



**CITY OF WORCESTER, MASSACHUSETTS**  
Department of Health & Human Services  
Division of Public Health



**Public Health**  
Prevent. Promote. Protect.

Matilde Castiel, MD  
Health & Human Services  
Commissioner

Karyn E. Clark  
Public Health  
Director

Date: January 14, 2022  
To: Board of Health  
From: Karyn E. Clark, Director of Public Health  
Re: **Board of Health Meeting/WebEx Meeting Minutes January 10, 2022**

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*Welcome & Introductions*

Meeting was called to order at 6:35PM

Members Present: Jerry Gurwitz, MD, Vice Chairman, Frances Anthes, Chareese Allen, Van Tran, MD, Gary Rosen

Staff Present: Karyn Clark, Director of Public Health, Matilde "Mattie" Castiel, MD, Commissioner of Health & Human Services, Patricia Bruchmann, Chief Public Health Nurse, Michael Hirsh, MD, Medical Director, Amelia Houghton, Deputy Chief Public Health Nurse

Guests: Casey Burns, Director, Coalition for a Healthy Greater Worcester, Arvin Garg, MD

Dr. Gurwitz and the Board welcomed new Board of Health member Gary Rosen.

*Approval of minutes from December 6, 2021*

Chareese Allen makes a motion to approve the minutes.

Motion seconded by Frances Anthes with a request to obtain a copy of the Civilian Review Board PowerPoint from the previous meeting.

Gary Rosen abstains from voting. Motion approved.

*COVID-19 Updates*

Dr. Hirsh provides an update on the current state of the COVID-19 pandemic:

- This is a difficult time during the pandemic. There was a Delta surge followed by Omicron. As of December 10<sup>th</sup>, there were 0 cases of Omicron. Two weeks after on December 23<sup>rd</sup> we were up to 40%. By New Year's Day, 75%. Numbers are skewed due to home testing since we cannot speciate these samples.
- By the latest calculations, 95% of cases are Omicron cases. Omicron does not attack the lower lungs (unless individuals are immunocompromised, elderly or unvaccinated). This strain lingers in the upper airway with milder symptoms in those who have received a booster.



- Staffing of medical centers, community health centers and health teams are going down with the Omicron variant. The CDC has relaxed the length of quarantine and isolation, but it still takes a lot out of the workforce. There is enough PPE, vaccine and ventilators, but there is a shortage of staff and ICU space.
- Working with Health and Human Services and Matt Moore the Communications Specialist, we have worked to get the message out to not just treat Omicron as the flu. The flu kills 30,000 to 50,000 people a year. If we accept this as the new normal and don't fight back, we could have 1,500 new cases a day which calculates to about 550,000 deaths each year.
- We have to get through the next 2 weeks. There will be a peak that will hopefully be followed by a receding of Omicron cases. Omicron has caused a shift in the type of patients being hospitalized. It used to be that 80% were unvaccinated patients and 20% were breakthrough cases. Now 60% are unvaccinated and 40% are breakthrough cases. Only 10% of the 40% have received a booster shot. The booster seems to be very important in fighting the Omicron variant.
- We don't have the facilities to keep everyone indoors who are waiting in line to be vaccinated and tested. It would be unsafe to have them all inside together as well—this may create a super spreader event due to overcrowding. Omicron is more contagious than measles.
- We have redefined what fully vaccinated means. The City Manager has adapted the employee vaccination policy to say that an individual is not fully vaccinated until they have received their booster when eligible. Regular surgical 3-ply masks are not adequate for preventing spread. The city is trying to get KN95, KN94, and N95 masks for the public. Cloth masks, bandanas, and other face coverings do not work.
- Worcester Public Schools have seen an increase in students who have been infected. Only 25% of 5-11 year olds have been vaccinated and only 30% of those who are eligible for boosters have received a third shot.
- We still don't know the long term effects of this variant. The original Alpha variant left many people with long term effects.
- Dr.Hish praised Dr.Castiel's vaccination team and the Public Health team for their efforts during this pandemic.

Dr. Castiel presented a PowerPoint slideshow (attached) with COVID-19 updates.

