

## TRANSCRIPT: Snohomish County Response to COVID-19, September 8, 2020, Briefing

**Dr. Chris Spitters:** Thank you Kari and good morning everyone. I'd like to start the comments today just by addressing the wildfire smoke. You don't have to be an atmospheric scientist to notice that the air quality has deteriorated markedly in the last 24 hours and the wildfire smoke from the fires in central and eastern Washington have now created a poor air quality situation throughout the Puget Sound region. So I'm just going to try to give some advice to folks in general that, for today, and it's a little bit uncertain how things are going to go because of changes I guess in the winds, but at least today and possibly through Wednesday these conditions will prevail, making strenuous outdoor activity ill-advised for anyone and really even moderate outdoor activity the air quality is such that it's really not a good idea for anyone. And then we really want to encourage people who have sensitivities to these conditions to stay indoors and keep the doors and windows closed and try to keep your house cool and ventilated using your air conditioner. Groups that are most likely to be affected by this are people with underlying diseases of the heart or lungs like coronary artery disease, congestive heart failure, various rhythm problems with respect to the heart, and then with respect to the lungs chronic bronchitis, emphysema, asthma, and then of course anyone with an underlying or recent viral or bacterial lung infection including COVID-19. Those are the folks that we really urge to stay inside and limit activity. And again, opening doors and windows lets the smoke in so try to keep the doors and windows closed. If it gets too warm, try to use air conditioning. And that's the message for today and I also want to direct you to the Puget Sound Clean Air Agency for you can track their website as well as a wildfire smoke website that's called [fire.airnow.gov](http://fire.airnow.gov). That has nationwide wildfire smoke maps that you can track the situation regionally and locally.

So with that I'd now like to turn our attention over to COVID. First some quick updates on COVID data. Given the holiday yesterday, we are releasing the new snapshot and detailed weekly report today. So let's take a look at that. I'm going to share my screen with you. And we should now be [looking at our weekly snapshot](#) and Kari or someone let me know if we're not. So here's our usual format and the different activity zones that are part of the state's metrics for, over the long haul, monitoring our progress in reopening. And right now it's really about monitoring and weathering the storm of this second wave of activity. So first with respect to activity we saw, this is for the week August 23 through August 29, and that's the report, and then this figure looks at the 14-day period ending on or around August 29 and we saw that the rate came down to roughly 53 from a previous of 64. You'll recall that at the peak in late July we were up in the mid-90s. So we've had I think it's five straight weeks now successive decline. So that's good news. Hospitalizations are, you know, they vary day to day, but over the last several weeks it's a longterm decline in hospitalizations for COVID, so that's good. Moving into more detail on the healthcare system readiness, we continue to show that 20% capacity in hospitals. What we're wanting to see is that 20% or more of the beds are open. We measure the reverse of that, which is we want occupancy in the hospital beds to be less than 80%, and you see that we're still remaining in that zone we've been for many months now in the mid to high 70% range. We also want no more than 10% of hospital beds occupied by COVID patients and right now we're down in the 4% range and that's varied between 3 and 5% for the long haul. So these metrics are stable.

Looking at testing activity, it's been variable. I just want to focus on the percent positivity which for the most recent week was 3.9%, up a touch from 3.5% the previous week. And the inverse of that percentage is the number of tests per positive result, which again has been pretty stable

