

TRANSCRIPT: Snohomish County Response to COVID-19, June 16, 2020, Briefing

Executive Dave Somers: I have some good news today. Snohomish County has launched the second round of our small business grant program which we're calling R3. It's part of our response to the COVID-19 pandemic and it's funded by the CARES act dollars, the federal dollars appropriated by Congress. It's no surprise COVID-19 has had a huge impact on our economy, in fact Snohomish County's unemployment rate is the highest in the state at 20% or better. So the small business grant program that we put together is really meant to provide relief to businesses affected by the economic slowdown. So we encourage anybody that didn't apply in the first round to apply this round. We expect to announce the awards for the first round, the awardees, on June 24 or by June 24. And any business owners who don't get awards in the first round will automatically shift into the second round for consideration also. So, to learn more, go to workforcesnohomish.org, that's workforcesnohomish.org, and the application process and all the information is laid out on that website.

But I'd also like to mention briefly the proclamation I made last week in my proposals for addressing racial equity in combating racism in Snohomish County. My goals are, as always and have been, to make Snohomish County the most welcoming and equitable county in the state where the cancer of racism can no longer cause damage. Several years ago I reestablished an Equity and Diversity Task Force and they've been working over the last several years and last year, last summer presented me with a proposal of actionable items for really looking and addressing institutional racism in our county government, in our hiring practices, and just throughout, just throughout the organization. We have been working on that. Obviously COVID has diverted us for a while, but recent events with George Floyd and other parts of the country have made it extremely clear that we need to really get back to that work, and even with more strength and intense. So some of the proposals I had laid out last week were creating an office of social justice to really be the keeper of this work and guide us in the future, drive reform both inside and outside county government. I want to work with the County council to create a community police oversight board, and obviously in partnership with the sheriff's office and the criminal justice or law enforcement system, and look at various models that have been put in place in other parts of the country to really build that bond between our public and our law enforcement officials. I want to work with the county council to install dashboard and body cameras and we have been looking at and want to get back to reforming our cash bail system and addressing outstanding legal financial obligations for people with limited incomes. Often these bonds and legal obligations create a spiral of diminishing returns, both for the individual and for society in general. So there's some reforms that are necessary there. So those are just a few of the ideas we've proposed. There's really no question we have to get to this work in an even stronger manner, and we just want to make sure that every citizen in Snohomish County really meets the intent of our United States, which is all are created equal and we're all equal before the law. And so that's our focus and that's what we'll be working on here in the coming months and years. So with that, I'll turn it over to Dr. Spitters and the Snohomish health district.

Dr. Chris Spitters: Thank you, executive Somers and good morning everyone. I want to cover two major topics today. One is testing for COVID and the other is just an update on recent data regarding COVID-19.

So first, testing. Again, testing widely now that testing is so much more available than it was at the outset of the pandemic is really a key disease control measure. It's the core of case finding

off of which not only our epidemiologic understanding of the pandemic is driven, but also our interventions aimed at isolating cases, identifying their contacts, and making sure they're quarantined. So our goal is to get about 50 tests done for every case that we have. The idea is that you're doing enough testing that you kind of saturate the potential out there and trying to ascertain, discover all those cases. So we're roughly at about 25 to 30 tests being done per case. So we would like to see that go up. We know that there's capacity to do so. It's just that the, you know, it's, there's good news bad news here. Some of the low demand or relative, you know, our demand is about half of what our capacity is and half of our desired testing. And the good news about that is disease transmission appears to be relatively low right now. But we would still like to see more testing done so, toward the end, I just want to highlight that our highest priority is for testing symptomatic people and ensuring that they get tested within one day of onset of symptoms. So much of that is in the hands of you, the people out there. If you have any of the symptoms on this list that I'm about to go down, immediately self-isolate, don't go to work, stay home, and then try to arrange for testing as soon as possible, either the same day or the next day. And again, those symptoms are cough, difficulty breathing, fever, chills, like goosebumps or shaking chills, sore throat, headache, body aches, nausea, vomiting, diarrhea, nasal congestion, any symptoms really of a cold that are not explained by any pre-existing physician diagnosed condition that you already have and that is stable. If something's new and falls into one of these categories, stay home, call your family doctor and arrange for testing. If you don't have a family doctor, you can arrange for testing through one of the Health District community based testing sites, you can go on snohd.org and register for a test through there. And of course, if you're severely ill, don't wait for an appointment, don't wait for your doctor's office to get back to you. Go to an urgent care, emergency department, or if you're in really bad shape call 911 to get taken care of.

