

TRANSCRIPT: Snohomish County Response to COVID-19, May 22, 2020, Briefing

County Executive Dave Somers: Good morning. So today I'd like to talk just briefly about two grant programs that we launched yesterday for businesses in our county and also say a word about Memorial Day. But, you know, it was just a few months ago, we were at all time record employment and low unemployment in the county and in the region, and now we are reaching levels that we haven't seen since the Great Depression. So it's been a very rapid turnaround.

We know people are hurting, businesses are hurting, and we're trying to assist in every way possible. So we, as soon as we knew that CARES act dollars were coming to us from Congress, we began planning on how to spend it to really relieve the greatest amount of suffering as possible. There's things that we know needed funding, obtaining PPE, all the work, fantastic work, the health district has to do to monitor and track the course of disease and other things as sort of healthcare fundamentals. But we also knew we wanted to help our businesses. So as a result, we designed two grant programs, one targets our small businesses and one targets our aerospace sector. Both of those are really crucial to Snohomish County and to the region. So I'm very happy that within minutes, literally, of the county council approval yesterday, we had the application process open and accepting applications. So for any small business owner impacted by COVID-19, please go to workforcesnohomish.org. And I'm going to just show you that web page and application, briefly. So this is workforcesnohomish.org. And right at the top of their homepage, there are links to the Snohomish County small business relief Recovery and Resiliency program, R3, and Snohomish County first in flight fund. So the small business relief grants are up to \$25,000. We've got a two week window here for receiving applications and then we'll be getting the dollars out just as rapidly as possible. The first in flight is for aerospace industry and those are grants of up to \$1 million. Again, encouraging people to apply right away.

You know, the application itself is extremely easy. I click on the link and then the next page says apply now. And literally, this is extremely basic information, contact information, nature of the business, and just some other details. But we think you ought to be able to fill, or a business would be able to fill this out in literally minutes and apply for those grant programs. So we're very happy that we got that going, and we look forward to getting that assistance out just as quickly as we can. We know time is of the essence, and we want to help as fast as we can.

So just a couple of words about Memorial Day. We are going to have a very different Memorial Day this year. We know we won't be able to get together like we always have with family and friends, but I do encourage you to get out, enjoy the outdoors. Enjoy this beautiful place we live in and just spend the day being thankful and remembering those who have served our country and made the ultimate sacrifice for us. We can't be together the same way as we have in the past, but we can remember those that gave the sacrifice.

And just be safe, practice social distancing. We don't want the holiday to become cause of a surge cases. The virus is still in our community strongly and if we are not cautious, we can see a resurgence and we need to avoid that at all costs. So, be safe. Enjoy Memorial Day. And with that I'll turn it over to Dr. Spitters.

Health Officer Dr. Chris Spitters: Thank you, Executive Somers. Good morning, everyone. First, I, I want to cover two topics today. One is the recently reported rare phenomenon of multi system inflammatory syndrome occurring in children in association with a recent coronavirus

infection, and then also then cover the state's guidelines for applying for a variance to progress to phase two in advance of the state doing so.

So first, multi system inflammatory syndrome in children associated with coronavirus. So it's a, it's a rare phenomenon. There have been two cases to date, both recent, reported in Washington State. One was in a Snohomish County resident and there was a press release earlier this morning if you haven't seen that, that has more details. I think that the summary notions are that it is a rare but seemingly clearly, reasonably clearly described syndrome that presents, the children present usually with a fever, often with one or more of the following systems involved. That's where the multi system part of the name comes in. It's an inflammatory syndrome, meaning inflammation is the body's immune system's reaction to either a current or recent viral infection. And so what happens is these kids get sort of an overwhelming inflammatory reaction that affects multiple systems, presenting as affecting the skin so often with rash, often the gastrointestinal tract with abdominal pain, nausea, vomiting and diarrhea. And then other internal organ systems like the heart, kidneys, appear to be the most commonly affected. Most of these cases look a lot like a syndrome called Kawasaki disease, which is another rare disease in children that the cause is not exactly known and so these children when they first presented look like Kawasaki and then some COVID testing has been done. And these children often will either test positive on the nasal swap for the, for the presence of the virus or have antibodies to the virus. And this syndrome when it occurs, it can cause low blood pressure, the heart muscle can get inflamed so the heart doesn't pump as well. And so these children generally are quite ill and end up needing hospitalization and intensive care. Fortunately, as we've said before, the vast majority of infections in children are either asymptomatic or minimally symptomatic. This appears to be a consequence, in my estimation of what I've read and heard about so far, it's really the body's reaction to the virus than the virus itself causing this problem. And it may actually be occurring several weeks after an initial infection occurs, but more to be to be determined on the science of that. The State of New York reported has reported about 100 cases of this to date, we've had two. So I think the key message for parents is that if you, if your child has a fever or any of these symptoms that I've mentioned, especially if they've been in contact with someone who's had COVID or they've otherwise had a recent illness that looks and sounds like COVID or even in isolation, if your child has a high fever, rash, not doing well otherwise, anything like that, give your child's clinician a call and let them know that you're concerned and then take their direction from there. We have done outreach to the local provider community and provided them with background information and resources for additional information about it. But honestly, in this region most kids with this syndrome are going to, their ultimate destination will be Children's and the care team there as well acquainted now with this condition.

