

## **TRANSCRIPT: Snohomish County Response to COVID-19, May 8 Briefing**

**Executive Dave Somers:** Thank you for being with us. I just want to give a brief report today on the progress in opening our parks this week. Since Tuesday, we've seen a pretty good number of people recreating in our parks. Our rangers are out and reporting that, in almost every case, people have been practicing social distancing, some wearing face masks, and the parking lots aren't overly crowded so things are going well there. The reported mood is good also. So we know in the next few days we have some really warm nice weather, so I am asking again that everybody plan ahead. Don't jam in our parks, if there's a crowded parking lot so somewhere else. Maintain social distancing, and please look out for each other, look after each other. We don't want to have to dial back restrictions in our parks and we're relying on everyone in our community to be responsible. Lives literally depend on it. So thank you for your cooperation. You're doing a great job keep it up.

We have had some people express concern about people becoming social distancing or mask enforcers. People feel really strongly one way or another but as a community particularly going through pandemic we need to remember that everyone responds differently to the stress and uncertainty. We want everyone to be safe and healthy and the key part of that really means not trying to incite conflict, so if you find yourself in a situation where someone is deliberately ignoring steps to keep others healthy, we just ask you to keep your distance and don't try to become enforcer. Just as distance is a powerful tool for reducing the spread of the illness, it's also a powerful tool for reducing conflict. So keep your distance and keep yourself safe. So we're all eager to get back to more normal routine with work, school, religious gatherings, sports and recreational activities. That is starting up. The fastest way to do so safely is to follow the health measures, practice social distancing with your loved ones and members of the community. Just keep your community safe. So I'm grateful today we have a veterinarian, Tim Cavanagh, excuse me, Cavanagh joining us today since all of us with pets have been concerned about reports that some pets may be infected with the coronavirus. Hewitt and I will both be listening closely and I'd bring him up to the screen but he's snoring at my feet so he'll listen from afar and I'll fill him in later. So with that I'll hand it over to Dr. Spitters from the Snohomish Health District.

**Dr. Chris Spitters:** Thanks Executive Somers and good morning everyone. I have some comments today about clearing up a few disturbing rumors about testing, giving you an overview of case investigation and contact tracing process, and a brief update on some data reporting and community based testing going forward. First, just briefly, rumors about testing. I think we've picked up on social media concerns about coronavirus testing being a means by which the virus might be transmitted to the people being tested, either intentionally or accidentally. So just beyond general reassurances I can't say much about, you know, there's no intention of transmitting the disease through testing. That's, our intent at the health district and throughout the healthcare community is the opposite, it's to interrupt transmission. And remember that the items being used for the testing are sterilely packaged, the healthcare providers are in fresh personal protective equipment, trained in aseptic technique and the swabs are clean and are not a means of accidental transmission of the virus to people, so just wanted to reassure you of that. The other is I think there might be some concern among a minority, but it's a significant minority of people, that by testing positive they would be ordered to go to the isolation and quarantine facility at Angel of the Winds arena, and I just want to reassure that the vast, vast majority of individuals with COVID-19 are isolated in their homes and just as their

contacts are quarantined in their home, and we only resort to the isolation and quarantine facility when an individual has no shelter, has no home to go to, or when they can't, due to the size of their home, they can't successfully separate themselves on a sustained basis from a vulnerable family member who is elderly or who has underlying conditions, and again that's just a minority, a small minority of people, so please don't let that dissuade you from seeking testing. And in either case, if you have a place or don't, we will try to make sure you are taken care of if you're positive and need a place to stay.

