

Meeting Minutes of the Chelsea Board of Health
March 8, 2022

Attendance: Names of members and Participants

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

Board Members:

- Ola Bayode
- Corinna Culler
- Allen Jackson
- Josh Merson
- Dr. Dean Xerras

City of Chelsea Staff:

- Dr. Flor Amaya, Director of Public Health
- Paula McHatton, Public Health Nurse
- Oriana Reilly, Dept. of Housing and Community Development
- Stephon Treadway, Asst. City Solicitor

Guests/Members of the Public:

- Irene Bosch, The Chelsea Project
- Dario Camacho, La Collaborativa
- Dinanyili Paulino, La Collaborativa
- Dan Cortez, Chelsea Police Department
- Barry Keppard, Metropolitan Area Planning Council
- Ann Kissel, North Suffolk Public Health Collaborative

Adoption of the Minutes of the February Meetings

The minutes of the February meeting were adopted unanimously by members present at the meeting.

The Chelsea Project Rapid Test Study Update

Irene Bosch and Dr. Amaya spoke about a rapid test study conducted by the Chelsea Project, in collaboration with the Chelsea Housing Authority where residents received rapid tests and instructions on their proper use. The program initially focused on housing authority residents with mobility limitations who were not able to easily access the city's **Stop the Spread** testing sites but has since been expanded to include city employees.

Highlights of Irene Bosch's presentation included:

- So far, 1,103 tests have been collected and analyzed through this study. Participants upload photos of their test results to an online portal. Participants that test positive receive follow-up and continue to test until they test negative again or complete quarantine.

- Using data gathered through the project, Bosch was able to show how the Omicron variant peak moved through the testing population in housing authority residents.
- The study uses a complex protocol to validate test results, and the study protocol calls for participants to test at home while quarantining, enabling the study to monitor positivity over time.
- The program was one of two organizations awarded \$1.8m by the Regan-Udall Foundation for the FDA to study the real-world performance of COVID-19 tests.

In discussing the program's expansion plans, Bosch noted plans to increase the number of sites where the program is offered and to find better ways to share the data with users, and other public health authorities. Dr. Amaya added that they would like to increase usership for Chelsea residents interested in the program and make testing more widely available in the community.

COVID-19 Community Level Metric Update

Ann Kissel discussed the COVID-19 incidence rates, vaccination updates and observations on preparing for the future of COVID-19 and its impacts. Of note:

- COVID-19 case incidence continues to decline in Chelsea – there were fourteen cases between 2/27/22 – 3/5/2022, or 34.3 cases/100.000 individuals.
- From 2/1/22 – 3/1/22, the city saw an increase in individuals receiving booster shots among all age groups.
- The former framework from the CDC for preventing COVID-19 infection focused on transmission level, categorizing communities as at low, moderate, or substantial risk for COVID-19 transmission. The CDC's revised framework includes additional metrics, including severity and healthcare system burden. The goal of the new framework is to prevent significant illness, minimize the burden on healthcare facilities and protecting the most vulnerable. Under this new framework, Massachusetts is in the green or low risk category. Kissel also discussed reservations some in the public health field have expressed about the change this new model represents, including that it may be difficult to get people to go back to masking when levels do go up, and the focus on "testing to treat" may be creating a barrier for people who are un- or underinsured.
- Kissel shared a spreadsheet she began showing suggestions for actions that could be taken at each level to address transmission risk in Chelsea, using the CDC's new framework as a guide,

Dr. Xerras questioned whether the word "mitigation" should be used in place of "prevention" in the new model since the strategies and action plans the CDC outlined seemed to be focused on the mitigation of COVID-19's impact. Kissel noted that was the CDC's language.

Ola Bayode questioned how the city could raise more awareness of the impact of the underlying causes of COVID-19 infection. Kissel responded that she is planning to use new CDC data that focuses on chronic conditions to see who in Chelsea is impacted by those conditions and focusing on ways to integrate more people into the healthcare

system. Kissel added that they are working with the North Suffolk Collaborative on an educational campaign to help people become more knowledgeable around COVID infection/prevention strategies.

Irene Bosch wondered how the duration of immunity factored into these strategies, whether the mitigation strategies would be impacted by immunity level and the potential need for additional boosters. Kissel responded that they have thought about how an additional booster could be administered in late spring/early fall but noted that a second booster has not yet be recommended by the CDC. Dr. Xerras noted a New England Journal of Medicine study that showed that individuals who had contracted COVID-19 who had gotten vaccinated and boosted had immunity that lasted about 1 year. Dr. Amaya noted that booster rates are increasing among children and adults over 65.

Rodent Control Public Hearing

Dario Camacho and Dinanyili Paulino of La Collaborativa reported hearing concerns about rodents from the community and wanted time to be able to review the regulations with their members before they went into effect. Stephan Treadway commented that not all the impacted city agencies responsible for enforcement felt they had sufficient time to comment on the draft regulations and recommended continuing the public hearing until next month to allow for additional input from other City departments and the public.

Oriana Reilly noted that residents brought their rodent control issues to the City, and then she began developing recommendations to deal with a growing rodent population. The city met with the contractor responsible for rodent baiting and suggested looking at similar ordinances in Lynn.

Dr. Xerras commented that the regulations put the onus on permit holders to develop a plan for rodent control and mitigation. Paulino reported that residents feel there is not enough accountability for landlords/building owners for when there is a rodent control issue, or when the problem is not adequately addressed.

Corinna Culler asked Paulino whether there were specific types of buildings that were reporting rodent issues. She replied that there are various types of buildings where members reported rodent control issues, ranging from single apartments to large developments. Camacho reported that they had created a map of locations where their members were having issues with rodents.

Dr. Amaya noted that the issues and concerns expressed by Paulino and her members do not seem to be adequately addressed in the draft regulations. Paulino agreed, adding that residents have rodent issues that the regulations should address.

Dan Cortez asked if La Collaborativa could overlay their "hot spot" map with current construction projects. He agreed to work on that and wondered if there could be a way for residents to request rodent mitigation from the city directly, given the number of absentee landlords in the city.

The public hearing will continue next month. People with questions should send their questions to Dr. Amaya.

Public Health Updates

Dr. Flor Amaya:

- Friday operations at the Senior Center will end as of March 18.
- **Stop the Spread** sites in Chelsea will be closed as of March 31. The city will be receiving rapid tests for those looking for testing.
- BIDMC is exploring options to maintain their current testing site.