- Latinx population makes up 25% of the total population in Worcester and 37% of COVID cases; White population makes up 49% of the total population in Worcester and 43% of COVID cases. These numbers show that a disparity exists.
- The 2019 census looks at the population aged 5 years and up. In Worcester 79% received their first dose and 67.3% are fully vaccinated as of January 4, 2022.
- 2019 Census shows that 64% of the Black community in Massachusetts is fully vaccinated while only 54% is vaccinated in Worcester. 64% of the Hispanic population of Massachusetts is vaccinated and only 52% in Worcester.
- The numbers for individuals aged 5-29 years old who are fully vaccinated are much lower in Worcester compared to Massachusetts. We need to concentrate on getting the 5-12 year old age group vaccinated. Those aged 30-75+ who are fully vaccinated show less disparity between the numbers for Massachusetts and Worcester.
- According to the 2020 Census data, a majority of the increase in population happened in the white community. The Latinx community went from 27% in 2019

down to 25% in 2020; the Black community went from 15% in 2019 to 14% in 2020. 2019 data showed that 63% of the total population was vaccinated while the 2020 Census shows 59%.

- New guidelines for quarantine and isolation issued by the CDC are supported by science. Those who are infected are most infectious 1-2 days prior to symptoms and 2-3 days after the onset of symptoms. If an individual tests positive they should isolate for 5 days and may leave isolation if they do not have symptoms. Those exposed to someone with COVID but are fully vaccinated should wear a mask for 10 days and should test on the 5<sup>th</sup> day if possible. If someone has not received their booster shot when eligible, they are not considered to be fully vaccinated.

Patricia Bruchmann provides an update on the COVID-19 pandemic and contact tracing:

- Tracing is challenging with the number of cases that are being reported.
- There are no issues with vaccine supplies. We are concentrating on school aged children and getting them vaccinated. Hopefully getting more children vaccinated will help school nurses with the amount of contact tracing they are currently having to do.

*Discussion:*

Dr. Tran asks if there is a possibility to open more testing and vaccination clinics. Are there staffing issues? Over the counter test supplies are hard to find. Are there updates on the supply chain for the at-home tests?

Dr. Castiel states the Mercantile Center is doing COVID testing. We have asked the state for an additional testing site. AIDS Project Worcester had done testing last year and wanted to continue. We are appealing to the state to have them continue with testing. The state has helped with vaccination efforts but not testing, however the city has given out at-home tests.

Gary comments on a story about 1 million at-home tests that need to be destroyed in Florida and also asks if it's possible that the positivity rate among those being tested in Worcester is really 40%?

Dr. Hirsh states that it is possible. Those numbers have been seen before during the previous surge. It's being seen county wide. The number Dr. Hirsh saw was 38%.

Gary comments on seeing the long line of residents waiting to get tested downtown. Why are so many people going to get tested? Many people have been fully vaccinated. If you have no symptoms, you wouldn't be going to wait in that line in the cold. Is it necessary if you've had 3 shots and no symptoms?

Dr. Castiel believes it has to do with exposure. Individuals wanting to make sure that even if they are asymptomatic they are not spreading it. It's a positive that we're not spreading it. Most of it is being around others who have been positive.

Gary comments on insurance companies covering at-home tests starting this weekend. How reliable are the home tests? He has heard that they are good to use and also that they are unreliable.

Dr. Hirsh explains it may be a matter of timing. If you have symptoms but have only had COVID in your system for 24 hours, you may not show a positive result yet. The recommendation has been to wait 2-3 days to test after showing symptoms. Individuals should be quarantining while waiting to test. Many people are concerned with holiday get-togethers which may have driven individuals to go get tested.

Chareese comments on the surge she is seeing of individuals who have tested positive using an at-home test and are coming into the ER to verify the results. Individuals with positive tests without symptoms are asking if they can still go out. Many are unsure of

the length of time they should be quarantining. How effective would contact tracing be with individuals who keep coming back into the ER to verify positivity?

Patricia explains that if people keep re-testing, we go with the first test. It's difficult to contact trace as it is, especially when someone comes in contact with multiple people. Fran is concerned about how vulnerable the children seem to be, especially the Latinx children. Are there any other ways we can think of to get these children vaccinated?

When do we think that the very youngest children will be able to get vaccinated?

Dr. Castiel would like to get all the health centers to promote vaccinations. There are shortages of staff but the best person to convince individuals are physicians. There have been raffles and other incentives to try and get everyone vaccinated. We continue to do that piece.

Dr. Hirsh shares that it won't be until April or so that the adjusted doses for younger children are made available. It will initially be an emergency authorization and will still make parents hesitant until an official authorization is made. The rigidity of the hospital system is very clunky.

Fran comments on parents who worry about their children who have been exposed and can't send their kids to school. Parents are starting to get disrupted when children are exposed. Is there a way in which a volunteer corps can reach out to parents to suggest getting children vaccinated?

