

**Meeting Notes from a Special Meeting of the
Peabody Board of Health, Aug. 23, 2021**

In Attendance(via Zoom): Chairperson Thomas J. Durkin III, Dr. Leigh Ann Mansberger, Anthony Carli,
Health Department Director Sharon Cameron,
The meeting was held remotely Via Zoom at 2:00 p.m.

Subject: Review recommendations for masking in indoor public spaces. A vote of the Board is expected regarding whether to issue recommendations or requirements for use of face coverings in indoor public spaces.

Discussion: Mr. Durkin called meeting to order at 2:00 p.m. and read the hearing notice. He then asked Ms. Cameron to present her data. Ms. Cameron shared her screen and showed a slide presentation regarding the number of Covid cases in Peabody. Her report included the following facts: As of today we have had 7,556 cases in the city of Peabody; We had two earlier peaks followed by a term of decline in numbers and now are seeing another increase in cases. In the early days of the pandemic a significant percentage of the cases, at one point 46% of the cases, presented in long term care facilities, yet the most recent data shows that only 7% of all COVID cases have been in long term care facilities, and the greater portion are occurring out in the community; average new daily case rate has started to show an increase of 25x in the past two months here in Peabody, with similar numbers across the state; 6.5% increase in the rate of positive tests during this period; deaths have occurred in every age group; many deaths among the older community in those with existing conditions, but cases in every age group; We have had 328 deaths in Peabody as of today; state hospital bed capacity shows 89% of med surge and 76% of ICU beds statewide were occupied as of August 19th; The number of hospital admissions over the past two weeks includes many older but also some younger people; we are starting to see an increase in hospitalizations again.

One area for discussion is the children returning to schools. Peabody data shows the change in percentage of cases involving children under 19, only 2% of children at the beginning of Covid, then eight months in they represented 12% and 8 months after that they now represent 17% of cases in Peabody; she pointed out that they represent the biggest piece of the pie, tied only with the 30-39 year old group; in the past month in Peabody, 33 of the 190 cases have been in people under 19 years old; We do not have occupation data for all of our cases, but for those we do have, the largest portion of the cases in Peabody are among students; looking at data on people who participate in group settings, the greatest number of cases occur among long term care residents but the next highest number is among those who attend elementary and middle school; the third highest is among those who participate in a high school setting.

Vaccination data shows that 68% of Peabody residents have received one or more doses of the vaccine; 63% of residents are fully vaccinated; among our 12-15 population, which is our middle school population, we have only had 49% fully vaccinated, and among our high school population we have about 63% fully vaccinated. We are definitely seeing some discrepancies in vaccination rates among different ethnic groups in our community, and there is a gap in the vaccination rates among our Hispanic residents. By gender, 59% of males and 66% females are fully vaccinated in Peabody.

One important consideration in these discussions is the Delta variant. In May the Delta variant represented less than 1% of the cases across the country, but now represents more than 90% of the cases. That has caused the CDC to recommend that people in areas with substantial or high spread wear a mask regardless of their vaccination status when indoors. Delta spreads easily, and is thought to spread twice as easily as compared to previous variants.

Regarding break through cases in Peabody: we know that the vaccines are highly effective in preventing really severe illness and deaths from Covid, but they are not 100% effective in preventing infection. Between May 1st and August 23rd, 28% of all new Covid infections in Peabody were among people who were fully vaccinated, which is 109 of 391 cases during that time period. The CDC says that the Delta variant produces about the same high amount of virus among fully vaccinated and unvaccinated people so they do have the ability to transmit the illness to other people; the positive news on that though is that the vaccinated people are thought to be infectious for a shorter period of time than unvaccinated people.