So moving on, we've been getting a number of questions recently about where Snohomish County is in regards to readiness to apply for a variance to progress to phase two of the safe start plan of the governor. Earlier this week, we were provided by the Secretary of Health with guidelines and criteria for submitting an application to go in that direction. And so I'd like to walk everyone through the highlights of that.

And, at this moment, I'm going to ask to share my screen so you can see some visuals to go along with this. **(See slides at end of this transcript.)** And we'll go with that one. Okay, can you all see the screen? Great.

So these guidelines for variance requests, there's five categories of indicators or activity that, that we need to, you know, have a handle on and be able to attest to if we submit a request for a variance. First is making sure that high risk populations are protected. The metric for that relates to outbreaks control in long term care facilities or other high risk populations. The healthcare system having capacity to absorb a surge of cases in the event that transmission goes up as we open up. Adequate testing to detect increases in transmission, should they occur. Case and contact investigation capacity to manage and suppress and contain transmission should, should that occur. And then really the entry, one of the key entry criteria and then the long term monitoring, is what is the frequency of new case reports over time?

So now I want to go into those in just a little bit more detail. So first, protecting high risk populations, we're looking at the number of outbreaks reported for a county of our size cannot exceed two per week. And so that's something our long term care facility team has already been working on. But, you know, typically we'll have one to two long, new long term care outbreaks start weekly. Community based outbreaks appear to be rare at this time. We've only had a small cluster of cases that were associated reported in the last week or two, but as our case and contact investigation activity becomes more intense we may in fact detect more clusters.

Next criterion is healthcare system readiness. Local hospitals must certify that they have at least 20% surge capacity to accommodate potential increase in COVID hospitalizations, that they're entering their capacity and utilization data daily into a statewide database of hospitals that the State Department of Health maintains and tracks, and that they have at least a 14 day supply of personal protective equipment for staff on hand. This is one area where right now I can tell you we're in, we're in good shape here. So that one's a relative green line right now.

Testing. The average number of tests performed per day during the past week is 50 times the number of cases reported. Stated in another way, we want enough testing being done where the positivity rate is about 2%, one in 50 tests are positive. Right now we've got about, excuse me, I'm doing a little math here, but we've got roughly about 20 to 25 tests per case occurring at a time. So we're working on expanding that capacity to develop more community based testing by the health district and that should fill that gap and we ought to be, we're already conducting community based testing efforts at least twice weekly. But again, trying to ramp that up and get about 1500 tests per week added to the existing 2,500 tests that our other health care providers are doing weekly to get to that. So that's, that's more of a yellow light but headed in the right direction.

Case and contact investigations. These are, there are three criteria here. Two are performance criteria that will really be focusing on, once we pass into phase two, as monitors of how well we're doing capturing the opportunities to suppress transmission. The first is the notion of contacting newly reported cases within 24 hours, and the metric that we're aiming for us to get to nine out of 10 newly reported cases within 24 hours to do the initial investigation, affirm that they need to remain isolated, and begin eliciting their list of contacts. So that then, within another 24 hours or 48 hours from first notification, we will reach up to 80% of the contacts. Now our goal ultimately is to reach all the cases and contacts, but we want a time limited measure that seems reasonable but also effective and meets the guidelines from the state. But to get there, we also need a minimum, the state estimates of 15 full time equivalents, so 15 full staff members for every hundred thousand population. So roughly 120. Right now, we're at about 30. We've also got access to the state National Guard to augment that and then through some of

the CARES act dollars we are looking to expand temporary staff to reach that metric, which is not only a tool for moving forward, but it's a criterion for taking that next step.