Patricia explains that pediatricians are able to order vaccines from the Massachusetts Department of Public Health. There are some doctor's offices coming to get a smaller quantity of vaccine. For us to get lists from pediatricians they would need to be willing to share that information. If we can get the parents vaccinated, we can get their kids vaccinated.

Dr. Tran asks what is the main obstacle for getting pediatricians to get their patients vaccinated.

Patricia explains that pediatricians have reported that they are overwhelmed with sick children and do not have the capacity to vaccinate.

Dr. Hirsh introduces Dr. Garg and shares he will be opening a pediatric equity center.

Dr. Garg shares that he believes that pediatricians have an important voice. Some families can be convinced about the importance of the COVID vaccine while others cannot. There are pressures and stressors in clinics. There is some inherent mistrust in the healthcare system especially if patients are from different backgrounds.

## *2021 CHIP*

Casey Burns provides updates about the 2021 CHIP and presents overview documents

- The mission of the CHIP is community engagement, assessment, strategic planning, and capacity building around Public Health.
- The CHIP is a strategic plan to improve community health. It has 3 major sections: Municipal Racial Equity Policies, Community-Wide Policy Change Campaigns, and Prioritized Strategy & Action Agenda.
- The coalition has a Racism and Discrimination sub-committee that has been meeting to develop systems to pilot the different initiatives part of the Racial Equity Policies to help the city implement these policies. Curricula from the Boston Public Health Commission has been adapted to provide racial equity trainings over Zoom. There is also a leadership development program to help train people to become facilitators to lead curricula in their own settings.
- The coalition is working with the Division of Youth Opportunities to look through best practices they have used in real time, examining strengths and weaknesses of different stages of recruitment and hiring.

- The Office of Equity and Inclusion is in the starting stages of a Racial Equity Audit for Health and Human Services, Human Resources, and the Police Department in Worcester.

*Discussion:*

Fran is currently in the Racial Equity training. There are individuals from a wide variety of backgrounds and she is learning a lot from the training. Are there any concerns about different departments not participating in these trainings?

Casey states they are working on adapting and developing curriculum specific to different cohorts. She is also hoping to move in a direction towards universal requirements to do some type of training.

Chareese asks if there are identified areas of issues or gaps during the racial Equity Audit, will this information be shared with the public or with the Board of Health.

Casey explains that Stephanie Williams, the Chief Diversity Officer, and her department are leading the audit. The coalition is inserting themselves into the working groups that will be working on the audit. Currently Casey is not sure exactly what will be available from the audit as she is not leading that work.

Gary is looking forward to receiving training on the CHIP and thinks it will be a roadmap for many years to come. He also about the definition of health equity included in the CHIP and if it can be simplified to help everyone understand the definition better.

Casey explains that the coalition has thought a lot about the definition of health equity used in the CHIP. Many definitions say health equity is “achieving health, wellness, and optimal wellness despite intersecting identities”, however the CHIP is trying to say it is not ‘*despite*’ this, but ‘*through*’ this.

Dr. Tran agrees with Gary about the language and also asks where individuals can go to sign up for trainings and committees.

Casey explains that there is a Google Doc where individuals can sign up and be added to email lists to be invited to sub-committees and working groups. There is going to be a redo of the website in order to work on communication.

Dr. Gurwitz expresses that he believes the CHIP is an amazing piece of work and parallels what the Board of Health does and the challenge is to figure out how to make the CHIP intersect with the Board’s work and vice versa.

*Next Meeting/Topics*

COVID-19 Updates

Update on schools’ handling of Omicron

Integrating CHIP into the Board of Health

Discussing how to help the public differentiate the Board of Health from the Department of Public Health

Review the mission of the Board of Health

Next meeting will be Monday, February 7, 2022 at 6:30 PM via WebEx.

