

TRANSCRIPT: Snohomish County Response to COVID-19, April 24, 2020, Briefing

Executive Dave Somers: Thanks for joining us today. We've seen another week of progress in our response to the COVID-19 pandemic here in Snohomish County. Rates of infection are looking promising, demand on hospitals is looking much better than many other parts of the country. We seem to have flattened the curve and it appears Snohomish County is leading the states in responding to the pandemic.

I do share everybody's frustrations with the restrictions on our lives. There are many, many families and friends who are suffering right now either directly from the disease or indirectly from the impacts of our social distancing measures. Many of them are out of work. Not sure where the next paycheck may be coming and not sure how they're going to put food on the tables or pay their bills. So as soon as we can safely get the economy back up and running we will do that. I wanted to give a bit more detail about the county's recovery plans. Since the beginning of the crisis our Emergency Coordination Center has been planning for multiple contingencies from the most benign to the most extreme. Because the new viruses like coronavirus are unpredictable, we have to be prepared for whatever path it takes. Clearly, the social distancing measures have disrupted the pandemic here. But the question is how we continue to disrupt the pandemic, while we also try to get people back to work. In other words, how do we respond to an ongoing crisis, while also preparing to undo some of the very measures that help us prevent infections and death.

One area of planning that we've been accelerating work on is our recovery. We are expecting this recovery will take some time and will involve incremental steps, not giant leaps. So the county established an Office of Economic Recovery and Resiliency and our economic and workforce recovery task force has met. We are in close communication with the governor's office to help give a local perspective to their statewide decision making. We've also developed a good model and plan for recovery that will allow us to fit well with regional and statewide recovery systems. We know that starting to loosen the stay at home efforts will require certain measures which we do not yet have in place fully. These are increased testing capability and current testing is limited by availability of test kits, swabs, transport media and personnel to administer. There does seem to be adequate laboratory capacity at the moment, but that also needs to be a long term consideration. We need better systems for contact tracing, you know, within the county and within the region so that those that are exposed to people that are testing positive for COVID can be contacted and quarantine and asked to shelter. We do need public quarantine and shelter capacity for the long term to be available here in the county. We need adequate medical facilities and personnel to be in place so that needs to be managed carefully. We need more PPE for workers and the public. Masks and sanitation capabilities need to be expanded and we're working on that. We will need to continue social distancing measures for the foreseeable future. So even when we do start to loosen up, social distancing will be an important part of that plan and ultimately we're hopeful and need a vaccine for this.

So those are the basic elements that need to be in place. We and many, many others are working on them, but so is the entire state nation and world, frankly, so this is a challenge, but many, many good people are working on this. We were watching hopefully as Boeing starts up. They've implemented protective measures as I described, and we will know in the next few weeks whether they are effective there at the Boeing plant in Everett. Hopefully the measures they take will serve as a model for other businesses. We are pushing hard and as fast as we can. Pandemics don't respond on the timeline we want but the good news is that clearly what

we're doing is working. And I thank our residents in Snohomish County have been doing a fantastic job, very understanding and I'm so grateful for that because you're saving the lives. I just urge people to continue to have patience, maintain social distancing and help us begin our recovery safely. So we understand the pain you're all going through and the hardship this has created and we want to move on as quickly as we can. But we do need to keep everybody safe and as safe as possible. So with that, I'll hand it over to Dr. Spitters from the Snohomish Health District. Doctor.

Dr. Chris Spitters: Alright, can you hear me? All right. Thank you. Thank you Executive Somers and good morning everyone. Today I'd like to focus on what a safe, healthy path to establishing a new normal looks like. I'm going to reiterate many of the comments that that Executive Somers very, very adequately covered, but just for the flow, you know. First I want to acknowledge that we all want to resume our normal or near normal social and commercial lives and occupations in business and get our economy and just our world back up and running as soon as possible. But I need to echo Executive Somers' comment that we're just not there yet. As you have heard shared at multiple levels there are several key pieces we need in place to start down that path including healthcare capacity, personal protective equipment for healthcare providers and other critical infrastructure workers, testing capacity and contact investigation capacity and the public health surveillance to wrap around the testing and contact investigations. The ultimate end of the COVID-19 saga is population-wide immunity ideally and most likely obtained through a vaccine. While there are a number of people working on this all around the world, the arrival of safe, effective and FDA approved vaccine is at least 12 to 18 months away, possibly longer. In the meantime, our goal is to limit suffering and deaths, while maintaining adequate capacity in our healthcare system and avoiding overwhelming it with COVID-19 cases as was occurring back in March and ideally permitting some modification of our social distancing during that time that addresses some of the economic recovery and resumption of normal social and recreational activity, or at least an approximation of that.

