



Cambridge
Public Health
Department

**Cambridge COVID-19 Expert Advisory Panel
Thursday, February 4, 2021**

Meeting convened at 1:04 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

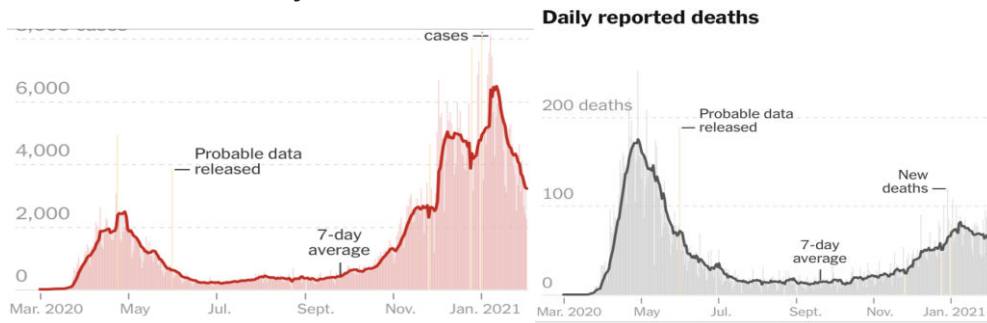
1) Clinical, case, wastewater and policy data update

Clinical: There have been big improvements in CHA (Cambridge and Everett) hospital bed capacity during the past couple of weeks. Staffing is also back to the normal level which means the hospital has full staff capacity now. Only 25% of the bed capacity is COVID-related, compared to 50% or more in previous weeks during the December/January surge.

Cases: As of the evening of Feb 3, there are 4,389 reported cases and 117 fatalities in Cambridge. As with other MA communities we are seeing a significant drop in new cases. There is no great reassurance here, since the state and country remain vulnerable to another surge later in the winter driven by the dominant role of more highly transmissible (and possibly more pathogenic) variants in new infections in the next several months.

