

## **TRANSCRIPT: Snohomish County Response to COVID-19, July 7, 2020, Briefing**

**Dr. Chris Spitters:** Thank you, Kari, and good morning everyone. The health district will be releasing a press release shortly geared toward businesses as they relate to outbreak investigations being conducted by the health district. And so we'd like to cover that as well as a few data related topics today and let's start with the data.

Again, just overall I have concern about increasing case report rates. We've had 200 new cases reported since Friday. Our rolling two-week case rate, so that means the case rate from 14 days ago up through yesterday was 53 cases per 100,000 residents over that 14 day period. Again, at our best we were down around 20. The statewide target is to try to keep things below 25 per 100,000 in order to maintain and progress in the safe start framework set forth by the Governor and the State Department of Health. I'd like to add a few other pieces of information about those increasing case reports. Looking overall, it appears that, you know, we were at our best in late May, early June, down at those low rates I just mentioned. And it's bumpy day-to-day because case reports come in not based on the day the person got sick but on the day they, based on when they got tested and when the results were obtained and then when the computer at the lab finally sent that to the computer at the state health department. So it goes up and down, but the overall trend has been an increase over the past several weeks, with the last two weeks we've had 435 cases reported over the past 14 days. If you go back to the the prior two weeks, so 15 days ago through 28 days ago, just 300 cases. So just in two weeks, we've increased case reports on that sort of two week frame by almost 50%, so that's very concerning.

Thus far hospitalizations, which again our primary objective is to avoid overloading the hospital so that we can maintain hospital capacity, currently statewide it's up a little bit. Locally there's no significant change. We reached our bottom of about 17 COVID cases and hospitals about a week ago. It's up to 22 today. That's not a significant change but we'll have to continue to follow that over time and to keep in mind that hospitalizations usually lag behind case reports by a week or two, because it takes people usually a week or two to become sick enough to end up in the hospital. But needless to say we're concerned about that and watching that closely.

Another factor we've noticed is a much younger age group involved. If you compare the last two weeks with the first month of the outbreak, people 20 to 40 years of age in the past two weeks account for 40, just over 40% of the total cases reported whereas during the first month it was about 20%. Conversely, and at least provisionally saving us, is that the elderly are less affected at the current time, accounting for 16% of cases over the past two weeks as opposed to 40% of cases during the initial month of the outbreak. Now, we believe that this data correlates with what we're seeing about increased really prohibited gatherings, parties, etc. that are bringing younger people close together. I realize that the younger folks out there are not at higher risk of poor outcomes. Occasionally still hospitalizations and even deaths have occurred in younger adults but by and large, it's the elderly and those with underlying chronic medical conditions that do poorly and have higher hospitalization and death rates. But we can only protect the elderly so long if we raise case rates and we start getting people infected who do come in contact with the elderly. So that's just my urging for all of us to really try to calm things down, spend less time in crowds, try to follow the phase two rules, wear face coverings in public, and for especially for younger folks who are either working or socializing with younger groups, do not, try to keep older and chronically ill people away from you, and conversely, I say that the elderly and the chronically ill in the community, try to avoid younger people who seem to be spending some time, maybe too much time around other people in the community.

So let's move on from that. There have been some questions on why our data on a day to day or week to week basis don't exactly match up to the metrics that you see on the Washington State Department of Health's site for Snohomish County. And that really just has to do with when we capture the data versus when the state captures the data to do the analysis. These are dynamic databases and as time occurs there are adjustments to, you know, the particular day a case was assigned or the particular frame of time that we chose to do an analysis versus the State Health Department did. But overall, these are very marginal differences on the order of, you know, single digit percent or less and don't make any difference in terms of an understanding of what's going on of the outbreak or guiding any of our interventions. The results are the same. So our, the state's dashboard continues to be updated frequently, just due to competing priorities we're doing our full data analysis once a week and with that we update the state on how we're doing. We put out that snapshot and again, those numbers might differ slightly from what you look at and see on the state's dashboard. But if you really look closely and think about it, these are marginal differences that don't make any difference in terms of what we think and what we do about what's going on.

So, again, our rolling two week average for the case rate is up at 53, almost three times what it was when we were doing our best several weeks ago as we passed into, well, a month ago now as we passed into Phase 2.

Another item. We've been hearing rumors and getting questions about a link between hospitals testing people multiple times and then maybe some concern that there are perverse incentives there either by the hospitals or the health district to drive up numbers, and I want to reassure you that that's not the case. The way this works is if patients are tested repeatedly, which occasionally occurs if they're being discharged to a facility that requires a negative test in order to be received at that place from the hospital, there might be multiple rounds of testing, but as general medical care goes that's not common. And furthermore, only positive test number one on any individual is counted as a case. Positive test number 2, 3, 4 and 5, both with human review and computer review, those results are removed and we don't count those as new cases. So just want to reassure you about that.