Again, the Stay Home Stay Healthy orders have helped stabilize the system here in Snohomish County. In fact, they are likely the chief responsible reason that we have flattened the curve and appear to be coming down over the past few weeks. We are not out of the woods and we could quickly go back in the wrong direction if we move too quickly or without adequate plans in place to detect and control further transmission. We need to prioritize acquisition and distribution of personal protective equipment for the healthcare system so that the workers can care for patients without undue risk of transmission and that is a supply chain that is still working to catch up on the incredible demand that it's been under over the past couple of months. So that leaves more testing and contact identification capabilities as well as the surveillance efforts by the health district and the state health department to wrap around those efforts as the final ingredients to a path forward. The health district is working to increase testing capacity, case investigations and contact tracing so that we can quickly respond now and into the future. Something of this magnitude takes time to scale up in a thoughtful, sustainable and equitable way. There will be short, mid, and long term strategies to accomplish this. And we focused on this critical planning effort over the past week and are working hand in hand with our local and State Public Health partners to have something in place within the next few weeks.

Even with all these pieces in place, it's reasonable to anticipate that COVID-19 transmission may increase following modification of social distancing measures and that we may need to re-

escalate at one or more points in the future as we wait for a vaccine to emerge over the next year or two.

As a reminder, I want to just mention what I did earlier in the week that we will not be updating case counts on the website on Saturdays and Sundays in order to allow our team's limited resources, particularly on weekends to be focused on case investigations.

With regards to tests. I don't have a magic number for the right number of tests available for Snohomish County. Right now we're getting about 2,500 tests done per week. Our goal is for that is that anyone who is symptomatic gets tested within a day or two of the onset of their symptoms and ideally has results the same day or the next day and then shortly thereafter, within 24 hours, public health is involved with them to ensure that they're isolated and that their contacts are being identified and quarantined. I know that more testing is good and that is has slowly improved over time but we're still working on it, particularly that particularly the turnaround times and moving the testing closer to the patient. So toward that end we are continuing our community based testing efforts next week. This week we focused on long term care facilities, that will continue next week. And we're working to complete surveillance testing at three to four other facilities next week. However, we will be continuing to do some limited testing for people, not in the drive-thru capacity, but probably in a clinic based setting. So we're finalizing the details now but look for updates and a press release on that later today. What I can tell you is that appointments next week will be Wednesday and Friday in a South County location. Our team is also working to finalize details for east and north county locations that will be available in early May.

While we're talking about testing I do want to talk a little bit about something that's new on the horizon, or it's no longer on the horizon it's here. And that's serology or antibody testing looking for antibodies to COVID-19 in the blood. I'm finalizing today a health alert that will go out to clinicians to provide them with clinical perspective from the health district. But in sum for the general audience, it's this: that the chief benefits of an accurate test would be to monitor prevalence or prior infection and immunity in our population and to guide the disposition of health care staff and patients in settings where transmission is or may be occurring. One big caveat to that is it's still unclear what duration of immunity is afforded to someone who's previously infected. We just have no experience on which to base that. So at this time there's no systematic recommendation coming from the health district for use of serologic testing, nor do we have immediate plans to implement that through the health district. The Centers for Disease Control and another party are working on anonymous serologic surveys to get an estimate of the prevalence of prior infection in the state. And as those results emerge in coming weeks, we'll be sure to share that with you. For the people who are prospective patients of such testing, again, I just want to state that correlation of antibody detection with durable immunity has not yet been demonstrated and at the current time great caution should be exercised with respect to any infection control or occupational placement decisions that would be based on serologic tests alone. However, this does remain a valuable potential use of such testing if evidence emerges to support that application. I also want to mention that for some of these assays, cross reactions with antibodies to circulating seasonal human coronaviruses, other coronavirus that have been circulating in the community for years could cause a false positive result and give false reassurance about immunity. Although some products have had limited review for emergency use authorization from the Food and Drug Administration, most have had no review whatsoever and few of these assays have been independently assessed for

