

EAP Notes 8/20

Consideration of polling places;

Lawyers/poli scis CDC says booths should be 6 feet; doesn't account for time spent in them

If you move polling places, means of voter suppression?

3-4 minutes in booth, disinfect in between;

Expect this to be used as means of voter suppression;

C: statewide call; offer voting booths outside

Allow staff to not be in buildings used for voting?

B: Yes

Get mail in votes; 12 days to get vote across Boston

Mail getting disrupted in Boston facilities;

C: Current flow right now; city bldgs by appt only right now; remove potential exposure of staff in those bldgs;

S: Surface hygiene, mask use (no denial for no mask). How many voters allowed in / keeping staff out.

S: details to reflect on; how many voters allowed in, 6 foot sep in waiting line; how many will go in at a time;

Election commission makes the call; but we can influence them.

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Gold Star Pool: back side of Valente library; rehab of that space; there is a plan to open that pool as early as tomorrow; 2 weeks out from Labor Day; pools have been closed Labor Day; open it through Sep is the proposal. Gut reaction of this body:

SC: emergency protocol for body fluids in the water; close the pool for one day for urine, solids they chlorine shock;

Public protocol: what public expected to do on pool entry. Timing; extend past labor day?

B: Feels wary about these things. We are talking about reopening... we already have schools in the works. This is just one thing more. Do you have to book pool in advance?

SC: 4 sessions per day with cleaning in between. Option 2 reaching max cap they wait an hour then close.

B: Outside pool? Yes... Definitely less of a concern.

B: Is there a case from someone at the pool, can we trace the other people.

SC: Sign in table; next to entrance; gets name and numbers for CT. Provided with hand sand. 1 group taking showers, one in the pool. Ppl asked to stay in groups; family, friend.

J: ppl feel they don't have to distance with close friends.

L: no masks in pool; will ppl wear them on the pool deck?

SC: In theory yes. Color band to determine if ppl are in the same group or not.

SL: Lifeguards and soc distancing enforcement

SC: There will be ppl monitoring.

SL: People's ideas of what a "safe group" is and how to protect it. Sam assembled list of bullet points, 2 parts. Reiteration of most important rules for use of pool; physical separation; 12 feet between groups. Language about what it means to be in a pod or group. There is language Sam will share; a group is not just your friends; it's a collection of ppl you made a commit to to be careful outside that group. How do we get the message out better about groups/pods.

B: Doesn't think anyone will really grasp the group concept very well until they come across someone infected.

SL: Ya, we just have to do what we can.

B: Def challenge on how to get the word out. Similar to HIV campaign; you're sleeping w everyone your partner slept with...

J: Wear a mask when part of a pod that's not your household.

SL: General language;

J: Pods of young people will show up at pool; good place to get the message to them.

A: Public pool open in Medford since June; they have a lot of rules; other cities have done it and it's been successful.

B: Wife went for run in Lincoln; she passed a pool; saw the rules there similar to ours; no booking ahead.

C: We could go back to staff in rec dept to proceed. Window; labor day or beyond. Lots of moving parts. Good to go in terms of Gold Star pool plans.

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Item 3:

C: Note circulated to this group a week ago; recs around mitigation tactics, private transmission. 5->7 recs. Conferred with city manager and Dr. S- about these recs. City counsel on hiatus; go back Sep 14; petition the citizens; same text; leader of city, commissioner pub health on board. Expediting licensing; admin step; is it moving fast enough? Language in recommendations; steady progress has been made.