Moving on to after testing when individuals identified as a case, then I just wanted to give a brief overview of what happens to the individual. Usually they're advised by their healthcare provider and often now already know given all the news that surrounds this, is to stay home until they get the results, and if the results are positive, we're going to ask people to stay home for at least 10 days total and as well as a full three days after their fever has resolved if they had one and their cough or other respiratory symptoms have been improving for three days. So again the formula, if you will, for liberation from isolation is three days of no fever, three days of improving symptoms, and at least 10 days since the illness started. So when the health district contacts someone and sometimes we're also working with the state health department to do some of our case investigation, so individuals who test positive will get a call either from the Snohomish health district or from our partner the Washington State Department health, making sure they are aware of their results, reminding them about these isolation timelines and then giving advice and providing written information about about what they can do to prevent transmission to others while they are in isolation. Then we ask a series of questions that are useful for our contact investigation, as well as just our epidemiologic analysis of what's going on. So it's things like name, date of birth, address, and, you know, what your job, is what your job duties are, other people whom you have close relations, either in your household or close friends or coworkers whom spend a significant amount of time around because those are individuals are at risk from having acquired it from you and so we then notify those people and if they are essential workers and well they can continue working with a mask, but if they're not essential workers, you know, we ask them to stay home and quarantine. And the quarantine period is 14 days from the last date of exposure. And so that's kind of the overall picture, and that's mostly done done via phone and usually followed up with an email that contains information for the case or their contacts.

Then, oh, one thing I want to mention is that, among other reasons, to interrupt the spread of COVID, obviously, the fewer number contacts we have, the less likely we are to come in contact with someone who could infect us and if we are sick and are, as I mentioned several times, we can be contagious for up to a couple of days prior to feeling ill, during that time if we're out there and about we can spread it to others. So again sort of the stay home, stay healthy unless you need to be out of the home. Not only does it protect you but it protects others. And last but certainly not least, the fewer contacts you have, even if you do develop disease, if you do get infected, that's fewer people that we have to contact and quarantine, and not just, it's not about our workload, but think about the impact on others who would need to be quarantined. So just another pitch for trying to keep our world small for the time being as we move ahead.

Last, some updates on data and testing moving forward. First on data. As this pandemic and our local experience with it the matures, the effort made to update the data every day is the same, it's the same amount work, but the benefit to us as public health officials and to the community becomes, you know, the day-to-day changes become marginally significant now.

And so in an effort to make most efficient our work, we been reporting on long-term care facilities every day and what we're going to do is stop reporting on individual long-term care facilities every day, and just going to collapse into a single figure about long-term care facilities and then once a week we'll put out a more detailed report about long-term care facilities that will provide you with useful information, and that will start, that weekly report will start next week. The other adjustment is we have a bar graph on our daily report that shows the number of people tested and the number of people positive. We get that off of the Washington State Department of Health website which any of your free to go to if you just google coronavirus, WA, gov, and dashboard. You can get that dashboard and you can look up the same information that we present. But we had been asked to give, to superimpose on those bars the numbers of positives and the numbers of negatives and it's just optically not feasible to do that and so we will do a running summary of percent positive and number tested, number positive, percent positive once a week, moving forward to keep thing efficient and smooth, but if any of you are curious, you can just go to the Washington State Department health website and look that up yourselves.

Let's see, last, we had previously reported that we would be announcing mobile testing for the north end of the county sometime next week, and I want to update you that on Wednesday we did 36 tests. All were negative. And today we only have 15 preregistered for testing today. Not sure if that's the systematic decline or just it's the Friday effect. But as we move ahead we're changing our planning a little bit. The rapid testing machine we have been using for that, one, it's throughput capacity is not very high. We only get three or four tests through the machine per hour and so it's more efficient when we're making an effort to just collect swabs and send them to a lab. So the downside of that is the individuals being tested don't get instant results, but the upside is that more people can be tested and we think that that's the greater benefit, especially as the turnaround times with the labs has been decreasing. So for the week of May 11, we will not be having any drive-through testing facility and instead our team will be developing plans to resume larger drive-through testing operations similar to what we had in Everett last month so we'll share more details about that next week as those plans evolve. So with that I'd also like to welcome and turn it over to Dr. Cavanagh to share information about pets, animals and COVID-19.

