Covid-19 Health Metrics

February 11, 2021

MA State Data

Massachusetts Department of Public Health | COVID-19 Dashboard
Trends: 7-day Averages Over Time

Released on: February 11, 2021
Data as of: February 10, 2021
Caution: recent data may be incomplete

Navigation

Today's Overview
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COVID-19 Cases
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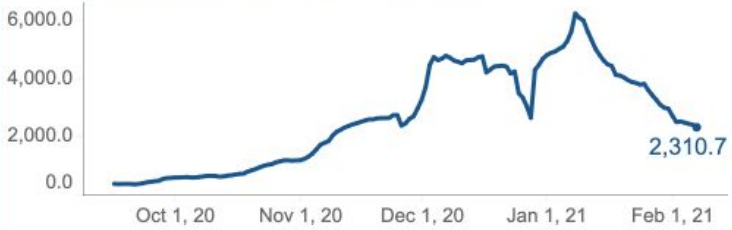
Higher Ed & LTCF
Patient Breakdown
City and Town
Resources
Data Archive

Date Filter

9/16/2020 2/7/2021

Cases

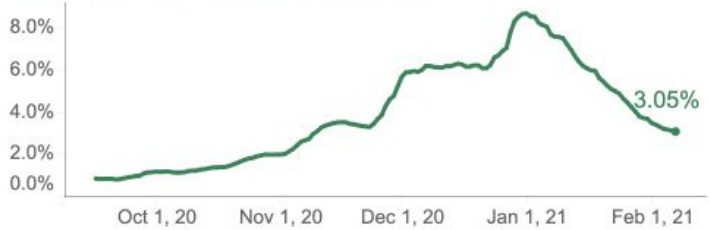
7-day average of COVID-19 confirmed cases



The lowest observed value was 156.7 on 7/4/2020.

Testing

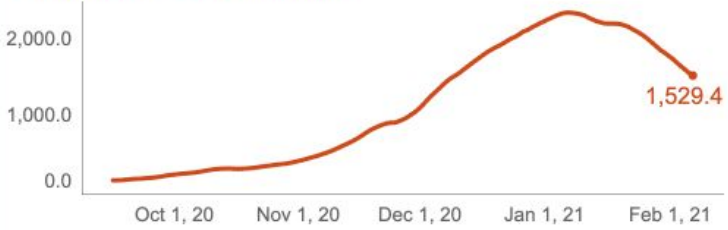
7-day weighted average percent positivity



The lowest observed value was 0.8% on 9/21/2020.

Hospitalizations

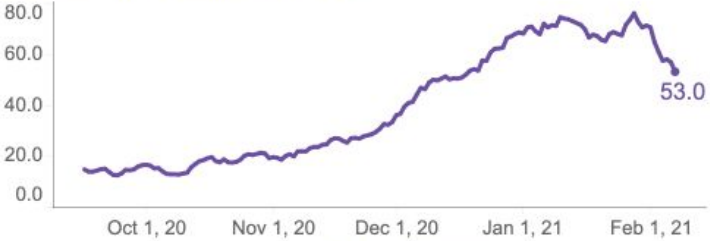
7-day average of hospitalizations



The lowest observed value was 155.3 on 8/26/2020.

