Cambridge
Public Health
Department

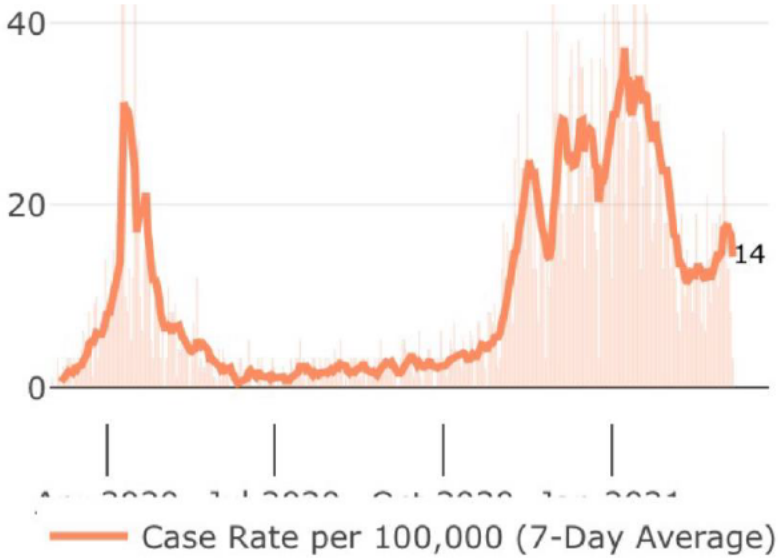
Cambridge COVID-19 Expert Advisory Panel
Wednesday, March 10, 2021

Meeting convened at 2:03 pm

ATTENDEES:

Panel Members
Bill Hanage
Jill Crittenden
Louann Bruno-Murtha
Chris Kreis
CPHD/City staff:
Claude Jacob
Sam Lipson
Nancy Rihan-Porter
Sammi Chung
Lee Gianetti
Dan Riviello

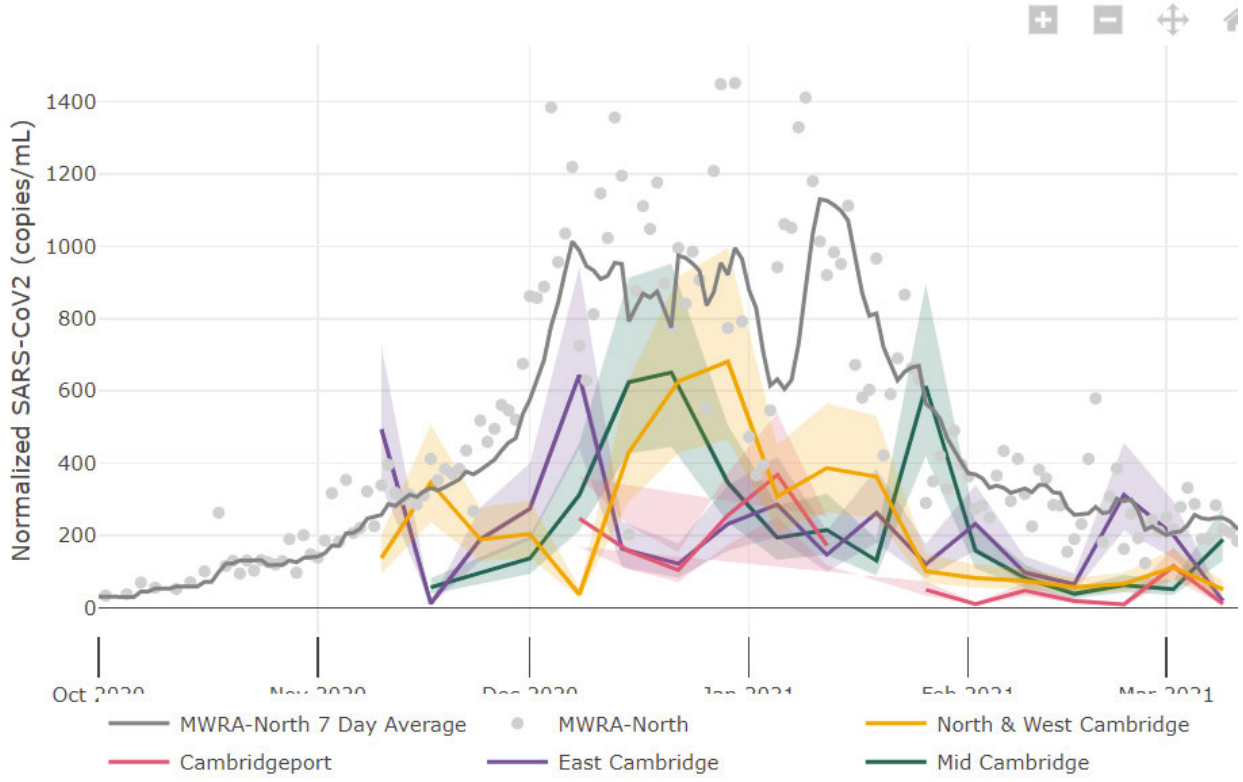
1) Clinical, case and wastewater data update for Cambridge



As of March 9, 2021, there are 5015 reported cases and 121 fatalities among Cambridge residents and currently an average of 14 new cases reported per day. Overall positivity rate for Cambridge per MDPH was 0.39%, well below the Massachusetts average. The newly reported COVID daily caseload in Cambridge has plateaued, even rising slightly last week.