Paula McHatton:

Communicable Diseases

- There was one case of norovirus reported in a person who had symptoms for one day. The person did not travel recently and had not eaten any suspicious food.
- There was one case of salmonella reported in a person who experienced symptoms for three days, and then went to the hospital for dehydration. This person had not eaten any suspicious foods.
- There was one case of campylobacter infection in a person who experienced one day of symptoms. The person did not report any unusual food intake. They were given IV fluids and sent home.
- There were no reported TB cases, and three cases of the flu-A strain in the month of February.

COVID-19 Update

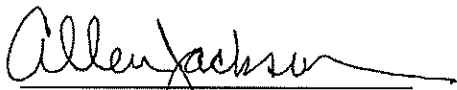
- To date, Chelsea has had 15,157 cases of COVID-19 since the beginning of the pandemic, no new cases were reported last week.
- The positivity rate has decreased from 3.18% at the last Board meeting to 1.49% last week.
- The incidence rate has also decreased from 22.4/100,00 at our last meeting to 7.9/100,00 last week.
- Chelsea Public Schools will continue their mask mandate requirement.

Action Items

- Continue to review rodent regulations and send questions to Dr. Amaya or Stephan Treadway.

Next Meeting: April 12, 2020.

The meeting adjourned at 7:05pm


Allen Jackson, Clerk

4/12/2022

Date

COVID-19 Community Transmission Levels

(Use the Highest Level that Applies to Your Community)

New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	<10.0%	≥10.0%

Preventative Behavior Recommendations

Individual- and household-level	Vaccinations	Get vaccinated as soon as you are eligible.	<ul style="list-style-type: none"> Stay up to date with COVID-19 vaccines and boosters. Get tested if you have symptoms. If you have household or social contact with someone at high risk for severe disease consider self-testing to detect infection before contact. 	<ul style="list-style-type: none"> Stay up to date with COVID-19 vaccines and boosters. Get tested if you have symptoms. If you have household or social contact with someone at high risk for severe disease consider self-testing to detect infection before contact.
	Testing	Get tested if you have symptoms.	<ul style="list-style-type: none"> People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask. If you have household or social contact with someone at high risk for severe disease consider wearing a mask when indoors with them. 	<ul style="list-style-type: none"> Wear a well-fitting mask indoors in public, in places of congregate settings (including K-12 schools and other indoor community settings).
	Masking	Wear a well-fitting mask indoors in public, in places of congregate settings (including K-12 schools and other indoor community settings).	<ul style="list-style-type: none"> People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask. If you have household or social contact with someone at high risk for severe disease consider wearing a mask when indoors with them. 	<ul style="list-style-type: none"> Wear a well-fitting mask indoors in public, in places of congregate settings (including K-12 schools and other indoor community settings).
	Indoor Ventilation	Maintain improved ventilation throughout indoor spaces when possible.	<ul style="list-style-type: none"> Maintain improved ventilation throughout indoor spaces when possible. 	<ul style="list-style-type: none"> Maintain improved ventilation throughout indoor spaces when possible.
	Isolation/Quarantine	Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19.	<ul style="list-style-type: none"> Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19. 	<ul style="list-style-type: none"> Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19.
	Immunocompromised or high risk for severe disease individuals***	Have a plan for rapid testing if needed (e.g., having home tests or access to testing). Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PEP, and monoclonal antibodies. Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing). Wear a mask in regular that provides you with greater protection. Consider avoiding non-essential indoor activities in public where you could be exposed.	<ul style="list-style-type: none"> Have a plan for rapid testing if needed (e.g., having home tests or access to testing). Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PEP, and monoclonal antibodies. Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing). Wear a mask in regular that provides you with greater protection. Consider avoiding non-essential indoor activities in public where you could be exposed. 	<ul style="list-style-type: none"> Have a plan for rapid testing if needed (e.g., having home tests or access to testing). Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PEP, and monoclonal antibodies. Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing). Wear a mask in regular that provides you with greater protection. Consider avoiding non-essential indoor activities in public where you could be exposed.

Community-level (as recommended by state or local authorities)

Community-level (as recommended by state or local authorities)	Vaccinations	Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity.	<ul style="list-style-type: none"> Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity. 	<ul style="list-style-type: none"> Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity.
	Testing	Ensure access to testing, including through point-of-care and at-home tests for all people.	<ul style="list-style-type: none"> Ensure access to testing, including through point-of-care and at-home tests for all people. 	<ul style="list-style-type: none"> Ensure access to testing, including through point-of-care and at-home tests for all people.
	Indoor Ventilation	Maintain improved ventilation in public indoor spaces.	<ul style="list-style-type: none"> Maintain improved ventilation in public indoor spaces. 	<ul style="list-style-type: none"> Maintain improved ventilation in public indoor spaces.
	Immunocompromised or high risk for severe disease individuals	Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing.	<ul style="list-style-type: none"> Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing. 	<ul style="list-style-type: none"> Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing.
	Health Equity Promotion	Protect people at high risk for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information.	<ul style="list-style-type: none"> Protect people at high risk for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information. 	<ul style="list-style-type: none"> Protect people at high risk for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information.
	Health Equity Promotion	Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations.	<ul style="list-style-type: none"> Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations. 	<ul style="list-style-type: none"> Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations.

North Suffolk's Action Plan Towards Prevention

Chelsea	Vaccinations	Facilitate additional vaccine clinic during evening and/or weekend.		
	Testing			
	Masking			
	Indoor Ventilation			
	Isolation/Quarantine			
	Immunocompromised or high risk for severe disease individuals			
Revere	Health Equity Promotion			
	Vaccinations			
	Testing			
	Masking			
	Indoor Ventilation			
	Isolation/Quarantine			
Winthrop	Immunocompromised or high risk for severe disease individuals			
	Health Equity Promotion			
	Vaccinations			
	Testing			
	Masking			
	Indoor Ventilation			

***At all levels, people can wear a mask based on personal preference, informed by personal level of risk. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.
 ***If you test positive for COVID-19 and have one or more health conditions that increase your risk of becoming very sick, treatment may be available. Contact a health professional right away after a positive test to determine if you may be eligible, even if your symptoms are mild right now. Don't delay. Treatment must be started within the first few days to be effective.

