



**Cambridge COVID-19 Expert Advisory Panel  
2 pm, Wednesday, April 14, 2021**

Meeting convened at 2:01 pm

**ATTENDEES:**

**Panel Members**

Bill Hanage  
Jill Crittenden  
Chris Kreis

**Panel Guest**

Gilberto Russo

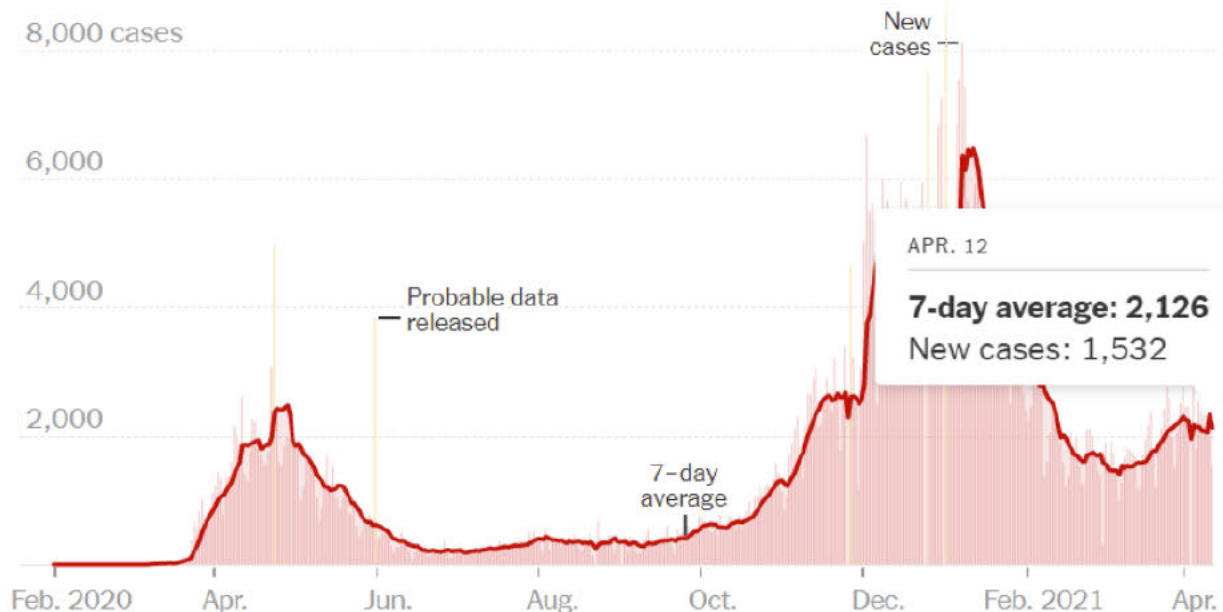
**CPHD/City staff:**

Claude Jacob  
Sam Lipson  
Anna Kaplan  
Nancy Rihan-Porter  
Sammi Chung  
Lee Gianetti  
Dan Riviello