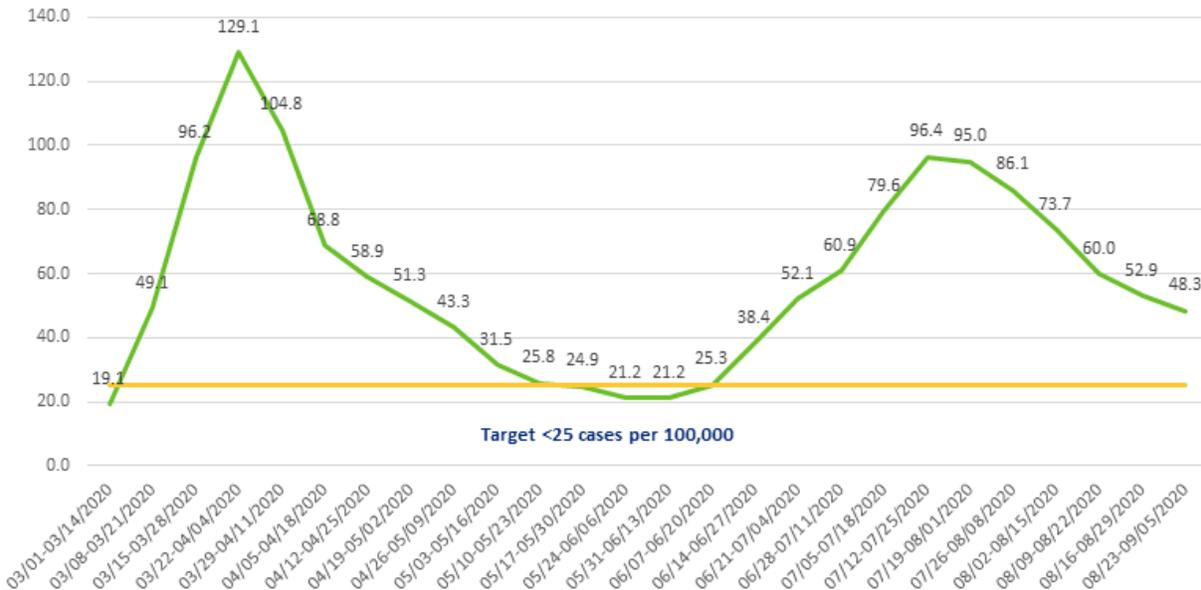
in the mid to high 20s. Our goal is to get down to around 2% and a ratio of 50 tests per every positive, but with the current activity, it's getting better, but we've still got a ways to go to reach that target. The median time to getting a test, that's from the time that I detect onset of symptoms to the moment I'm tested our goal is for that to occur in one to two days, not more than two days ideally. And the media time to getting a test, that is the amount of time it took the quickest path of people, so the person of all the people tested, the one in the middle of neither very short nor very long is right at 2 days. I think the range was anywhere from zero days to up to 10 or 11 days for this past week. Looking at our, the health district's activity in terms of contact investigation, we continue to reach newly reported cases within 24 hours. We're in the 70% range over the past several weeks, down a touch from the prior week, down to 70% from 74%, but overall we've been really running in that 70 to 75% range. We catch a few more the next day and the day after but after that it really drops off and we still have about 20% of cases that are not responding to our calls. So again if you're a COVID case and you're out there and you get a call that looks like it might be potential spam or an unidentified number, it's not in your address book, please go ahead and answer. If it's a phishing attack, hang up. But if we say we're the health district please continue the call and finish with us and if you have any doubts ask a few questions to see if we can accurately identify you and that should reassure you that you are dealing with the health district and not someone spamming or phishing you.

Contact, close contacts we aim for about 80% to get contacted within 48 hours of our initial knowledge of the source case. We're down a bit last week but still in that 70 to 80% range. So although the performance in these areas is not at the targets established by the state, I will tell you that this compares very well to what we see with other communicable disease investigations and it appears to have been good enough to have turned the tide. So we can always do better, we want to do better, and we intend to work toward that way and we ask for everyone's cooperation and help in doing that. But what we're doing now is having an impact and that's good news and I'll show you that in just a moment.

The last metric I want to focus on is the number of outbreaks, new outbreaks occurring being detected in the past week. And we had five new outbreaks down from six the previous week. The goal is to have two or less in a county our size but I have to be frank with you, I just don't think in the current context that that's something that we're going to achieve. Most of our outbreaks are small, anywhere from one case in longterm care facilities, otherwise two or more cases in other settings, often workplaces. And with people going back to work and being together and recent rates of COVID in the community it's inevitable that we're going to have at least one case here and there in workplaces and our goal is when it gets to a second case or third case try to limit that, the spread within the workplace as well as to customers or clients. So we continue, that's a major scope of our activity in recent weeks and going forward so we're continuing that control effort there. Even though we're falling short of the metric there I'm satisfied with what we're trying to do.