Deaths

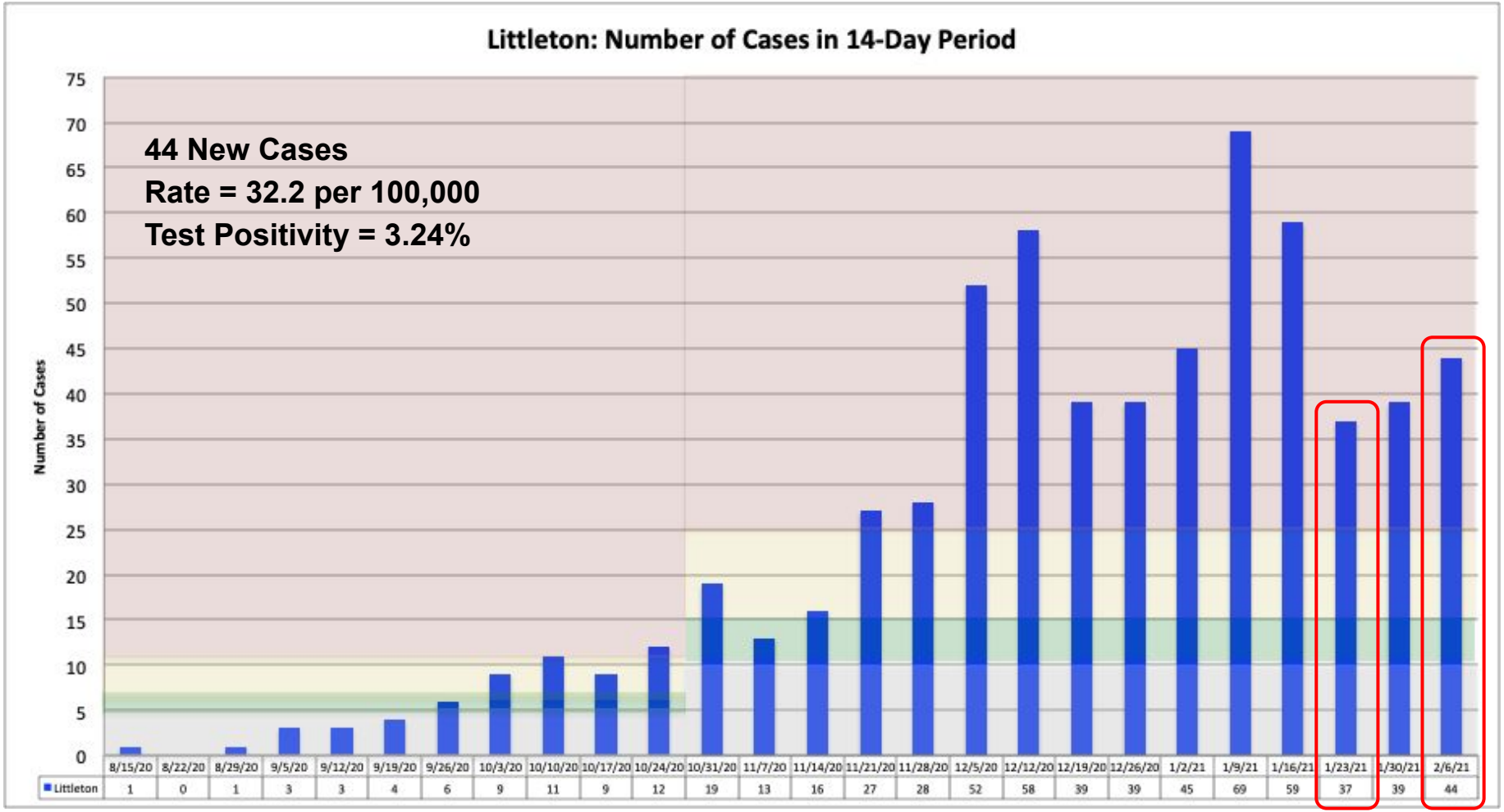
7-day average of confirmed deaths

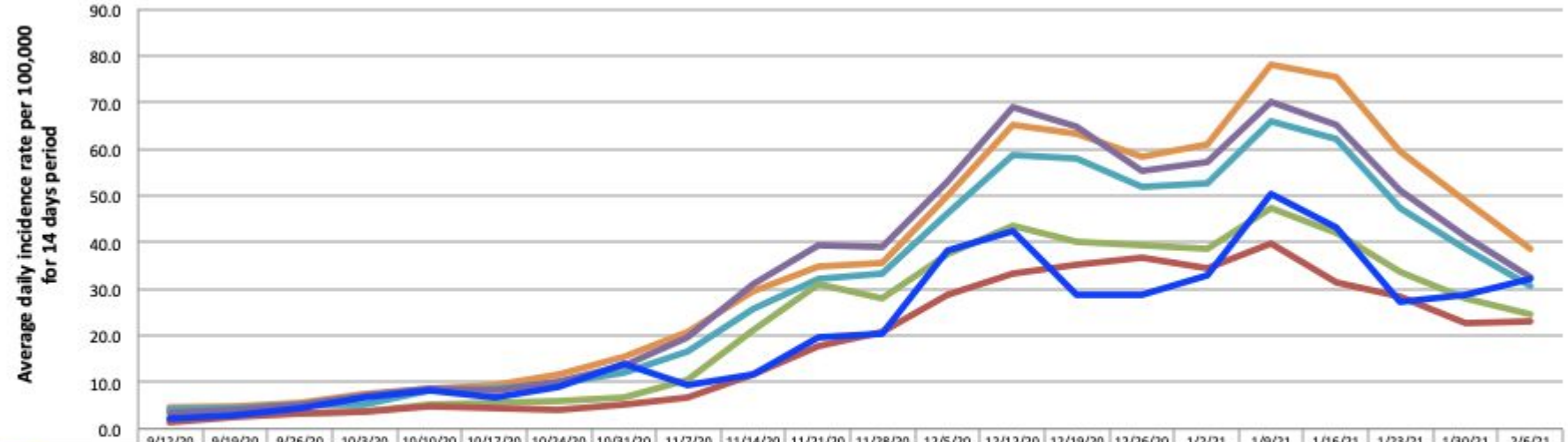


The lowest observed value was 3.7 on 9/9/2020.

For details on the definitions of each indicator please see the corresponding tab for that indicator. All data included in this dashboard are preliminary and subject to change. Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Created by the Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, Office of Integrated Surveillance and Informatics Services.