Hospital cases at Cambridge and other CHA hospitals had been on a downward trend since late January until the last 24 hours (3/8-3/9). The number of hospitalized COVID cases at CHA went back to 20 from a lower post-holiday level. It's unclear whether this rise is caused by higher transmission rates or patient transfers between hospitals, but the looser restrictions in the State certainly creates more opportunity for transmission.

Wastewater data update



With the current case trend, the wastewater datapoints continue to fluctuate a fair amount and offer limited ability to reflect or predict the Cambridge case rates. Cambridge wastewater data might be a better metric reflecting short-term case spikes in the future when the baseline numbers are low and flat for a period of time (e.g. summer 2020). One clear trend that agrees with case data is that all four Cambridge sewersheds (N+W Cambridge, Mid-Cambridge/Riverside, Cambridgeport, and East Cambridge) are consistently lower than the MWRA North region average. We did see a spike in E Cambridge (purple) about two weeks ago, but this is already coming back down. All sewersheds except Mid Cambridge/Riverside (green) appear to have now gone down to near the detection limit of the surveillance method. This is promising, but can be volatile.

CPHD staff have been in discussion with Biobot about tracking variants through wastewater sampling. It is possible to detect new variants in the wastewater by PCR-based lab methods but specific PCR-based analytical methods need to be developed for each emerging variant. B117 is detectable using a method Biobot has identified and they expect to include some Cambridge samples in their analysis going forward. It is likely that

B117(UK) is now the dominant strain of the virus in MA, as it is in other states. We can assume that it will soon be associated with almost all new infections in MA soon.

2) Bill's update: Variants, vaccinations and weather.
Scenarios: Osterholm (dire) & Walensky (manageable)

Broad Institute is sequencing about 5% of all the specimens and is continuing to increase their capacity. In on local sample set B117 was responsible for 70% of the positive case. Once B117 proportion reaches 100% in MA it is very likely the case number will begin to increase, since B117 is 50% - 60% more transmissible (and probably more lethal). Based on the fact that 60% of the COVID fatalities in the UK contributed to B117, MA could be in a deteriorating situation in the next few weeks. As MA and other states continue to reopen based on current lower case numbers, members of the EAP expressed strong concern about recent state and local reopening decisions (especially restaurants and other indoor congregate activities) before we have achieved a high vaccination rate. **Current Middlesex vaccination rate for one dose or more is 21% and for full vaccination is 11%.** These decisions could lead to a surge in hospitalization that is similar to the January surge.

As discussed previously, we are in a race that will be determined by **1)** an increasing fraction of the population that have some immunity from vaccination or prior infection, **2)** the improving weather (beneficial to reduced transmission), **3)** a series of decisions to loosen restrictions on the public establishments and public gatherings, and **4)** a more transmissible variant (B117) that is about to become the exclusive driver of transmissions.

The beneficial effects of warmer weather on reduced transmission were seen in the Northeast of the US last summer, but there were more restrictions in place, people were better at adhering to mitigation measures (not so burned out on compliant behavior). In regions of the US that did not stick with stricter measures the summer weather did not help reduce transmission and, to the contrary, there were major surges in July and August. **This should be a warning to us that we cannot rely on better weather to protect us while we loosen up on mitigation rules.**

What we all want to know is how fast we can get everyone vaccinated. There are general problems with the vaccination situation, the first is that there has been a perverse incentive to vaccinate as many people as possible rather than the making sure that the right people are prioritized. By emphasizing total % vaccinated rather than specific high-risk groups the media have contributed to this erroneous assessment method. The other major obstacle is the vaccine supply, of course. If B117 variant will soon drive transmissions it will be worth considering the UK's strategy of spacing doses out to reach more people sooner. This is a workable approach since people who've received one of the three FDA-approved vaccines (Pfizer, Moderna, J&J) have substantial antibody-enabled immunity two weeks after receiving their first (or only) dose. It seems unlikely that the US will change vaccination strategies at this point (Fauci said as much). In the medium term (before next fall) we should all be thinking about people who did not get vaccinated (vaccine hesitancy or lack of access).

[General comment] One very important effort now underway involves matching younger people with older residents who have limited access to the internet, are less tech savvy, and are not fluent English speakers in order to get vaccine info or make appointments.