Now what about people who don't have symptoms? Are any of them good candidates for testing? Well, widespread testing of the entire population, due to the performance characteristics of the test, if you apply a test that's really good but still imperfect to a lot of people who don't have it, you'll start generating a lot of false positives. So we can't just widely test everyone in the county, but there are people without symptoms who are at higher risk of having asymptomatic or pre-symptomatic COVID-19 that could spread to others and that do make testing a good idea. Tops on that list would be recent close contacts of a known case. Remember, if you do get tested in that setting, you're a contact and your test is negative, that doesn't get you out of quarantine, you still need to live out the full 14 days of the quarantine and then you're free to roam about. Individuals exposed to COVID-19 in an outbreak or congregate setting like a long term care facility, a homeless shelter, correctional settings or jails, agricultural workers, meat packing plants, and other places where people work in close proximity to each other and physical distancing is difficult to maintain. People from racial and ethnic minority groups that are disproportionately affected by COVID-19 either in terms of the frequency of infections in that group or the severity. These groups include Blacks, Latinos, Native Americans/Alaska Natives and Pacific Islanders. Other groups who can be tested through healthcare settings when supplies are adequate include women entering labor and delivery, people undergoing procedures that increase the risk of them generating a cloud of droplets around them, people undergoing surgical procedures, and then last but not least, people who are required to undergo testing for administrative reasons for work, travel or similar purposes.

So again, if you need testing and you're in one of those groups, start off by trying with your personal health care provider. But if you're unable to do that please do go to the Health District

website and try to register for a test there. OK, so the bottom line is low threshold for clinicians to order testing, low threshold for people to seek testing.

Now let's shift to just some recent trends in case counts. I'm bringing this up in the light of some recent reports of increases of COVID-19 in other states that have undergone reopening. Most notable I think recently was Arizona that's really, cases have taken off there. But that's not the only place. So overall, our disease reporting in Snohomish County remains stable. It's very difficult to draw interpretations from day to day reports, but if we lump the days together and look at the weeks, in the past seven days we had 94 cases reported, in the seven days prior to that we had 101, and then in the seven days prior to that 99. So basically stable in that 90 to 100 range which is right at or just below the state's threshold case rate that we were able to meet to move into phase two. So no significant difference across time over the last three weeks. It's really too soon to tell regarding the impact of protests, although we are now entering that time period. You know, we're about two weeks out from when things first got going. And so if we're going to start seeing any increased case reports it would likely be in the next week or two. If we don't, then it would suggest that the protests did not lead to increased transmission.

