prevention ended their ten-day pa on the use of the Johnson & Johnson COVID-19 vaccine, which is, on the whole, excellent news. The J. & J. shot (also referred to as Janssen, for the company subsidiary responsible for it) is highly effective at preventing cases of the disease, and in trials it was completely effective at preventing fatal cases. It is also the only vaccine approved in the United States (or the E.U.) that requires just a single shot, and it can be stored for three months in an ordinary refrigerator. Both of these factors make it well-suited for hard-to-reach or marginalized populations. (It is also effective against the South African variant.) The F.D.A. and the C.D.C. acted just hours after the C.D.C.'s independent Advisory Committee on Immunization Practices, or A.C.I.P., voted to reaffirm its recommendation of the vaccine for anyone over the age of eighteen, following a daylong virtual meeting that was live-streamed for the public, in which it scrutinized safety concerns around rare blood clots that mostly seem to occur in women under fifty.

But the A.C.I.P. laid out a task for public-health authorities: to communicate to women eighteen to forty-nine years old that there is a slight risk for them to be aware of, evaluate, and manage. Dr. José Romero, the Arkansas Secretary of Health and the chair of the meeting, said, "I acknowledge, as does everyone else, that these events are rare, but they are serious." He added, "It's our responsibility as clinicians to make sure women understand this risk and, when possible, that they have an alternative at the same site where you're administering the vaccine." That alternative would be the Pfizer-BioNTech or the Moderna vaccine, neither of which has been associated with the clots, and both of which are highly effective and safe. Romero was speaking at the end of the meeting and summing up what appeared to be the consensus. The vote on recommending continued use was 10–4 in favor—Romero voted yes. There was no dispute that the pause should end and that the vaccine should be made available to everyone over the age of eighteen. There was also no dispute that women should be given a clear statement about the distinct issues. The real disagreement, in the end, was about whether the best way to convey that information was to put it in the recommendation itself in some form, or in the warning label and fact sheet accompanying the vaccine. The fact-sheet party won.

Read *The New Yorker's* complete news coverage and analysis of the coronavirus pandemic.

In that sense, the A.C.I.P. meeting provided a glimpse into issues that go beyond the pandemic. Nothing in the world is entirely risk-free—but risks can be managed. (There is a waiting period after COVID-19 vaccinations to watch for anaphylactic reactions, for example.) How do public-health authorities convey to the public when the benefits outweigh the risks? How do they convey, for that matter, when they care about the risks? A theme of the meeting was that the nation's system for tracking reactions to vaccines works, and works extraordinarily well. There was what epidemiologists call a "safety signal"—a few cases, a blip among millions—which was rapidly spotted and addressed. There had been complaints that the pause on the J. & J. vaccine might undermine confidence in vaccines altogether. That is short-sighted; it would have been more disastrous for the F.D.A. to be seen as ignoring or covering up the issue. The message that the F.D.A. is a stickler is not a bad one. But, if there is a single lesson to take away, it is the importance of looking at diverse populations—in terms of gender and age, in this case—in reviewing medical data. The problem that the A.C.I.P. was grappling with was not only how to talk to the public but how to reach women, give them the information they need, and respect their intelligence, autonomy, and choices.

To begin with, how rare are these clots? Since the J. & J. vaccine got its emergency-use approval, just under eight million doses have been administered. Fifteen people in the United States—all women—have experienced what is now being labelled as thrombosis with thrombocytopenia syndrome, or T.T.S. (There was an apparent case of it with a twenty-five-year-old man, but

that was during the clinical trials.) At the time of the pause, the number of cases with women was six, but, largely because this side effect can appear a couple of weeks after vaccination, more have been identified since. T.T.S. is basically the presence of an already rare form of clot, in most cases in the brain, along with very low levels of platelets in the blood—a weird, dangerous combination. These are different from more common clots, such as those associated with oral contraceptives (which do not seem to be a risk factor for T.T.S.). Of those fifteen women, three have died; seven remain hospitalized, four in intensive care. The early symptoms to watch for include headache, dizziness, and abdominal pain. Prompt treatment can help.

Doctors who saw the early cases sometimes misunderstood and mistreated what was happening; several women were given heparin, which is normally a go-to treatment for clots but, in this case, makes the situation worse. That is partly why the pause was ordered. In a press conference on Friday, Dr. Rochelle Walensky, the head of the C.D.C., said that none of the women whose cases have occurred since the pause were given heparin—an indication that the pause was effective in spreading the word. According to Walensky, 1.9 people in a million who get the J. & J. vaccine seem to experience these clots. But among adult women under fifty it is seven in a million. Among women thirty to thirty-nine, it is 11.8 per million.