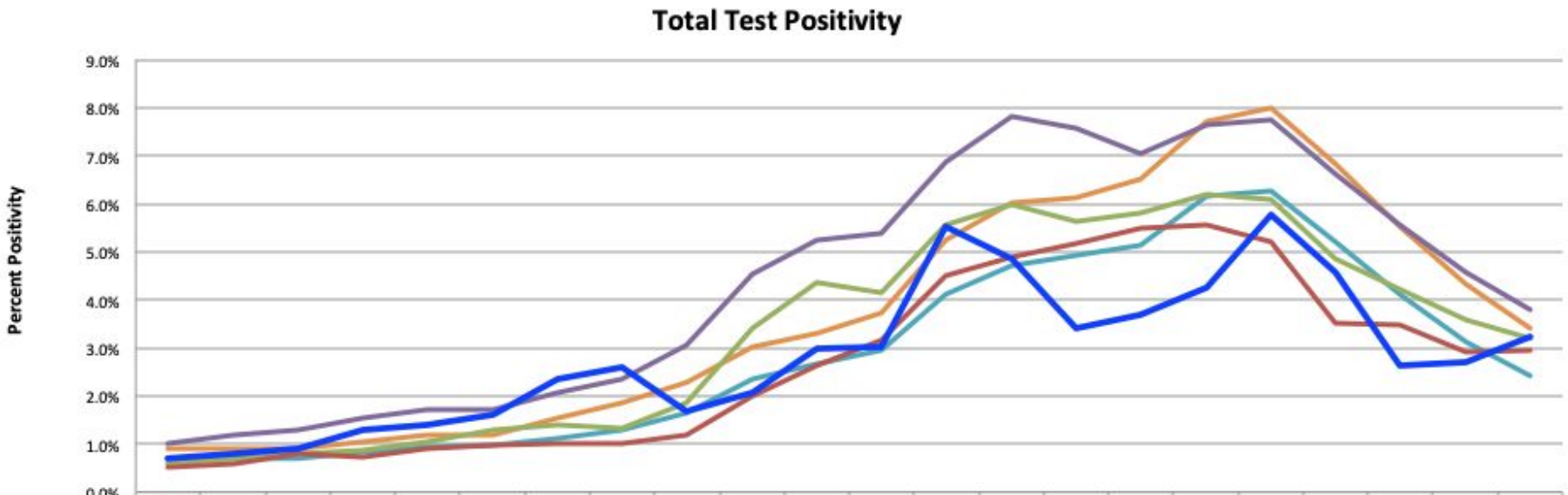
Littleton Data


Littleton: Number of Cases in 14-Day Period
44 New Cases
Rate = 32.2 per 100,000
Test Positivity = 3.24%
Number of Cases
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0
8/15/20 8/22/20 8/29/20 9/5/20 9/12/20 9/19/20 9/26/20 10/3/20 10/10/20 10/17/20 10/24/20 10/31/20 11/7/20 11/14/20 11/21/20 11/28/20 12/5/20 12/12/20 12/19/20 12/26/20 1/2/21 1/9/21 1/16/21 1/23/21 1/30/21 2/6/21
Littleton 1 0 1 3 3 4 6 9 11 9 12 19 13 16 27 28 52 58 39 39 45 69 59 37 39 44



	9/12/20	9/19/20	9/26/20	10/3/20	10/10/20	10/17/20	10/24/20	10/31/20	11/7/20	11/14/20	11/21/20	11/28/20	12/5/20	12/12/20	12/19/20	12/26/20	1/2/21	1/9/21	1/16/21	1/23/21	1/30/21	2/6/21
MA State	4.6	4.9	5.7	7.3	8.7	9.2	11.8	15.3	20.7	29.4	34.9	35.7	50.0	65.1	63.2	58.3	61.1	78.0	75.5	59.4	48.9	38.5
Middlesex	4.2	4.6	5.1	5.1	8.2	8.5	9.6	12.0	16.7	25.6	32.1	33.4	46.1	58.9	57.8	52.0	52.6	65.8	62.1	47.3	38.5	30.7
Route 495 Belt	3.4	4.2	5.2	6.9	8.6	8.1	10.1	13.7	19.5	31.1	39.5	38.8	52.9	68.8	64.8	55.4	57.3	70.2	65.0	51.1	41.1	32.3
Surrounding	2.0	2.8	3.2	3.7	5.0	5.7	6.0	6.7	10.4	21.3	31.0	27.9	37.3	43.7	39.9	39.3	38.8	47.2	42.2	33.8	27.9	24.6
Border	1.3	2.6	3.4	3.5	4.8	4.4	4.2	5.1	6.7	11.7	17.8	20.8	28.8	33.1	35.2	36.9	34.6	39.8	31.4	28.2	22.5	23.2
Littleton	2.2	2.9	4.4	6.6	8.1	6.6	8.8	13.9	9.5	11.7	19.8	20.5	38.1	42.5	28.6	28.6	32.9	50.5	43.2	27.1	28.6	32.2

Littleton: 43 cases (higher) Rate 32.2 per 100k (higher)