accuracy. So for now, I'm encouraging clinicians to be aware of and to educate patients about both the promises and the limitations of serologic testing and to choose their venue for testing wisely. And to be sure to, again, to share this, you know, emerging information with patients, but with all its strengths and limitations.

So, in closing, I want to re-emphasize that the Stay Home Stay Healthy orders appear to be working. We know that these are drastic measures that don't come without a cost, and that is why you see them as one of the last tools in our toolbox, as far as preventing transmission. So social distancing and temporary mitigation measures will likely be part of the new normal for months and years to come and we must stay the course. So for the health of our people, as well as the long term health of Snohomish County and its economy, I urge you to stay the course and stay with us on this. So now I'd like to turn it over to Kim Williams. Kim.

Kim Williams: Thank you so much. So we're acutely aware of the impacts to employment and to the workforce in general from COVID-19 and we're in process of building concrete plans to get people back to work but certainly will be phased and done with intention to maintain all of the necessary social distancing. Major employers and small businesses are all seeing the negative impact of COVID-19 and plans are being prepared and mitigation measures implemented, and individual should continue to stay at home and stay healthy while may continuing to be informed by the health district and the State Department of Health, as has been stated, we're making progress, but we still have a long way to go.

Under the guidelines for opening up America again, the states need to meet metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14 day period and to have a robust system for contact tracing and we really need to monitor how we're phasing in and monitor the new cases. It's important to hold steady and to keep following the public health guidelines and that the data that we have is should be informing our next steps as we consider reopening the economy, the county, the state. Snohomish County, the Health District, mayors and regional partners are all working closely together on a plan for slowly bringing the economy back and to reopening our businesses as soon as it's safe to do so. The process is going to be sector based and done in a gradual phased approach and will need to have as Dr. Spitters said testing, tracing, monitoring and evaluation to ensure we don't trigger a resurgence of COVID. There is a state effort underway to really bring on and recruit a large number of contact tracers.

As many of you know, Providence is the second largest employer in Snohomish County. And so we are very intertwined in the local economy and in the success of Snohomish County. Over the past three weeks we've seen the inpatient COVID-19 volumes come down and I would say that they have plateaued in the past week. So we were hoping we would see it continue to go down, but it is really kind of holding steady. And the safety of our patients and the caregivers that work here continues to be the top priority as we look at the COVID-19 pandemic. And we've implemented many safety measures at the hospital and in our clinics. Lately the increase in patients, we've seen an increase in patients who seem to be delaying care, not coming to the emergency department when they have concerning symptoms and that can severely impact the health of that individual and is very concerning to those of us that work in healthcare. The Providence medical groups are open, seeing patients and we also have a lot of virtual opportunities for patients to do something similar to what we're doing right here. At the hospital we are continuing to perform procedures on patients that have conditions like cancer, bleeding, severe pain and where their physician is determined that if in fact their case were delayed for a couple of months that they would suffer severe harm. And while postponed surgeries and

procedures can be rescheduled and coming weeks, those that are urgent and emergent are still being performed and they shouldn't be put off. That it will bring harm to those individuals. The emergency department's open and taking care of patients each and every day and if in fact you or your loved one has a health emergency, please don't delay or hesitate to seek medical care. We do continue, though, to have visitor restrictions and processes in place like caregiver screening as they come to work, in place to protect patients and caregivers. So thank you.