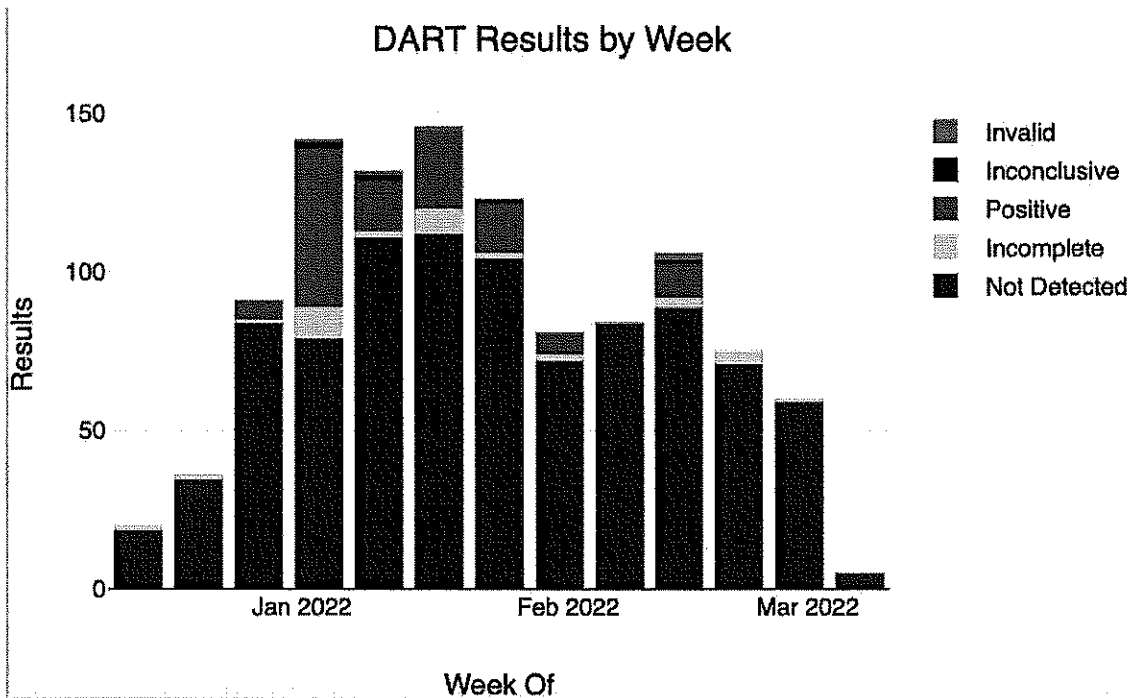


The Chelsea Project

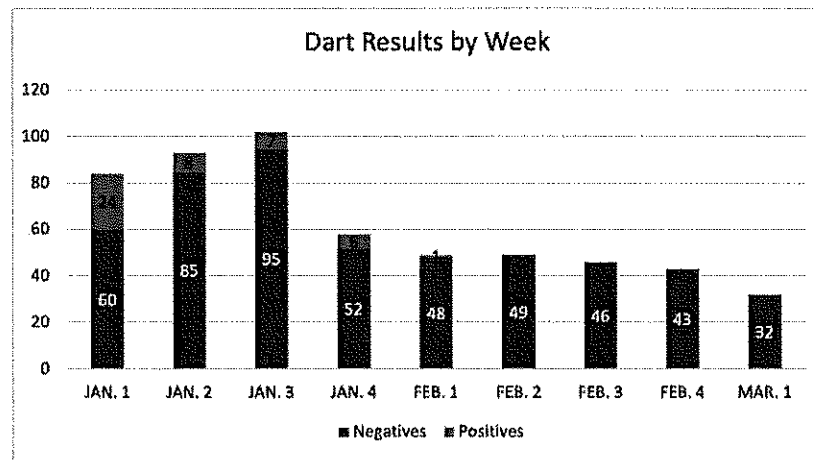
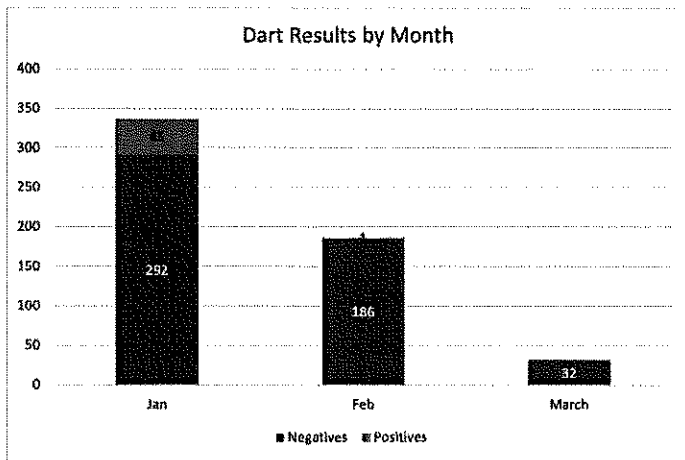
IDx20. March 8th, 2022

Irene Bosch

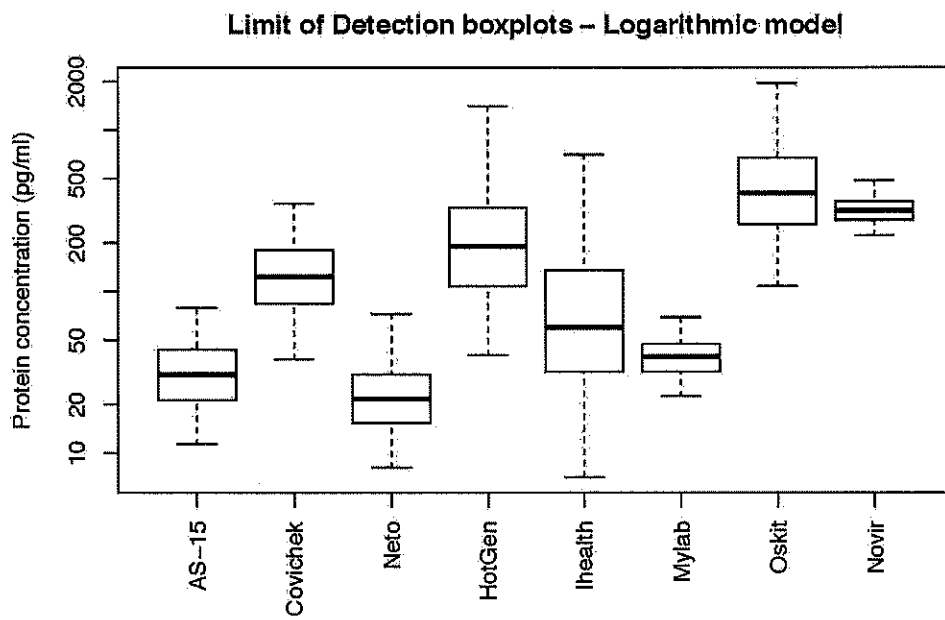
Chelsea Project _ Total participants (1103 tests)