**Timothy Cavanagh:** Thank you. I know this is a very difficult time for everyone and I wish the best for everybody. This is an unprecedented time for any of us alive and I think it's historic and I think most of us as we go through it do not realize, or it's hard to grasp the significance of what we're dealing with on a day-to-day basis. I'm going to kind of overview a little bit just on the coronavirus, just very basics for people who may not be tuned in and then specifically of course I'll address animals and they've been making the news lately. The coronavirus of course has been around for a long time, thousands of years both in the animals and jumps to humans occasionally and when you see the picture of the coronavirus on the, on the web it looks like it has lots of orange spikes on it, and it actually I'm not sure they're orange, but it does have a lot of spikes and I'm sure Dr. Spitters would agree that's what makes them sticky and that's one of the things that makes them very hard to get rid of and it makes it so when you catch it, it stays with you for a while. Of course those spikes also when you look on it under electron microscopy makes it look like a crown. That's where it gets its name. It was first discovered in the 30s in birds and I think in the 60s in people as one of the common viruses for the common cold. Now coronavirus has many, many different species of virus that affects many different species of animals. Birds and course bats as we know this species probably came from the horseshoe bat

from China from caves that are probably 300 miles north of Wuhan and so they actually aren't from Wuhan itself, the bats, but they feel they were probably being studied in two labs there and that's how at least the current theory makes sense. There have been genetic sequencing of it. It looks like it's a natural mutation. It does not look like it was genetically engineered. I know that's a question that comes up, at times, and it is a zoonotic disease, meaning that it can go from animals to humans and of course that's what's happened recently with COVID-19. I think the first giant outbreak of it was in 2003, and that one came from the civet cats in China. Interestingly, I was reading and there's a thought that the flu epidemic in the late 1800s was a coronavirus, but of course they didn't have the equipment to identify it then, but it's been around a long, long time. We deal with two in dogs. We have a coronavirus that has been around probably for about 20 to 25 years, causes mild GI upsets, diarrhea, vomiting, the severe forms can mimic parvovirus. We do have a test for it but we rarely do it because it takes two weeks to get back and by that time you've already cured the dog. And it usually is a mild GI problem, gastrointestinal problem, and self limits. In cats, we also have a mild GI form and that's what most cats get. But interestingly, there is a very, there is a fatal form of coronavirus in cats called feline infectious peritonitis and that causes a vasculitis, an inflammation in the blood vessels, when you form an anti-body antigen complex that adheres to the blood vessels and causes leakage. I did read recently that they are finding vasculitis syndrome in people now and I don't know but I wonder if it's similar to the problem that we have in cats. Most of those cats who come down with it, and that is probably only, probably less than 1% of cats that are exposed to coronavirus come down with FIP, and most of them we feel are immunocompromised and so it may be similar to people where immunocompromised people are more susceptible to the severe effects of the coronavirus.

The question now, as we read about pets that are testing positive for coronavirus, for the COVID-19. What does it mean? What does it mean both for the people and what does it mean for the pets? So the first report of that was the Bengal tigers in the Bronx zoo. There were five tigers. They had a COVID positive feeder, person that was feeding them and that's where they came in contact with the virus. One tiger was tested, blood tested positive. The other three were actually tested positive through the feces. They didn't do blood tests on them because you can imagine drawing blood from a Bengal tiger is not really easy and to put them through the sedation just to draw blood they didn't feel was worth the risk. Now the cats had very mild transient respiratory infections. That's why they tested them, but that was it. They did not really have serious signs from it. There have also been reports in China and in New York and in various places of pet animals that test positive for COVID-19. There, other than one or two of them, they've all been in COVID-19 homes where a person has been infected with COVID-19 and the animals had some, most of them had mild respiratory signs. There was two of them, a pug in particular, that had no signs at all. I'm not sure why they tested it, other than they had a COVID-19 person in the house. And all the animals had, if they were symptomatic had very mild respiratory infection. So what's happening there is that they are in an environment where there is a high level of the virus in the air as we know it's transmitted by aerosol and it gets into the animal's respiratory tract, but it does not replicate but it can cause mild inflammation or what I call a one-pass infection. It causes a mild infection, but doesn't replicate to keep it going or cause a more severe infection. Coronavirus, the COVID, does not replicate in dogs. They've shown that on trials. It can replicate in cats in the lab, but they never had any clinical signs of it. And so basically people cannot get COVID-19 from their pets and they really cannot give COVID-19 to their pets. Of the millions of cases of COVID-19 there is less than 30 documented