So in the, in the meantime, I also, I want to address one additional data point. And this is the one that's really, I think, the bottleneck, if you will. It's currently our rate limiting step to moving forward. And that's disease activity or the number of reported cases per day. So the, the metric, the criteria for passing the starting line, if you will, on phase two there is for the community to have fewer than 10 cases cumulatively in a 14 day period for every hundred thousand people. And also, this is the second criterion is not one that we monitor or do, it's a complex calculation. It's based on modeling. And these are the things that you've been seeing coming out the Institute for Health Metrics and Evaluation and the Institute for Disease Modeling. They are not currently tracking this reproductive rate for Snohomish County specifically. We know last time they did it a couple of weeks ago for Western Washington it was approaching one but slightly below it. So we'll really be focusing on that case reporting figure.

On that case reporting figure, just to go through the math quickly. So if we're, basically, our goal is to get under 10 cases per hundred thousand in the prior 14 days. That's a running thing. So, you know, every day we'll be looking back 14 days. How many cases did we have in the last 14 days.? So the goal is 82. How do we get to that? Well, 10 cases per hundred thousand in that 14 day period. We've got 820,000 residents. So that means 8.2 times 100,000. So that means we would have 8.2 times 10 cases as a as an allowance for the number of cases. So 82 cases per 14 days, 82 divided by 14 is an average of about, it's 5.8 cases per day. So six cases per day. But it doesn't have to be exactly six cases per day. What we're really looking for is to get that 80 or less cases in a two week period. And just to give you an idea of where we're at, the last 14 days we had 308 new cases report. So we're about three and a half times above where we need to be. And so as you can see, while we've made significant progress in flattening the curve and seeing the number of cases decline, and even in the past week or two we're down to, you know, maybe in the high teens, 15 to 20 cases per day over the course of the week, whereas we were at 25 to 30 two to three weeks ago. So things continue to get better, but we're still not there. And consequently, I just, I don't see us passing that line of 80 cases per 14 day period by the time we reach June 1. I'd like to be more, have better news than that. I do think it's not far off, but it's something that's going to take efforts by us on the containment and efforts by the community to do what they can to suppress transmission going forward and set us up hopefully to submit an application for variance sometime in the month of June.

So going forward, and getting back to what we can all do to help get us to that point down from 300 cases per two weeks down to less than 80, is remembering the science behind that reproductive rate. And again, the idea is to reduce our number of contacts, to take actions that are necessary to reduce the risk of transmission in the event we do come in contact with people. Because the other factor that affects transmission in the community, the duration of infectiousness, we have little control over. So again, if you focus in on that left box. Our job is the isolation and quarantine, everybody's job is to try to stay home, limit your excursions out of the home except for essential or approved work activity and necessary errands and such, healthcare, bank, you know, what have you. And try to otherwise limit our excursions out of the home. And then when we are out, try to wear a cloth face covering, especially when we will be indoors in public or commercial places, or when we're out of doors and can't guarantee that we'll be able to maintain that six foot physical buffer from other people. Frequent hand hygiene. Wash your hands when you get back home. Always hand hygiene before and after you enter

places, when you get back in the car from the grocery, when you get back home, after you put the groceries away, cleaning up again. And then cleaning all high touch services in your home or workplace frequently.

And so with that, I just want to echo Executive Somers' wishes for a happy and healthy Memorial Day weekend, encourage you to be smart, try to follow these guidelines, and also remember if and when you are out on the road, remember that Memorial Day, along with Labor Day, those are two of the highest, you know, motor vehicle fatality weekends of the year. So independent of coronavirus it's a risky time to be out there. Stay dry, don't drink and drive and try and stay close to home and be safe. So thank you very much.

Dave Somers: Thank you, Doctor. And I just wanted to correct one thing. The web page for the grant programs is workforcesnohomish.org (*this is also corrected higher in the transcript*). That's workforcesnohomish.org.

And we have a question here. A couple questions. With the state eyeing June 1 as a probably start date, it doesn't sound like Snohomish County is planning phase two before the state as a whole. Is that accurate? And can you give an update on the health district and the county's overall testing will look like? Why has the health district's plans for testing changed so frequently? And I'll say, just say that is accurate. And King County and other large counties are pretty much in the same situation we are. We're headed in the right direction, but we certainly will not meet those criteria by June 1. Doctor, you want to address that?

Chris Spitters: Yes, and I think your summary and what I spoke about earlier, I think covers some of the main points. But we're well on our way. I think the, again, the key, key areas for continued improvement that we need are increasing testing capacity, getting our contact investigation staffing up to the goal where the state will permit us to move ahead, and then all of us doing our best to try to get the case rate down to a level that eclipses that 80 cases per two week criterion.