**1) Clinical, case, wastewater and CPS data update**

**MA New Daily Cases (through April 12)**

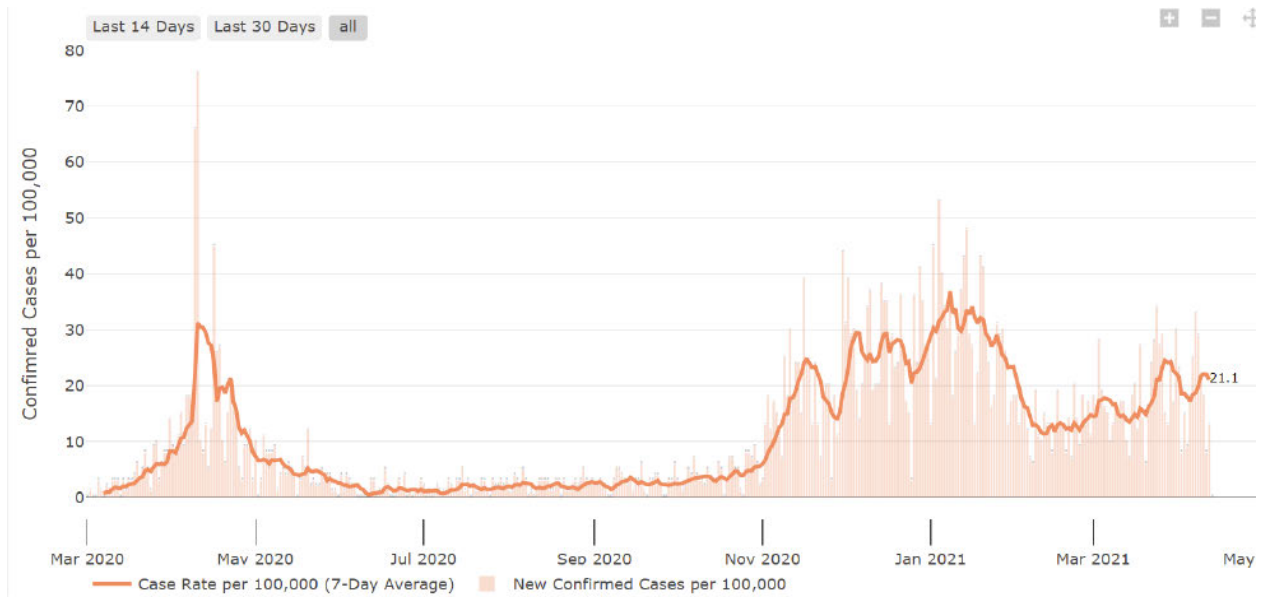
**New reported cases by day**



**Cambridge New Daily Cases (through April 12)**

119 Windsor Street  
Cambridge, MA 02139  
Phone: 617.665.3800 | Fax: 617.665.3888  
www.cambridgepublichealth.org

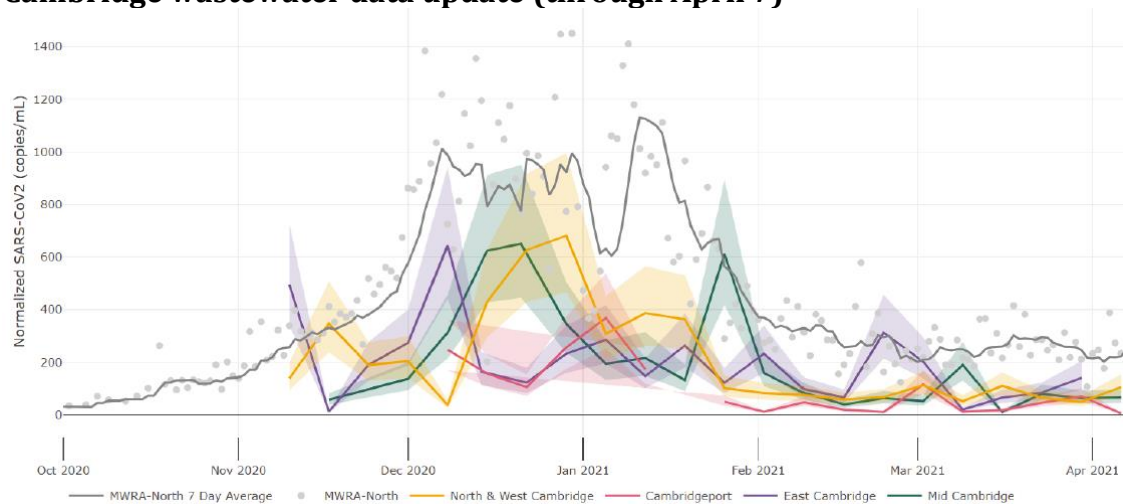




CHA hospitals have a relatively small number of COVID-rated cases (currently listed as 15), which reflects the continued drop after the holiday surge (Nov-Jan), the high rate of vaccination among elders, and the shift to younger COVID patients.

The 14-day avg of new cases in Cambridge has been oscillating between 16-22 confirmed cases per day over the past few weeks. Some neighborhoods have experienced small spikes in the past few weeks and now returned to a lower baseline. North Cambridge cases have come down in the past few days. Hopefully, the vaccine clinic there (started last Saturday and continuing when the J&J pause is lifted) will help keep the infection rate down. In the past two weeks, there has been an uptick (20 new cases) in The Port area. It's not too surprising that the local transmission hot spot has shifted from North Cambridge to other neighborhoods, since the plurality of new cases are now seen in 20-29-year-olds and there have been recent clusters among Harvard and MIT Business School students.

### Cambridge wastewater data update (through April 7)



The wastewater data is currently very low, except East Cambridge, which is on the rise but

still within normal variation observed since the holiday surge. Both Cambridge and regional (MWRA) data shows a fairly flat pattern of viral detection in wastewater, but the case number seems higher than the wastewater counts might suggest. Even so, the MWRA viral counts have plateaued at a much higher level than last summer and early fall (see far left Oct viral counts shown by the MWRA data line on chart above).