Chelsea Project Housing Authority

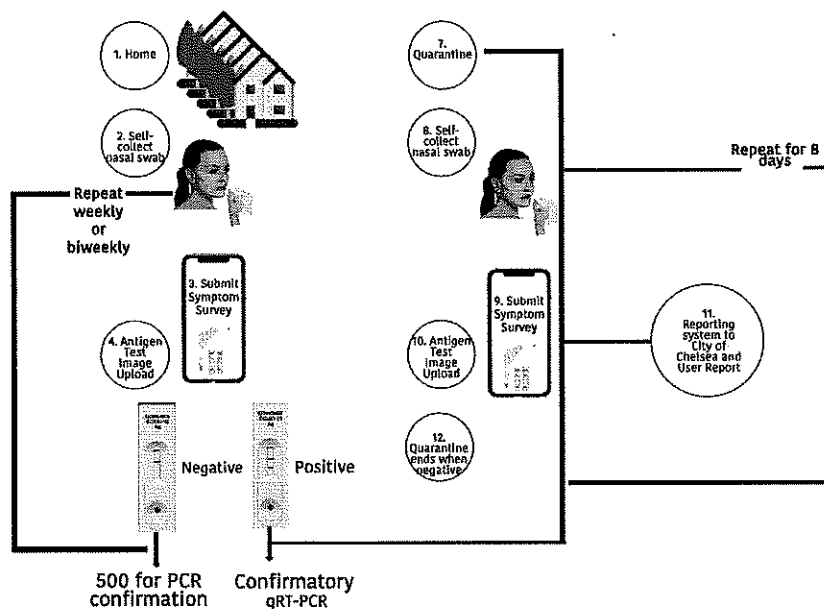


Direct antigen rapid tests



Chelsea Project Protocol_FDA grant

Study Protocol



News

NEWS AND EVENTS ~ REAGAN-UDALL FOUNDATION FOR THE FDA AWARDS \$1.8 MILLION IN RESEARCH FUNDING FOR STUDIES ON THE REAL-WORLD PERFORMANCE OF COVID-19 TESTS

Reagan-Udall Foundation for the FDA Awards \$1.8 Million in Research Funding for Studies on the Real-World Performance of COVID-19 Tests

Beth Israel Deaconess Medical Center and IDx20 with The Chelsea Project Named as Awardees

(March 1, 2022) The Reagan-Udall Foundation for the FDA (FDA Foundation) awarded \$1.8 million in funding for two research projects evaluating the Real-World Performance of In Vitro Diagnostics (PIVD). Beth Israel Deaconess Medical Center will receive \$898,045 to study antigen and molecular COVID-19 tests using real-world patient data. IDx20 will receive \$893,500 to compare the performance of COVID-19 antigen tests in clinical settings versus real-world data collection. Their project includes a coalition of teams from the City of Chelsea, MA.



Specific Aims

- Validate antigen tests in the laboratory using both qualitative and quantitative methods to evaluate the performance of antigen tests.
- Measure clinical positive and negative percent agreement data compared to the gold standard detection method, qRT-PCR, for four or more antigen tests self-administered in at least two different real world use settings: senior living facilities and other Chelsea residents.
- Compare laboratory data from contrived samples with real world performance statistics to establish a relationship between the lab-measured performance and real-world performance. The goal is to develop rapid, laboratory-based methods that sufficiently assess the test performance, without the need of clinical or real-life testing. Completion of this aim will enable faster deployment of new laboratory-based tools for future outbreaks and in the analysis of new emerging variants of SARS-CoV-2.
- Evaluate usability of the antigen tests for self-testing and evaluate results of a weekly testing regime. We will conduct **semi-structured in-depth interviews, surveys, in-person and remote usability and diary studies, and we will collect, analyze, and report user feedback.**
- Develop a digital reporting system that can be used to collect and report test results in real-time to healthcare authorities. We will improve the user interface of the reporting application used to record and interpret test results based on participant and administrator feedback. We will develop a system of real-time reporting of test results which communicates directly with public health authorities in the City of Chelsea, in addition to developing more generalized epidemiological reporting capabilities for future implementation.



