

Meeting Minutes of the Chelsea Board of Health  
March 16, 2021

**Attendance: Names of members and Participants**

Board members, City of Chelsea staff and guests were introduced.

Board Members:

- Ola Bayode
- Corinna Culler
- Allen Jackson
- Emmanuel Tellez

Guests:

- Chris Alonso, Public Health Researcher
- Anna Sanchez Junkin, Community Tracing Collaborative
- Karthik Dinakar, MIT Media Lab
- Barry Keppard, Metropolitan Area Planning Council

City of Chelsea Staff:

- Loudres Alvarez, Executive Assistant to City Manager
- Dr. Flor Amaya, Director of Public Health
- Mimi Graney, Civic Design & Engagement Strategist
- Paula McHatton, Public Health Nurse

**Adoption of the Minutes of the December 8 Board Meeting**

The Board adopted the minutes from the February 2021 meeting by unanimous voice vote.

**COVID-19 in Chelsea - Results of the Analysis of Positive Cases Sept 2020 - Jan 2021**

Chris Alonso presented research on the spread of COVID-19 in Chelsea from Sept. 2020 through January 2021. Highlights included:

- During this period, there were more cases among adults in their 30's, and more hospitalizations among adults in their 50's when compared to earlier periods of analysis.
- COVID-19 cases shifted from the elderly to adult essential and non-essential workers. Chelsea also saw an increase in cases among children, likely from children getting infected from contact with adult essential workers.
- Chelsea saw dramatic increases in transmission around the holidays.

Alonso's recommendations included increasing contact tracing capacity to cope with increased cases, ensuring public health messaging addressed the risks of social

interaction and ensuring adequate access to PPE and the COVID-19 vaccine for residents.

Emmanuel Tellez asked why comorbidities were not being tracked. Alonso responded that there were limitations with the available data. Barry Keppard added that when they were trying to get data, staff at DPH were already overwhelmed, so they used the best data available.

Tellez asked whether the availability of testing was being considered in the analysis of infection rates, and how the rollout of testing may be impacting the results. Alonso responded that the **Stop the Spread** campaign and other free testing was available before August. She added that there was a general fear of testing at the beginning of the pandemic, but testing is more common now, and employers may now be more encouraging of workers being tested than they may have been before.

Dr. Amaya noted that hospitalization rates decreased in November – January when compared to March – August and questioned what accounted for the reduced hospitalizations among the unemployed. Alonso responded mortality rates had decreased overall, reducing hospitalizations and deaths, and improvements in medical treatment and greater understanding of COVID-19 infection symptoms probably led to those declines.

#### **City of Chelsea Wastewater Testing**

Barry Keppard of the Metropolitan Area Planning Council presented an update on the wastewater monitoring project. His work focused on thinking about ways to use wastewater monitoring to mitigate and contain COVID-19 infections and possibly break the COVID-19 transmission chain.

He noted that wastewater monitoring can be used to detect trend occurrence, changes and trends and disease prevalence in particular areas. Through wastewater monitoring, investigators can find concentrations of the virus, he added.

There are four sewer sheds in Chelsea through which we can source nearly all wastewater for the City. They are located at Marginal & Hawthorne St., Crescent St., Locke St., and Spruce St. Monitoring activities from these locations are anonymous and focus on getting a sense of how much virus is in the area given its concentration in the wastewater and would allow for a targeted response if a surge in virus is detected.

Readings from the Chelsea water sheds were compared to two other MWRA water sheds and were found to be higher than the MWRA sites, particularly in December and January. As cases in Chelsea have decreased, the concentration levels of COVID-19 detected in the wastewater have decreased as well.

He concluded by noting that wastewater monitoring could be used as a tool to monitor COVID-19, other infectious diseases, illegal substances, and other markers of chronic disease.

Emmanuel Tellez asked about test sensitivity, and whether they are sensitive enough to capture COVID-19 variants. He noted concerns about future unintended consequences of some of the ways this monitoring may be used. Keppard responded that the monitoring tools are sensitive enough to find COVID-19 in small populations (around 500 people). He added that his group is exploring whether it is possible to monitor for variants through wastewater monitoring. He noted that his research is focusing on systems and environments, not individuals.

Corinna Culler asked if rates are high in an area, will that mean that we could intervene and encourage those folks to be tested? Keppard responded yes, adding that symptomatic people shed virus 4-7 days before testing positive, and that monitoring can create an opportunity to intervene and support people through providing services and interrupt the transmission chain.

**Anna Sanchez Junkin, Community Tracing Collaborative**

Anna Sanchez Junkin gave an overview to the Board of investigations the Community Tracing Collaborative has done of COVID-19 outbreaks in Chelsea restaurants. She also wanted the Board to comment on guidance that would help in contracting tracing.

She noted that it is important that restaurants collect customer information because there have been several cases where COVID-19 has been transmitted via contact between workers and customers, despite relevant guidance being in place. Collecting customer information will aid in contract tracing and help prevent further community spread.

In one example she shared at a restaurant with 50 staff, two workers that tested positive were infectious while working at the restaurant. Ten additional restaurant workers would go on to test positive and the restaurant closed for two weeks. The restaurant did not keep a list of customers, but they were able to trace at least one customer who did test positive. There were an additional eight cases traced to this outbreak among the workers' household members.

At another outbreak at the same restaurant, an infectious customer infected an additional nine customers.

She went on to note that workers should be encouraged to stay home if they are sick and spoke on the importance of regular testing.