### **Cambridge Public Schools testing**

CPS pool testing of students is still an effective approach, considering the low case number in the schools at present. However, quite a few students have not been signed up and there has been confusion about how to sign up among some parents. The city has administered over 24,000 tests to teachers and 5000 to students. The pool testing is an add-on, and the city is still planning to continue this effort. The panel will invite either the Associate Chief of Clinical Services or the CPHD/CPSD Medical Director to join the next EAP meeting on April 28<sup>th</sup> to discuss testing in schools.

### **2) Johnson & Johnson Pause and Vaccine Clinic update: How will this change our outreach effort? How long will the CDC pause?**

The decision to pause the use of the Johnson & Johnson vaccine demonstrates that the system works and is highly protective. We need to message this clearly when discussing the safety of this and other vaccines. People really ought to have more confidence in COVID vaccines because even extremely rare incidents (less than one in a million) are investigated thoroughly. We expect that this understanding will be up against vaccine skeptics who are looking for any evidence to support their initial doubts. It's hard to know how long the pause will last and seems likely that concerns about clotting risk will impact the scrutiny of other "one-dose" vaccines built on the same viral vector platform. **[note: the CDC Advisory Committee on Immunization Practices (ACIP) met during this EAP meeting and announced that further review and outreach to the clinical community is needed. An emergency ACIP meeting is scheduled for April 23].** CPHD staff are very concerned about the impact of this pause on those who are already hesitant, particularly in underserved and higher risk communities. Outreach will need to focus on how to effectively communicate the credibility of our vaccine review process and the lopsided relative risk between getting COVID and the infinitesimal incidence of adverse side effect.

AstraZeneca vaccine (using a similar viral vector technology as J&J) has not yet received the emergency use authorization (EUA) from FDA. AstraZeneca has a somewhat higher blood clot risk than Johnson & Johnson vaccine, so the current pause does not bode well for the EUA for the AZ vaccine. There has been discussion around the world about the value of using blood clot risk associated with women's birth control pills to communicate the relative safety of the AstraZeneca vaccine and this would obvious be even more applicable to the J&J vaccine. The current uncertainty will make it difficult to communicate reassuring messages and comparisons. Any further discussion regarding the safety of Johnson & Johnson vaccine will need to wait until CDC and ACIP clear the air.

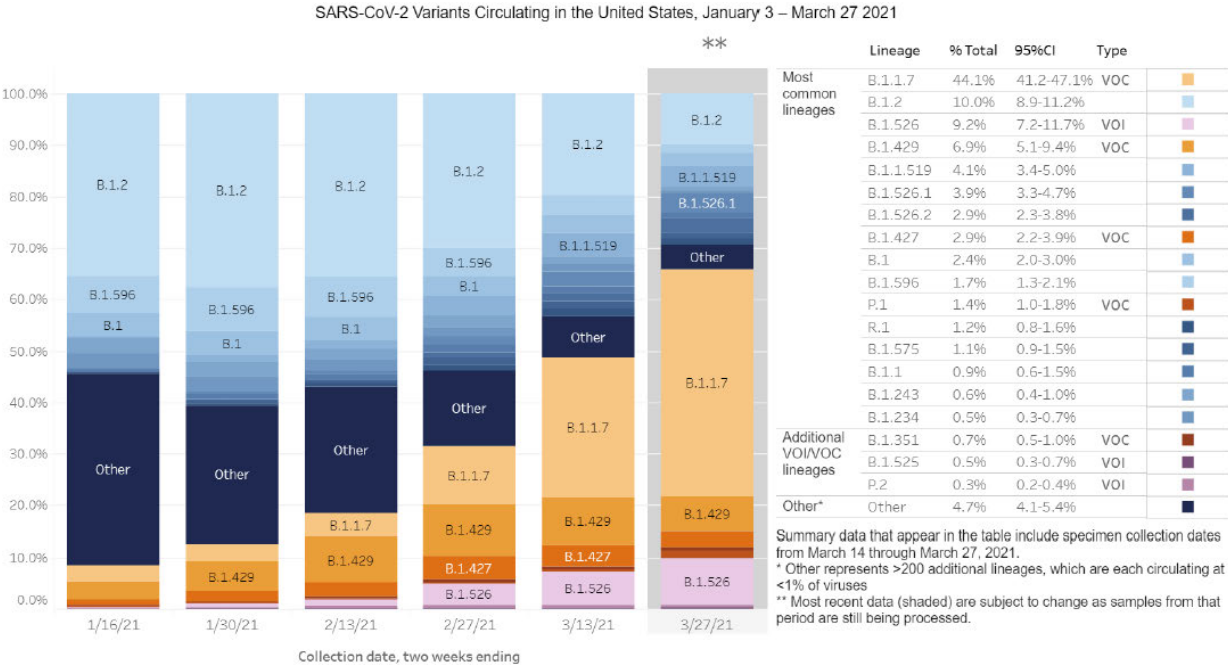
It was already common to have a resident request a specific vaccine brand, even before the Johnson & Johnson vaccine pause. Though many are more concerned about the safety of