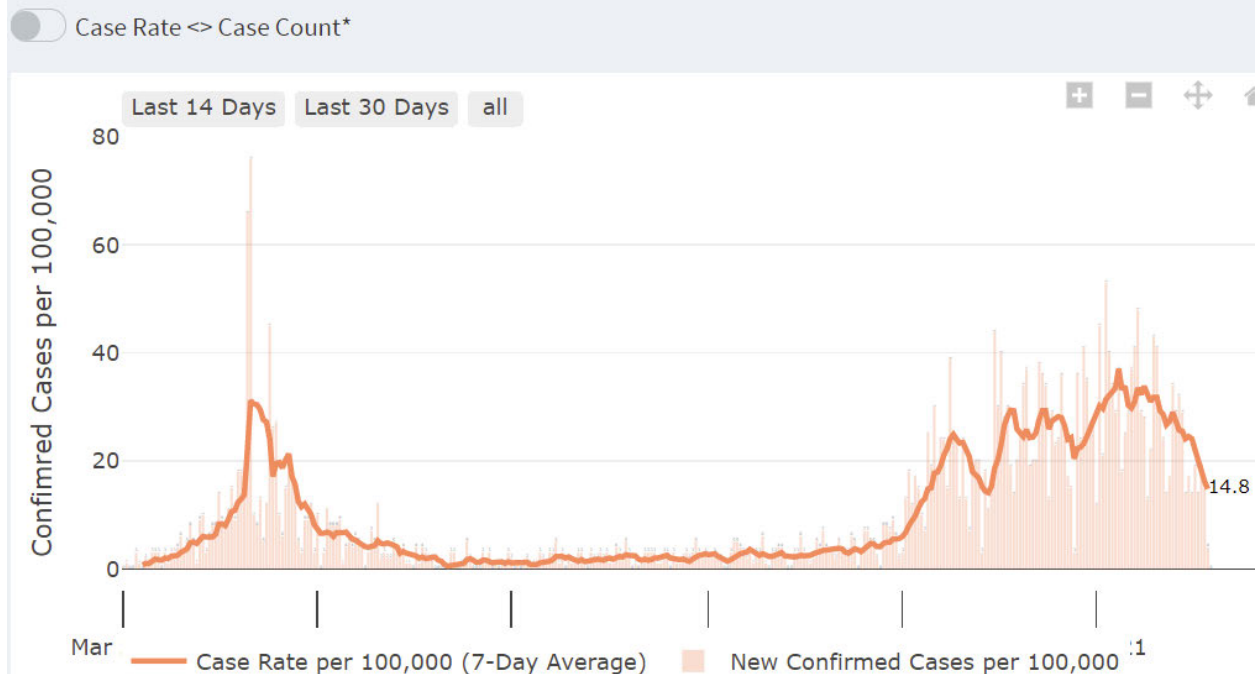


New confirmed daily COVID cases and recorded deaths in MA



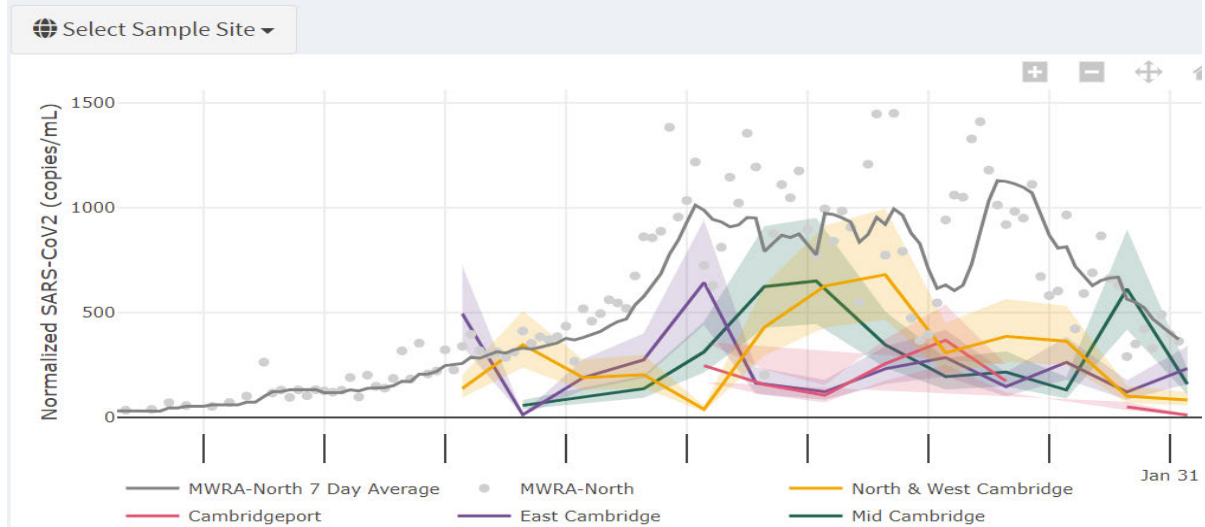
New confirmed daily COVID cases in Cambridge (as of 2/5/21)

New Confirmed Cases



Wastewater data: Cambridge wastewater data showed another drop in this week after a localized spike in the Mid-Cambridge sampling location (green line) on January 26-27. All sites are lower than MWRA regional levels and are near the detection limits of analytical method. As discussed previously, panel members observed that the wastewater data show general trends, comparative burden of viral load between the four Cambridge sewersheds, and also reveals the “spiky” nature of these small catchment areas (see Mid-Cambridge data line). Panel agreed that this surveillance tool is more likely to be useful as an earlier warning of surges once/if we return to a fairly stable baseline (as we did in summer 2020). Such an early signal could direct our attention to other indicators like case data and prompt more careful examination of clusters and locations with the affected sewershed [see below]

Weekly Municipal Wastewater Sampling Data



Policy update: Recent Governor's actions include reopening businesses allow to operate at Phase 3, Step 1. Cambridge and other Boston metro communities have agreed to follow this step as a region. Fairly few sectors are affected by this change. The reopening of indoor event spaces (meeting rooms, ballrooms, private party rooms) might pose the biggest concern for viral transmission among all sectors allowed to reopen. Governor is also allowing an increase of restaurant capacity from 25% to 40%, but dining parties remain capped at 6 and total time in the establishment remains capped at 90 minutes. Stricter requirements for indoor fitness in Cambridge remain in place as specified in an earlier municipal order.

2) Vaccine roll-out update

The targeted vaccination program is constrained by the recently announced limits on vaccine deliveries from the state (100 doses per week until further notice). CPHD staff hope to see this allotment increase again soon. During the week of January 11th, Cambridge COVID vaccination program vaccinated 909 first responders at the CambridgeSide Galleria mall. Over the last two weeks, the mobile team has gone to homeless shelters and federally-subsidized senior housing sites to offer vaccinations. The Cambridge vaccination team (CPHD, CDF and ProAm) has all the logistics in place and can ramp up, but needs to get a larger and more reliable supply of vaccine. There have been no wasted doses thus far in our vaccine efforts. Cambridge has now finished dose 1 for first responders and is about to offer dose 2 next week (Feb 8).