**North Suffolk
Public Health Collaborative**

A coalition of local health departments in Suffolk County, Massachusetts

Chelsea Board of Health Meeting

Tuesday, March 8, 2022

**Ann Marie Kissel, MPH (NSPHC-MAPC)
Regional Epidemiologist**

Agenda



Case Incidence Rate

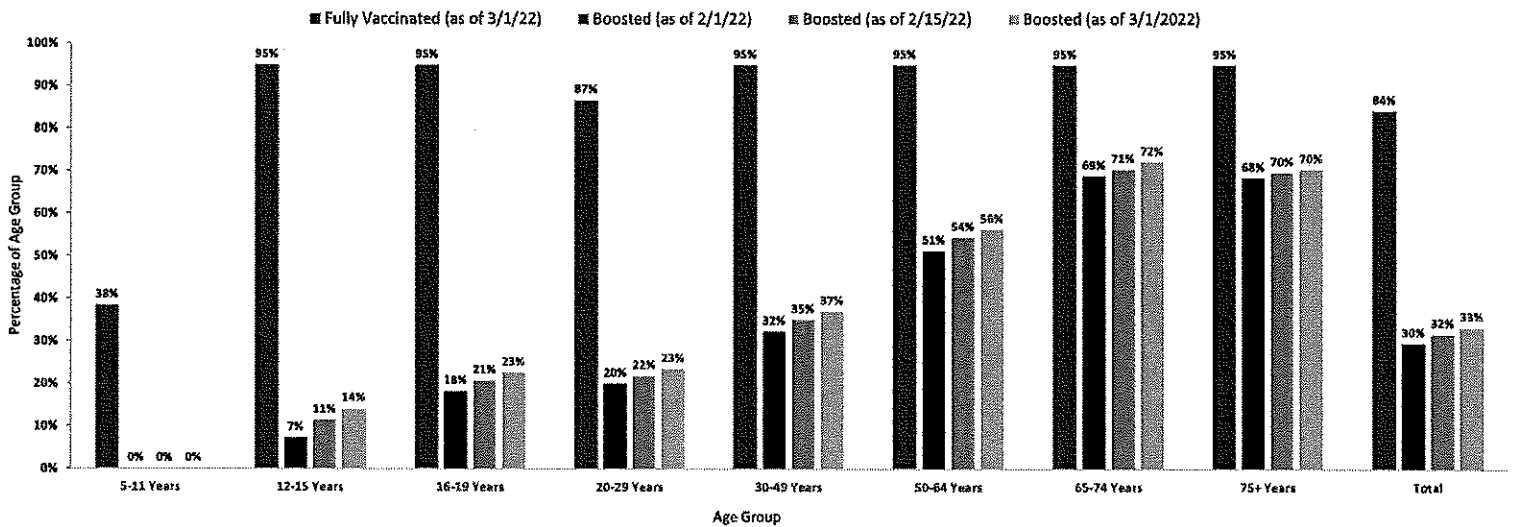


Vaccination Updates



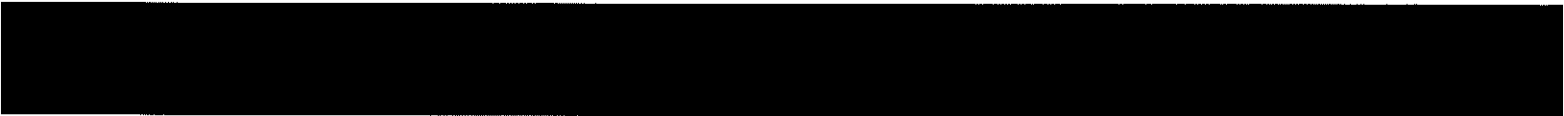
A continued conversation; How do we prepare for whatever is next?

Vaccination Updates

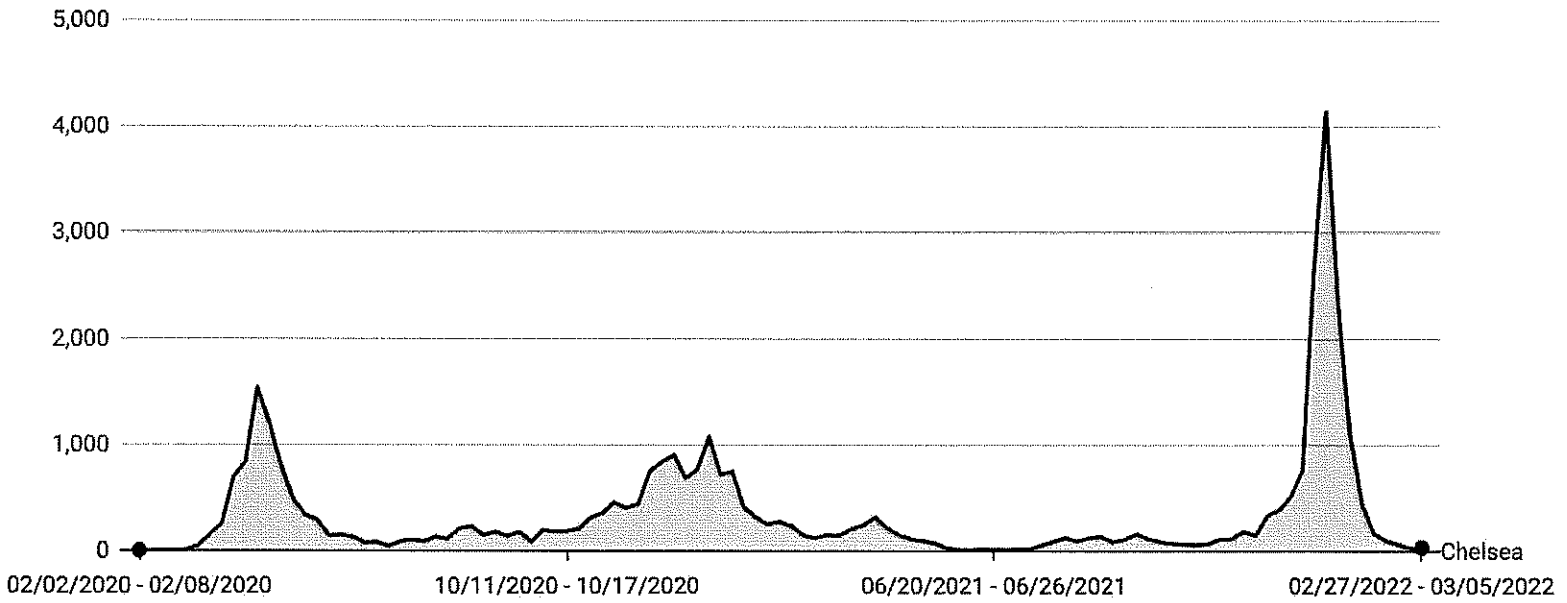


Chelsea, Massachusetts

Source: [Massachusetts COVID-19 vaccination data and updates | Mass.gov](#)



(2/2/2020 - 3/5/2022)