The CDC recommends that children 2 years and older wear masks when in indoor settings including schools because of the contact between vaccinated and unvaccinated people and the fact that children under 12 are not yet eligible to receive the vaccination. Many other reputable agencies have supported this position: In addition to the Centers for Disease Control (CDC), the American Academy of Family Physicians, the American Academy of Pediatrics; the Mass Medical Society, and the World Health Organization have all recommended universal masking indoors where social distancing is not possible regardless of vaccination status. The CDC allows you to put your state and County in to look up the status, and Essex County is shown to be a area of high transmission by the CDC, so the recommendation for these type of areas is that people wear masks indoors in public settings regardless of their vaccination status.

Mr. Durkin thanked Ms. Cameron for that report. He then asked for information about the positivity rate-Is there a different demographic that is being tested now than was being tested before and wonders how comparable the positivity rates are to the last 18 months of testing. Ms. Cameron replied that we have definitely seen a drop off on the number of people being tested; she added that vaccinated people appear to be less likely to get tested and instead attribute their symptoms to other causes. She added that she does not have a lot of hard data on who is being tested now.

Mr. Durkin asked if anyone else had any questions about the data being presented. No questions were presented. Mr. Durkin asked the Board members if they had a chance to see the proposed position statement on masking. They replied that they had. Mr. Durkin said that he was particularly please with the references to the hard data, the science, adding that it is always good to rely on the science. He added that he would like to play devil's advocate for a moment and discuss the complaints that are sometimes made, that masks make communication more difficult, and that it is more difficult to read people's facial expressions. He wondered if there was any data on that issue that she had seen. Ms. Cameron replied that she too had heard that complaint but told that she is aware of masks with clear shields for people who need to read lips if that is a consideration for them. She said that she knows that people feel more comfortable without masks but masks have been shown to be effective as one of the mitigation strategies to help minimize the spread of the virus.

Mr. Durkin asked if there were any other concerns among the members of the Board. All replied no. Mr. Durkin said that since they had all had the opportunity to read the letter, we can now entertain a motion. He then asked Ms. Cameron how she would like to proceed. Ms. Cameron said that there are two parts of this issue, first whether or not the Board agrees with the CDC on implementing a requirement to wear masks in the schools and then the recommendation to require masks in municipal buildings, but added that a third item, a requirement for mask wearing in private businesses and other public spaces, could also be made. Mr. Durkin asked the Board their feeling about implementing the mask requirement in these places. Dr. Mansberger replied that she of course agrees with the CDC recommendation to require masks in the schools, and in municipal buildings, since indoors is where transmission is the greatest. Mr. Durkin said that he was not prepared to make a requirement to wear masks in all of these spaces. Mr. Carli replied that he is prepared to vote to make it a requirement in the schools, but he is not sure about the other businesses. Mr. Durkin asked about enforceability of these mandates if enacted. Ms. Cameron

replied that she knows that the School Committee is meeting tomorrow to discuss whether or not they will be requiring masks in the schools. The state education commissioner requested that he be authorized to implement a statewide mandate for masking. In terms of the enforceability, in municipal buildings we can control that, we would be making a recommendation in private businesses but there we would have no enforcement role in a private business. Mr. Durkin asked what we can do as a Board of Health if a mask mandate is in place and some children do not wear them. Ms. Cameron replied that it is really challenging, would work with school administration to have masks available if parents decide to send children to school without one. She added that she would hope that parents would not put their children in the position of having to be addressed by a school administrator who is trying to support this policy. Mr. Durkin asked what would happen if the Peabody School Committee vote is contrary to the decision of the state. She replied that that would be very challenging if that were to happen, adding that we do not have control over those buildings but would hope that the School Committee would view a recommendation of the Board of Health as having weight, especially since the Board of Health recommendation is based upon evidence and the strong science put forth by the CDC and the other organizations we had talked about. If they don't, there frankly is not much we can do about it. Mr. Durkin asked if we would be able to make it mandatory. Ms. Cameron replied that she would have to defer to the Board on this but knows that the School Committee sees this a decision under their purview and they plan to take it up tomorrow night. She added that it is up to the Board to decide if it should be a mandate or a recommendation. She added that she does not believe it would be enforceable if the School Committee does not agree to adopt it. Mr. Carli replied that he believes that in that case we should stay with the recommendation and hope that it gives the School Committee the support and data that they need to decide to require masks in the schools. He added that other communities are looking at making this recommendation as well. Dr. Mansberger replied that she has concerns because we have been at high risk, we have had clusters break out before and worries about the more vulnerable people. We can start out with a recommendation but if it gets worse require it. Mr. Durkin said that he agrees with her and prefers to see masks be required indoors at the schools, because that is where the science leads us. He added that it is a matter of practicality that we put ourselves in a difficult position voting for something that can not be enforced and cannot supersede any vote of the School Committee, so he wondered if it was the best course before us. He added that a mask mandate was in place earlier in the pandemic, and we brought in business owners for violations. Insofar as the primary focus of the deliberations right now is the school issue, and if we can't supersede the School Committee, the best that we can do is to share with them the letter that Sharon wrote with the data in it from not just the CDC. He added that he has heard that some people have lost some faith in the CDC, but there are so many other reputable medical science-based authorities who tell us that this is the way to go. He added that he is not completely disregarding that there are some other anecdotal stories about masks and is interested in learning more about them, and some seemingly interesting theories like the one that masks may impede development, and he added that he also finds masks somewhat uncomfortable but he wears them as he knows the other board members do, because it is in the best interest of himself and the people that he is near.