Johnson & Johnson vaccine, CPHD staff at vax clinics also encountered many residents who wanted to sign waivers so they could get vaccinated with any available vaccine. Notwithstanding the current concern, J&J vaccine was preferred by many who found it difficult to take another day off for the second shot. The one-dose also enables administration to home-bound residents without a second visit. Hopefully it will be available again very soon.

CPHD has been reaching out to specific communities demographically and geographically based on case data and this approach should reduce new infections as we move ahead. During the past week over 500 people in high-risk demographics or locations have been vaccinated in the North Cambridge area.

**Question: When residents get tested, have they been asked whether they are vaccinated?** Cambridge-run testing sites have not been asking whether residents are vaccinated. This could be valuable data, so CPHD will look to update the intake protocol to include this question. In the past, there have been vaccinated people testing positive for COVID (breakthrough cases), however, their samples were discarded and were not retained for sequencing. This data is needed in order to compare the prevalence of different variants in vaccinated and unvaccinated populations (i.e. how effective are specific vaccines in preventing infections with one of the variants of concern).

**3) Variant update. How much has B.1.1.7 driven infections in younger cohorts? Will variants change “close contact” definition? How should we use emerging variant data?**



As B.1.1.7 becomes the dominant variant in MA and across the US (see above chart), it is expected that there will be a higher attack rate and clusters will grow more quickly. CPHD also noticed such a pattern in the reports from the statewide contact tracing team (Community Tracing Collaborative). While it is still not certain this is due to B.1.1.7, it is

reasonable to think it is likely. Among appx 5,000 COVID-positive specimens taken from Cambridge residents, 12 have been sequenced for variants. The vast majority are B.1.1.7, two are P1, and two are B.1.351. It's reasonable to conclude that P.1 is circulating within the Cambridge community at a very low rate.

It's striking to see the rise of both B1.526 and B1.526.1 in the most recent data (closely related lineages arising in NYC with distinct and different spike mutations). It's not too surprising that most B.1.1.7 cases are occurring among younger cohorts, since most elders have already been vaccinated. Research has proven that B117 is significantly more transmittable (~50% more). This could lead the CDC to change the definition of close contact, but our contact tracing capacity is already strained under the current criteria.

In a recent NBA study (operating in a highly controlled bubble), researchers found that B117 might also have a longer period of infectiousness. It would be premature to change criteria for isolation on the basis of this, but it should be watched closely.

#### **4) Restaurants and CRLS updates**

CPHD has been asked to review the possibility of a modified CRLS graduation ceremony. MIT has recently made the decision to go fully virtual yesterday, while CRLS hasn't yet submitted any formal proposal. If there is going to be an in-person (outdoor) ceremony at CRLS or anywhere, good mitigation practices must be enforced. The greater risk is likely from gatherings and celebrations in restaurants and homes before and after the ceremony.

With general "COVID fatigue" and recent vaccination progress, it's not surprising that people are practicing less mitigation as spring arrives. Though understandable, this is a troublesome perception that risks a great deal of avoidable death and illness. Like much of the country, MA has plateaued, and even increased daily infection rates, at a much higher level than last summer.

**Indoor dining** remains a big concern for panel member, especially since we know that clusters originating from this activity are most certainly undercounted. The panel suggests that public messaging should (1) remind people about the high incidence of B117 in younger groups, (2) ask people to avoid any risky behavior and activities for just a little longer, (3) use better masks and follow safety measures to lower the risk when these situations are unavoidable or are not avoided. CPHD staff recently met with several Cambridge restaurant owners to get feedback on strategies to help restaurants with some guidance on air quality or posters that can motivate safe dining behaviors. Improving masks used by restaurant staff and assessing air turnover and placement of HEPA filter units were discussed as positive steps. The panel suggested that these safety measures are crucial to keep restaurants open. The panel also agreed that any way to convince establishments with indoor dining to collect contact info from all parties (or individuals) will be crucial during follow up contact tracing, if there are transmission clusters. CPHD staff will continue to work with restaurants to improve patron logging and other practices.

**Adjourned 3:01 pm**

Notes respectfully submitted by Sam Lipson on April 18<sup>th</sup>, 2021