So another update, we also have an updated rolling two-week case rate that brings us another week forward from the report which this snapshot is based on. So rolling up through Saturday September 5, I'm going to re-screen share here with you a new screen (*see below this paragraph*). And now you should see our now quite familiar COVID-19 rate curve over the past many months since things started and here we are on the tail end of the second wave peaking up near the high-90s as I said, and we brought it down to 53 the last week I mentioned, and then another notch down, not quite as big, and you can see the curve starting to flatten, down to

48. You can see it's a remarkably similar shape to what we saw on the downslope from wave number one.



So that's where we're at. Things continue to look favorable in all respects. We've got a long way to go to what I would consider a comfort zone, but things are looking much better and sustained over time. And that's in no small part due to the efforts of just everyone out there wearing face coverings, trying to keep physically distanced from others, handwashing, and keeping those gatherings small and limited.

Additional comments I'd like to make today are that we're hoping everyone kept their gatherings small and wore masks in public this last weekend. In recent time, Memorial Day, Fourth of July, we did tend to see a surge in reported cases one to two weeks after the holiday as a signal that maybe gatherings were a little bit too big or too frequent over those holidays. So we're hoping for a little bit better outcome in the wake of the Labor Day holiday, so we'll be watching that over the next week or two. I want to mention some additional resources for COVID-19 testing. As our testing team has been working hard in recent weeks to expand testing capacity in Snohomish County, we are now able to broaden the eligibility criteria a bit again. COVID-19 testing at our drive-thru sites is now available for anyone, and this does include those needing testing for pre-procedure visits, or travel requirements, employer requirements, etc. We are rolling out a new process this week to provide proof of testing that individuals can use to show employers, healthcare providers, or for travel related purposes. Please keep in mind that our turnaround time is 3-4 business days and there's no means for us to rush results to meet individuals' personal deadlines for medical procedures or travel plans, so incorporate that delay into your planning. And you can ask us to speed it up, but we won't be able to help you.

Testing remains strongly encouraged for individuals with the following criteria: Anyone with any of the following COVID-19 symptoms: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or close contact of a confirmed case, or anyone who lives or works in congregate setting where lots of people live or work in a confined space, work or healthcare, emergency medical service staff, law enforcement officials, or other

fields where work settings have a higher risk of catching or spreading COVID-19, or, last but not least, part of a family or social network that has had a recent case.

If we do get to a point in the future where demand for testing begins to exceed capacity again, or where disease transmission increases and we need to focus our efforts on higher priority testing, we may have to go back to restricting eligibility again and that may affect the folks at the lower priority levels like employer, healthcare, or travel related testing. But for now we're open to and providing that. Our team has also been working to set up a phone line for testing help, particularly those without internet access or those needing interpretation services who do not speak English as a first language. That phone line is now available and it is the following: 425-258-8425, that's 425-258-8425. This phone line will be staffed Mondays through Fridays from 8:30 a.m. to 4:30 p.m. but you can leave a message after hours and we'll return your call the following work day.

So with that I'd like to turn it over to Maria Coghill who was gracious enough to join us here today to share her experience having had COVID and the lingering impacts she has experienced since that illness. With that, Maria, please take it over.

**Maria Coghill:** Hi. Thanks Dr. Spitters. Thanks everyone for having me join you today. So a little bit about me. I'm 44 in really good health, was running 3.5 miles every day, working out at Orange Theory before the gyms closed down, and generally don't get sick very often. But in April after I started a new job and was beginning to meet people in person, and this was before we had universal masking in place, I was in a meet and greet meeting and was exposed to COVID by someone who was not feeling sick. Even with social distancing, sitting six feet apart, I think that that's how I contracted COVID.

That was mid to late April. I didn't start to feel sick after the exposure until about four days later and I never had a fever. I had shaking chills one evening and then just sort of this feeling that something wasn't right. But that was the only symptom I had and then started to feel better the next day after getting a good night's sleep. I went running the next day, was active over the weekend. That was on a Thursday night. And then the following Wednesday after a workout my chest started to hurt. And it hurt to breathe and I came down with a cough. And I thought, hm, this is probably more than just allergies I should probably get this looked at. Went and got a COVID test and my test was negative but I also went to urgent care and had a chest X-ray. My stats were OK, my chest X-ray was clear but they heard some rattles and said that I probably had pneumonia. So I went home and continued to interact with my family and didn't feel well for the next several days. My cough got worse to the point where I couldn't talk without coughing. It's hard to explain. It was different than anything I'd ever experienced before but I just, I could breathe and my oxygen saturations were OK but it hurt, just taking a breath hurt. And so then I went back to the urgent care almost a week later, asked for another test and this time my test came back positive so we think that the first test that I had was probably a false negative. And then from there just continued to have trouble breathing. My energy level was really low. I had, you know, muscle aching. I would just try to take a shower and I'd have to sleep for hours after just taking a shower. And I was sick in bed for about two weeks during that time and the interesting thing was I never had a fever and I didn't lose my sense of taste or smell until about a week and a half into the illness and so that wasn't one of the first symptoms I had. And so I think I was pretty sick for like three weeks and then I was able to start to take small walks again. But really it wasn't until like six weeks after my symptoms started that I was able to really begin to start to take longer walks and even then as I started to add cardio and exercise back in my

