

DRAFT
BOARD OF HEALTH MINUTES
TOWN BUILDING
November 18, 2020

The meeting was called to order at 8:00AM. Present by remote roll call were John Schuler MD (JS), Arnold Soslow MD (AS), Robert DeFrancesco DMD (RD), Brian McNamara (BM), and Susan Green (SG). Also present were Ruth Mori MSN RN (RM) Public Health Nurse, School Nurse Leader, Julia Junghanns (JJ) Director of Public Health,

SG Roll call for attendance: BM- yes, JS – yes, AS –yes, SG- yes, RD-yes

SG: In compliance with revised Open Meeting Law requirements, we will live stream the meeting on WayCAM, Public Comments will be received by phone at 508-358-6814 for this meeting. The phone number will be active during the public comment portion of the meeting. Thank you in advance for your patience; we intend to address all calls that come in during the public comment period.

8:00AM Covid-19; updates, new information

RM: From last week's report, we had two staff and two residents (none hospitalized) who became positive at one of our assisted living facilities. This facility is working on conducting ongoing staff testing. If any staff test positive or residents w/ symptoms, all will be tested. Know that this facility had been in touch with other facilities about test programs.

We also had some individuals who have had workplace exposures, and therefore have tested positive. Others who have ongoing workplace testing. Some of our various colleges in the area are doing ongoing testing. We have individuals who had very minor symptom like a scratchy throat, then next time they tested they were positive. We have also had in-house transmission. We identified another student and a staff member who were asymptomatic but had received testing and were positive. Whenever we have info regarding a possible case, we begin contact tracing as soon as possible. Want public to realize we consider ourselves well-staffed and able to manage our contact tracing in-house, do not need to send our cases to the Massachusetts CTC. Sometimes we don't hear about a case until late in the day, so we have had to not allow an in-school class because there wasn't enough time to inform all contacts before day is over.

SG: Few follow up questions about the schools. Any evidence of in-school transmission? Or any close contacts of students besides family have become positive. RM: Thus far the answer is that overall we do not have direct connections, there is still a question about the high school, but our contacts have not been testing positive at this point.

AS: RM, you mentioned the HS that might have evidence, or just don't have test back? RM: Last week I had said there was not a school related situation, but learning further, two individuals were participating in same activity that happened to be related to a school class. We still don't know if that connection was related to each other or if they were two separate situations, that is the only current one that we are thinking may have been related.

AS: What is your definition of sustained school transmission? I would think that if there's no other explanation, you'd have to put that data in that column as a possibility. There should be a column that deals with sustained school transmission. BM: Are you saying that if you can't explain it, you should put it in sustained school transmission? AS: What's your criteria for school transmission if it's not travel, work, and there are kids in the same school, what's the official criteria? BM: I think if there was a confirmed case and a student was a close contact, I would agree. But if a student was never in the same building, I wouldn't. AS: Remember, distance between desks are 6 feet, so there are never technically close contacts. RM: That is correct, but we look at other factors such as whether people were moving their desks, how well they were adhering to distancing, students moving around, quality of masking. Short answer is yes, but there are always risks of caveats. Typically when they have mask breaks and are outdoors, or in the lunch line, differing risks. Don't assume people are always six feet.

SG: How many cases since November 13th report? RM: We have eight additional cases. Our cases are not really going down. JS: And so far no one critically ill? RM: We had an older individual who was managing Covid at home, but had to be transferred to the hospital. AS: And that person was a resident, not in a facility? RM: There was someone working in their home, who they believe may have then had Covid. AS: Was the contractor wearing a mask? RM: I believe that was the case. AS: We need to make sure in these cases that contractors are complying with mandated instructions. RM: Reason I say "I believe" is because I was not the one who directly followed up, I do know the nurse responsible has that info. Because nothing was noted, I feel comfortable that I would know that that individual was not wearing a mask. JS: Has contractor been notified? RM: Yes, contractor ended up being positive first. JS: And spouse okay? RM: Yes. AS: Can you follow up on that, because it is important. BM: We need a cutoff date to talk about cases, so we can give them [nurses] a chance to close out these investigations. We're asking questions that she doesn't have the answer to yet, and we're making it look like we don't think she is being thorough and that's not the case. AS: I understand, but she is giving a report. BM: But she's giving information we agreed last week that we wouldn't ask. We were going to let her go through a cutoff date, now we're saying "since the report how many new cases and what's the info on those cases." AS: She could have easily said yes, that question was asked and the contractor was wearing a mask. BM: But she didn't know because she didn't do the interview. RM: I'm trying to get the info so I can get back to you during the meeting. JJ: Just a comment, there are standard questions that are asked, I know RM doesn't want to make a presumption, but why would we not ask that question? I'm with BM, but understand why you're

asking. JS: It's a report in progress. AS: I know we should presume every question was asked, but I'm not sure it is unless it is delivered in a report in some type of summary.

