TRANSCRIPT: Snohomish County Response to COVID-19, April 28, 2020, Briefing

Executive Dave Somers: Good morning, everybody. Thanks for being with us. So I think we're all a bit relieved there has been some good news the last couple of weeks. Of course, Boeing began operations and construction at the Everett site and other plants in the Puget Sound region. So that's great news. We're only one week into that, but we're watching carefully and last week, the governor also announced new guidelines, a 30-point plan for starting construction back up in the state. And so we're very glad with that. And yesterday he made an announcement regarding opening up recreational facilities and easing some restrictions there. I do want to say though, however, we have lost 107 people, confirmed deaths, to COVID-19 over the last few months. COVID remains extremely dangerous and we must keep that in mind as we try to start up our lives again and businesses throughout the community. So please take precautions. This is not over. But we know that a lot of people are hurting, without employment, stuck at home, not able to see family members. It's a painful time for everybody. So we've been working really hard to figure out how to loosen up a bit and still protect everybody, keep people as safe as possible so as you go out and about your business please take precautions. Wash your hands, wear a face covering. I know I was a little uncomfortable doing that the first couple of times, but now I feel a little silly if I don't, so please take precautions as you go forward.

So in the end, we will continue really to work with the governor's office as he and his staff develop statewide plans and guidelines. We will be working here in Snohomish County to tailor those for our own particular situation and facilities. So in the construction industry great news, we've got a number of projects starting up. One good example, one builder D.R. Horton is able to get five 450 people back to work on 220 homes. So those are paychecks that are flowing now and families back at work, so we're very happy with that, plus 220 homes down the road for future buyers. Saeed Abtahi, 50 workers on 70 apartments sites. Village Life, 80 workers on 30 home sites. Pulte, 110 workers on 36 home sites, and Larry Kiel, 55 workers on 18 homesites. So those are just some examples of construction starting back up. They are starting under the 30-point plan, which I mentioned, and are able to do that. And so we'll be watching and make sure that everybody is safe in the coming weeks. And we'll use these examples, both in the building industry and also at Boeing and other places to see what's working and hopefully apply those throughout the county and throughout the state.

And on the second front the loosening up of some restrictions on recreational facilities. Again, parks and other facilities will be open for day use, again we're asking people to socially distance. There's a good set of constraints and recommendations on the governor’s site. We're going to be looking at our facilities here in Snohomish County to see which ones can open and what conditions and we're going through that now and there will be further guidance here shortly. It is healthy to get outside, get some fresh air, get some exercise, but you must do it in a safe manner, maintain social distancing. You don't want to cram a car full of people to go off to do a hike or anything like that, but we do want people to be healthy but also to be safe. So in the coming weeks and months we'll be looking at other ways that we can allow people or have people get out and be safe as they go about their business and we're very much looking forward to starting up again. I know this is very difficult times for everybody. It's, it's really something we're looking to science guidance on. We're looking at the examples from other states and other countries, frankly, to see what is working. So we're going to have to watch very carefully on the trends of disease transmission and the other, the load on our medical facilities and a number of other indicators to see, you know, how this is going and we will be very watchful of it. And be

assured that any recommendations that we make, or the governor makes is based on the very best science and information that we have available to us. So thank you for doing a great job. Please be safe and we're working to get things going again. So with that, I'll turn it over to Dr. Spitters.