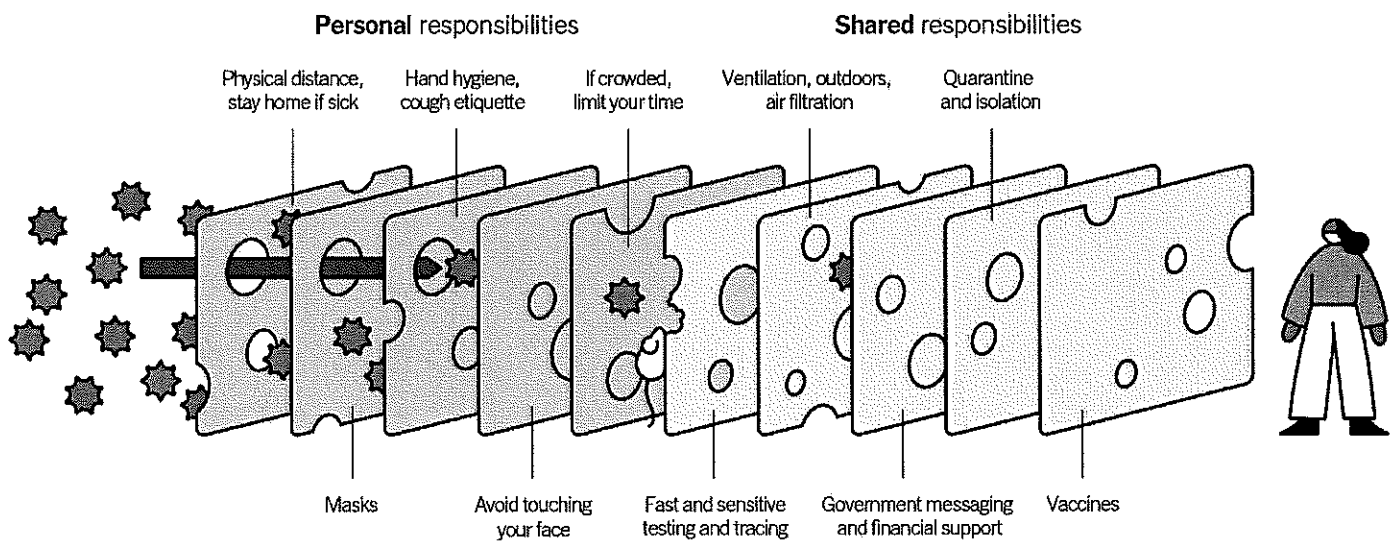


Chelsea

**A continued conversation;
How do we prepare for whatever is next?**

Multiple Layers Improve Success

The Swiss Cheese Respiratory Pandemic Defense recognizes that no single intervention is perfect at preventing the spread of the coronavirus. Each intervention (layer) has holes.

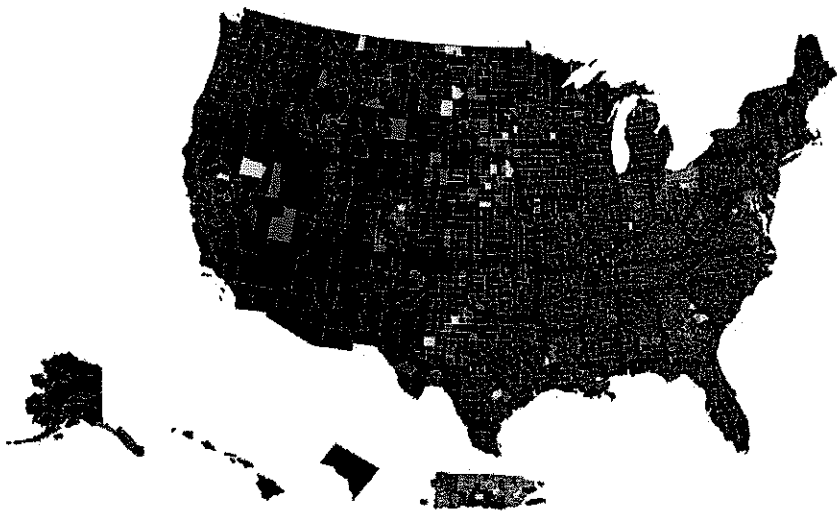


Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong

The Previous CDC’s COVID-19 Community Transmission Levels

Community Transmission Levels	Low Transmission	Moderate Transmission	Substantial Transmission	
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥ 100
Percentage of NAATs that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥ 10.0%

The Previous Levels of Community Transmission of All Counties in US



Community Transmission in US by County

	Total	Percent	% Change
High	2984	92.61%	-5.52%
Substantial	152	4.72%	3.94%
Moderate	36	1.12%	0.87%
Low	49	1.52%	0.74%

How is community transmission calculated?

Layered Prevention Strategies

“We want to give people a break from things like masking when our levels are low, and then have the ability to reach for them again should things get worse in the future. We need to be prepared and we need to be ready for whatever comes next.”

-Dr. Rochelle Walensky, the C.D.C.'s director

CDC's COVID-19 Community Levels

2020 Metrics

Transmission:

1. Total new cases per 100,000 persons in the past 7 days
2. Percentage of NAATs that are positive during the past 7 days

Community Transmission Levels	Low	Moderate Transmission	Substantial Transmission	High
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

2022 Metrics

Transmission (leading indicator):

1. Total new cases per 100,000 persons in the past 7 days

Severity:

2. New COVID-19 admissions per 100,000 population (7-day total)
Anyone w/ COVID-19 diagnosis – “for or with COVID”

Burden on Healthcare System:

3. Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	≤10.0%	10.0-19.9%	≥20.0%
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	≤10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	≤10.0%	≥10.0%
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

CDC's COVID-19 Community Levels Goals

- **Community measures should focus on minimizing the impact of severe COVID-19 illness on health and society**
 - Preventing medically significant illness
 - Minimizing burden on the healthcare system
 - Protecting the most vulnerable through vaccines, therapeutics, and COVID-19 prevention

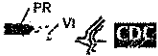
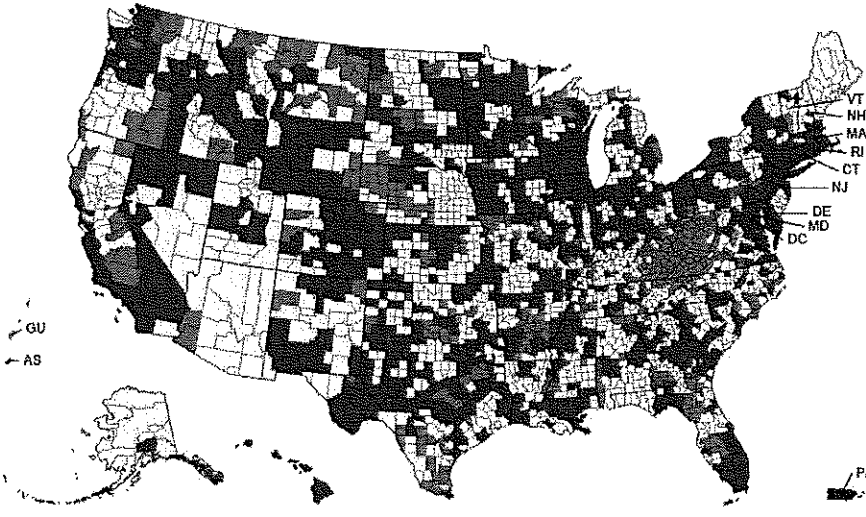
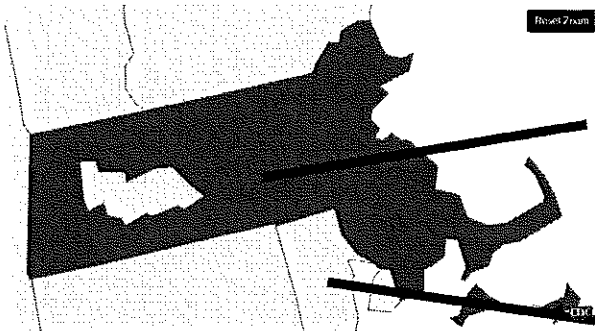
Thought Process: CDC's COVID-19 Community Transmission Levels