SL: Clarification on 1-2 of the items;

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Presenter:

Mariana and Jennings;

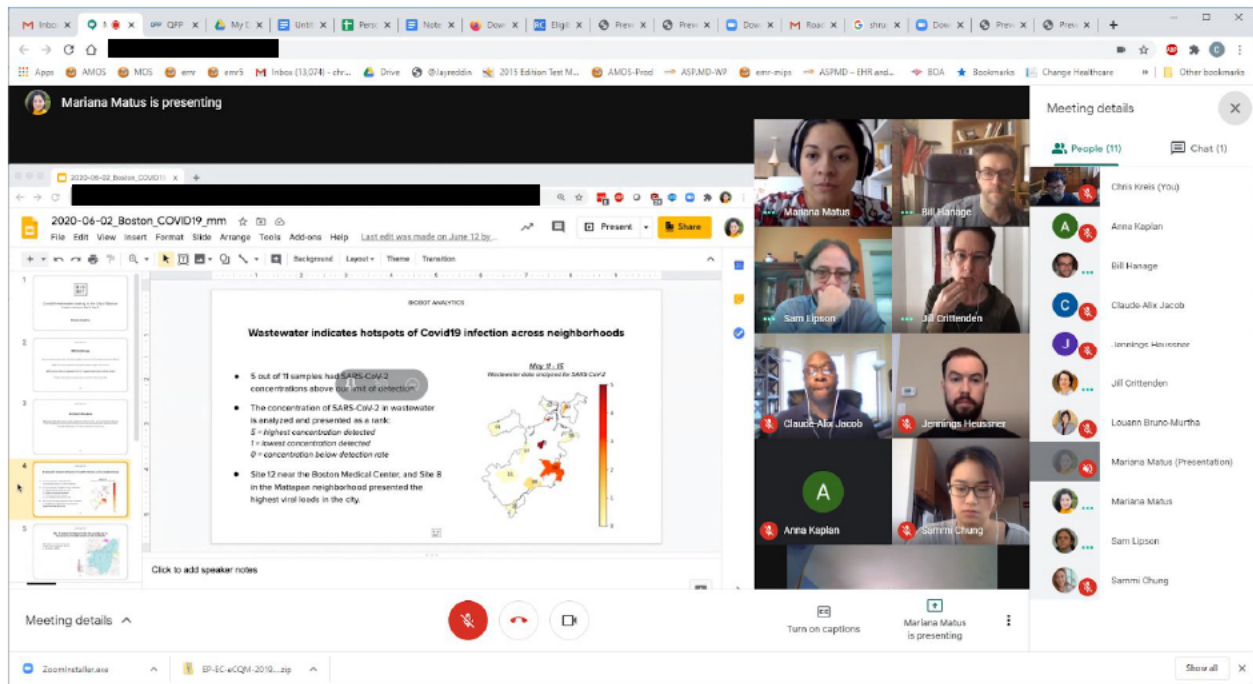
SL: Thanks for coming back; overlap of purpose between what you're doing and what we're doing. Hope we can have a more direct, contractual relationship.

C: Mariana thanks again; you have done a lot for Cambridge; on behalf of commissioner and city.

J: Excited to talk about subsets of Boston they have tested to get the Deer Island data; could we look at subsets in our community? Also update us on state initiative to fund Cambridge as a whole community.

M: Pilot with city of boston slide; they've been collecting data from Deer Island for several months; Deer I has a biobank going back 3 mos. So they have historical data. Started testing water in March, also got Jan-Mar biobank. So they have data going back to Jan. They are interested to test 3x / week. DI has 2 influents; N and S. B is part of S, Camb / Chelsea / Everett are in N inflent. DI tests them both separately 3x/week. They want to move to daily, and also test sub catchments; still not muni level but 6+ regions. New data not on website but they do

have it. Last spike they saw a spike in Chelsea sub catchment. DI was stable in May; they also collected Boston at that time; slide;



Colors of map and plot don't match. Green area is the N catchment, other is S catchment.

B: not just the values that matter; its the variance in the values; in April lots of variance; extra scatter is consistent with an elevated amount of xmission;

M: not just amount total amount of virus but also with the variance.

C: N and S; is that by county line? MVPH data; DESE muni vs regional lens.