I also want to cover some news from the Institute for disease modeling. That is that group that works along with the Gates Foundation and the University of Washington to give us an idea about what's going on in terms of transmission beyond what we see reported in terms of cases. And looking, they use reported cases and also traffic movement and features like that to estimate this statistic we've mentioned before, capital R little e (R_e), R effective or R nought. The basic idea is that R number is the number of new infections that on average an existing infection creates. So the goal is to have that to be less than one. If every infection creates less than one new infection, ultimately this will run its course and go down to zero. Conversely, if that number is greater than one we begin to get exponential growth. If, you know, if it's one and a half, that means one case, 10 cases this week leads to 15 cases next week and then those cases lead to 15 each the week after. And so you get exponential growth. So R greater than one, bad. R less than one, good. So the report from the Institute of disease modeling on June 12th covering data through June 5 showed increased transmission in both eastern Washington with the R figure going up to 1.48, and in western Washington as a region with a, you know, we had reached a low about a month ago of 0.6 and now the estimate is for Western Washington as a region up to 1.16. So that is a concerning signal. These increases did occur over the latter two weeks of May, and again, the data ran up through the end of May, just to June 1. So we don't, we can't really say what the impact of even Memorial Day or the protests are on this. It's just too soon to tell. And a couple of comments on these modeling estimates, they apply to large regions. We don't have a specific estimate for Snohomish County, so I can't speak to you about that. But certainly this region of the state is showing a concerning trend, and those estimates also assume that transmission is evenly spread across the community and that there are not some people that spread a lot and some that spread a little. And so we do know from epidemiologic reports that that assumption does have limitations, that there are some people that do spread to many folks and some that don't spread so much. So again, these are estimates that we use to kind of a gauge what's going on. And I think that that would just serve up to us a little bit of a warning signal that even though current case counts appear stable that we need to remain vigilant in the public health sector, we need to keep an eye on things and keep you all updated. But more importantly, all of us need to remember that our position here is precarious and current transmission estimates do suggest case counts could increase in the coming days and weeks, especially if we're not careful.

We're all anxious to move forward through these phases and try to resume as much of what we used to call normal life as possible. But it's important to remember this is not a one way street, if things don't go well, we will have to slide back. So I just want to emphasize again the importance of wearing face coverings in public, washing hands frequently, hand sanitizing when you can't wash your hands, maintaining that physical distance between you and others, minimizing unnecessary outings and contacts with people who are not in your household or your approved or essential workplace.

And I also want to just say again, prompt self isolation and pursuing testing if you become symptomatic. And if you know someone who has COVID and you're close to them, self-quarantine and follow the directions of the Health District, and if the Health District calls you, if you're in one of these positions, please call them back. Answer the phone or call back right away for two reasons. One, that's going to get you the information you need moving ahead. And two, in the interest of us progressing, not only by controlling transmission, but having good performance on these contact investigations, you know, we're being graded on this. So our progress is dependent upon your cooperation in so many ways.

So with that, I just want to thank you all. And now I'd like to turn it over to our public health advisory council's chair Korey MacKenzie. Korey.

Korey MacKenzie: Thank you, executive Somers and Dr. Spitters, both for your leadership through this and for the opportunity to be here with you today. My name is Korey Mackenzie. I'm the chair of the public health advisory council for Snohomish County. I'm also the retail operations manager for Diamond Knot Brewing. We operate two brew pubs in Snohomish County, the brew pub MLT in Mountlake Terrace, the brewery and alehouse in Mukilteo, in addition to our production brewery and Tap Room also is Mukilteo.

The COVID-19 pandemic has really pushed restaurant operators to rethink our business. For some like Diamond Knot, take out hasn't traditionally been an area of focus as our business model's been centered around the dining experience. So adaptability has really become crucial to work and navigate the new challenges that seemed to come every week, if not daily. At Diamond Knot and really the hospitality industry as a whole, guest and employee safety has always been a pillar in our operations. Unlike other retail environments, our businesses are regularly inspected by the Health District. So a culture of safety really is at our core.

Having moved into phase two and welcomed guests back into the dining rooms, you're going to see quite a few changes implemented to ensure that we're providing a safe environment for our community members who are choosing to venture out. First, we're screening every employee who reports to work every day for symptoms of COVID-19. This includes specific questions about symptoms and exposure in addition to a temperature check. We're requiring all employees to wear cloth face coverings their entire shift. We're also asking our guests to wear cloth face coverings anytime they're not seated. This isn't something that we are asking people to leave if they don't have a cloth face covering. We are just being vocal about it with signage and really encouraging people to do that. We've placed hand sanitizer all points of entry for both guests and employees to use. This is in addition to very frequent handwashing by our team members. We've also closed bar top seating. This is to ensure that we don't have folks who are not in the same dining party sitting shoulder to shoulder, bumping into each other. We're also limiting party size to five guests or less at a single table and we've limited our indoor capacity to 50%.

