

TRANSCRIPT: Snohomish County Response to COVID-19, May 26, 2020, Briefing

Executive Dave Somers: Good morning. I hope you all had a good Memorial Day weekend. I know it was very different for all of us remembering those who have made the ultimate sacrifice for our country. But we thank them and it's always good to, every day, give them thanks for all that they have sacrificed for us.

So Memorial Day really is the start of the summer season for us. So a lot of people were really taking advantage of the weather to get outside, at least on Saturday and Sunday our parks were busy, not overly crowded but people were getting out and about and enjoying this beautiful county we have. Appreciate that. For the most part, people were social distancing and following the rules and that's really great because that's absolutely critical to us being able to reopen and get to the next phase of the state plan to reopen. I was looking at some numbers, excuse me Dr. Spitters, but from the health district last week and what was notable to me was about 63% of the cases we know about in Snohomish County were acquired either through community contact or close contact with a relative or friend, somebody known. But only about 17% of the numbers I was looking at were in senior care facilities. So a lot of times I hear this is really a senior care facilities problem. It is not. It is very much an issue for all of us. So maintaining social distancing, wearing a cloth covering over your face when you're in areas where you can't keep distance, washing your hands. All of those things we've talked about really are important for us to be able to move to the next phase.

I know there's a lot of urgency. A lot of people just want to reopen now, especially businesses that are hurting so badly. We understand that. We're trying to get all the resources in place so that we can move to that next phase. I think the worst case scenario is that we open too soon and we get a large rebound of the virus in the community. That's going to be a disaster even worse than the sort of slow reopening we're doing now. So we did get to stand up our small business and aerospace grant program last week. We've had a lot of interest in that. I think last count with the small business fund we have received over 1,500 applications for grants, and so we are processing those as quickly as possible. We really know that time is critical to many businesses so we're working to get those out in the coming weeks to those businesses and we really hope, too, to have some further rounds of that as we get into this. But we're learning, make sure the program works well. There's a lot of interest and we understand there's a real sense of urgency. So the requests are going to outstrip the resources that we have really dedicated to that in the first round, but again we'll try to come back and do everything we can. And again, we're working as quickly as possible to get to the place where we can apply to the state for moving to the next phase. So with that I'll turn it over to Dr. Spitters.

Dr. Chris Spitters: Thank you Executive Somers and good morning everyone. Just a few short comments today. Some data updates and then a brief mention about testing. Regarding the data, a reminder that what I present here is updated as of this morning and could change slightly before our routine posting, daily posting at 2 p.m. this afternoon. So I think the first thing I'd just like to highlight in our data is again over the past couple of weeks we've seen a flattening decline as we come down from the peak we experience about 6 to 8 weeks ago and we had been plateaued in the mid to low 20s number cases reported a day, per day, and in the past 10 to 14 days we seen most days have had case report totals in the mid-teens, 15, 18, 17, a couple of days higher up in the 20s, but overall in the past two weeks we had 240 cases reported as opposed to 308 during the weeks 2 and 3 ago. So the two week cumulative case count has continued to come down. Of course that's relevant to what executive Somers is addressing in our efforts to be ready to reopen. One of the key factors is having the number of cases low enough so that our containment efforts are likely to be effective, so that moves that, progress

continues toward that target of ideally having fewer than 80 cases in any two-week period. But we're not quite there, but we continue to move in the right direction. Again, most of the cases acquired in the community, not in long-term care settings. Most either are, have a known contact who had COVID recently or they don't know where they got it. Long-term care facilities and healthcare workers are the next two most frequent groups. And another thing to keep in mind is that over time since the peak of disease activity 6 to 8 weeks ago, the proportion of cases that have no known we say epidemiologic risk, whether that's a contact to a known case, working in a high risk setting, residing in a high risk setting, the number cases that don't have any of those features, that sort of have, in essence, an infection of unknown source, which is the greatest concern because many, many cases like that suggest that there's ongoing community transmission that we're not aware of, but the proportion cases that fall under that category is steadily continuing to decline over time. So that's also a reassuring indicator of things moving in the right direction. Another, I am just so you know, on our counting when we count the prior two weeks we're counting from the preceding two weeks ago from Sunday to Saturday because that aligns with the federal Centers for Disease Control and Prevention week designations. So again from May 10 to 23 the case count was down 241 from 308 the preceding two week phase.

About testing, a press release did go out Friday announcing that we will be testing this Thursday at the Sno-Isle Libraries branch in Snohomish. Registration is now open for appointments from 9 a.m. to 2 p.m. on Friday, on Thursday, excuse me, and with the appropriation of the CARES act funding last week one large piece of our work going forward is again ramping up testing across the county, having setups like that on more days then we don't. And our team is actively working on that and continue to look for announcements on testing dates next week.