3) Claude/Nancy vaccine clinic update, CPS testing update

All first responders vaccinations clinics were completed last week. The vaccinations for congregate shelter residents and staff were also completed with a greater than 93% of compliance rate on second dose in this population. Currently, CPHD staff are administering the second dose for the seniors with the Moderna vaccine. Last week, CPHD received 800 doses of the Johnson & Johnson vaccine on behalf of the Cambridge Housing Authority. Those doses will be allocated to Cambridge Housing Authority residents who are either seniors or fit criteria for otherwise vulnerable individuals (underlying conditions). This Johnson & Johnson vaccination will be usable until at least March 25th. The State has made it clear that local Boards of Health have no role going forward in vaccinating teachers. Cambridge can work on a plan to get homebound residents vaccinated and submit requests to the State to cover that population. CPHD staff are still working on a couple of proposals to reach area residents who are in local transmission hotspots and are underserved.

4) What we can do about indoor dining

- Messaging to indoor diners and restaurant mgrs./staff
- IAQ workshop w EH&E (recorded series)
- C3 members & ISD inspectors (poster, written guidance, hifi masks)
- Possible Restaurant EO: hifi masks for staff, IAQ standards, posting requirement?
- Observed behavior confirms non-compliance

On March 1st, the Governor declared restaurants can now open without percent capacity limits, while still following the distancing and time-limit rules (6-foot distance between diners/tables, maximum limit of 6 per dining party, maximum 90 minutes per seating). Cambridge, along with other Metro Boston communities, adopted this reopening order from the Governor, while choosing to continue to prohibit indoor live music until further notice. For many smaller restaurants in Cambridge the 6-foot distance requirement means that they aren't able to really add much capacity even without total percent capacity limits lifted. Larger Cambridge restaurants are much more likely to see increased capacity from this new State order. CPHD staff are meeting with City administration staff this week to consider some further messaging for diners and restaurant owners/managers. More detailed guidance on safe practices to diners and a separate best practices document for owners/managers are in rough draft and were attached to this agenda sent on Tuesday night. We need more input from restaurant owners/managers before pushing forward so understand better what they would find useful. It is clear from ongoing discussions that Cambridge restaurants overall have been very cautious and many are still not allowing indoor dining by choice. The shared goal is to make diners understand what they can do to reduce risk as much as possible and to make them feel comfortable with the measures taken by the restaurant to keep them and the service and kitchen staff safe.

The Community Development Department (CDD) and CPHD worked together to develop free indoor air quality workshops along with follow-up consulting sessions to serve the needs of small businesses including fitness centers (Feb 26), restaurants (Mar 3), and retailers/office (Mar 12). In these three workshops (and separate consulting sessions), Environmental Health & Engineering (EH&E) consultants introduce concepts in viral particle transport and strategies to improve indoor air quality within a budget. These three presentations were recorded and videos will be posted for public access. CPHD staff have discussed more outreach directly to restaurants once more materials are produced. This could involve partnering Cambridge Community Corps (C3) members with ISD food inspectors to visit establishments that are offering indoor dining. CPHD staff are aware that messaging precautionary practices to the general public has become harder and harder. Covid messaging fatigue is real and so staff understand that they need to be very strategic in pushing out any more guidance to specific sectors. This effort should emphasize fairly easy actions to reduce risk without shaming diners and managers. An emphasis on protecting the waitstaff, who really are at the greatest risk in that setting, seems like the most reasonable approach.

One possible approach to limiting transmission risk in restaurants would be to establish local rules, as with indoor fitness rules instituted last fall, by using Executive Order authority. This can become burdensome, especially to smaller establishments, but affordable measures to limit risk would be well received by customers and still not too onerous for managers. We will wait until we meet with City administration staff and then with members of the Small Business Advisory working group before moving forward.

CPHD staff have made a deliberate effort to observe indoor dining behaviors over the past week to see where we stand. Not surprisingly it's quite clear that diners do not use masks once seated, whether or not they are actively eating and drinking. This behavior is unlikely to change substantially even with better guidance, so other means of protecting other diners, waitstaff and kitchen staff seem especially important.

5) Looking ahead: March 22 to Phase 4, Step 1 (UNLESS…)

How soon will we know how bad it might get? Soon enough to halt further reopening?

Doubling time of B117 variant infections is probably not rapid enough to provide a clear picture before March 22 (Phase 4 Step 1 start date). The flatlining curve indicates the reproductive number (Rt) is around 1, but any additional pressure (like B117) will push case numbers and the Rt higher. By March 22, we might be able to see a small increase in case numbers, but it is unlikely we will see a dramatic surge within two weeks. We should also consider hospital capacity. Last summer our case rate was below the current rate and there was no indoor dining then. Now the state is approaching Phase 4 step 1 while the daily case rate has plateaued at a much higher level. It's really too soon to declare victory.

Adjourned 2:57 pm

Next Cambridge COVID-19 EAP meeting March 24th, 2021 at 2 pm

Notes respectfully submitted by Sam Lipson on March 14th, 2021