Dr. Chris Spitters: Thank you Executive Somers. Good morning, everyone. Well, I just want to cover a few topics this morning. One is some, just an update on the Centers for Disease Control and Prevention's case definition. Then a little bit about forthcoming testing activity related to the health district. And last, just a bit about the most recent version of the disease modeling coming out of the Institute for Disease Modeling at the University of Washington. So, back to symptoms of COVID-19 and the, what's called CDC's case definition. People with COVID-19 have a wide range of symptoms reported ranging in severity from mild to severe and typically involving fever and cough in the majority of cases. However, there are other symptoms that can appear in addition to fever, cough, difficulty breathing. Chills, shaking with chills, sometimes a medical term for that is rigors where your body's just shaking because you're so cold or you feel so cold and your body's trying to heat up. Muscle pain, aches and pains, headache, and sore throat. So this doesn't reflect any change in what's being observed, but sort of an increased, increasing the throw the net trying to encourage clinicians maybe to test a little more broadly as we move forward here, so that if patients present with cough and fever certainly we want patients like that tested for COVID. But if patients have other symptoms that are suggestive of COVID that don't have another explanation like chills, shaking, body aches, sore throat, headache, there's no other explanation and it's new, to consider COVID in the diagnosis and to consider testing. So that's, oh, and I missed one there. The other one is this loss of smell or taste which relates to the infection involving the upper respiratory tract, where the nerves come down from the brain and do the smelling and smell is somehow involved in taste as well. So sometimes that's affected and people have a new loss of sense of taste or smell. So patients with these symptoms, you should contact your clinician or local clinic to find out whether they want you to come in, or how they want to evaluate you. And then for people who have more severe symptoms like trouble breathing, persistent pain or pressure in the chest, feeling confused or family members being unable to arouse them, or having a bluish color looking like they're not getting enough air, that could be related to COVID, it could be related to a lot of other medical conditions, all of which merit urgent attention. And so in that situation patients should immediately call their medical provider or 911 for further guidance on where to go from there.

Moving on to testing. The Health District continues to focus the majority of its testing capacity in in collaboration with the state public health lab, we do the collecting they do the analyzing. We're focusing the majority of that on long term care facilities, but we have opened up testing for the community on two days later this week, Wednesday and Friday. And you can go to our website for further information on that. Last, oh, one more thing on testing. Just to touch on this, serology has, serology is the testing of blood for antibodies to the virus as opposed to testing respiratory secretions, the nose, throat, sputum, what have you for the genes, the DNA or the RNA, excuse me, the genes of the virus to detect the presence of the virus. The blood test serology focuses on looking in the blood for the body's reaction to the virus as a signal that prior infection has occurred, has resolved, and that the individual is immune. And so this has brought with it a lot of hope and anticipation from patients, health care providers, and just the community in general about what role this testing might play. And certainly an accurate serologic test that detects antibodies would be very useful in a couple of situations. One is for placement of either patients or healthcare workers in, you know, various zones of risk within a health care facility

sort of helping put, keep you know susceptible healthcare workers and susceptible patients away from other COVID patients and people who are, who do have antibodies theoretically could be in closer contact with such patients or be, you know, on the front lines with less concern about acquiring infection. The other potential uses for public health as a surveillance tool to, you know, periodically get an idea of what proportion of the population has already been infected. That would inform the speed and comfort with which we un-layer social distancing because the more the population has been infected, the harder it is for the virus to move along. But a couple of caveats about that. First, most of these tests have been, have had minimal to no review by the Food and Drug Administration, they're being implemented by emergency use authorization or other emergency declaration related avenues that don't involve complete vetting and review of the performance of the test or any sense of permanent approval for their use. And so their performance, their accuracy remains to be determined. Certainly, some are going to perform better than others, but we just don't have enough information about that now. Nor do we really understand whether the presence of antibodies provides complete immunity against reinfection and, if so, how long that that immunity lasts. For some infections like measles if you have antibodies, you're, you're good for life. Whereas for influenza, for the flu, you get antibodies, you're probably good until next year. So, you know, we don't really know where things are at with that so it impairs the use of that technology at the current time for placing people in facilities or workspaces, where we might think well there, they've got antibodies, they could be closer to risk or harm than others without fear. And I don't think we're quite there yet. And I think that's a general consensus in the public health community. But the test may prove useful in the shorter run for estimating just the background level of infection in the community, which based on other methods we suspect is somewhere at or below 5% is the total number of people in the community who have already been infected, so still very low overall proportion of people, despite the large number of infections and the deaths that have occurred.