1. Current high levels of population immunity reduce risk of severe outcomes
 - High rates of vaccination in population as a whole
 - Availability of boosters, and booster coverage among populations at high risk
 - In unvaccinated, high rates of infection-induced protection
2. Breadth of tools available for public health and clinical care – Broad access to vaccines, therapeutics, testing
3. Larger emphasis on medically significant disease and healthcare strain
4. Utilize data that represents national coverage – at a county level
5. Embraces individual-level decision-making
 - Vulnerable populations who may consider staying masked (some or all of the time) based on:
 - Age
 - Health status
 - Occupation
 - Unvaccinated
6. "The proposed COVID-19 community levels provide a sizeable improvement over the community transmission levels in identifying regions that will experience severe outcomes 3 weeks later" - CDC.gov
 - Deaths
 - ICU utilization

U.S. COVID-19 Community Levels by County Map

Updated Mar. 3, 2022 Languages Print

Data provided by CDC
Updated: March 3, 2022

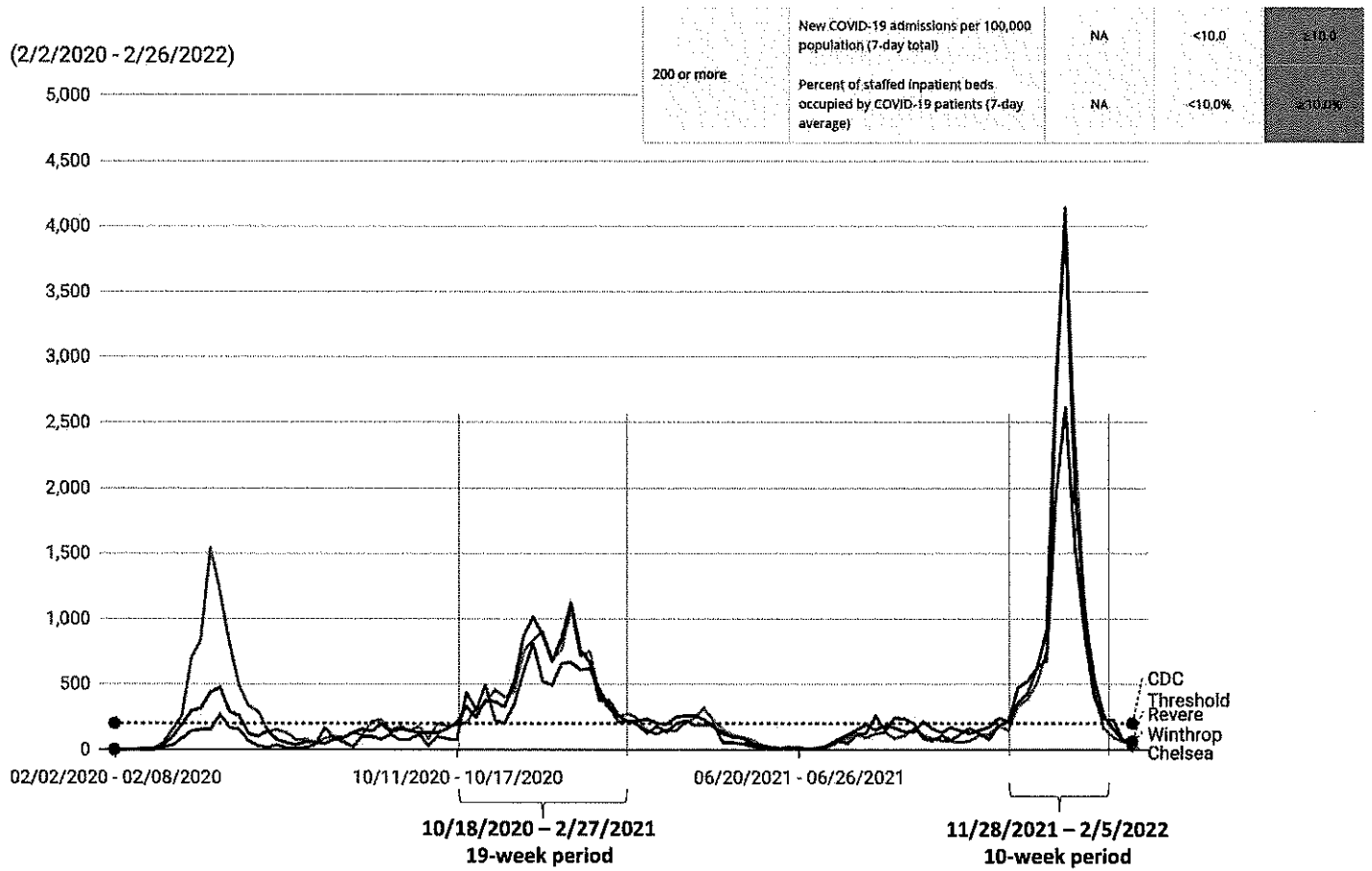


[COVID-19 Community Levels | CDC](#)