And so with that, thanks for your time and attention. I'd like to turn over to Meghan King who comes to join us today from the Washington Poison Control Center.

Meghan King, Washington Poison Center: Thank you Dr. Spitters. Good morning everyone. Thank you for having me here today. So for those of you who are unfamiliar I'll just give you an overview of what the poison center is. So we are a nonprofit organization that serves the entire state of Washington with a 24 hour emergency telephone helpline. This helpline is staffed by specially trained nurses and pharmacists, and they provide free and confidential treatment advice to folks who have been exposed to potentially harmful substances like chemicals, medications, drugs, alcohol, etc.

So during this pandemic we have actually seen an increase in poison exposures both accidental and intentional to a lot of substances that are commonly used for COVID-19 transmission concerns or precautions. So specifically we've seen increases in exposures to household cleaning products, bleach, rubbing alcohol, and hand sanitizers. We released a data dashboard last week that I encourage you all to take a look at. It is posted on our website which is wapc.org, again that's wapc.org. So the dashboard compares calls to our telephone helpline for the first 118 days of 2019 to the same days, 118 days in 2020. So this year we have seen a 52% increase in kids being exposed to hand sanitizer. So those exposure stem from a lot of different reasons. So it might be kids licking their hands after they had hand sanitizer applied, or they might be getting it in their eyes, or they might even be taking a drink out of hand sanitizer bottle. We've also seen a 53% increase in misuse of household cleaning products, bleach and rubbing alcohol. So misuse means using a product inappropriately and that can be either intentional or accidental. So some things that we're hearing about are people applying chemicals to their faces or their hands. Some people are using chemicals to disinfect their groceries and their produce. Some folks are mixing chemical together, which can inadvertently produce toxic gases. Or we've also heard about people that are spraying or soaking their masks

in cleaning chemicals, which then when they put those masks back to their faces they're inhaling fumes and they can have skin irritation, as well. We've also had a lot of calls about kids who have gotten into products that have been left open or unattended while their parents or caregivers are cleaning.

So I was asked to provide some prevention tips this morning for you all and thankfully with cleaning products and hand sanitizers, poison prevention is pretty simple. So first to just wear gloves when you're cleaning and open windows and doors for ventilation. Never mix cleaning products, especially anything with bleach in it. Do not use any cleaning products on food. And we also tell folks to store any potentially harmful substance, so chemicals, cleaners, hand sanitizer, medication, anything that might be harmful, keep them in their original containers up high and out of reach of any children. And for masks, we know that we need to clean them regularly. So just wash them with soap and water or put them in the washing machine. Do not spray or soak them with any cleaning chemicals.

And finally, give us a call at the poison center with any questions about safe cleaning or if you have a poison emergency. We are always open. Our hours have not changed during this pandemic at all. So you can call us at 2 a.m. or 2 p.m. and we will be there ready to help, and the good news is we can usually keep you home, as well. When we looked at folks who called us about hand sanitizer, household cleaning products exposures, all the things that we reported on during this pandemic, we treated 87% of them at home. Which kept them out of the emergency room and saved them a lot of healthcare dollars. So our number is 1-800-222-1222. Please give us a call any time.

Dave Somers: Thank you Meghan. So we've got a couple of questions. First is, last week we mentioned that Snohomish County would likely not meet the criteria to move to phase 2 by June 1, but now we're hearing that the department of health is saying the criteria may not apply to the rest of the state moving to phase 2, only those counties applying early. Dr. Spitters, perhaps can you clarify what the criteria is for Snohomish County to move to phase 2. Do you still think June 1 is too soon?

Chris Spitters: Well executive Somers, we're still operating according to the directions given by the Secretary addressing the categories of conditions or activities that are needed to return or to transition into phase 2. And the letter of those guidelines indicates those more as objectives to meet. Whether those are negotiable I think we'll begin to address with the Department of Health. But needless to say, whether those are absolute indicators that we must be meet or relative negotiable goals where we are working on all that activity, characterizing it, and we are in discussion with the state about how things will move forward in Snohomish county, but I can't go further than that right now because I don't know.

Dave Somers: So I guess I'll add that we are in contact with the governor's office daily and there are several aspects to the criteria. Some of them are case numbers and trends. Some of them are having provisions in place such as adequate PPE, adequate quarantine sheltering sites, and those are two things that my department of emergency management is working on. The others are testing and contact tracing which the health district is taking the lead on. So we're working every day to increase our capacity in those areas and also watching as the numbers move down. But we're also discussing with the governor's office to clarify exactly what conditions need to be in place, what suite of conditions, if we've got everything in place but we're not quite there in numbers, can we apply. This is, at the end of the day, the Governor's decision. We're under a state order and so they screen where we are and where in relation to the criteria and they let us know if we can even apply early. So that's an ongoing discussion.