*Adjourn 8:19 PM*



The City of  
**WORCESTER**

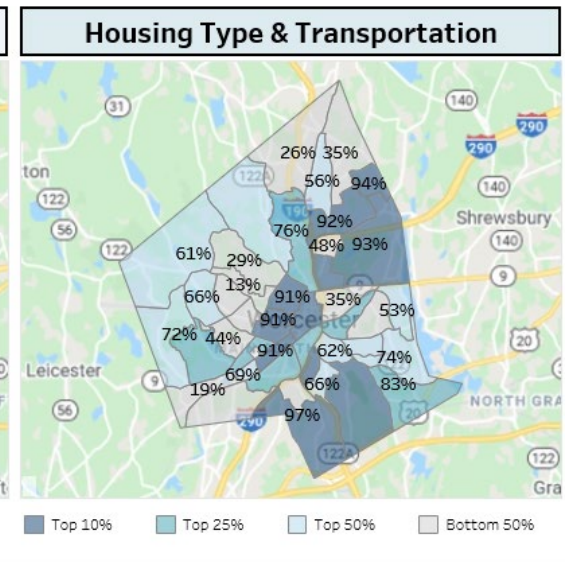
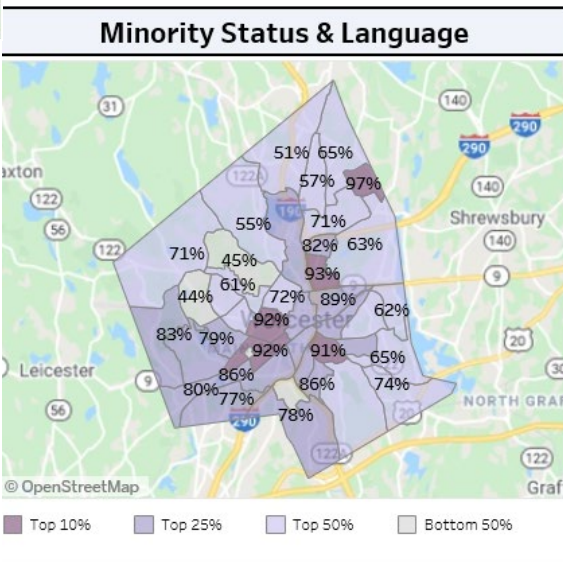
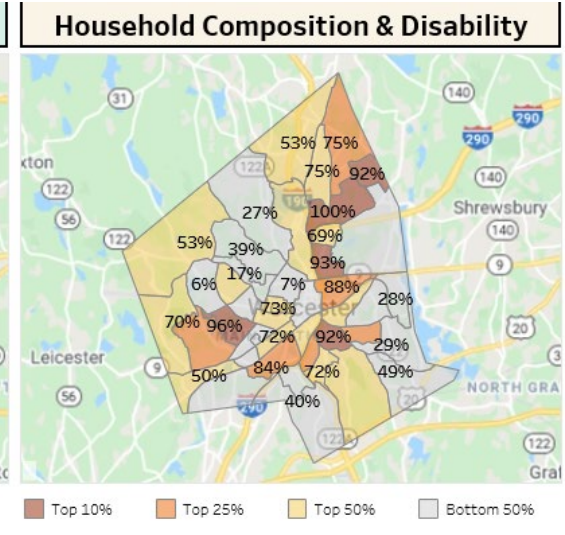
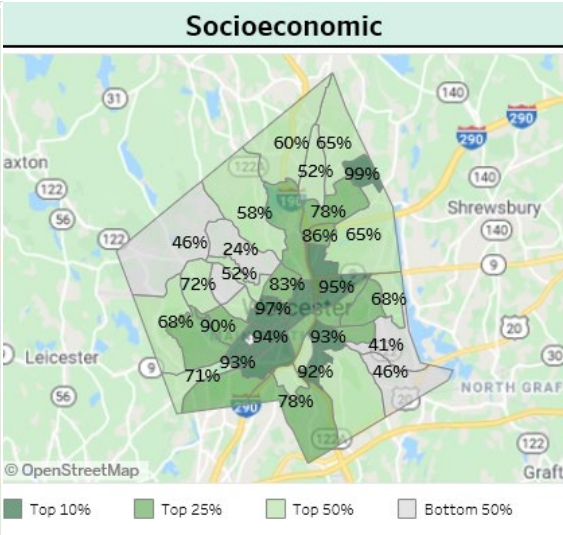
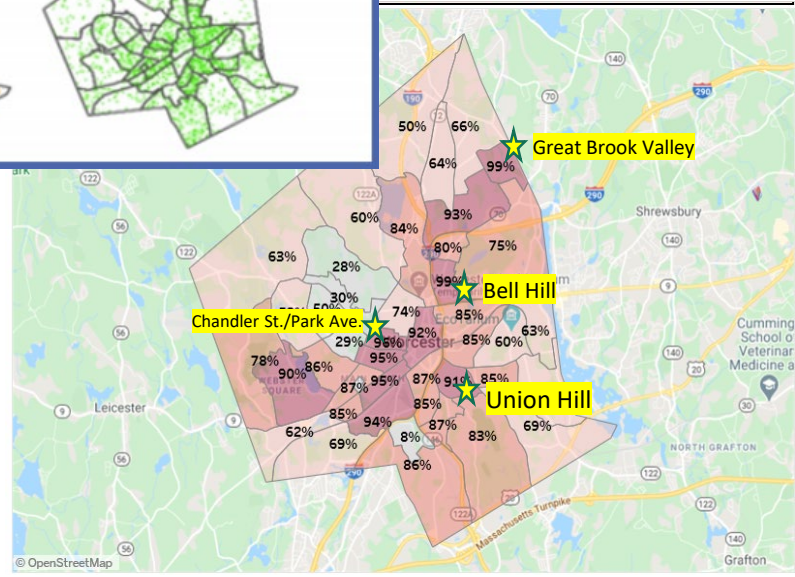
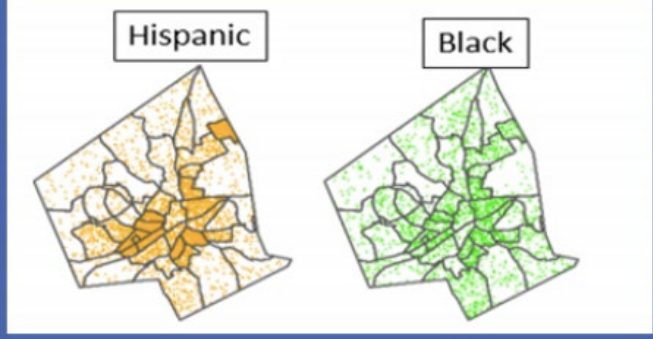
# Family Rounds Town Hall