cases of even any signs from COVID-19 in pets. So you can understand that it's an extremely low number of pets that are even transiently infected, so they're not a mode of transmission, and they are not at risk of infection from infected people, COVID-19 infected people, but that does not mean that since we love our pets we don't take extra precautions with them. And what the CDC recommends is that if you have a COVID-19 person in a house with animals that they should take precautions. Now we don't actually have our pets wear facemasks, that we haven't perfected yet, but we do believe in social distancing for our pets. So if you have a COVID-19 infected person they should not be loving on their pets and actually ideally the pet would not be associated with that person during the time of the infection. That means that the pet should have a separate caretaker, the infected person should not feed the pet, should really not groom the pet, and certainly should not kiss and love and snuggle on the pet like we all like to do. We don't want to do that if you're sick. So the other precautions that we take with our pet is that social distancing when you're out and about. So although we don't believe that there can be transmission from pet to pet and from pet to person, I think that in this time is, my adage to my clinic and my clients is if you think you're being careful enough you're not doing everything you can, because one life lost from carelessness is one life too many. And so the recommendation for pets is to keep them on a leash when you go outside and I know Dave mentioned that the dog parks are open, but I would not recommend taking your dog to the dog park at this time.

One thing that that is a question is if you have a pet can they carry the virus on their hair. So far it's not, it's not been shown to occur, but it is a risk if a COVID-19 person pets an animal and that dog ran over to somebody else and they pet the animal, could there be transmission. It's a possibility. It's called a fomite transmission. The thing with the virus like I discussed or mentioned is it's really sticky and it's hard to come off of the hair once it gets on, but the best advice is when you're around another pet and you spend time with that pet, wash your hands like you would just like if you were going anywhere, the grocery store or anywhere else, and make sure that you avoid contact with other pets and other people, so social distancing with your pets as much as possible is what we would recommend too.

Now people often ask about testing their pets. Their dog or cat has a mild respiratory infection and of course all you hear about every day on every channel, every hour is COVID-19. And they're sure that their pet has COVID-19 because it's sneezing or sick. Are there tests available for animals? Well there are and actually there have been thousands of tests done on animals and only the few that I mentioned have been positive. They do have a test for animals, but veterinarians like myself do not have access to these tests. Anytime we have one dog tested or a cat tested, it has to be approved by the state veterinarian and there are certain criteria that they have that before they will allow testing of an animal. One of them is that they have to have, be in a house with COVID-19 person, they have to show clinical signs of COVID-19, which would be respiratory signs. And they have to have been tested for other more common diseases which would usually entail what we call a canine respiratory panel or a feline respiratory panel that checks for the common viruses that would cause respiratory infection most of the time. If those criteria are met, then we can test, and if the state approves, then the test can be done. Other than that we are doing, my clinic and most clinics, we are not allowing clients into the clinic, we're going out and picking them up. My techs are all have PPE on, facemasks. They bring them in or we do our consultation over phone. There is telemedicine available. So we are trying to take care of the animal world as best we can through these trying times. That's a quick synopsis of what I know about what's going on in the animal world and hopefully it helped.

**Executive Dave Somers:** Thank you doctor. That's fascinating. Very good. We have some questions for Dr. Spitters. Is anybody at the health department monitoring any new cases tied to the Snohomish barber?

