



**TOWN OF SHREWSBURY**  
Richard D. Carney Municipal Office Building  
100 Maple Avenue, Shrewsbury, Massachusetts 05145

Date: August 26, 2022

To: Board of Health

From: Kerry Stockwell, Principal Department Assistant – in person

Re: Board of Health Meeting Minutes

ATTENDANCE: Stephen Vigeant, Dr. George Abraham, Jennie Fishman – in person

ALSO IN ATTENDANCE: Central MA Regional Public Health Alliance (CMRPHA):  
Dr. Michael Hirsh, Medical Director – via telephone  
Micah Blondeau, Regional Environmental Health Specialist – in person

NOT IN ATTENDANCE: Central MA Regional Public Health Alliance (CMRPHA):  
Julie VanArsdalen, Regional Environmental Health Coordinator  
Zachary Dyer, Interim Public Health Director

The next meeting of the Board of Health will be held on **FRIDAY, August 26, 2022 at 8:00 a.m.** in the Selectmen's Meeting Room at the Richard D. Carney Municipal Building located at 100 Maple Avenue, Shrewsbury, Massachusetts 01545, at which time and place the Board of Health will consider the following agenda:

- 1. Call to order.** The meeting was called to order at 8:03 a.m. by Stephen Vigeant.
- 2. Review and approval of Minutes from the July 29, 2022 Board of Health meeting.**  
On a motion made by Dr. Abraham and seconded by Jennie Fishman and on a roll call vote; Dr. Abraham, aye; Jennie Fishman, aye; and Stephen Vigeant, aye, the Board of Health voted to approve the Minutes from the July 29, 2022 Board of Health meeting. Unanimously approved 3 – 0.
- 3. Review and Discuss the Shrewsbury Board of Health Mask Advisory.**  
Stephen Vigeant explained that this topic was placed on the agenda just to reiterate that the recommendation is to continue to mask indoors, especially in crowded places and for those individuals who are immunocompromised.  
  
Dr. Hirsh supports the continuation of that advisory.
- 4. Review and Discuss Coronavirus / COVID-19 Update.**  
Dr. Hirsh provided the Board with an update stating that we are kind of in a funny place with COVID-19 right now. Starting to see that the disease can reinfect people in a short period of time – rebound cases (mainly with the use of Paxlovid). This is what recently happened to President Biden and his wife. There is a lot of testing taking place at home. According to the numbers in a Press Release from the Worcester Department of Public Health (WDPH), the number of cases are slightly up with about a fifteen (15%) percent increase in in-patient numbers. At the same time, the wastewater numbers are down. It is a little confusing to say where we are. We do know COVID-19 is still out there.

The biggest concern with the current variant is the six (6) month to eleven (11) year olds and a large number of unboosted older people could give the possibility of an uptick and when kids go back to school. September will be an interesting month as this is a very transmissible variant. It would be easy for kids to get reinfecting if they had it over the summer. The health services for college students will be very vigilant. The Center for Disease Control (CDC) is saying that COVID-19 is now an endemic and we will have to live with it like we do with the Flu.

The Federal Drug Administration (FDA) is considering an Omicron variant version of the vaccine. In the first week

or so of September, the new booster will become available and people over sixty (60) and those who are immunocompromised are encouraged to get it.

We do not know how widely available it will be. It has different immune functions to it. Good for the original COVID-19 variant as well as BA4 and BA5. That will be good for high-risk folks. There is not a clear path forward. Dr. Hirsh believes that we will see an uptick in cases in the September timeframe and most likely a surge in the wintertime. The original surge was in the winter and the Omicron surge was also in the winter. If that happens and people have been adequately boosted, you may not avoid getting the virus but should avoid hospital admissions.

Question: Will the new booster be available to those who are already vaccinated and to those who have already received their once or twice boosters?

Answer: If you have not finished the booster sequence, then you should get the new booster. If you have had COVID-19 over the summer with the BA5 variant, then you should wait a good three (3) to six (6) months before you get the new booster.

Dr. Abraham concurred with everything Dr. Hirsh said. Everyone should get the new booster that is forthcoming and not the existing booster. Masking has its value as well. Hoping that we do not experience a surge of Omicron equivalent to last year. We are seeing people get reinfected. That is a challenge and keeps perpetuating viruses in the community.

Question: What is the severity?