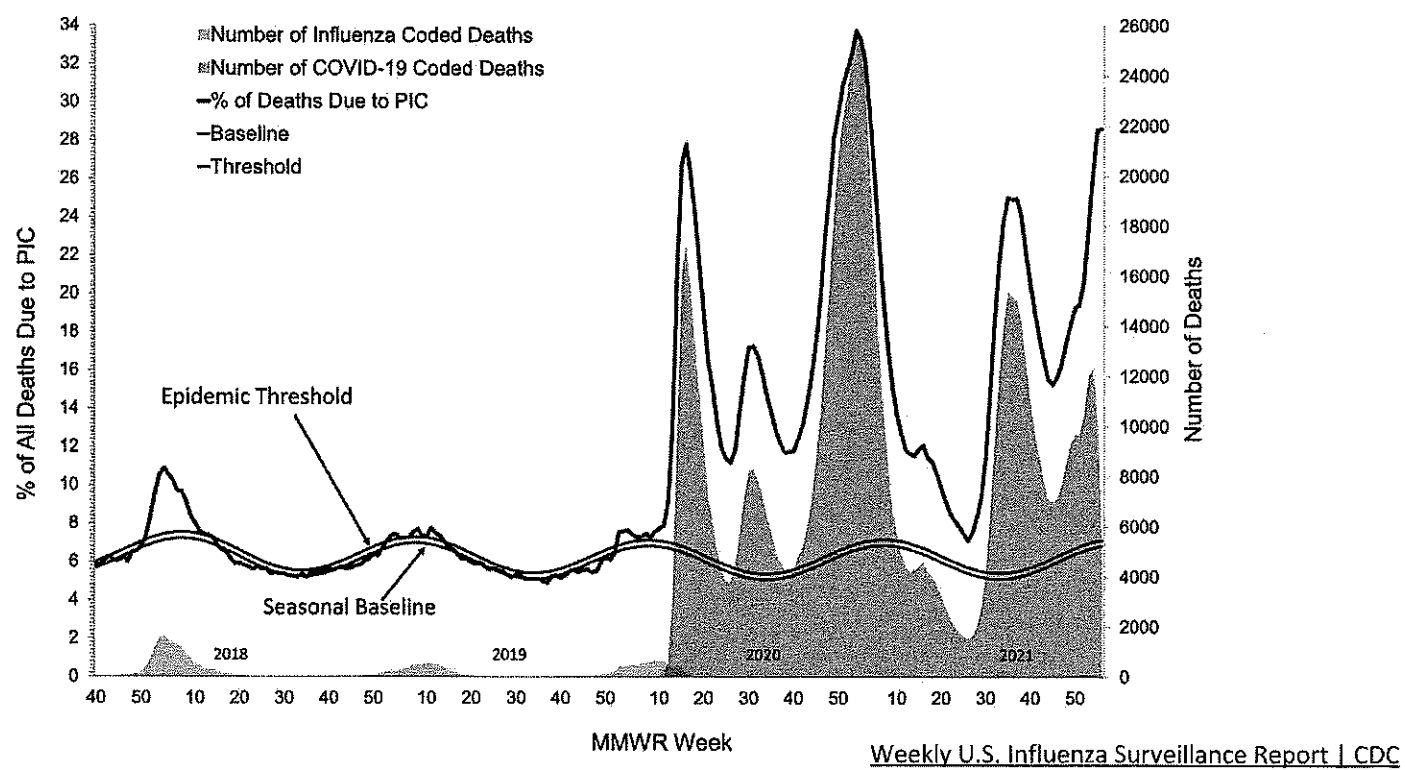
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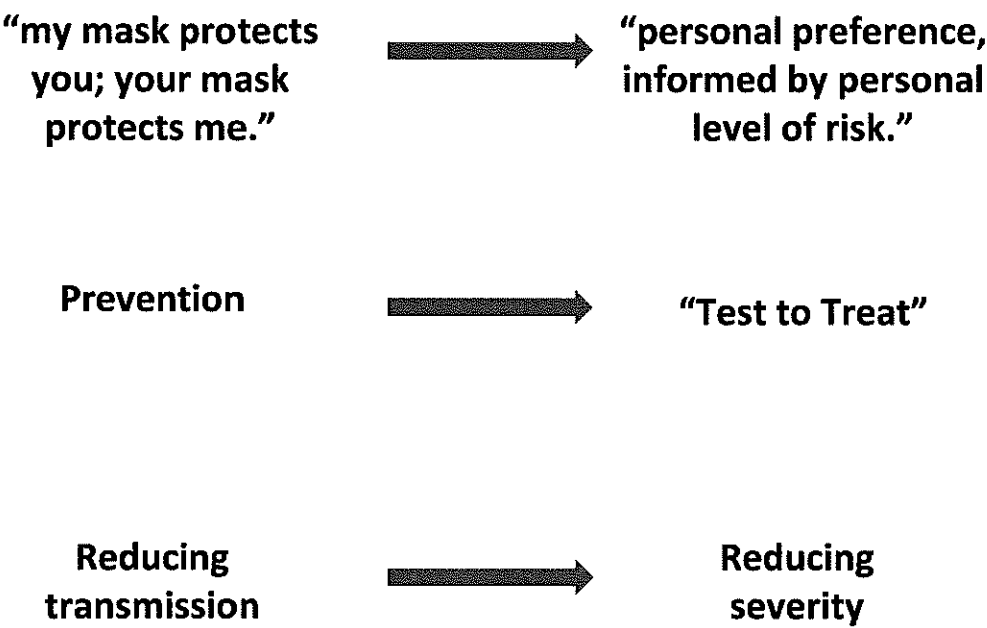
(2/2/2020 - 2/26/2022)



Pneumonia, Influenza, and COVID-19 Mortality from the National Center for Health Statistics Mortality Surveillance System (data as of 2/3/2022)



Concerns with New Community Levels Framework



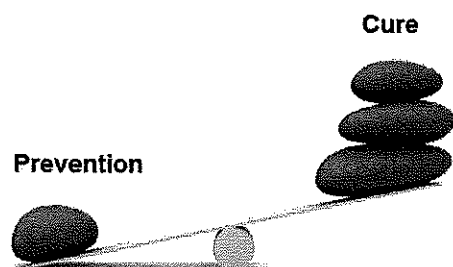
Barriers

- Access to care is not ubiquitous or consistent among all
 - Un-insured (~31 million – 2020 census)
 - Under-Insured
 - PCP (1/4 US residents don't have a PCP)
 - Rural areas
- Not everyone is vaccinated, eligible for the COVID-19 vaccine (under 5), or unequal vaccine effectiveness (pediatrics)
- COVID-19 impacts have disproportionate effects in severity
 - Occupation
 - Age
 - Housing
 - Race/ethnicity
 - Low-income individuals/families
 - Individuals at risk of severe disease

Immunocompromised or high risk for severe disease individuals

“Based on the current evidence, a person with any of the conditions listed below is more likely to get very sick from COVID-19. This means that a person with one or more of these conditions who gets very sick from COVID-19 (has severe illness from COVID-19) is more likely to:

- Be hospitalized
- Need intensive care
- Require a ventilator to help them breathe
- Die”



Conditions that Increase Risk of Severe Illness

- Bronchiectasis
- Cancer
- Cerebrovascular disease
- Chronic kidney disease
- Chronic liver disease (cirrhosis, non-alcoholic fatty liver disease, alcoholic liver disease, autoimmune hepatitis)
- COPD
- Cystic fibrosis
- Diabetes mellitus, type 1
- Diabetes mellitus, type 2
- Disabilities, including Down Syndrome
- HIV
- Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
- Interstitial lung disease
- Mental health conditions (such as mood disorders, including depression, and schizophrenia spectrum disorders)

[Scientific Evidence for Conditions Associated with Higher Risk for Severe COVID-19 | C](#)