January 11, 2021

Commissioner Dr. Matilde “Mattie” Castiel  
Department of Health and Human Services  
Domenica Perrone, Project Manager

# CDC Social Vulnerability Index 2018

## City of Worcester



- ★ 99% | BELL HILL
- ★ 99% | GREAT BROOK VALLEY
- 96% | PLEASANT ST/PARK AVE
- 95% | CHANDLER ST/PARK AVE
- 95% | UNIVERSITY PARK
- 94% | SOUTH WORCESTER
- 93% | LINCOLN VILLAGE/BEVERLY ROAD
- 92% | CITY CENTER
- 91% | UNION HILL
- 90% | SWAN AVENUE

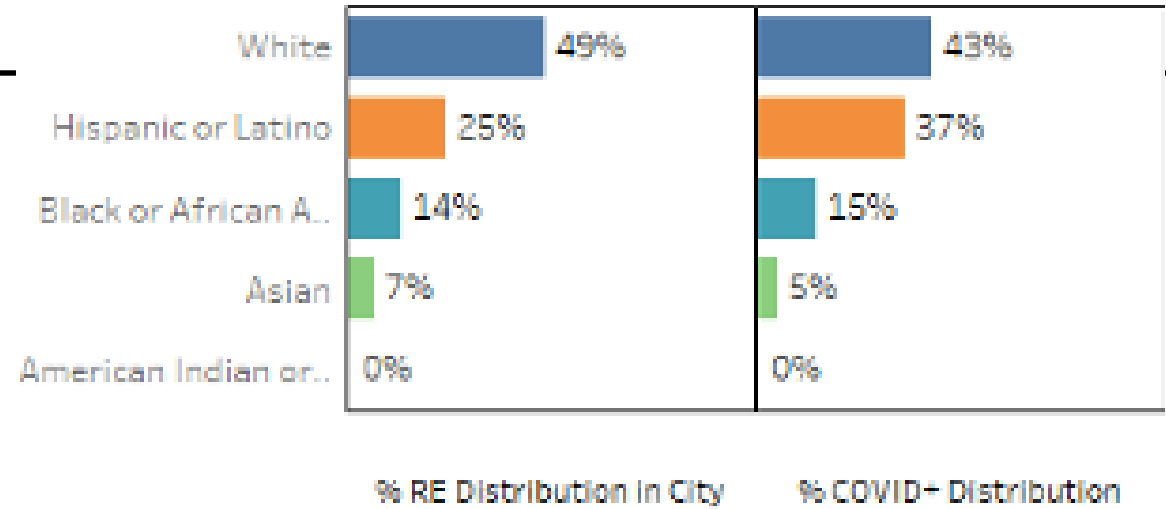
★ - Top 1% Nationally

Provided by the Office of Clinical Integration, UMMHC

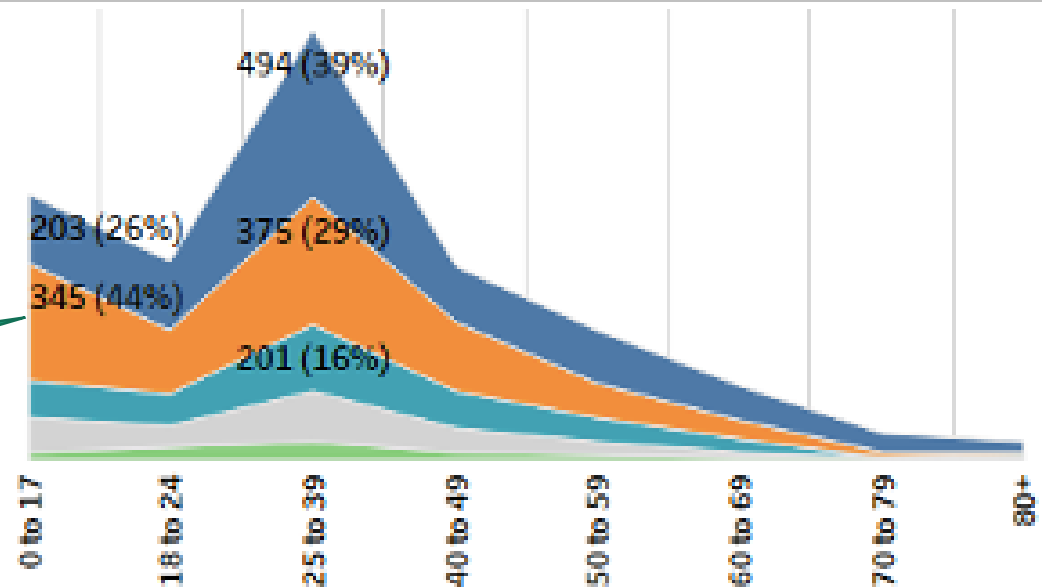
Latinos in Worcester make up 25% of the City's population, but 37% of Covid+ Cases