Dave Somers: So the first question that we had this morning, I'll start and then I'll turn it over to you two, but the question is that we talked about needing more testing, more PPE and more staff. And the question is, what specifically are we missing and what specifically is happening to make these things possible And I'll start in terms of what are we doing to make these things possible. Our department of emergency management has been active for going on two months now and we use that system with our partners to combine and coordinate our requests in orders for things such as masks, gloves, gowns, face shields, swabs for testing, you go down the list of all the medical needs and some supplies we have outstanding orders into vendors and with the state. For many hundreds of thousands of those items the problem is the supply problem really. As I mentioned earlier, the whole country is having the same need at the same time. So the vendors and producers, frankly, are not able to fill those requests quickly enough. You're going to have to build that capacity. It's much like you see in the grocery stores if you've been in lately. A lot of the shelves are bare, there is more demand than there is supply and so that's the case with all these basic medical supplies and as far as I'm aware. But Dr. Spitters do you want to respond to that also?

Dr. Chris Spitters: Well, I first, yes, PPE as you mentioned, is, you know, healthcare facilities are making requests that exceed the supply, you know, for things like masks, respirators, eye protection, gowns, gloves. All of us are short on supplies for specimen collection of the nasal or nasal pharyngeal specimens that are tested. So those are all supply chain issues that need to be resolved so that so that the healthcare facilities have personal protective equipment in the event we experience, well, one for right now, but in the event we experience a surge that they have enough personal protective equipment to take care of those patients that come in without risk, undue risk to themselves. That's the PPE component that the Department of emergency management and the county have been instrumental and extremely helpful in managing on all of our behalf. Second testing capacity, again, you know, it might be that the number of tests if you extrapolate or interpolate actually down from national estimates per capita of what's needed, we might be okay on the number of tests being done right now, but the speed at which the turnaround is occurring is insufficient to permit us to get to people quick enough to where the isolation is really optimized, right? That scenario where someone gets tested within a day or so of being symptomatic and we get results same day or the next, that's going to collapse their infectious period over which we have to look from contacts, you know, out from a week down to maybe three to four days. So it's reducing the amount of people we have to quarantine and also reducing by the number of people that are being exposed so that collapsing down in time, testing turnaround time is key and then we probably have to triple or quadruple our human resources capacity statewide and locally to be able to do the intensity and thoroughness of contact work that is being necessary. So, those, those are the key things trying to be as specific as we can.

Dave Somers: Kim, do you have anything to add to that?

Kim Williams: I don't, I think you guys covered it. Thoroughly

Dave Somers: So I'm, there is a follow up on that about specific numbers. I do have those. But I'm searching for them. I didn't come prepared with them this morning, but we have outstanding orders in with both vendors in the state that really number in the hundreds of thousands of units of different items, but I'll work to find that information as we go along here.

So, there's another question for Dr. Spitters, as you mentioned, social distancing for months and years to come. Could you elaborate? And the Herald has a letter that the state sent to nursing homes that suggests any long term care facilities with at least one positive case of COVID-19 will have all residents and staff tested. Is this true and if not, how is the health district deciding which facilities to test?

Dr. Chris Spitters: Okay, so let's take those one at a time. Thank you, executive Somers. So first, the, the, the future course of this is that if we, roughly estimating that the prevalence of infections, prior infection in the community is, let's say there's rough, we don't know exactly, and serial prevalence surveys are being done. But if we roughly estimate, let's say that there's 10 cases for everyone that's been reported. Then we'd have about 25,000 cases cumulatively in the county or about 3% of the population previously infected. If you even go up and triple that, you're still only a 10%, that means 90% at least of the population still susceptible. So as we reopen up you will see more transmission and the bug will only rarely bump into someone that's susceptible so sustained transmission will recur. Our goal is, our goal of course is to get to the end of this, but the intermediate objective is not to interrupt transmission completely, that's just not feasible. No one really thinks we can do that. It's to suppress it and to delay the next rise which would probably occur in the fall months as the weather cools down and, you know most season, we don't know for sure about the seasonality of this coronavirus, but most coronaviruses do have a seasonal nature to them and it's likely it will resurge at some point in the fall, possibly sooner, possibly a bit later, but most likely in the fall or winter, we'd see a resurgence. And that would be synchronous with the flu, you know, the annual flu outbreaks that occur. And then we would cycle through that likely several times until we either have sufficient population immunity to where transmission can no longer occur or we get a vaccine and so modelers at Harvard have published in Science a credible and, you know, predictions that intermittent social distancing may be necessary for at least, at least two years, possibly longer if we don't have a vaccine. But that's, that's that question and then about the nursing homes. So several weeks ago, maybe it was two weeks ago, all nursing homes received a letter from the Department of Social and Health Services asking for an enumeration of their residents and staff in order to prepare to test all facilities that might have a single case and that is the, that's likely the letter you have in hand, that intent or there's no order for such a thing to occur either from DSHS or from the State Department of Health. But the concept of using testing among staff and residents to identify infected individuals, get them isolated and to cohort, meaning, you know, if you've got the building you get the infected people on the left and the infected staff either out of work or, and when they recover with the folks on the left. And then you put on the right the uninfected people and then you watch them and they're kind of in quarantine. But testing throughout a facility facilitates that. Sorry about the excessive use of facility there, but that's the idea. We certainly, we're not able to do that in every facility, but we're, as we work with places, they're all reporting, you know, if they have a case they report to us and then we just prioritize based on our greatest perception of risk and risk to the facility, as well as the benefit from doing that. All facilities that that have a case we try to make sure that all symptomatic individuals in their facility, either staff or residents, are tested, we give them ongoing infection prevention