A big one is we've spaced tables throughout the dining areas a minimum of six feet from occupied seat to occupied seat. The governor's Phase two reopening requirements do allow for a barrier in lieu of the six feet. At Diamond Knot, we've actually constructed walls around some of our tables to maximize seating capacity while ensuring we have a solid physical barrier in place. Our menus are single use, one time that's it. They go to the table, they go in the recycling. This is our happy hour menus, food menus, beverage menus. Any, any piece of paper that we're using to communicate with the guests is going into the garbage when we're done, in the recycling. We have also removed all condiments from tables and are thoroughly sanitizing what we do bring to the tables after each use. The governor's phase two guidelines do not allow for salad bars or buffets. For us, the rule's only impacted our banquet program which at this time we're not operating due to capacity and party size restrictions.

Another big change you'll see at Diamond Knot and likely throughout the food service industry is an adaptive service model. Historically teamwork in serving a table has been crucial in providing prompt service. As part of Phase two, we've been asked to reduce the number of staff serving a table. For us, we define that as just your server. We're trying to get the whole guest experience wrapped up with only the server visiting unstable. So we've added support staff to ensure that your server has time, but your server will be the only one dropping off food or drinks. We don't want the host coming to the table, the busser coming to the table, and then three different servers running food. So really gone are the days of having several people touching your plates, dropping off your food and stopping by the table.

Behind the scenes we've worked really hard to implement new systems to ensure we're following or exceeding the CDC cleaning guidelines. We've been able to use technology. The same printers that print your food orders are printing reminders for the staff to get out on the floor and sanitize those high touch points. And we're continuing to look at technology to help us keep track of that with so many moving parts in restaurants.

And there's been other challenges as well we've had to overcome. As most of you have probably experienced with toilet paper early on, and most recently meat, the supply chain has really been disrupted and heavily impacted by the pandemic. Our business partners on the food distribution end have been working tirelessly to get product into our restaurants. And we really have to remain flexible with our menu, which is definitely easier with the single use, being able to print those daily as products are available or unavailable.

So to wrap up, Dr. Spitters, I just want to thank you and the team at the health district for your ongoing support and guidance. Just the resources on the website and the opportunity to call you guys with questions, it's been really helpful. And I also want to thank our guests who are trusting us to provide a safe environment and work together to get to the next phase. It's really going to take everybody working together, from our employees to us at the home office level, just to get through this. I also want to acknowledge the tremendous amount of spirit in my fellow restaurant operators. This is not an easy business under any circumstance and the past few months have really shown light on the resilience of people who work hard to serve you. So we're ready to serve and hope to see you soon.

Dave Somers: Thank you, Korey. And glad to have you getting back up and running again, I wish you the best.

And then there was a question down the list here about if we know how many restaurants have gone out of business, or how many employees are still out of work and I don't know that we

have those numbers yet. I'm looking at some of the state data. The unemployment rate for waiters and waitresses was over 50% and that's a few weeks ago. I imagine it's higher than that. It's really one of the highest hit occupations in the state, obviously. Bartenders, actually, the numbers are smaller, but listed at the state level is 100% unemployment rate a few weeks ago. So your industry has been hard hit and all your, your workers and support staff. So I don't know if you have any more to say on that.

Korey MacKenzie: You know, I don't. And I've heard different numbers on the number of restaurants that are closing or impacted. But the 50% is logical. I mean, we've, our capacity's at 50% at Diamond Knot and we've been able to bring back about half our staff, so that makes sense.

Dave Somers: Great, thank you. Dr. Spitters, how are we doing in our application for Phase three? And there's a later question, can you explain in terms of minimum requirements? And there's another question later about if our trends on the R nought, if we're tracking that locally and, you know, I guess what are the measurements and how are we doing? You're muted still.