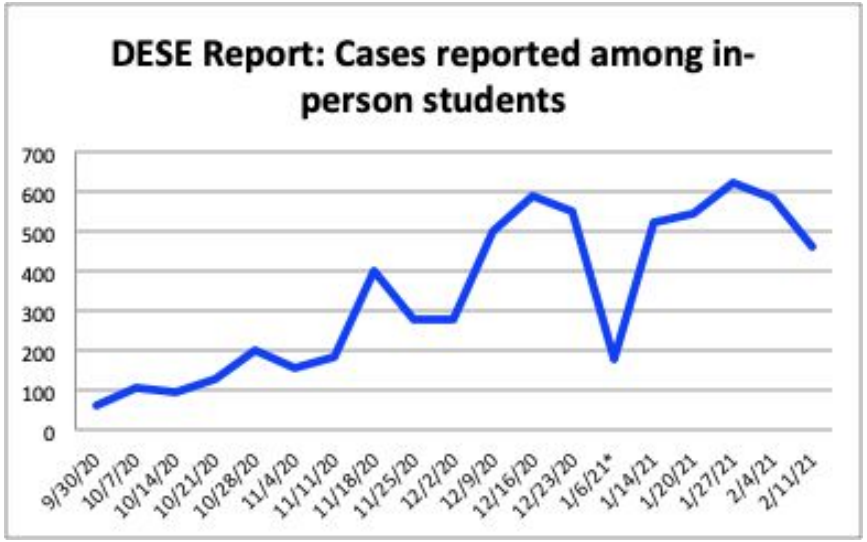


	9/12/20	9/19/20	9/26/20	10/3/20	10/10/20	10/17/20	10/24/20	10/31/20	11/7/20	11/14/20	11/21/20	11/28/20	12/5/20	12/12/20	12/19/20	12/26/20	1/2/21	1/9/21	1/16/21	1/23/21	1/30/21	2/6/21
MA State	0.9%	0.9%	0.9%	1.0%	1.2%	1.2%	1.55%	1.84%	2.29%	3.02%	3.32%	3.73%	5.25%	6.01%	6.14%	6.51%	7.71%	7.99%	6.85%	5.51%	4.32%	3.40%
Middlesex	0.7%	0.7%	0.7%	0.8%	1.0%	1.0%	1.13%	1.29%	1.65%	2.37%	2.68%	2.96%	4.12%	4.72%	4.92%	5.15%	6.15%	6.26%	5.20%	4.12%	3.14%	2.41%
Route 495 Belt	1.0%	1.2%	1.3%	1.6%	1.7%	1.7%	2.07%	2.34%	3.05%	4.53%	5.26%	5.38%	6.87%	7.82%	7.57%	7.04%	7.64%	7.74%	6.64%	5.56%	4.56%	3.81%
Surrounding	0.6%	0.7%	0.8%	0.9%	1.0%	1.3%	1.39%	1.32%	1.85%	3.40%	4.38%	4.14%	5.57%	6.00%	5.62%	5.79%	6.21%	6.09%	4.86%	4.22%	3.57%	3.22%
Border	0.5%	0.6%	0.8%	0.7%	0.9%	1.0%	1.00%	0.99%	1.19%	2.00%	2.65%	3.17%	4.52%	4.89%	5.16%	5.48%	5.55%	5.22%	3.50%	3.48%	2.92%	2.95%
Littleton	0.7%	0.8%	0.9%	1.3%	1.4%	1.6%	2.34%	2.60%	1.70%	2.08%	2.98%	3.04%	5.52%	4.86%	3.39%	3.68%	4.24%	5.76%	4.56%	2.64%	2.72%	3.24%

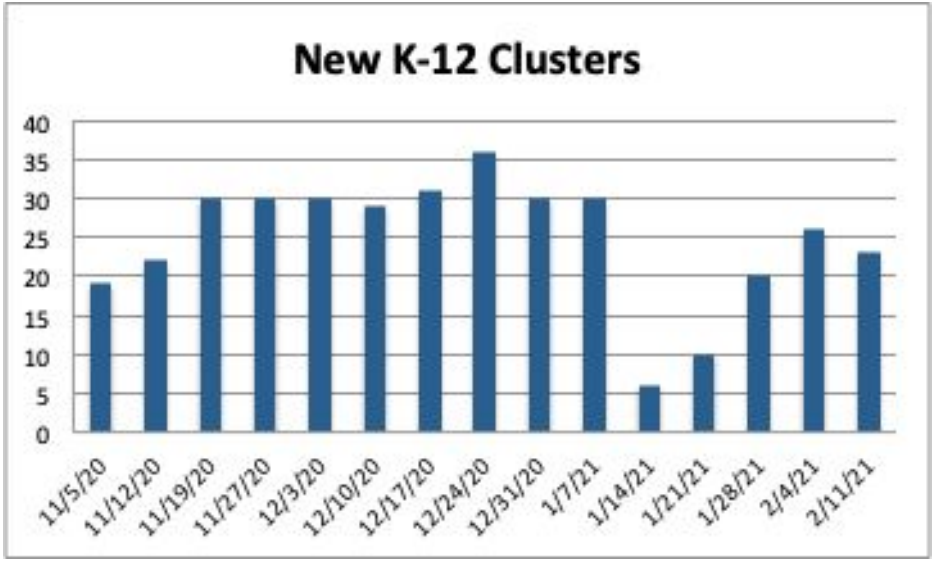
Littleton: 1390 tests (stable) Test positivity 3.24% (higher)