So moving on to the disease modeling as my last item for today. I just wanted to mention that the Institute for disease modeling at the University of Washington has been doing work for several months now, ever since this began, looking, trying to look at the data available and movement patterns from people's cell phones that have location detection turned on to try to correlate disease transmission with how much people are moving around and then use that to make, tell us where they think we're at now in terms of transmission and where we might go. And so the updates are that, one, this current update is just for King County, although you may recall from the last report that King, Snohomish and Pierce all were pretty coherent, pretty had the same findings. So I suspect these interim results in King County, more or less apply to Snohomish County and the report suggests that if the physical distancing were partially relaxed on May 1, and similar rates of transmission occurred as we saw back in mid March, their modeling predicts that by the end of May, we would see again a rapid rise in the rate of cases that would likely exceed the recent peak levels. And that's because all the good work everyone's done to reduce their activities and going out and trying to stay home has helped, but it's brought the number of new infections per existing infections from three, you know, just down to below one. Below one means we're going to, if sustained over time, we'll see a decrease in cases, which we have. If that number of new infections per existing infection gets up above one we're going to see increases and the more it gets up above one, the faster the increase. And so we're at somewhere, you know, less than one, but like somewhere around point-8, point-9. And so there's not a lot of margin for error to go up without having increases in transmission, and that's

really essentially what the model found. And it's consistent with the messages that Executive Somers, the Health District, the state health department and CDC are continuing to send that although we've made progress and the outlook is good, it might be a little bit early for everyone to kind of let out and we really have to do this in a layered, cautious fashion and keep a close eye on things just as Executive Somers mentioned So, our potential spread a COVID-19 is very much tied to the current social distancing orders and how closely people are adhering to them. We, we urge your support and continuing to abide by them as difficult as they are socially, economically, vocationally and yet without them we, we stand the chance of things going back up. And to remember that that as we see these layerings, if the new permission doesn't apply to you, we still want you to be staying home and only making trips out of the home that are necessary and avoiding trips in the car, avoiding everywhere because every trip in the aggregate that the community makes starts pushing that infection rate, you know, up toward or over one. So we really want to try to limit it, and those of you who have been freed up to work in settings recently, remember that once work is out, back home and trips out of the home only to go to work or for essential, you know, grocery store, pharmacy, medical care, that sort of thing.

So, you know, we've, I have a tendency to use sports analogies in the past, and I'll try this other one. There's sort of a relay race going on right here and right now the baton is mostly in the hands of the people doing this tremendous effort of social distancing, but we need you to hang on to that baton and stay with the race and keep running until these social distancing measures are slowly un-layered. And then there will be a little bit more responsibility on public health to keep an eye on what's going on and try to do the containment efforts. But while we're building that up and still trying to get the total number of cases down to a level that's a little easier to do that containment, we really need your help to hang on to the baton and cross the finish line until, until it's really time to relax your zone of activity. Okay.

So we're all in this together, we're depending on you, and thank you for your ongoing support in this and keep up the pace. So let's keep it going. And I'd like to turn it over to Dr. Cooper now.

Dr. Eric Cooper: Thank you, Executive Somers and Dr. Spitters. Good morning, everybody. I'm here to talk to you about work done with the SAFE team. The SAFE team was an outreach team to go visit people in our community who are un-sheltered. It was a multi agency team. It was composed of SeaMar resident physicians and family medicine, social worker, an outreach worker from Health and Human Services, and collaboration with members from law enforcement, the fire department. I'd like to specifically thank those collaborators we have from the Snohomish County Sheriff's Office, police departments that included Everett, Monroe, Mill Creek, Lynnwood and also collaboration with the Washington State Police. And from the fire agencies, thank you to South Snohomish County Fire and Rescue, Snohomish County Fire District 7, Everett fire and North County Fire regional authority and Arlington fire.

We went out to the community to communicate and assess people who are unsheltered, and we asked them health questions about whether they might have symptoms related to COVID-19. We gave them information about how to reach out to healthcare and the information needed to access the quarantine and isolation shelter. We also distributed hygiene packs to them and we had the social workers and the outreach worker for Health and Human Services be able to connect them to services that might be available to them and how to follow up with them as well. So it was a big collaborative outreach to help these members of our community. And really that's all I had to comment about that. It was a great experience and we learned a lot from our people who are out there. So at this point I think I'll say thank you and I'll turn it over questions.