At a smaller restaurant with 25 workers, one infectious worker infected another seven people. CTC found a customer through a restaurant booking app.

In the final example she shared, the restaurant was open while a football game was being shown, and people were there to watch the game. Despite plexiglass barriers being in place and mask-wearing rules being observed, one infectious customer went on to expose 29 additional customers. CTC was able to get customer information and called other customers to encourage them to get tested.

Corinna Culler asked whether one of the examples presented was a common experience for the contract tracers or was it because they were able to find who was eating there and follow up with them. Junkin responded that she chose that example because it was a good example and the staff that worked on it did a good job. She added that there are other examples of where there are fewer infections. Culler and Emmanuel Tellez would add that they are concerned that the state is now allowing more restaurant service with this being a possible outcome.

Dr. Amaya noted that this may be an opportunity to encourage restaurants to adopt harm reduction strategies as they expand capacity. She then questioned whether the Board wanted to adopt "should" or "must" language in providing guidance to local restaurants regarding contract tracing. She noted that we have about 97 food establishments in Chelsea, four with full service and another 13 that have servers. She noted that Revere has provided restaurants with a paper log so they can collect diner information.

Tellez expressed concerns about restaurant and customer privacy, and fairness in that we are not requiring similar contact information requirements for other types of businesses that require close contact. Junkin added that she has had many conversations with customers and restaurant owners for contract tracing purposes, and many are thankful when they have been contacted, adding CTC sometimes maintains anonymity for restaurants when they request it in cases where a customer may have been exposed at a restaurant.

Corinna Culler asked whether Revere was mandating contact collection in their sit-down restaurants, but not in other smaller, casual establishments like pizza joints. Dr. Amaya confirmed that Revere only made it a requirement for full-service restaurants and restaurants with servers. Culler followed up by asking whether a restaurant must refuse service if a customer refuses to give the name/phone number of a person in their party. Dr. Amaya responded that there is not a refusal of service, but people are encouraged and noted education for restaurant owners will be important. Barry Keppard added that restaurant owners, once educated about the potential impact of an exposure, may be more willing to collect this information.

Corinna Culler moved that the board adopt the following language: "When taking reservations and when seating walk-in customers, restaurants **must** retain a phone number of someone in the party for possible contact tracing." Emmanuel Tellez seconded the motion, and the language was adopted unanimously.

Loudres Alvarez will be visiting restaurants this week and next to talk with owners about this and other issues, including planning a workshop for restaurant owners about these and other relevant regulations.

**Dr. Flor Amaya, Director of Public Health**

Dr. Amaya reported that 6,186 Chelsea residents have received their first doses of vaccine. An additional 3,379 Chelsea residents have been fully vaccinated. The East

Boston Neighborhood Health Center has vaccinated 905 Chelsea residents since December and La Collaborativa/EBNHC vaccination project has vaccinated 521 residents.

Racially, Blacks and Hispanics have lower-than-expected rates of vaccination in Chelsea according to MA DPH data. Its possible that we will see more people of color when the vaccine-eligible groups expand to essential workers and other groups. Dr. Amaya is working with DPH on vaccine equity efforts such as virtual phone banking and door-to-door canvassing, recruiting local influences and developing more targeted messaging.

She also noted Chelsea Community Schools will be hosing an Easter Egg hunt, following similar COVID-19 protocols for other events they have hosted.

**Paula McHatton, Public Health Nurse**

Communicable diseases: There was one case of Ebola reported yesterday from a resident that returned from the Democratic Republic of Congo. No other communicable diseases were reported. McHatton is in the process of preparing for next flu season, working on vaccination clinics.

COVID-19: A COVID-19 vaccination clinic is scheduled for residents at 250 Clark Ave. on Thursday. This clinic will hopefully pull in other surrounding smaller elderly housing sites. Another clinic is planned for April 1 at 855 Broadway for residents 65 and older. 20 homebound residents will be vaccinated next week. School staff will be vaccinated at the Burke Complex on March 26, and educators from Malden will be invited as they are not able to get the vaccine at this time.

Corinna Culler asked whether Paula McHatton was still using two-dose vaccines. McHatton responded that teachers and the homebound will be receiving the Johnson & Johnson one-dose vaccine.

Emmanuel Tellez asked whether data was available on vaccine administration by type of vaccine. Dr. Amaya reported that the state is not reporting that data. Tellez followed up by asking about the rates of vaccine refusal. Dr. Amaya reported that that information was not being collected.

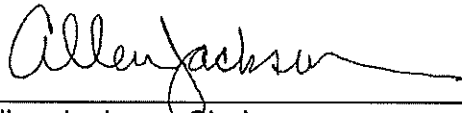
COVID-19:

- Chelsea has 11 new cases and has had 8,167 confirmed cases since the start of the pandemic.
- Percent positivity decreased from 4.12% the previous week to 3.15% last week.
- The incidence rate decreased from 39.9/100,00 the previous week to 31.0/100,000 last week.

Emmanuel Tellez asked whether we might be undercounting cases and whether that, given our population, we were close to herd immunity. Dr. Amaya noted that herd immunity would be achieved when Chelsea had vaccinated 70% of the population.

The Board discussed the need discuss the duties of the Board of Health as described by the Commonwealth. Due to time constraints this discussion will be moved to the April meeting.

The next meeting will be on April 13, virtually.



Allen Jackson, Clerk

4/14/2021

Date

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