M: Not by county line; instead it's how system was designed; the pipes. You can get both separate at treatment center; but it's not geographically linked. Will send hi res view by email after. Can see smaller catchments. It's been good to leverage preexisting infrastructure; buildings, staff, people; but then can't choose exactly which community we want to look at. Biobot has been more specific in the past, mapping all pipes etc. Maximize for population coverage for Cambridge; with 3 sampling sites we can cover 100% of population; 1/3 for each. Optimize by geographic resolution, the other option; 10-11 diff sampling sites; cover more specific populations. Collections points already established; MWRA; they collect the samples; biobot doesn't have to do anything else. For subcity res, biobot has to send ppl.

SL: samples needed for this eval; is it easy to farm out the collection process;

M: we have tested commercial samplers out there; have to train them how to use the sampler, set the frequency; as long as we can train people on this, biobot has a few in stock that could perhaps be made available. There are options; key thing is how it's programmed to operate over 24 hours.

C: given the product, dev in cambridge; whatever makes most sense to append to DI process; 2 years ago opioid working group; they were able to do the same thing;

M: yes, we have a lot of the ppl in cambridge given what we've done in the past; easier to implement here; cost will be influenced by dpw doing sampling or 3rd party; dpw have device already? If not have to rent one; from biobot or such. How many sites to test? 3 to cover entire muni; or more resolution. Finally is frequency. Max data quality, minimize costs; collect daily; but then pool one week at a time to save money. Get average for a week. Get more temporal res later if desired.

SL: is this the same approach used with buildings? Composite from individuals samples. What about Boston, what did they do there? Composite from sub fraction of samples, then they can go back later for more resolution. Or switch to daily data, you already have logistics in place.

M: Jennings has talked a lot to universities; many colleges worried about national and international students; many schools have been sampling last few weeks; will use this as a baseline to compare next few weeks with a lot of students.

BH: Got email from BU surprised at how low it was; Bill thinks partly d/t population and perhaps d/t not comprehensive enough testing.

J: School staff needs same level of survey as students;

B: There will never be enough rope for the professors... (lol)

J: Genome copies per mil; what is the significance of this;

M: Hard to say

B: Hard to say; can we possibly get any value from the numbers?

M: we see baseline low level of virus in wastewater; what is it? 1-10 cases? At macro level, signal dominated by hyper shedders; people just exposed; not even symptomatic yet; but at micro scale, building level, signal dominated by long term shedding; post recovery people; feeling good but still shedding in BM. New high numbers could be new case on campus; hopefully new case develops symptoms and stays home;

C: 3 sites; neighborhoods; Anna anything to share?

A: No comments; excited to work with you again; this testing will be much better than case counts; then we can deploy testing; esp. As moving toward cheaper and faster tests; Right now we don't know about neighborhood activity unless we see a lot of cases.

J: State of MA and willingness to pay; they have not received any notification about state wide proposal they submitted; if awarded to them, 3 location testing is probably best; but, can consider higher res testing too.

C: Broad partnership is example of how they jumped ahead of state process; rapid testing in nursing home; camb was first community to jump ahead; price point will dictate. Camb recognizes slow pace with state;

SL: written RFA

J: They sent RFA as part of general solicited RFP process; and they have written statewide proposal already;

Jil; should that be sent to someone?

SL: yes; get something in formal format so we can get a response faster

C: yes, we should be able to get this going relatively fast; he will present to city tomorrow; so what should the next steps be

M: let us know what you need and we'll be responsive;

C: sam can you look at what bb already has packaged; let's get back to weekly forum in Sep.

Jill; thanks again presenters;

B: antigen test kits; he's enthused; "cluster busting"; mostly in agreement with his colleague.

Jill: is there correlation between amount of virus in throat and infectivity?

B: not known but probably? Immediate id of 50% would be way better than now. Most people don't xmit. But if we find a transmitter, we can look more closely. Paper under review; we'll see if it will be accepted.

C: bill don't forget us when you are signing books... logistically, talking to schools around surveillance testing; whats avail to support schools tech wise? Tech is key.

BH: spit test all the kids, then, pool test and if pos, send the kids all back.

Jill; mass will provide high sens test to all teachers 1x; but it's expensive;

C: okie doke, we'll return after end of month; Sep 3;

SL: invites will go out.

C: thanks again