So there's a follow-up questions if we have any idea on when the board of health might vote to apply for phase 2. I don't have any information that and I'm not sure whether that's the body that does that. Dr. Spitters, do you want to respond to that?

Chris Spitters: The timing to apply for phase 2? Well we're putting all the pieces together and managing our response going forward with those, with those five categories of activity or disease rates, etc. Those five categories are where we've focused our energy and as we go forward it's as though we're preparing an application. And then the timing of submission of that just depends on where the governor and the Department of Health are in terms of receiving a request for variance. Is that, do we have to meet all the, every item you addressed, can we submit prior to meeting all the objectives or not? We too are in conversation with the department about that and the answer is just as soon as we can feasibly submit one, but I can't give you a date.

Dave Somers: Another question for myself and Dr. Spitters. There seems to be a growing divide over the pandemic response, specifically in this county with multiple businesses ignoring the stay home order, protests against the governor outside the Snohomish County courthouse where your own sheriff is speaking. Any comment on that? And also what can you say to the people who might now be questioning the validity of the pandemic response? Let me respond first. We know people are frustrated and there's a whole range of reasons for that. Some people have lost family members or gone through really severe, life-threatening disease. Many others in our community have underlying conditions where they feel very vulnerable to this disease. At the other end of the spectrum you have small business owners and just people who are out of work who are feeling the economic hardship and you've got a hold suite of people who have both, who are both undergoing economic stress and may have a family member that's been through this or lost somebody. So we understand why people are anxious. The course we are trying to chart and we've asked people to do is the one that we think has the best likelihood of success in both mitigating the virus but also making sure that as business open that they're going to be successful. If we open too soon, we see another wave, that's going to be a disaster for businesses. So we really are not discounting either side. They are all valid reasons to be anxious, but we really need to stop the divisive language because we're all in this together. The best course of action is when we all pull together. We recognize the concerns of our fellow citizens, we help them as best we can, but assure you we are moving to open as quickly as possible. But when we do that we want to be safe. And the criteria the state has laid out seems to be reasonably, a reasonable set of criteria based on science and health professionals, and we understand those and are trying to comply and are doing so with all haste. Doctor, would you like to address that, also.

Chris Spitters: Of course, Executive Somers, and I just would echo first that there is a variety of pain and suffering, some physical and medical, others economic, social. It seems that there is no person or sector of society that is untouched by this troublesome virus and what it's caused. There is also no pain-free exit from this dilemma that we're in. As you said, we're just trying to find the pathway that best balances human health, our social and economic needs, and try to navigate through that with the goal of returning to some economic activity, social interaction, but probably still maintaining physical distancing as we try to restart the economy a little bit but not pay the price too much in terms of suffering, disease, hospitalizations in particular. Because if those hospitals fill up again as they did at the end of February and early March, not only are they not available to care for COVID patients, but all the other things, trauma, heart attacks, strokes, all those other things that we go to the urgent care and emergency rooms for. So it's a, it's a tough assignment and we're doing the best we can to balance all the interests at stake and we continue to do so and work at it every day.

Dave Somers: So another question for Dr. Spitters. Did the health District approve a measure allowing Dr. Spitters to pursue legal action against businesses that disregard orders related to COVID-19?

Chris Spitters: I guess I, first, the health officer in Washington state law has to due power and duty to prevent the spread of communicable disease. That's written by the law and by the legislature and it's really the core legislative direction addressing this position is to prevent and control the spread of dangerous and communicable diseases. And with that comes powers to direct people and when they present an imminent risk to others and don't, aren't cooperating with less restrictive requests from the health district, then there is always the option to move forward with legal action. And that does not require approval from the board, it is already statutory law afforded to and imposed on the health officer position. But when we do, are in a situation where we may be pursuing legal action, our legal counsel thinks it's wise to just engage the board and let them know what's going on and have a discussion about it because it is a policy issue, often, and so that's what occurred last week.

Dave Somers: There was a follow-up question that Hanna Scott wanted clarified. Is the only way for the County to move to phase 2 through the variance process criteria? Yes, that is the process that the governor has set up under the state order, the criteria have been laid out, we're trying to meet those as quickly as possible, but again it's an ongoing dialogue and things could evolve over time but we're assuming that we need to meet the criteria to get into phase 2 before we actually, we need to indicate we can meet the creature before we can even apply.