Giving an update on the health district's overall testing. Again, I'll just reiterate, we've got about 2,500 tests being done weekly through the usual community based and private healthcare system, their capacity is a little bit higher than that, so demand has dipped a little bit in the past several weeks as morbidity is declined, there's just been fewer sick people. That's a good thing. And there's still capacity for testing. But we do want to further augment that to meet the state's metrics and to do a good job with our disease suppression efforts. And our estimate is that we can and should augment that with 1,000 to 1,500 tests per week. Certainly our testing approaches have changed over time. I just urge you to remember that, you know, we're only four months into our experience with this virus, and developing the not only the scientific but the logistical responses to it are, it's all a work in progress. You know, the plane is flying down the runway and we're still putting it together. That's just the way it is. And you know, we did some drive through testing. We seemed to max that out. The funding for that dried up so had to change that. We've done some fixed place testing but demand wasn't very high, so we, you know, now are trying to look at developing other things. But I think drive through testing going forward is likely to be the main, the main item on the menu from the county's end and, you know, we'll just try to get up to where we can provide 1,000 to 1,500 tests per week to contribute to what our healthcare sector partners are doing. And that's the plan.

Dave Somers: Just like they had to part of the CARES Act package that we sent up to the county council, and they took action on yesterday was appropriation of a bit over \$10 million to

the health district to assist in funding for testing, contact tracing and other activities. And so those dollars, didn't have those three weeks ago. And so we just scrambled to put together a package proposal and how to use those dollars wisely and a chunk of that will be flowing to the health district for these activities the doctor has mentioned. And there's question, is it your understanding counties will not move forward to phase two on June 1 until they meet the criteria outlined today? And I'll just say yes, that's accurate. That June 1 was an estimated day but the criteria of whether, guiding whether we get to move into phase two or not, or will be able to move into phase two. Is the Health District considering opening up testing to non symptomatic folks?

Chris Spitters: Yes, there's a technical issue with, the short answer is yes, there are categories of asymptomatic individuals in whom it's medically or scientifically justifiable to do testing. Those would be asymptomatic people in outbreak settings like a long term care facility or community based cluster of cases associated with a workplace or a social network, where we're trying to contain transmission and have an identified population where there's an elevated probability of a positive test. Likewise, known contacts to a case would be another good candidate because relatively high probability of a positive test, even if asymptomatic. Conversely, someone who does not belong to any of those groups, not involved in an outbreak, not part of a social network where there's a lot of transmission going on, not a known contact to any other case, the probability of a positive test is so low in those individuals that if you get a positive test and ask, what is the predictive value, that is what is the accuracy of that positive test in someone who's asymptomatic and has no epidemiologic risk factors, it's usually, the predictive value or the accuracy of that positive test is usually less than 50%. And so you'd be generating a lot of false positives by widely testing asymptomatic people and then imposing on them restrictions on their liberty without, not knowing it, but without any benefit to the community, as well as consuming Health District resources tracking down all their contacts, who really aren't contacts, but we don't know that because it's a positive result. We don't know the true answer because, you know, these tests are imperfect. They're correct over 90% of the time they'll pick up a positive correctly. And, you know, over 90% of the time, it's like 99% of the time when it's negative, it truly is negative. But if you actually run the math and start testing people where their probability of being positive is say less than 5%, you get mostly false positives. That's just the way the math works. So in summary, yeah, we will be looking at expanding testing to asymptomatic people who have epidemiologic risk factors for infection as part of our containment efforts.

Dave Somers: We're going to do two more questions. The first, doctor, probably is for you also. Assuming we're in phase two by September, if a second wave arrives, would you expect to need to lock things down again? Or what has been learned this time helpful for responding to a second wave?

Chris Spitters: Well, I think I'll address the last item first. Certainly, as I said earlier, we're learning as we go here and so every day is providing us with lessons or information that will guide us not only in the immediate future, but in the distant future, if problems such as the one you mentioned arise. Many modelers, and I think it's becoming a consensus that the wave that occurred in February and March may well not be the last wave before this, our experience with this virus is over. And so those, all those metrics I showed you are not only gateways to progress to phase two, and then there will, those may be modified or just extended to become the, you know, if we can maintain or improve on those and move to phase three and on the phase four, etc. Those are the tools we'll be using to, you know, our ability to meet and sustain

performance in those areas as a health district and as a community are, that's what's going to predict the speed and success with which we progress. And likewise if we start getting bad signals like hospitals filling up or exhaustion of personal protective equipment or increased case rates that we think could in two or three weeks lead to hospital surge that's unsustainable, obviously we'll have to look at how we can modify human activity to get that reproductive rate of the infection back down below one so that we don't swamp the hospitals, cause unnecessary death and suffering, and make people feel unsafe going out into the community and engaging in that economy. So, you know, it's important going forward that people, you know, one, have tempered expectations about the speed at which this goes. Certainly we all want this to go as quickly as possible. But I can't give you, I don't know if we'll be there in September or August or October, but there's always the chance that we'll have to kind of turn back up the dial on some form of social distancing or other to resume control if things start to get out of hand again.