School Data

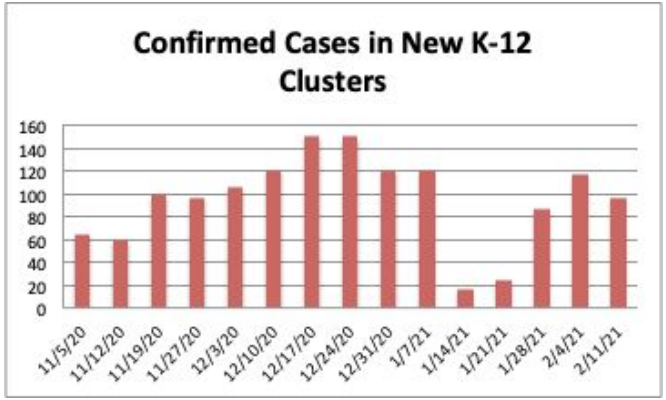
DESE Positive Cases in MA Schools



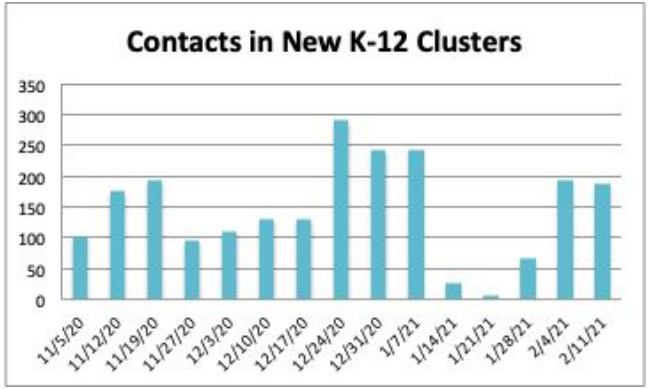
MA DPH Data K-12 Clusters



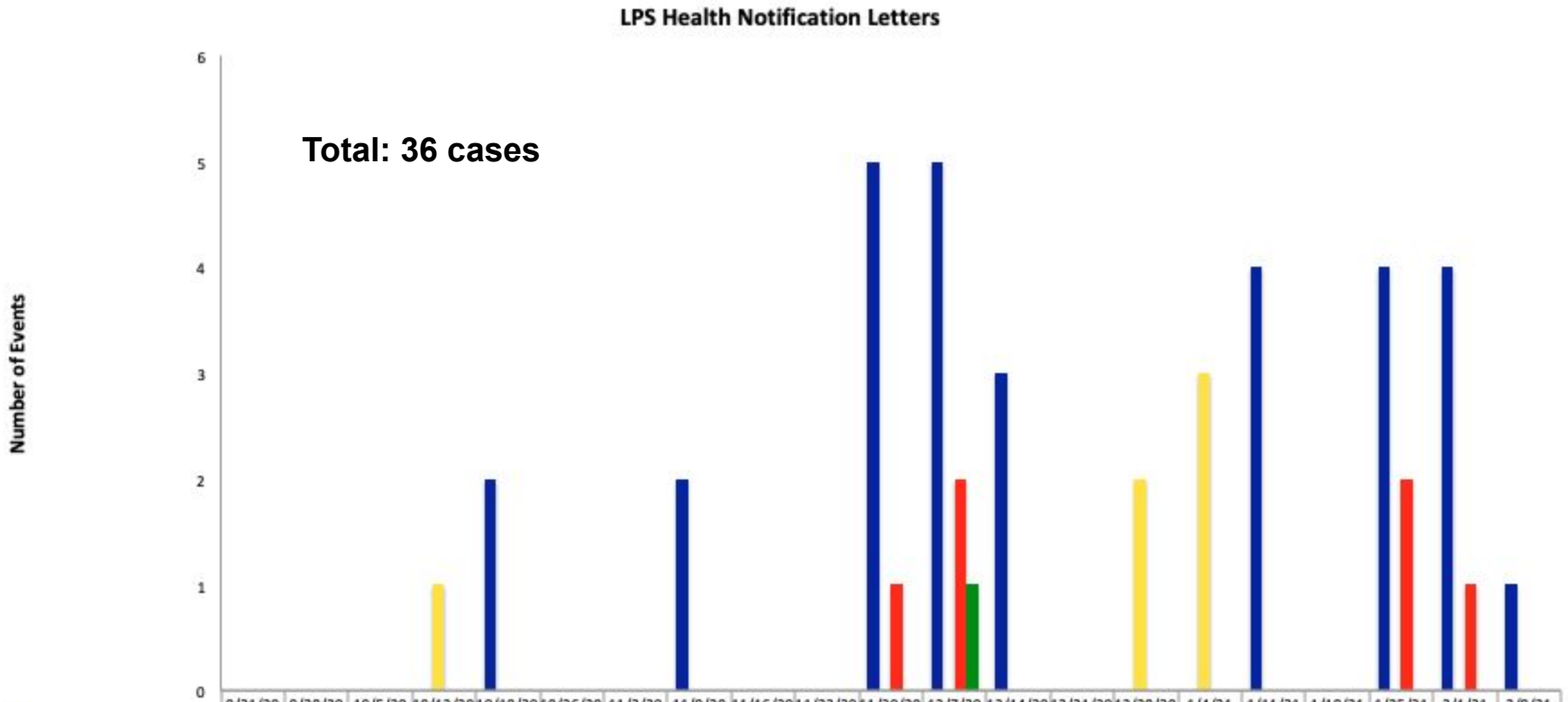
Most recent period of evaluation: Jan 10 - Feb 5