Mr. Carli made a motion to forward the letter to the addresses on the recommendation regarding mask use in Peabody public buildings including public schools. Dr. Mansberger seconded the motion but qualified that by saying that this might need to be revisited if there are any problems. She added that cases continue to go up, hospitalizations continue to go up and school hasn't even started yet and she is very concerned. She added that she personally has been wearing a mask in public spaces all along, has never stopped.

Ms. Cameron said it might be helpful if she shared a little bit more data. She reported that last school year we had 89 cases among school staff and 121 staff quarantines, and 654 cases among Peabody public school students and 932 student quarantines. She explained that 654 cases represents more than 10% of Peabody public school students. This was last school year when we had all of the mitigation measures in

place, including universal mask use, including contact tracing, maintaining 3-6 feet of social distancing, businesses and sports were restricted or closed, and we had a less infectious variant. This school year we know that we are not going to be able to maintain that distance between students because we need the space to bring all of the kids back, we know that businesses are now open and there are no restrictions on people gathering. That was what the environment was like when we had more restrictions in place and had a less infectious form of the virus. This is about how we can keep kids safely in school as much as possible. Last year we had many students who were quarantined multiple times. These periods of time were very disruptive to their learning, to mental health, to socialization, to all of the other opportunities for growth that people are concerned about, so it is important to understand that the environment has changed because of the variant, because of the more open society, and to have as little disruption as possible to kids' education experience and to keep them as safe as we possibly can, so masking is an important step for us to take. Mr. Durkin said that he is keeping in mind what Dr. Mansberger said about going back if it is needed to put more in place. He thinks we need to keep an eye on how all this progresses, and may need to implement the things that proved so successful the last time that we had so many cases. He asked when Ms. Cameron thought it would be a critical point to take action. Ms. Cameron said that, since the CDC is recommending universal masking, it would be very concerning to her if the state education commissioner doesn't vote now to require it, if our School Committee doesn't vote to require it, it would be a great concern to her based upon the data we have today.

Mr. Durkin asked if there was any further discussion on the matter before us, the recommendation that masks be required in all municipal buildings including the schools. Masking is strongly recommended in private indoor spaces. No further discussion was put forth. Mr. Durkin asked for a vote. A roll call vote was taken and all three members voted in favor of the letter and the recommendation to require masks in all municipal buildings including the schools. Mr. Durkin added that he is concerned about where this is leading, and he will be looking to see what the School Committee decides. A motion to adjourn was made by Mr. Carli and seconded by Dr. Mansberger. A roll call vote was taken and all agreed to adjourn.

Adjournment: 2:41 p.m.