So going back, June 1 is less than a week away. Where are we with the things we can control, PPE, contact tracing, testing, quarantine? Are they ready to go for June first, and what is the number of cases in a two-week period we would like to see to get down in order to feel comfortable reopening? First of all, things such as PPE and the quarantine sheltering site are really being managed by my department of emergency management. We have a huge order of PPE for all our first responders and medical providers in the county that's waiting to go today. We were hopeful to get it out last week but we're going to the County Council this afternoon to get funding for that from the CARES act. And that also goes to the quarantine shelter site. We currently have one at Angel of the Winds Arena in Everett. We think we will be moving that likely to the Evergreen Fairgrounds but one of the requirements is to have a shelter and quarantine site, regional and countywide nature, somewhere in the county. And we will be asking for the go-ahead from the County Council this afternoon to move forward on transitioning out of Everett to the fairgrounds. And that was the plan last week and I assume that is the case this week, but we do want to downsize, move that shelter. Dr. Spitters, the other factors?

Chris Spitters: So our healthcare surge capacity and the personal protective equipment that Executive Somers mentioned is in good shape. I'd consider that sort of a green light. Our testing capacity in the, in the county is good but not quite where we want it. We would like to see, ideally, roughly about four to five thousand tests a week done, we're at about 2,500. With the scale-up of testing sites by the health district over the coming weeks we should be able to meet or approach that measure. The contact investigation and quarantine capacity, executive Somers addressed the isolation and quarantine site, which is dedicated for that very small number of people who don't have a home to shelter in or for whom sheltering at home would create safety problems for a vulnerable household member. But last week we started contacting the cases and the contacts directly. You may recall that a couple of months ago when things really got out of hand and there were just too many cases, we were having to delegate notification of contacts to the cases and educate them on how to do it and give them materials and have them spread that out. Now we've taken that back over. We got about 30 FTEs between our own staff,

volunteers, and some new hires trained up to do contact work and then we have the CARES money to look at hiring additional folks and state capacity for a surge in cases, if needed, to address contact tracing. So we feel well-positioned moving ahead. We're not exactly where we want to be but we're in a good spot for where we are now and can proceed in the direction with confidence that we've got that capacity to address the caseload and try to suppress transmission in a way that permits human activity in the ways we've been describing to proceed.

Dave Somers: I'd like to go back to an earlier question that really touched on the point of whether our response to pandemic has been overkill. And I just want to remind folks that you can't drive into Canada now. You can't fly into Europe. You can't really fly to Asia. And if you go to Hawaii, you're quarantined for two weeks. This is a worldwide pandemic, and it's the nature of a pandemic. But all the data indicates, and our experience has been, that this is 10 times more deadly than the flu, and numbers vary but it's much more deadly and it's very contagious. It's a horrible way to die. We've lost over 100,000 people in this country to it. So I think the response has been significant but not overkill. This is really something, the only tool we have really to combat it at this point is social distancing and asking people to stay at home as much as possible. Be careful and we need to get through this as quickly as possible. But the whole world is dealing with this. This is not a Snohomish County issue, this is not a Washington state issue, this isn't even a U.S. issue. This is a worldwide issue and the response has been sometimes not quick enough, and sometimes not severe enough. But in Snohomish County we have flattened the curve, as Dr. Spitters has laid out, and that's what we set out to do, but what that means is that curve is flat and it comes down slowly. And we're not to the point yet where we can just declare victory move on because it will quickly be back. It's still in our communities and it's very contagious and we need to keep these efforts going and try to mitigate and get people working in a safe manner as soon as we can and that's what we're doing.

Follow up on the number of cases we need to get down to in a two-week period?

Chris Spitters: The goal is 80 or less per two week period. And that's just based on the metric generated by the Department of Health with input from CDC guidance, and that's just, that's the goal. If we have trouble achieving it we're going to, you know, talk of the state about whether the strength of our overall response capacity will still permit us to move ahead. That's certainly our desire and intent.

And I'd like to add on to executive Somers' comments a moment ago that as we go forward, and ultimately we're going to make it to phase two, we're really going to rely still on people maintaining social distancing in that phase 2 and phases beyond until we've really reached a point where we're much further down the road with this virus, and so that even if you are in a sector where you're permitted to go back to work, your businesses is operating, your employer's asked to come back, other than that and essential trips we really want folks still staying at home and limiting their social circles. It's not, phase 2 will not really be opening up to having a lot more social contacts because that's how the virus spreads. And again, about just to harken back to 6 to 8 weeks ago, late February, well I guess it's even longer than that now, but late February early March, our hospitals were bursting at the seams and we averted a real acute care crisis that is the lack of ability to provide care to everyone that comes in by imposing that social distancing, and all the great work everyone in the community did to quiet down their activity, reduce transmission, and prevent that from occurring. And unmitigated resumption of social activity would lead us back in that direction.

Dave Somers: We have a thank you here. And I just want to thank all of you, too, to have the ability to have this dialogue and the questions are all appropriate and ones we're being asked also. So we're grateful for the opportunity to speak with you as often as we do and appreciate the work you're doing getting information out to our citizens and communities.