Latino population makes up 44% of Covid+ cases in age group 0-17

### Vaccination by Race / Ethnicity

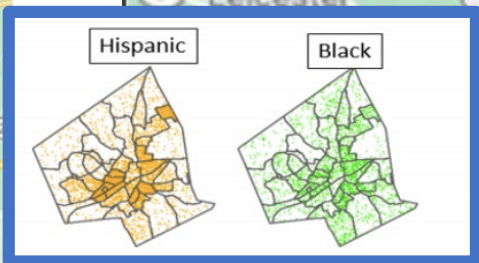
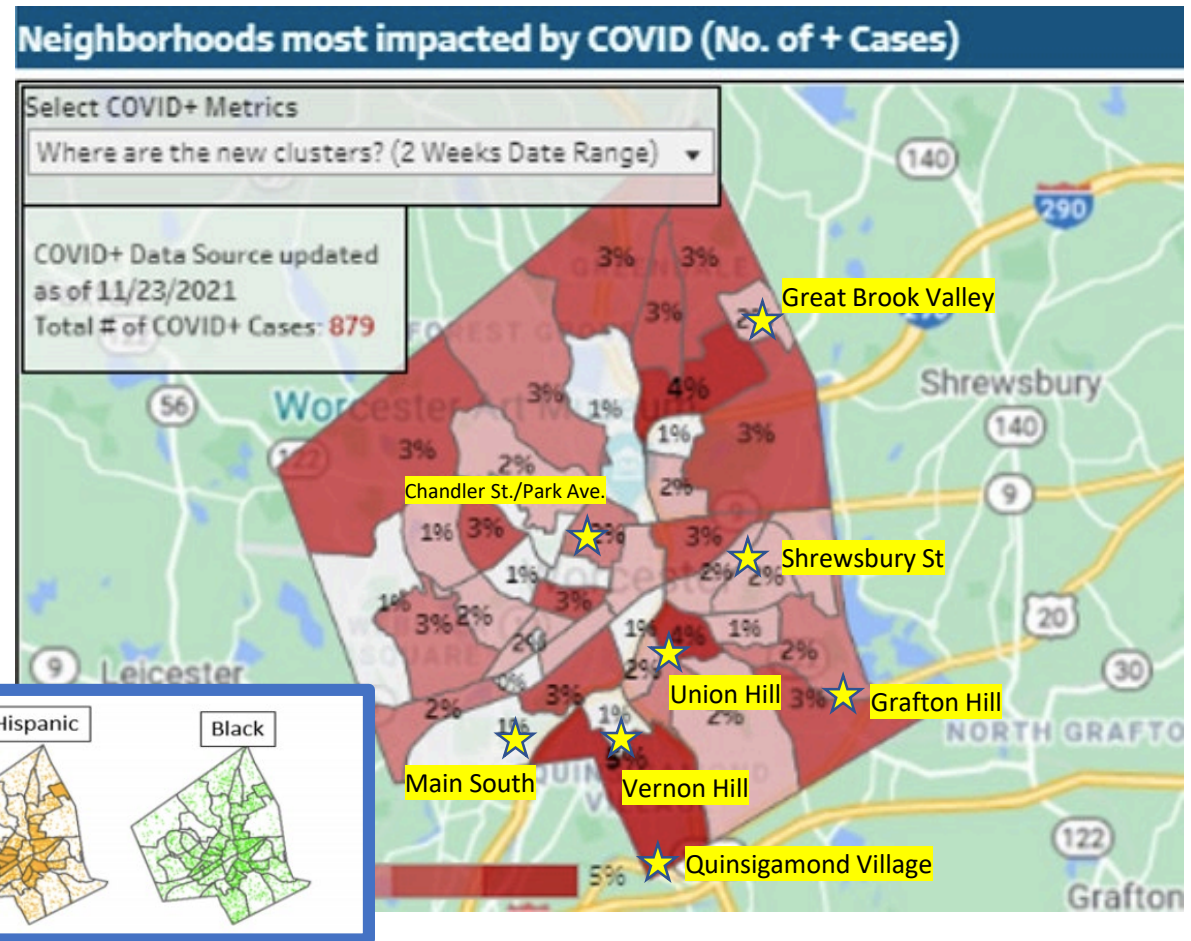
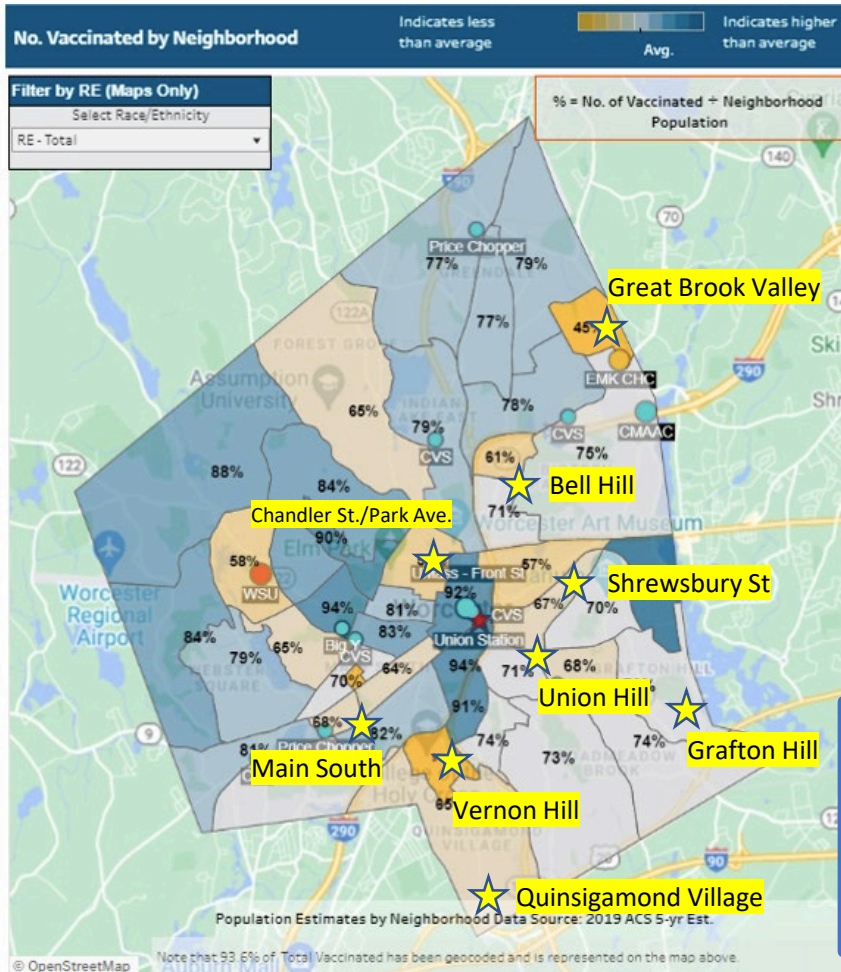


### By Age Group





# For Eligible Population (2019 Data): Worcester, 79% Received First Dose and 67.3% Fully Vaccinated (MDPH 1/04/22)



**\*Areas in Worcester that are LEAST vaccinated have the HIGHEST Covid-19 cases (as of 11/22/21)**

2019 MDPH Data Worcester vs. State:  
% Eligible Population **FULLY** Vaccinated as of 1/4/22

	<b>Worcester</b>	<b>Massachusetts</b>
<b>Asian</b>	69%	77%
<b>Black</b>	54%	64%
<b>Hispanic</b>	52%	64%
<b>White</b>	70%	74%