Dave Somers: Are testing results available today for the long term care facilities? Dr. Spitters.

Dr. Chris Spitters: We're getting results back in from last week's testing, but I don't have a tabulation or anything to report for you, we can get back with that. We'll have to get back to you with that.

I'll answer, has the health district seen an increase in questions about the safety of ingesting household chemicals or an incidence of people doing so? I am not aware of any such thing. I think your best pathway for hearing about that at the front end of those types of interactions would be hospital emergency rooms or Washington State Poison Control Center. So you might touch base with them. But we've heard no signals from them or directly of any, anything like this.

Dave Somers: Any other questions.

Dr. Chris Spitters: Okay, sounds like we made some assumptions based on the, the Institute for Disease modeling for King County, does Snohomish County have any of its own modeling in the works? We're not, no. This is high science. So we're not doing this ourselves and the modelers, we're looking at Snohomish County up through their last update. This interim update focused on King County and I am not privy to, you know, their decisions about when and how to update, how they update their work. It's academic work that is, you know, it's of their volition. I assume they're continuing to follow trends statewide as well as in Snohomish and Pierce counties in addition to King, but we just haven't seen any report on it. I suspect we'll get an update when they have something meaningful to say.

Dave Somers: So the question for both of us, Dr. Spitters. Several county mayors are asking for a detailed plan with dates from the governor regarding reopening. Can either of you say why or why not that as possible? I'd like to start on that. First of all, the governor two weeks ago laid out a series of steps and conditions for creating a pathway to reopening, and some of the conditions that need to be in place are increased testing capability, contact tracing ability when new cases are discovered and we can contact who those people have been in contact with, having quarantine facilities in place. And another, PPE available for workers and for healthcare professionals, but also for the public. And in the long run, a vaccine. So those things are still not in place to the level we really need. And frankly, it's impossible to predict a date when that will happen. A lot of people are working on it, but the idea that you can pick a date and say everything's gonna be hunky dory, and off we go, that's unrealistic and really is sort of contrary to our experience with a virus and pandemic like this. The other thing is we really have to be tracking the numbers as Dr. Spitters laid out earlier to see what the transmission rate is, see the number of new cases, fatalities, etc. And part of the governor's plan, which was pretty clear was that we're going to test some things. Boeing starting up last week, the construction industry starting up with 30 conditions that they've got to meet to start, these are really experiments to see if activities can return under some fairly strict conditions and safety precaution. So we're going to have to see how that works. And as we go forward we'll be getting new numbers. We'll see if it's working. I'll try some new things. But the idea of picking a date and saying this is what's going to happen next week and this is exactly what's going to happen the week after is really unrealistic and not possible at this time. So I'm very comfortable with the plan the governor has laid out. The steps are there, the conditions are there, and we've just got to implement the plan and see where it lands. It's really like a football game, you've got a set of plays and you've got a game plan, but you've got to see how that plays out during the course of the game. That's what we're doing now and we're hoping it's going to work. It's going to take

some time to see, it's going to be a set of incremental steps again but we'll be measuring, monitoring and adjusting as necessary. Dr. Spitters?

Dr. Chris Spitters: Thank you, Executive Somers. I really have nothing to add or improve on on your response to that part of the question. Maybe I'll move on to the, the next one in that series. With all the uncertainty surrounding antibody testing, when do I think realistically there will be actionable evidence of immunity? Well, there will be actionable evidence of immunity when we have evidence that the antibody test or tests being used are accurate and that the antibodies they detect are connected to immunity and some knowledge about how long that immunity lasts. So we've been, you know, typically things like this unfold over the course of years, not weeks to months. So it may be that we're quite a bit downstream from now before we have much to say about what antibody testing means or its utility in terms of predicting immunity and how strong and how long that immunity lasts. So I can't tell you. But it's probably more on the order of months to a year or two to have some meaningful information. I have to leave it at that.