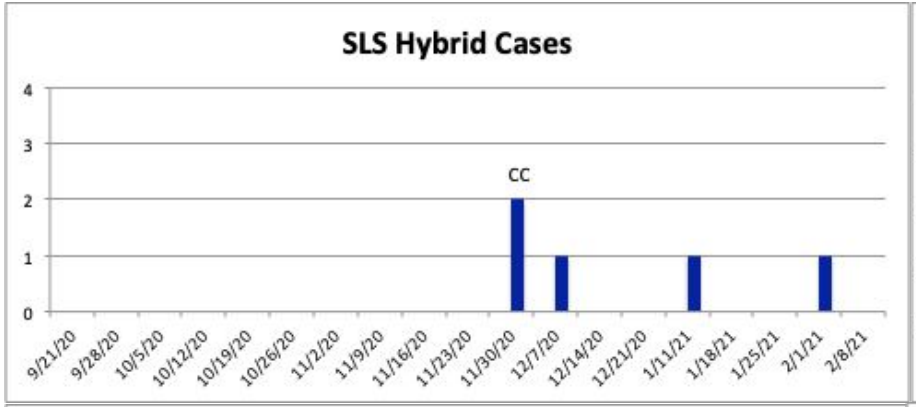
Average Cases per Cluster = 4.2

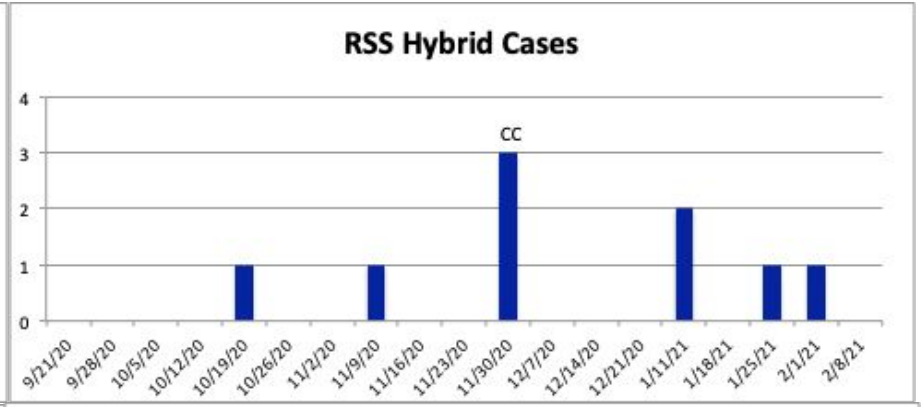


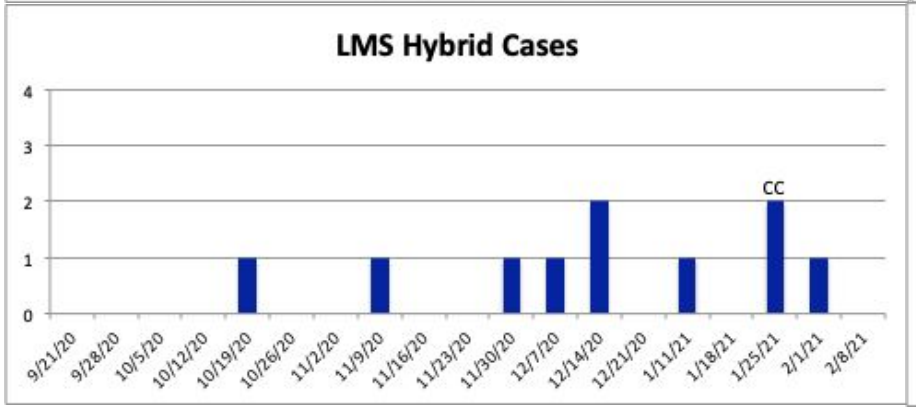
Average Contacts per Cluster = 8.1

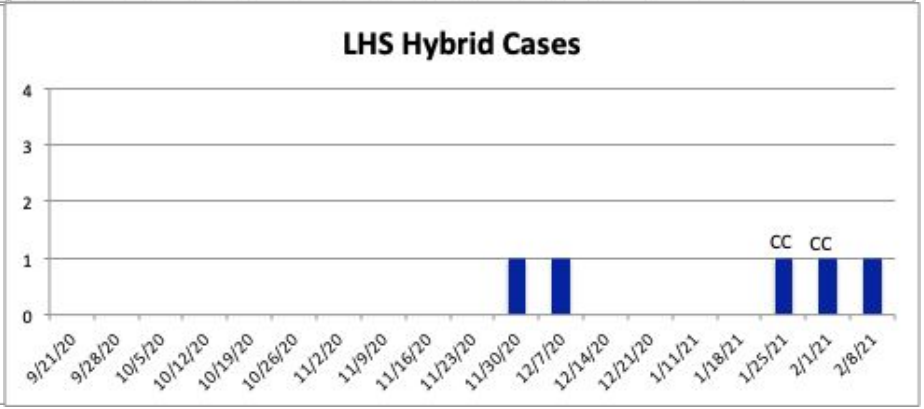


	9/21/20	9/28/20	10/5/20	10/12/20	10/19/20	10/26/20	11/2/20	11/9/20	11/16/20	11/23/20	11/30/20	12/7/20	12/14/20	12/21/20	12/28/20	1/4/21	1/11/21	1/18/21	1/25/21	2/1/21	2/8/21
Hybrid Cases	0	0	0	0	2	0	0	2	0	0	5	5	3	0	0	0	4	0	4	4	1
Remote Cases	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	3	0	0	0	0	
Letter stated close contacts	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	0	2	1	
Class moved remote	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	







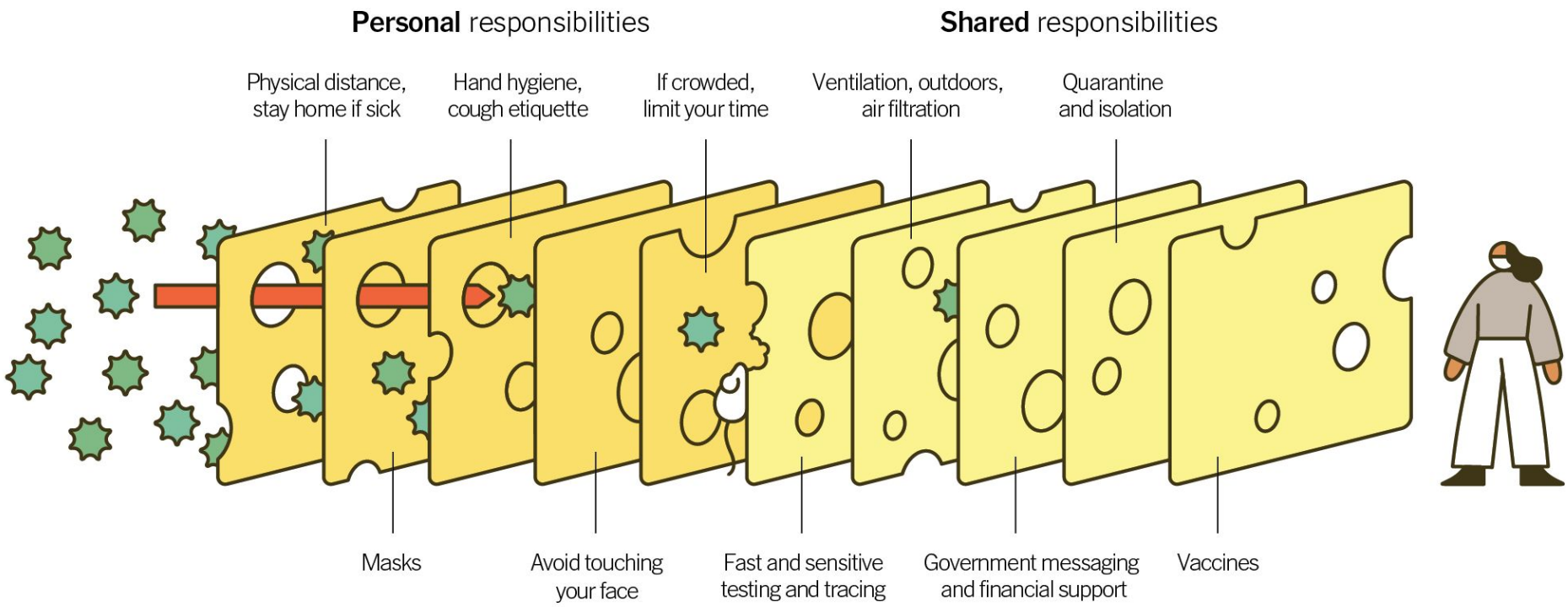


CC = close contacts notified.