resting heart rate would just shoot up. So typically my resting heart rate is low 50s and I would just be sitting watching TV with my family and it would like shoot up into the 90s and this would just happen periodically with no warning.

I got to a place probably about two months after the illness started that I really was feeling normal again. I was able to do cardio exercise. And then it was probably toward the end of July that I began to have neurologic symptoms. So that's been about six weeks now that I've had Bell's palsy on the right side of my face and luckily I don't have the paralysis and dropping but I have the tingling and the burning in my face and my sense of taste and smell has been altered again but it's metallic and like mineral tasting. And then I do continue to have bouts of fatigue and then every once in a while I'll get this sensation in my lungs where it feels like a kitchen sponge that's like full of water and it just feels really boggy and heavy, and I can still breathe but it hurts. So I notice that when I'm exercising.

So I feel really lucky. For the most part, I've been able to resume all of my normal activities, I'm exercising again, most of what I experience now is just a nuisance and it's not impacting my day to day activities. But you know it's worrisome, especially as you hear about these people who have longterm impacts and I wonder, you know, what will be in store, if there will be continue longterm effects.

So that's my story. I mean I feel really grateful that through all this my family never got ill. So if they contracted the virus they were asymptomatic. They never were tested. But they stayed healthy which was a huge blessing.

**Chris Spitters:** Well thank you so much Maria and we appreciate your participation and look forward to your continued recovery. And I just want to if I may briefly comment that your experience, we have limited experience knowing what the natural course of events is as people are recovering from COVID, but we're certainly learning from stories like yours as well as what's being published in the medical literature that a substantial portion of people do have, it's not like the flu where you get better and then a week later it's like nothing ever happened. It's quite common to have shortness of breath, persistent cough, chest pain are the most common ones, fatigue, body aches, and then of these more individual variable, in your case the neurologic symptoms. We want everyone to be aware of that. It's yet more motivation for us as the health department to try to protect others from getting it and as individuals to try to keep from getting it and passing it on to others. And again we are just grateful that you go through this and we hope that you continue to improve. May I ask, when did you first feel like a day at work, when did you go back to work and at what point were you feeling like it wasn't a big chore to get back to work?

**Maria Coghill:** Yeah, well thanks for asking. I work in healthcare and so it was really important to me to get back to work as soon as possible. I work in mental health and as you know we've begun to see a surge in mental health needs as a result of the pandemic. And so I think I took four days off from work total and then I went back to working from home, and I was sitting up in bed working from home probably for about a week. And then when my cough subsided that's when I went back in-person and I do a blend of working from home and working in person now.

**Chris Spitters:** Well on behalf of the community and all the people you are involved in taking care of, thanks for rushing back. Well I'm going to turn now to the question log. First there's one for me and then one for you Maria.

For the health district, as of this morning is the health district responding to any reports of potential outbreaks or potential cases from weekend events or gatherings? The answer is no. It's a big early. Just as Maria, her experience of about a four day lag, four to five days is the average time from exposure to onset of symptoms, and then a day or two to get tested, then a day or two for that to kind of show up on our map and be reported and counted. So we would expect any increased disease activity, we would expect to see on maybe next week or the week after's data.

Next question, Maria, walk us through what it was like when you felt really sick, your feelings, your worries, the physical effects, the severity of cough, the reaction to being so fatigued, your concerns about longterm effects. What have you been told about how long the Bell's palsy might last and any of the other effects?