consultation and then in select places where the perceived benefit and need meets our capacity than we focus testing on those sites.

Dave Somers: Sorry. Follow up question, are we working in conjunction with Boeing to monitor their return to work? And I know I'm in communication with Boeing almost daily but Dr. Spitters or Kim do you want to comment on that?

Kim Williams: Well, this is Kim and I have not heard from Boeing and Dr. Cook our chief medical officer is on and I'm not sure, Jay, if you've had communication with Boeing in particular. And he looks like he's on mute. So maybe Dr. Spitters. Yeah.

Dr. Jay Cook: So yeah, this is Dr. Jay Cook, and like Kim I've not had specific communication with officials from the Boeing Company as yet.

Dr. Chris Spitters: With the Health District we have an open pathway of communication for surveillance with their employee health at the Everett site and, you know, we have again a communication pathway with them, the medical director for them, Employee Health and, you know, continue to keep the lines open so that if cases occur there or if there's other information they want us to know related to COVID or otherwise they'll, they'll get ahold of us, and vice versa.

Dave Somers: So I've got two more questions that we need to touch on. The first was regarding the supply chain and as we ramp up are we concern concerned that the supply chain may never be able to catch up. And I'd say that there is some concern about the time it will take and one effort we've made here in Snohomish County is to coordinate the distribution of homemade masks, cloth masks. And we're working with our food banks to be drop off and pick up centers for those so that we can get those types of masks to the public and for their use, and conserve the medical grade types of masks or PPE for medical workers. So I think over time, they'll see a lot of public demand we can meet ourselves and really again focus the high quality medical grade to the place where they're most needed.

And then there was a question that I wanted to touch on, there's been multiple public officials that have been making comments about disregarding the stay at home orders. This, in my view, is dangerous and irresponsible. These stay at home measures are working to flatten the curve. Our medical system currently can handle the COVID cases that are coming up. But if we loosen up without protective measures and the ones I described earlier with PPE and social distancing, if we don't do this smartly we're going to be right back in the same boat, and we're going to see another wave of this that could overwhelm our medical system. So we're working on getting these measures in place, but to open up now would cost lives. People would die. And I know dying from COVID is an extremely unpleasant process and it's horrible. And we just need to really protect the most vulnerable and those, frankly, COVID can strike anybody. So we need to keep those measures in place and those that are calling for disregarding those orders frankly just need to stop it. Doctor.

Dr. Chris Spitters: Well, I can, I can only echo your sentiments Executive Somers and just, just add that even though things are improving right now, and just ad that we need to stay the course and remember that there's a great deal of health care that is not being delivered right now as a consequence of all the the Healthcare System demand and the need for rearranging how we do care in order to protect patients and healthcare providers from transmission. And we're, you know, the best way to get to the other end of that and get back to routine childhood

immunizations and care for chronic conditions that has been deferred largely during this episode is to really get to the other end of this and that pathway is along the lines of what executive Somers and I and others have been laying out.