Chris Spitters: Thank you. Phase three. Well, first, we're now about 10 days into phase two. So again, we are just as anxious as everyone else in the county to see resumption of normal activity, or at least toward that in these increments, but it's a little soon to say much, we're just at the front end of phase two and our real focus is on getting the testing continued and amplified. As I mentioned earlier, contact investigations, getting contacts quarantined. And, you know the guidance for phase two reads pretty much like the guidance, or excuse me, the guidance for Phase three reads more or less the same as for phase two. So it's really, I think the idea is to hold the line on morbidity and hospitalization, perform well in case investigations and identifying contacts and monitoring them daily. And if we're three to four weeks down the line and we're still in the same place in terms of all those factors, I think it would be favorable. In the end it's in the secretary Weisman's court to make that call, but we will certainly make the best case for that that we can when that moment comes.

And regarding the reproductive rate of the infection and modeling showing increases, I have to just repeat what I said earlier. Notwithstanding that finding and making us all want to be vigilant and careful going forward, locally we have no signal yet of any significant increases in hospitalizations or case reporting over time. And we'll just continue to watch that closely and keep you all posted as well. Executive Somers, now you're muted.

Dave Somers: Thank you. We're even now.

So the question for you and I, Dr. Spitters. Should racism be declared a public health crisis and, and then there's follow up for me. Who will head my office of social justice? Maybe I'll start on this. So in Snohomish County, unlike some other counties, the Health District and the county government are separate organizations. We work very closely together but this is a conversation that we need to have between our organizations and we have not had that conversation. But frankly, from my standpoint, the Health District is doing fantastic work and have their hands full with responding to the COVID crisis. And so I would think as we go forward, at this time it doesn't make much sense to me to divert the attention or resources away from COVID. But I think as we go forward we will certainly have that conversation. And in my office I have three people doing this work now and have been, and we have not identified a head for that new effort yet, so we will be doing that in the coming weeks, probably. So Dr Spitters, do you have more to say on that?

Chris Spitters: Well, yes, Executive Somers. There is a strong body of medical and epidemiologic evidence showing worse health outcomes for racial and ethnic minorities, even when factors like standard of living or education are accounted for. So we're engaged with the Board of Health regarding these matters to determine what role the Health District can play in contributing to improving health outcomes for racial and ethnic minorities in Snohomish County as we go forward.

Dave Somers: Great, thank you. I'm going to jump down. Dr. Spitters, why the need to test so quickly after onset of symptoms? And what about people who might have some of the symptoms, but they're mild? Could that affect the results of their tests?

Chris Spitters: Yes, the urgency around testing is that the, it appears that the, the amount of virus in the body secretions when you cough, sneeze on your hands, etc., is highest in the first day or two prior to onset and for another few days after that. So at the onset of symptoms, even though it may be mild, the ability to transmit is already there and the ability to diagnose and detect the virus is there. So time is precious. And every day that we can take a person out of circulation and reduce their exposing others, the better. So that's why the urgency around testing.

Dave Somers: For clarification, Dr. Spitters, is the 25 to 30 tests per case just tests done by the health district or does that include all tests conducted countywide?

Chris Spitters: All tests countywide. We're, we've got our daily testing site set up now. We're starting to move at about 100 tests a day, more or less, so that will add about 500, so you know that will add about 20% to the total number of tests in future weeks compared to recent weeks past.

Dave Somers: There's a question for both of us really. Can you tell us if the health district or county has or will take any enforcement action against the Snohomish barber who operated in violation of the Stay at Home order in May? And I will tell you from the county standpoint, we have not. I do know the state has taken action against him. He holds, or requires having a state license to operate that business. So I do know there is state enforcement action ongoing there. Dr. Spitters, do you have more?

Chris Spitters: No. Nothing to add. Just at the moment that the attorney general's office took the lead, we defer to them.

Dave Somers: I think I got them all. Let me just check. That's, that's pretty much it.

Joint Information Center: All right. Thank you all for joining us today. This is Kari in the joint Information Center. So this video and the transcript will be available online later today, and please do stay tuned for future media availabilities. Thanks.