**Dr. Chris Spitters:** No, not at this time. No.

**Executive Dave Somers:** How many people does the health district currently have to do contact tracing and how many people will be provided by the state once the people who have been brought on to do this work are trained?

**Dr. Chris Spitters:** So our current capacity is almost 10 full-time equivalents. It's about 15 people total. But some of whom are working on this full-time and others who have been reassigned from other areas. And then we're in the process of training some temporary employees and some medical reserve corps volunteers to take our FTEs, full-time equivalents, that's one full person. The goal is to get up around 30 total staff able to work on COVID-19 investigations and with that we believe we'll be able to handle current case loads just fine in-house. And then, but if we're not able to, or if caseload increases and it gets beyond our capacity, then that's when we'll work with the state to have them do some of our investigations. So when you, I think the specific question was how many will be provided by the state. The state has their army of contact investigators, some of whom are National Guard reserve and they're going to be working with and for all 39 counties and our use of that labor pool will depend upon our demand and so I can't give you a specific number, but in general the state's always been there to handle the excess that we could not handle in-house and that's the plan going forward.

**Executive Dave Somers:** Great. Thank you. And there's a question about what do you say to parents with kids, teens who have been stuck at home for two months and want to see one friend or person. Is this allowed? I want to say I know we have a 93-year-old mother-in-law whose been in her home for the duration and doing well, but she's getting antsy and family members are getting antsy, but we're saying it's too early. I hope that's consistent Dr. Spitters with what you'd recommend.

**Dr. Chris Spitters:** By all means, Executive Somers. You know, this is painful. This is a manifestation of the social cost of the social distancing and it's not easy, and tough on kids and on the parents. And yet, if we were to just permit what seems to be one innocuous reunion between two friends, now we've taken, let's say you have two households of four, now we've made that a group of eight. And so that has sort of a logarithmic or exponential impact on the risk of disease transmission because when those two kids get together, you're really bringing together both of their households. And so as painful as it is and I hate to be, you know, the stick in the mud about it, but we really do need families to maintain this distancing, notwithstanding the kind of hardship that this question brings up.

**Executive Dave Somers:** And Dr. Spitters do you want to provide a little bit more detail about what the future testing sites will look like?

**Dr. Chris Spitters:** I wish I could, but that's why we're planning them. I don't have that information to share. I can't even say for sure whether it would be drive-through or fixed site. Although we're leaning toward drive-through. But we're just going to be working on that in the days to come, early, mid next week we should have more info. I would think by next Friday's briefing we should be able to get you sites and capacity and, hopefully, even some websites like

the typical link where someone would go in and register but for right now I don't have any specific or detailed information to share.

**Executive Dave Somers:** So there's a last question I will respond to regarding, yes, I'll respond to Hanna Scott's question. There's been a letter by some mayors that seems to diverge somewhat from the message that I sent to all the mayors in the county. So I very much support the governor's phased approach. It's thoughtful, there's science behind it. It's got the support of the public health officials both locally and at the state level, consistent with CDC guidelines, and so very much support that. But just as there is in the public, there's varying opinions about how fast it should go, and I think the letter by some mayors that you referred to reflects that diversity of opinion. I've got check-ins with all the mayors now we're at twice a week, but trying very much to convey information and keep us together. But again, mayors are a diverse bunch and they have a right to express an opinion, but as much as we can try to coordinate that so we're not overloading the governor's office with various opinions and pressure to do one thing or another. So again, I very much support the governor's phased approach, I think it's the best path toward through a difficult course with conflicting needs for protecting lives and public health concerns, and on the other side the economic impacts this virus has had. It's a difficult path and very much for the support the phased approach.

**Joint Information Center:** Thank you for joining us. This is Kari from the Joint Information Center. We'll go ahead a wrap up. Please stay tuned for future media availabilities. Thank you.