Dave Somers: I'll just say we're in frequent communication with the Governor's Office and the State Department of Health about these types of issues. And there have been no decisions made that I'm aware of what would happen in the fall or if there is a second wave. You know, many factors the doctor spoke to will affect those types of decisions, where we are in treatment capacity, capability and new medicines and where we are in relation to a vaccine probably is also factors at all have to play into those types of decisions.

So the last question I want to take a crack at. Traffic's up here in Snohomish County. Is that a concern? Are we in a good place, especially with the holiday weekend? Are we safe enough now? And I'd just say that we know that moving about outside of your home increases the chances of encountering somebody that can transmit the disease to you. So it's, it is a factor, if people are out and about in particularly crowded places, but just being around other people is a risk factor. You can reduce that risk somewhat by following the safety precautions we've outlined, you know, for several months now. Staying six feet away, face coverings in public, washing your hands, not touching your face. All those factors can help reduce your risk when you're out and about. So yes, it's a concern. We know how to mitigate it somewhat, but being out about does increase your risk of getting the virus. So just ask people to be safe. Remember those safety factors and social distancing and all those things we've been talking about and that can really help. We wish people well, we know they have to get outside their homes, and that your home still is your safest place especially if you haven't had anybody in that has the virus and can really transmit it to you. And doctor, anything else?

Chris Spitters: No, thank you. I think you covered it.



COVID-19 Update

Christopher Spitters, MD, MPH
Health Officer
Snohomish Health District
May 22, 2020

Variance Reporting Guidelines

**Protecting
High-Risk
Populations**

**Healthcare
System
Readiness**

Testing

**Case and
Contact
Investigations**

**COVID-19
Activity**

Variance Requirements: Protecting High-Risk Populations

- Number of outbreaks reported no more than 2 per week
- “Outbreak” is defined as 2 or more non-household cases epidemiologically linked within 14 days in a workplace, congregate living or institutional setting.

Variance Requirements: Healthcare System Readiness

Local hospitals must certify that they:

- Have at least 20 percent surge capacity to accommodate potential increase in COVID-19 hospitalizations.
- Are, and will continue, reporting all data requested by DOH into WA HEALTH.
- Have at least a 14-day supply on-hand of PPE, including N-95 respirators, surgical masks, face shields, gloves, and gowns.

Variance Requirements: Testing

- Average number of tests performed per day during the past week is 50 times the number of cases; or
- An average of 2% of the tests are positive for COVID-19 during the past week.

Variance Requirements: Case and Contact Investigations

- 90 percent of cases reached within 24 hours of receiving positive lab test report.
- 80 percent of contacts reached within 48 hours of receipt of positive lab test report on a case.
- A minimum of 15 full-time equivalent (FTE) contact tracers for every 100,000 population.

Variance Requirements: COVID-19 Activity

- <10 new cases reported per 100,000 residents in the prior 14 days
- Reproductive rate by region is $R_e < 1$

Incidence of New Cases in Snohomish County

Calculation

<10 cases /
100,000 residents
in the prior 14
days



820,000
(estimated
population) /
100,000 = 8.2



$8.2 \times 10 = 82$

Target

Need to have
< **82 new cases**
in last 14 days



An average of
< **6 new cases**
per day

Actual

For May 8-21 =
308 new cases
in last 14 days



An average of
22 new cases
per day

Reminder: Reproductive Rate (R_e)

New Infections Created by Existing Infection

Number of Contacts

How many
encounters you
have with other
people

Transmission Risk

Probability of
transmission per
encounter

Duration

How long you
are contagious

R_e and Preventive Interventions

Number of Contacts

- Stay home
- Stay >6' away
- Isolation
- Quarantine

Transmission Risk

- Cloth face coverings
- Hand hygiene
- Don't touch face
- Cleaning high-touch surfaces
- PPE

Duration

No current intervention

Summary



We're Counting on You



To Get to Phase 2