C3 members have been conducting community vaccine outreach in advance of pop-up clinics at senior housing sites. This involves door-to-door contact to determine who is interested in the vaccine (very helpful planning data). Vaccine is still available for those who changes their mind before the clinic is held, but this generates a reasonable estimate of interest. The current goal is to dispense at all the sites identified by the Cambridge Housing Authority first, then to complete senior housing sites by the Feb 20th. CVS and Walgreens will be receiving more doses directly from the federal government to vaccinate more eligible residents starting next week. Non-subsidized senior housing and elders in private housing are not included in this round, but they will be captured afterward. The cities, local boards of health and hospitals are building the right networks to expand the vaccination program to serve those eligible, as we move soon from Group 1 to Group 2 eligible individuals. For instance, the Cambridge Health Alliance has the PACE program already has a foothold in the Cambridge Housing Authority sites. Also, C3's outreach helps CPHD to recognize the elders who may have some hesitation but may be persuadable.

3) Variants update and risk of 4th wave

CDC has been continuously monitoring B117 spread in all 50 states. The Broad Institute will soon be ramping up to 100 genomic sequences per week to identify variants. B117 is in Massachusetts, but it currently remains relatively rare compared to many other states. P1 has not been detected yet in MA. P1 is currently the most alarming variant due to its high transmissibility, high hospitalization rate and apparent reinfection in areas where it first emerged (Manaus, Brazil). These areas were hit very hard early in the pandemic, so this extremely high surge suggests some degree of "immune escape" is associated with the higher risk from the P1 variant. If we reduce transmissions in the US and keep them low while we vaccinate our population, then we can head off the worst-case impacts of these (and other) inevitable variants as they emerge with better strategies to transmit between hosts and a better capacity to evade immunity. If we let up too much on restrictions while continuing to have a very sluggish vaccination program then we will be in bad shape as the variants become dominant later in the winter.

4) Obstacles to Getting Rt below 1 (article and op-ed)

Section should read "Obstacles to **Keeping** Rt below 1", since we're currently below 1 as we come off our recent surge.

1. B117 and other variants
2. Adherence to safety measures is still insufficient
3. Upcoming reopening send a signal that may further reduce adherence (suggests that we are all at lower risk now and can lessen our caution in general).

We might not be able to reach herd immunity solely based on vaccination. The new variants pose an even greater challenge, but the variants discovered (so far) are not completely

capable of “vaccine-escape”, only reduced vaccine efficacy. It remains unclear whether the mRNA vaccines are less effective when confronted with the variants. Messaging is still the most crucial action item, therefore, the EAP suggests more outreach to people who are not getting the vaccine and continued efforts to understand what is driving this hesitancy.

Of the 5 vaccines that have undergone major Phase III trials there have been zero deaths and very few hospitalizations. This is the best news we have and it’s pretty significant. Vaccination will be very valuable in terms of reducing hospitalization (severe morbidity) and mortality, but not necessarily reducing community transmission overall. We might be looking at a future where a milder form of infection becomes very widespread and does not go away entirely.

5) Restaurant capacity restriction change (topic added as a late request)

Governor announced that the allowed maximum capacity of restaurant indoor dining will increase from 25% to 40% based on the decreased positive rate and decreased hospitalization, new order takes effect on 2/8 Monday. Based on recently published epidemiological evidence and reports from contact tracing teams, restaurant indoor dining may be the single biggest contributor to community transmission. If this is true, the recent decision to increase indoor dining capacity to 40% will result in a reduce reduction in cases (i.e. a plateau of new daily cases at a higher level than we want to see before the new variants have arrived in force). **EAP members agreed that the benefit of driving the case numbers down during this post-surge period is much greater than the marginal economic benefit from loosening occupancy restrictions on restaurants right now. Cambridge should maintain a 25% capacity limit on indoor dining.**

6) Improve and enhance mask messaging (topic added as a late request)

1. Updating mask posters and guidance (created in May, 2020)
2. Advise the public to use a better mask (ex: KN-95 or ASTM-rated mask of any type) instead of a simple cloth mask
3. The CDC and standard-setting organizations like ASTM are promoting the use of higher quality masks and sharing protocols to evaluate mask types next week
4. The City of Cambridge already has higher-quality mask guidance on its webpage and CPS is also promoting better masks. We are working on a updated citywide guidance using images and infographics that show the specific features needed in a mask and encouraging selection of mask type based on likelihood of higher risk activities or encounters.

Adjourned 2:03 pm

Notes respectfully submitted by Sam Lipson on 2/7/21