**Maria Coghill:** Yeah, I will share when I was at my sickest it was really scary and I found a lot of comfort in talking with other people who had been through it and hearing about their experience. I was so grateful for my dad's cousin who brought me a pulse ox I could have at home so I would just keep it on my finger and just in the moment where it felt like it was really hard to breathe I put that on and that was really assuring that OK, I'm OK. So luckily I have a really good practice of self talk to help me through those anxious times. And there were times when I would just look at myself in the mirror and say OK, we are going to get through this, and I'd give myself little pep talks. The scariest thing for me though was this was happening right at the end of April beginning of May, and that's when we were starting to hear stories about kids getting this really strange inflammatory response and kids getting hospitalized and I've got two children and so that's where, that was probably the darkest thoughts I had was just concern and worry about my kids getting sick. But luckily they were OK. And then in terms of longterm effects and the Bell's palsy, you know, I think that it's sort of a mysterious thing and everything I've learned about it is they don't really know what causes it, it's usually viral so we think that it's probably related to COVID, it sounds like it can be several months before it fully resolves. I will say it's been six weeks for me now and it is starting to get a little bit better where the tingling and the burning is starting to diminish a little bit and my taste, although it's still altered it's not as significant as it was. But I will say one thing that has really helped me get through this time and helped me make meaning and significance out of the experience is the ability to help others and so I feel really fortunate that I was able to participate in the UW study and I've been donating my plasma and I just really hope that's contributing to the body of knowledge and is potentially used as a therapeutic for others who need it.

**Chris Spitters:** Well thank you for that and helping ourselves through helping others, there's a message for all of us in there. Thank you. Next question, can I talk about the outbreaks at adult family homes, longterm care? Are they similar to what we've consistently been seeing, are they more troublesome? With cases dropping, the White House task force has started recommending neighborhood testing for counties with lower rates like Snohomish. Is there any idea on if or when we could see that or pool testing as we advance? Just in preface to responding, pool testing is when you, in order maximize the analytic capacity, the actually laboratory capacity, at the laboratory you pool specimens so basically let's say you bunch together ten specimens at a time and if that bunch is negative then all ten of those people are negative. The testing is generally sensitive enough to do that. And then if the pool is positive then you go back and test all ten of the individual specimens to find out which one or which ones were positive. And if you play the numbers right and based on the prevalence and the

expected number of positives in your testing pool you choose a size for that pooling and you can reduce the total number of tests you have to do and it can speed things up and save materials. And so that's something that's been under consideration at least theoretically since we first started doing laboratory testing for this. And it's used by some public health labs with a lot of other testing like HIV or chlamydia would be some examples. So that's the background.

The longterm care facility outbreaks, at the current time, longterm care related cases, which means staff and residents, are still only about 3% of what we've been seeing of the overall cases when we pick a period of time, generally the last two weeks. And, excuse me, the last two weeks. And you compare that to about 11% over the long haul of the outbreak. So even though there's some longterm care facility outbreaks we're not seeing the widespread involvement of dozens of cases across multiple facilities. It's smaller numbers of cases, it's tending to affect assisted living and adult family homes more than skilled nursing facilities. So the complexion of this current collection of longterm care outbreaks, which an outbreak in longterm care definitions is just one case because we really want to get in there and try and break things up before spread occurs. So overall the current situation with the longterm care facilities, although an increase say compared to a month ago, is an order of magnitude less than what we were experiencing back in April.

About the testing, right now we have no plans for geographically targeted testing. We're really continuing to go right now with the drive-thru testing and really trying to make that available for everyone who needs or wants it. We have capacity for up to 500 slots and we encourage people who seek testing to do that. The pooling, I mentioned the scientific background for that. The policy background that's going to be driven by the people who own and run the labs and those that advise them. We're a lab user not a lab director so both the state lab and the commercial labs, that's a decision they'll make based on guidance from their own internal experts as well as the community of laboratories.

Another question about outbreaks. Was the restaurant sited in the report closed for any period? No. Were the affected individuals staff or customers? Staff. Where was it located? I can't tell you. I don't know. We can have our communications lead get back to you with more details on that. And I think with that I'm seeing Kari say we're at the end of our time for this week. Again, I want to thank Maria, Eric, and the rest of our team who you don't see who make this come together. We'll be back with Executive Somers next Tuesday.

**Joint Information Center:** Thank you everyone. This is Kari in the Joint Information Center. Appreciate your time and please stay tuned for future availabilities.