



OBSERVER REPORT

BOARD OF HEALTH: 1/26/21 LWVM Observer - Thomas Krueger
Members in Attendance via Zoom: Andrew Petty, Todd Belf-Becker, Sec. Andrea Flaxer, Michelle Gottlieb, Helaine Hazlett

Meeting Posted 48 hrs in advance

Meeting held in a Handicapped Accessible Location - not applicable

Public allow to Participate in the Meeting - yes via Zoom.

COVID UPDATE:

The chair opened the meeting to discuss “pool testing” among the board members and asked for no public comment as this had been discussed previously. He had attended a webinar about the subject and talked to others on the school committee. He proposed that “pool testing” was NOT a BOH decision, this was a school decision, and the BOH cannot spend the school funds. He noted that this one tool to prevent the spread, but that there had been little spread in schools and the 6 feet separation, masks, etc. was working. Another board member had also listened to a webinar about the subject and agreed it was not a BOH decision, but felt that the board should “weigh” in, and had some commitment to making it work for the schools, helping to find resources and logistical issues.

There was further discussion that after a 6-week pilot, paid for by DESE, what would happen about funding afterwards. This board member did not want to “close the door” to the idea. Another board member had also discussed this with the health director, read a synopsis of the pool testing, but had not seen the webinar. This board member thought the BOH should advise the school department. Pool testing has been a major topic of the Reopening Committee for the past two meetings, a meeting that the board member sits on. At those

meetings other ideas about doing pool testing for various grades for 3 weeks periods were entertained. The board member noted that the head school nurse was not in favor of the program for many reasons - a major one being the low spread actually in the schools. Other control measures - masking, social distancing, cleaning, etc. - were working. The discussion concluded with no vote needed and that the issue was up to the school department.

Andrew then presented the MHD case report (available on marblehead.org) as of 1/22/21 - he reminded all that the data comes in on a Thursday and is available by Friday: total cases (since the beginning) = 919 (1/15 = 863, 1/8 = 789), 72 active cases, 31 deaths; age distribution of cases: 0-19 =27, 20-29 = 28, 30-39= 10, 40-49 =14, 50-59 = 20, 60-69 =13, 70-79 =9, >80 =9. (As these numbers show the numbers are greater in the younger age groups and the others could be parents. He reiterated that once a case is in the home, all tend to be infected. If there is a case at home, this individual should mask, use separate bathroom facilities, etc.)

The average cases over the past 14 days = 54.8/100,000 (a slight decrease); total test to date = 29,053 with 4,098 tests in the past 14 days (a number equal to about 20% of all MHD residents); the percent positive cases = 4.25% (now < 5 so MHD is back in the YELLOW zone.)

The report has a number of graphics of the above statistics over time. It is clear that social gatherings both in the home and the workplace are responsible for the majority of the cases. The report of 1/22/21 includes hospitalization graphs, showing occupied beds, with the Northeast (that includes MHD) near capacity. In addition, there is 1) information about social gatherings, stay home instructions, etc. 2) the most recent orders 1/25/22 from the governor rescinding some early closures for businesses, etc. 3) instructions for traveler from out of state re quarantining and/or testing 4) learning about where one fits into the COVID vaccination timeline, 5) web links to MA daily dashboard, and finally 6) about resources to call for domestic and sexual violence, and child abuse or endangerment.

Vaccinations: We are still in Phase 1 and there is a clinic in Salem that give vaccinations Tuesdays and Thursdays. Phase 2 is to start on February 1 and the best source to go to find out who, when, where, etc. is www.mass.gov/COVID-19-

[vaccine](#). The website [mass.gov](https://www.mass.gov) has all the latest press releases, dashboards, case reports, etc.

Andrew said that there is not enough vaccine currently and the supply to towns will likely be low (MHD to get 100) and that large vaccination centers - there are to be 7 mega sites, including one in Danvers, Boston, South Shore, etc., will take priority. He reminded all that the second shots would be at the same site as the first. There is clearly a need for volunteers at all levels (greeters, runners, etc. not just medical personnel) in this rollout and the way to volunteer is via the MEDICAL RESERVE CORP or MASS RESPOND. These volunteers are vetted.

Questions were asked about whether the lack of vaccine would affect 2nd doses? (no, it would not, and vaccinees would be contacted for the 2nd dose); what happens to unused doses? (These are collected and returned to the state. At vaccine clinics if people don't keep appointments, they have phone numbers to contact others on the list.)

Andrew had been thanked by the school department for obtaining units that provide UVC light to disinfect entire rooms. The machines are equipped with motion and heat sensors so all are protected while this is in operation, and they are able to disinfect room in 10 minutes. UVC light for disinfecting is actually an old process.

During public comment there were the following questions:

- clarification about the number of cases spread while in school - the head school nurse said that there were 42 students and 22 staff and 4 remote student who were positive from September to now with no school transmission. It is noted that DESE issues its own statistics of positive case in schools. When the HD reports cases in the age distribution 0-19, this includes all in the community, some of whom do not attend MHD public schools
- Clarifications about supplies for clinics - the 5- town coalition (Salem, Swampscott, Marblehead, Beverly, and Danvers) has a clinic in Salem, and currently the doses allocated to this coalition is low -100. The state wants to use mega clinics. 3) what is needed to verify "comorbidities" - currently it is on good faith of the individual. 4) concern about "securing" a 2nd shot -

the state is tracking all shots, and a vaccinated person will be emailed to return. Clinics may be operating at times just to give second shots.

On a related issue one board member felt that there needs to be even more emphasis on wearing a mask, especially with the new variants around. More people need to wear masks and use better masks. There was some discussion about KF94 masks (from South Korea) and KN93 (from China). Regarding double masking which has been in the media recently, Andrew is waiting for information from the CDC and/or WHO before going ahead with this recommendation.

BUDGET 2022

The rest of the meeting was spent discussing the new system for the budget process, which includes a mission statement, goals, accomplishments of the past year. The department received this request only for 8 days, and it was due on 1/29/21. The board discussed the logistics of doing this quickly, and proposed that at next meeting (2/2) this be approved.

The constraint of level funding does not seem viable. Andrew is proposing increasing the time of the public health nurse from 30 to 40 hours and similarly for the inspector. For the waste department, there are a number of issues going on: contracts (in year 5 of 10 for JRM, the last year of Waste Management), constraints about where waste can be brought, increased cost of 3% per tonnage, need for a full-time employee to fill in (at time this year Andrew has had to also fill in at the Transfer Station), etc.

The meeting was adjourned and the next is scheduled for 2/2/21 at 7:30 pm via Zoom teleconferencing.