Notes: Does not include cases reported during vacation or remote weeks
Does not include pooled testing

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.



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

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Vaccination

Health Equity +

Operating schools during COVID-19: CDC's Considerations

Operating Schools During COVID-19

Updated Feb. 3, 2021 Languages Print

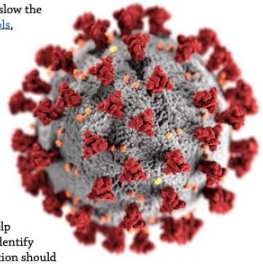
Considerations for K-12 Schools: Readiness and Planning Tool

For accessible version, please visit: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

CDC Readiness and Planning Tool to Prevent the Spread of COVID-19 in K-12 Schools

CDC offers the following readiness and planning tool to share ways school administrators can help protect students, staff, and communities, and slow the spread of COVID-19. This tool aligns with the Considerations for Schools, and includes the following:

- General Readiness Assessment
- Daily/Weekly Readiness Assessment
- Preparing for if Someone Gets Sick
- Special Considerations and Resources



School administrators may review and complete the general readiness assessment while working with state, local, tribal, territorial, or federal officials when making initial preparations to promote healthy behaviors, environments, and operations that reduce the spread of COVID-19. The daily/weekly readiness assessment can be used to monitor recommended practices. Planning tools are also included to help school administrators prepare to respond if someone gets sick and to identify special considerations specific to their school community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs and context of each community.

Guiding Principles to Keep in Mind

- **Lowest Risk:** Students and teachers engage in virtual-only classes, activities, and events.
- **More Risk:** Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects.
- **Highest Risk:** Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

<u>Current Guidance</u>:
www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools
(last updated February 3, 2021)

Updated CDC guidance is expected to be released Friday 2/12

- Expected to focus on Covid-19 mitigation in schools:
  - Masks
  - Maintaining proper social distancing
  - Good hand hygiene with proper coughing/sneezing etiquette
  - Ventilation
  - Cleaning
  - Contact tracing / isolating / quarantine

Current CDC K-12 School Guidance “Continuum of Risk”

Lowest Risk

Students and teachers engage in virtual-only classes, activities, and events

Source: www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/school

updated Feb. 3, 2021

Bold emphasis from CDC

Some Risk

Hybrid learning model, where **most** students and teachers participate in virtual learning and **some** students engage in in-person learning, with:

- **Small**, in-person classes, activities, and events
- Cohorting and alternating staggered schedules, **rigorously applied**
- **No mixing** of groups of students and teachers throughout/across school days
- No sharing of objects between students and teachers
- Students/staff follow **all steps at all times**, including face masks, social distancing, hand hygiene
- Regularly scheduled and consistent cleaning (at least daily) of frequently touched areas

Medium Risk

Hybrid learning model, where **most** students and teachers engage in in-person learning and **some** students engage in virtual learning, with:

- **Larger**, in-person classes, activities, and events
- Cohorting and alternating staggered schedules, **applied with some exceptions**
- **Some mixing** of groups of students and teachers throughout/across school days
- **Minimal** sharing of objects between students and teachers
- Students/staff follow **all steps**, such as face masks, social distancing, hand hygiene
- Regularly scheduled (at least daily) cleaning of frequently touched areas

Higher Risk

Students and teachers engage entirely in in-person learning, activities, and events with:

- **Some mixing** of groups of students and teachers throughout/across school days
- **Some sharing** of objects between students and teachers
- Students/staff follow **some** steps, such as face masks, social distancing, hand hygiene
- **Irregular** cleaning of frequently touched areas

Highest Risk

Students and teachers engage entirely in in-person learning, activities, and events with:

- Students mixing freely between classes and activities
- **Free sharing of objects**
- Students/staff **do not**/are **not** following steps, such as face masks, social distancing, hand hygiene
- **Irregular** cleaning of frequently touched areas

Three frequently cited studies of SARS-CoV-2 infections in schools

Study	Setting	Mask	6 feet	Cohorts	Testing	N Students N Staff	N Cases Students Staff Total	In school transmission N (%) of all cases	Conclusion
Woods County Wisconsin Falk et al. MMWR Jan 2021	Rural public schools, 13 week follow up (Aug-Nov)	Yes	Yes	Yes	No	5530	191 (3.5%) Self reported	7 (3.7%) Measured among people identified as close contact	With precautions in pace, in-school transmission of SARS-CoV-2 appeared to be uncommon, despite widespread community SARS-CoV-2 transmission
ABC Science Collaborative, North Carolina Zimmerman et al., Pediatrics Jan 2021	NC public school districts, urban, 9 week follow-up (Aug-Oct)	Yes	Yes	Yes	No	77,446 Students and staff	773 (1%) Self reported	32 (4.1%) Measured among people identified as close contact	Enforcing SARS-CoV-2 mitigation policies such as masking, physical distancing, and hand hygiene, resulted in minimum clusters of SARS-CoV-2 infection and low rates of secondary transmission in schools, and did not cause a larger community infection burden
Two Schools in Tennessee Long Gillespie et al, medRxiv (pre-print) Jan 2021	Aug-Dec Two unnamed schools (A, B)	Yes	Yes	"Staggered schedules"	Yes Pooled testing (PT)	A: 2299 B: 1200 Students and staff	A: 109 (4.6%), of which 60 by PT B: 25 (2.1%), of which 21 by PT	A: 5 (11.1%) B: 1 (4.2%) Overall, 9% cases from in-school transmission	These results highlight that while SARS-CoV-2 is infectious in children, in schools which implemented a comprehensive strategy, transmission can be controlled Majority young students asymptomatic

LPS Covid-19 Mitigation Strategies (1/27/21)

Masks
- Required in all school buildings

**Consider recommending upgrade of mask quality and fit*

Physical Distance
- Hybrid students have 2 days in-building to allow for 6 feet distance

Ventilation, Air Filtration, Opening Windows
- Audit of HVAC systems
- Added HEPA filter units

Contact Tracing
- Nurses work with BOH when cases arise
- Seating charts
- Closed cohorts SLS/RSS
- Health Notification Letters

Stay Home if Test Positive, Sick or had Known Exposure
- Policies in place

Sanitation, Hand hygiene
- Deep clean between cohorts
- Surface cleaning

Vaccines
- Teachers/Staff - March/April 2021?
- Kids 12+ years - Fall 2021?
- Kids 0-11 years - Spring 2022?