2019 MDPH Data  
Worcester vs.  
State:  
% Eligible  
Population **FULLY**  
Vaccinated as of  
1/4/22

	Worcester	Massachusetts
5-12 yo	15%	33%
12-15 yo	55%	70%
16-19 yo	48%	67%
20-29 yo	54%	70%
30-49 yo	76%	82%
50-64 yo	87%	87%
65-74 yo	97%	94%
75+ yo	91%	90%

# What's the deal with the 2020 Census data?

Race/Ethnicity	Population	Proportion of town population
AI/AN	413	0%
Asian	14,549	8%
Black	28,978	15%
Hispanic	51,464	27%
Multi	5,452	3%
NH/PI	55	0%
White	91,403	48%
Total	191,575	100%
Umass Donahue 2019 Population Estimate		

Race/Ethnicity	N	%
American Indian and Alaska Native alone	336	0%
Asian alone	14,562	7%
Black or African American alone	28,378	14%
Hispanic or Latino	50,736	25%
Population of two or more races/(Multi)	8,777	4%
Native Hawaiian and Other Pacific Islander alone	48	0%
White alone	101,039	49%
Total	206,518	100%
2020 ACS-year estimate		

2019 Total population fully vaccinated: 63%  
 2019 Age Eligible Population fully vaccinated: 67%

2020 Total population fully vaccinated: 59%  
 Eligible Population will be published March 2022



## Department of Elementary and Secondary Education and Worcester Public Schools

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- **Mask Requirement:**
  - Masks required for all students 5 and above, as well as staff
- **Testing**
  - **Symptomatic Testing:** For individuals who present symptoms at school, Shallow nasal swab samples are collected using the BinaxNOW rapid antigen test or another approved diagnostic test.
  - **Test and Stay Program:** Shallow nasal swab samples are collected at school using the BinaxNOW rapid antigen test or another approved diagnostic test. Tests are administered daily from the first day of exposure for at least five (5) days.
- **Vaccination Clinics at WPS**
  - 161 on-site clinics for 1<sup>st</sup> and 2<sup>nd</sup> doses between May 2021-December 2021
  - 7,305 doses to **4,194 individuals**
  - WPS total population: 23,735 for 2021 school year
  - **HHS has vaccinated 18% of student population**

# Worcester Public Schools and Covid-19

- 229 students and 28 staff tested positive from 12/16 through 12/22
- **282% increase** in positive cases for **students** from 11/11 through 11/17 (60 cases)
- **87% increase** in positive cases for **staff** from 11/11 through 11/17 (15 cases)



# MDPH MA Covid-19 Mask Advisory and Regulations

## Mask Advisory:

- Effective December 21, 2021: In response to the spread of the Delta variant and the emerging Omicron variant, the Department of Public Health now **advises** that all residents, regardless of vaccination status, wear a mask or face covering when indoors (and not in your own home).

## Mask Requirement in Certain Locations:

- Public and private transit
- Healthcare Facilities
- Congregate Care Facilities
- Emergency Shelter Programs
- House of Corrections, Prisons, Jails
- Health Care and Day Service Programs
- Home Health Care Workers



# Worcester Mask Mandate

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- **Mask Mandate for all indoor private and public places**
  - All individuals aged five years and older shall wear a face covering in all indoor private common spaces in the workplace and indoor private spaces open to the public, including but not limited to the premises of a **business, club, place of assembly or other place that is open to members of the public, including but not limited to retail establishments, restaurants, bars, performance venues, social clubs, houses of worship, personal care and fitness establishments and event spaces**, except when an individual is alone in a workspace or alone in a room at a workplace with a closed door or socially distanced from other individuals



# CDC Guidelines Dec 2021

## Isolation

- New guidelines are **motivated by science** demonstrating that the majority of SARS-CoV-2 transmission occurs early in the course of illness, generally within 1-2 days prior to the onset of symptoms and 2-3 day after.
- Therefore if people test positive they should isolate for 5 days and if asymptomatic at that time they may leave isolation and continue to mask for 5 days

# CDC Updates

## Exposed to someone (quarantine)

### **Exposed to someone with covid and fully vaccinated and boosted**

- Wear a mask around others for 10 days, test on 5<sup>th</sup> day if possible. If develop symptoms get a test and stay and stay home

### **If not boosted and passed the 6 months with mRNA vaccines or two months with J and J and are unvaccinated**

- Stay home for five days after that continue to wear a mask around people for five days. If you cannot quarantine you must wear a mask for 10 days. Test on day five if possible