SG: In general I think everyone is worried about whether we can identify sources of cases, community transmission vs a known transmission, so that's part of where the concern comes from. RD: Doing a great job Ruth. JS: Agreed. JJ: It's very important that people are forthcoming with information regarding situations that are discussed when the investigation is being done. When that much work is put into it, and we find out that we have more work and we are being questioned, it is very frustrating.

SG: Last meeting we had discussed a pre-thanksgiving letter. JJ: AU had drafted a letter, and RM and I are working on some additional material. It has the notes regarding holiday travel and gatherings.

RM: I was informed that the contractor in question was masked.

Kim Reichelt asks in the chat to get details on all the new cases.

RM: One individual in their 60s who was part of a testing program with their workplace and had low grade fever and headache, symptoms only lasted three days then they tested positive. What we are seeing overall aren't severe respiratory conditions (except for our individual in hospital), most symptoms are brief and less severe. Another individual in their 20s who had headache and sneezing, ended up losing sense of taste and was tested. Also have individual who had been doing antigen testing (pooled) as part of a school system and when the pool came back positive, had a PCR and was asymptomatic and was found to be positive, then had muscle aches. Their partner in their home also then tested positive.

AS: I would like to see a way to see the web of contacts that each case produces, in terms of numbers of contacts. Is there a way to include in the reports with each case, the number of contacts that have been identified, so we can see when some have small spread, or super spreaders. Gives a sense of the amount of work you are doing, but it also provides net of contacts that occur in the community. RM: Except for our school cases, I have not written down the number of contacts for these cases, but that is something that we can do because we capture that information.

RM: We do have someone in our queue who did a swab, negative, then they did a flu swab which was negative, then a flu swab. DPH is still saying that person needs to isolate, PCP is not convinced they are Covid positive, but DPH is saying that despite the fact that it was a flu swab, there was still a positive result for Covid so needs to isolate. There was someone in their 50s who had contact with a family member then turned positive. Another person who was asymptomatic, but going for a pre-op test and tested positive. We have our school case who also was asymptomatic and was receiving testing for returning back to an after-school program, not within Wayland.

JS: Have schools or parents come to a decision about group testing? JJ: My understanding is that they are moving forward, not sure how soon. SG: Sejal has wrote us that we are still working on finalizing vendors and funding. JS: Could send that info to congregate housing facilities.

JJ: Updates on Health Department, we have been very busy, lots of building applications and septic work, soil testing. Progress on River's Edge project, they are going to be applying for demolition over there, so Darren has been working with the project manager. Also receiving many Covid calls.

AS notes in chat: "We will be adding advice to town citizens noting that all contractor within a house must wear masks while inside" JJ: It is the law as well through the governor's office. People should be following that. BM: I think it's a good idea to reiterate it. AS: Also need to make sure that it is worn properly. JJ: Recreation Department, added a lot of information onto our website, including information on mask use .We added things including tips for thanksgiving, etc. The mask order is on the main page slideshow. I can just make sure that it is the most current one.

Next Meeting will be Wednesday December 2nd at 5:00PM

8:45a.m Public Comment

SG: Public comment is now open, phone calls received at: 508-358-6814

Sejal Srinivasan in Chat: Is there a need for communication on transparency in contact tracing?

SG: Yes there is a need and we are working on a letter that will be going out.

Public Comment is closed.

SG: Motion to adjourn meeting. BM second. Roll call vote: BM- yes, RD – yes, AS- yes, JS – yes, SG- yes. 4-0 vote all in favor motion passes. Meeting adjourned.

Respectfully submitted
Zachary Jonas
Health Department Staff
111820minutes
APPROVED091321