Answer: Symptoms start with a headache, chills, and low-grade fever. Not hearing as much about loss of smell from the original disease. Coughing is part of it and in general, some people shake it off as seasonal allergies. Doesn't seem to pack the punch that the original virus did.

Stephen Vigeant asked if the Board had any questions.

Question: Any concerns about Monkeypox? What is on the radar there?

Answer: The disease is overwhelming prevalent in the gay male community. This is not to cast a negative light on any sexual preference or practice but trying to be forthright that this community is at the highest risk. If enough people in the community are getting Monkeypox, then it can break out to the wider community. Federal messaging is stating that anyone can get it but in order to get it, you have to be in very close proximity (skin-to-skin) with someone who has the disease.

Monkeypox is not a respiratory virus. It causes flu-like symptoms with the onset of enlarged lymph nodes and after a few days, a rash breaks out with red spots. The rash appears on the extremities. The red spots turn into blisters and the blisters turn into pustules. If the pustule bursts and you are in very close contact, then it could spread. Pustules that burst on bed sheets can be a concern. For example, if you were a maid working in a hotel and you were handling infected bedding, it could breakout into a broader community.

The disease has been seen in children but typically in a household situation with the previously mentioned population of gay men. Not worried so much about spread in elementary or middle schools. As the kids get older, you might see more of the disease in the high school level. In the colleges, there is definitely a concern. Approximately twenty percent (20%) of college students identify in the LGBTQ+ community. Colleges are trying to provide as much information as possible about the disease and get access to the vaccine in the event of an outbreak.

The Monkeypox vaccine is distributed in Worcester through the AIDS Project. The Worcester Department of Public Health (WDPH) is providing some nursing support and UMass is assisting with some of the infrastructure. Unfortunately, the vaccine is not distributed enough to make it easy to access in the short run. The reason the vaccination would be good for a close contact could potentially blunt the degree of pain and spread but probably would not completely immunize you from the disease. If you did nothing, you would have a bad month and would have to isolate. That would be difficult for a college student to isolate. The rash does not leave scarring and it is not lethal. The numbers keep going up. Currently in the City of Worcester, there are twelve (12) confirmed cases and they are investigating five (5).

Question: Do you have some immunity if you have previously had Smallpox?

Answer: Yes. There is a lower likelihood of getting Monkeypox if you have previously had Smallpox.

The Board thanked Dr. Hirsh for the informative updates.

Dr. Hirsh made mention that Dr. Abraham will be his backup in the capacity of Medical Director for the Worcester

Department of Public Health (WDPH) while he is on vacation.

**5. Review and Discuss the Central MA Regional Public Health Alliance (CMRPHA) Updates.**

Micah Blondeau provided an update. There has been a steady stream of housing complaints. Higher than normal and working through those. They often require multiple inspections in an effort to get all the issues resolved. Food has been stable. No illness reports. Not a lot of food complaints lately.

Question: Are the food trucks doing well?

Answer: Yes! There is a nice roster of food trucks and we are encouraging organizers of temporary food events to utilize those mobile food units that have already been permitted and inspected.

Question: What is the status of the pool complaint that came in via email?

Answer: The Health Inspector had previously conducted a site visit to suggest contacting the Central MA Mosquito Control Project's (CMMCP) free-of-charge mosquito spray program for stagnant pools. The resident was upset about the complaint and was not receptive to the idea. The Health Inspector will be following up again.

**6. Review meeting schedule.**

The next scheduled Board of Health meeting will be held on October 7, 2022 at 8:00 a.m. in Conference Room A at the Richard D. Carney Municipal Building, 100 Maple Avenue, Shrewsbury, MA 01545.

**7. Adjourn.**

On a motion made by Dr. Abraham and seconded by Jennie Fishman and on a roll call vote; Dr. Abraham, aye; Jennie Fishman, aye; and Stephen Vigeant, aye, the Board of Health voted to adjourn the meeting at 8:27 a.m. Unanimously approved 3-0.

Correspondence:

- Shrewsbury Board of Health Mask Advisory – May 20, 2022
- Email from George W. Woodruff, III of 5122 Avalon Way, Shrewsbury – July 28, 2022
- Board of Health Meeting Minutes – July 29, 2022
- Email from George W. Woodruff, III of 5122 Avalon Way, Shrewsbury – August 3, 2022
- Email from Cathy Fitzgerald, Shrewsbury – August 9, 2022
- Email from George W. Woodruff, III of 5122 Avalon Way, Shrewsbury – August 15, 2022