Testing
- Pooled testing pilot began February 8

Lunch (unmasked time)
- SLS/RSS - in classroom, windows open, HEPA filters
- LMS - assigned seating in cafeteria, HEPA filters
- LHS - plexiglass dividers, HEPA filters

~~Limit time in crowded places~~
- Duration limitations not in use at LPS

Wearing a mask that fits tightly to your face can help limit spread of the virus that causes COVID-19

In lab tests with dummies, exposure to potentially infectious aerosols decreased by **about 95%** when they both wore tightly fitted masks

Cloth mask over medical procedure mask

Medical procedure mask with knotted ear loops and tucked-in sides

Other effective options to improve fit include:

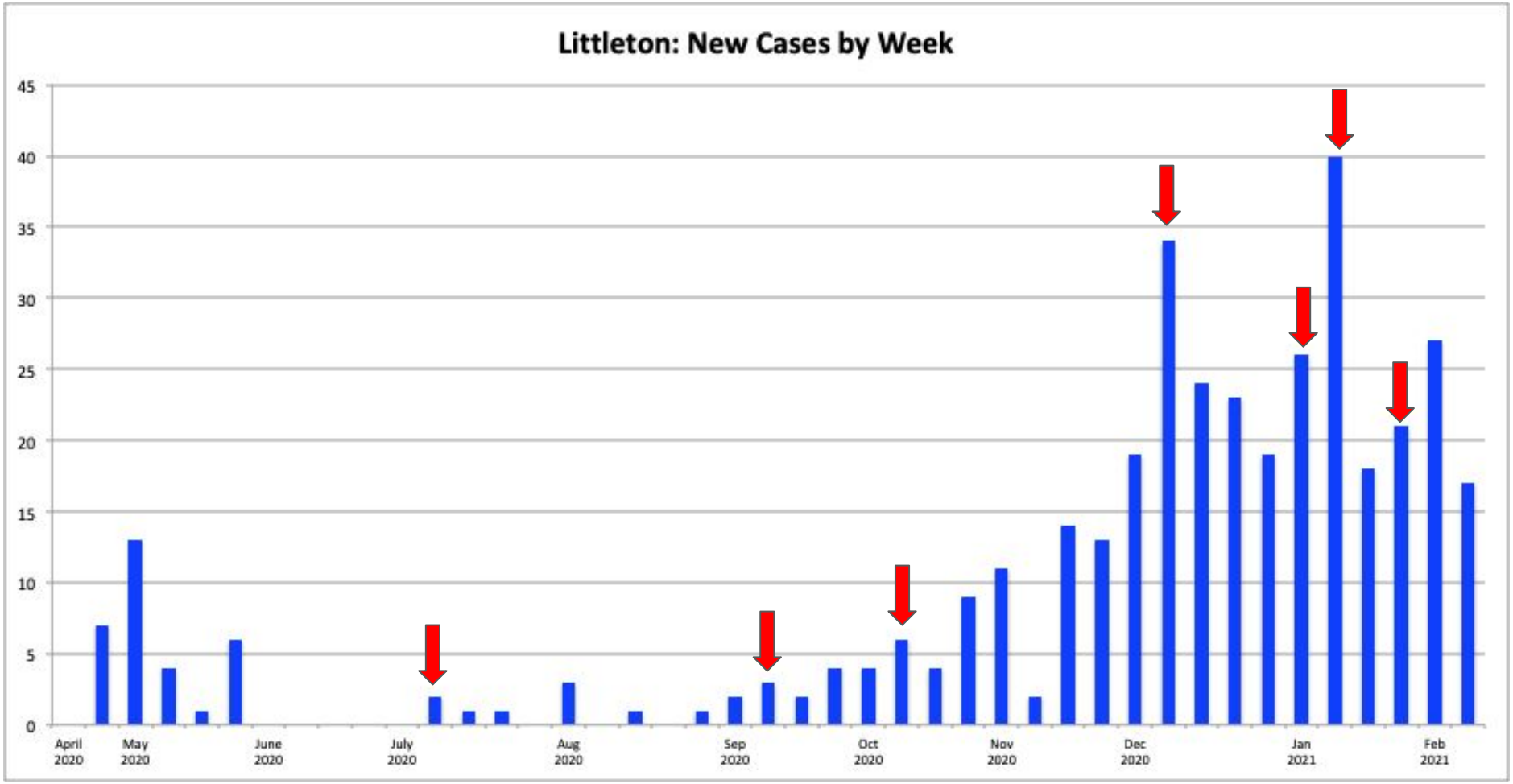
Mask fitter

Nylon covering over mask

CDC.GOV

bit.ly/MMWR21021

MMWR


Littleton: New Cases by Week
45
40
35
30
25
20
15
10
5
0
April 2020
May 2020
June 2020
July 2020
Aug 2020
Sep 2020
Oct 2020
Nov 2020
Dec 2020
Jan 2021
Feb 2021