These numbers sound scary, but the coronavirus is scary, too. The C.D.C. ran the numbers, looking at the risk for women under fifty of taking the J. & J. vaccine versus not being vaccinated at all. In that scenario, more women's lives were saved by taking J. & J. That is important to emphasize, because, for some women, in some circumstances, J. & J. will be the best or the only viable option. (Again, it's a one-and-done shot.) A woman in a region where COVID-19 is rampant might make a different calculation than one in an area where it is mostly contained. When Walensky was asked flat-out, in the press conference, whether women under fifty should take "a different vaccine," she gave a long and hedged answer that came down to the message that J. & J. should be "certainly an option" for those women.

Although scientists have not yet figured out exactly why these clots are happening, it is notable that Pfizer and Moderna use mRNA as their vaccine-delivery system, whereas J. & J. uses a modified human adenovirus. The AstraZeneca vaccine—which is not yet approved in the United States—has also had issues involving clotting, and uses a modified chimpanzee adenovirus. The numbers of these clots associated with the AstraZeneca vaccine in Europe and the U.K. is significantly higher than is the case with J. & J.—about ten and eight for every million people vaccinated, respectively. One reason for the pause was that the F.D.A. and the C.D.C. wanted to see whether J. & J.'s issue was on a similar or even greater scale; it was not. (Last week, the European Medicines Agency also said that J. & J.'s benefits outweigh its risks, and advised warnings for women under fifty; the rollout of the J. & J. vaccine is still in the very early stages in Europe, and so the E.M.A. looked at data about its use in the United States.)

One of the C.D.C. models presented at the meeting—looking at the entire U.S. population and assuming the continued use of the Moderna and Pfizer vaccines, a moderate rate of coronavirus transmission, and factors such as vaccine hesitancy and logistical challenges in distribution—suggested that resuming the use of J. & J. for everyone over the age of eighteen would lead to twenty-six cases of T.T.S. over a six-month period, but prevent more than fourteen hundred deaths from COVID. A resumption that limited its use to people over fifty (some European countries have imposed a similar restriction on the AstraZeneca vaccine) would, the model suggested, result in only two cases of T.T.S., but prevent fewer deaths—about two hundred and fifty.

The A.C.I.P., again, quickly moved away from the idea of a continued pause or a partial restriction. The issue was warnings. The committee had two potential formulations for the recommendation: one simply said that the vaccine was recommended for everyone over the age of eighteen, and the other affirmed that recommendation, but added that "women aged <50 years should be aware of the increased risk of T.T.S., and may choose another COVID-19 vaccine (i.e. mRNA vaccines)." There was concern that

the latter would sow confusion without entirely laying out the facts. There were also questions about when women would get the warning information—would they first hear about it when they were about to get the shot?—and whether there would be other vaccines available at the site. A committee member wondered if the longer warning might better reflect what she described as two truths: the high value of the vaccine generally, and the slight risk for some women. Still, other members said that they didn't see much difference between the two recommendations, because younger women would still get a warning directed specifically at them in the fact sheet, which they believed would be effective. They preferred the more concise option, in part because it seemed clearer.

There is something to be said for that approach, and a great deal to be said for the J. & J. vaccine. But the F.D.A. and C.D.C., in accepting the A.C.I.P. recommendations, have to take seriously the mission that they've been given to convey this information to women. State authorities, who have been in charge of vaccine distribution, have a job to do, too—for example, in making sure that a lack of access to a range of vaccines doesn't mean that women's choices are made for them. Public-health authorities and doctors may, like many members of the public, focus mostly on the headline. But the warning label contains a message for them, too.

MORE ON THE CORONAVIRUS

- What will it take to pandemic-proof the United States?
- The last time a vaccine saved America.
- When the virus arrived, Sweden embarked on a risky experiment.
- In the heart of the outbreak, a trauma surgeon travelled to the edge and back.
- The head of the American Federation of Teachers on how to reopen schools safely.
- Even before the COVID-19 crisis, global instability had caused a worrying rise in epidemics.

Amy Davidson Sorkin has been a staff writer at The New Yorker since 2014. She has been at the magazine since 1995, and, as a senior editor for many years, focussed on national security, international reporting, and features.

More: Coronavirus Vaccines Food and Drug Administration (F.D.A.) C.D.C. Blood Coronavirus Treatment and Testing