And at this point, I'd like to turn it over to Ragina Gray. She's our environmental health director at the health district and has also been serving as deputy operations chief for our incident command in the COVID-19 response. Ragina, take it away.

**Ragina Gray:** Thanks Dr. Spitters. Good morning, everybody. I'm excited to join you all today and share some of the great work and planning efforts that our team has been focused on. Thanks to CARES Act funding, we've been able to hire six supervisors for our case and contact investigation team. We have also hired 25 out of 50 contact tracers which are being on boarded this week and next also. We anticipate hiring the remaining 25 people this week and getting them started in the next week or so. (*Phone rings.*) I am so sorry. Wow. Sorry.

As we've done this ramping up we have created some different focus teams and one of those teams is employer notifications. The employer notifications team has two pieces. First, we need to know who to contact at an organization if an employee or a visitor tests positive and the employer needs to know what their responsibilities are if they find that out. State guidelines require that an employer needs to identify a site supervisor for each location, that would be indoor and outdoor, and the supervisors are responsible for monitoring the health of employees and enforcing the COVID-19 site safety plan, which you should also have as an employer. The

supervisor also serves as a liaison to the health district should and employee or visitor test positive for COVID-19. So in order to help us quickly identify who those supervisors are, an online form has been created on our website. If you go to [www.snohd.org/EmployerNotifications](http://www.snohd.org/EmployerNotifications), a form will pop up. And we are asking all employers in Snohomish County to fill out this form. It identifies a primary and backup contact for your organization that we can call. Completing this form will also ensure that organizations are contacted promptly and through their preferred channel and their preferred staff that are appropriately trained on what to do when they're contacted.

So what happens if your organization gets a call from the health district? If an employee or a visitor tests positive, a staff member from the health district will contact you directly. Please note that depending on when and where the individual was tested, it is possible that a healthcare provider may notify the case of a positive result before it is actually reported to us. So it is possible that you may hear from your staff member before you get a call from the health district. That's why developing a safety plan is so important in preparing your organization on what to do in the interim. Health District staff will give you a call and we will discuss the need for you to keep the name of the person confidential. They, the Health District staff will be able to answer any questions that you might have on who that information may or may not be shared with, such as human resources or a direct supervisor, but please keep it confidential from other people in your organization. Our staff will ask you if you've already been informed of the positive test results. And even if the case has not informed you, we can inform an employer if there is a concern about possible exposure at the workplace.

We will work with you to identify any other individuals at your place of business who may have been in contact with the case. And that would typically be prolonged exposure, 15 minutes or more within six feet of a case, frequent sharing of tools or equipment with ungloved hands or not sanitized between users, carpooling to and from a work site, that can be either getting to and from work on a work day or during the course of a work day, or eating lunch or taking breaks with coworkers at the same time or in the same space.

We will cross check the dates when the case worked with the infectious information that the employer has, and we will ask about the case's work schedule and reconcile that with the work schedule information that was given to us by the case. So we want to check to see what dates they actually worked while they were contagious and then identify who worked with them on those dates. We will also review and provide technical assistance to employers on COVID-19 measures which should be taken by all employers in order to safeguard employees.

Employers may be asked to provide the health district with a list of employees or visitors that were on site within a specific time period and/or may have had contact with the case. That information should be sent to us immediately, and I really can't stress that enough. It really, really assist our efforts if we have that list rapidly, within a matter of hours, so that we can contact those folks and let them know of a potential exposure. Employers can also request a site visit when they are talking to our staff on the phone. We will come out and basically offer you any kind of suggestions that we might have, take a look at your facility. We have some handouts. We have some information and maybe just provide some suggestions on some things that you can do to help improve your efforts.

If you have two or more cases then it bumps you into a little different category as an employer. That list of close contacts becomes even more important. We really need to get that quickly.

And now the health district will conduct a mandatory site visit. That needs to happen within 48 hours. The person that calls you and does the interview with you initially will tell you the name of the person who will be contacting you for a site visit, and then that person will contact you and arrange a time. We may also ask for assistance from the employer in coordinating an onsite testing event for employees as necessary, depending on how many employee cases you've had, depending on how many employees you have working there. We need to get those close contacts tested, if at all possible. We have a couple of different ways that you can do that. You can come through one of our drive through testing sites. You can actually get tested through your regular doctor or through a hospital or clinic. Or if those options do not work for you, then we can actually schedule an onsite testing event with our staff.

As I mentioned, we've been working very hard to build a team that can handle the growing number of cases and with everybody going back to work, that includes employers now, too. And we are, we're really just trying to help out around here and we need everybody's help with us, returning our calls immediately and prioritizing any requests that we make and collaborating with us on getting this done. We're really all in this together and we, we're here to help.

So with that, I would like to turn it over to Dr. Spitters.

**Chris Spitters:** Thank you Ragina. I'm just going to get my comments back up here, excuse me for just a second. Alright. Well, thanks for that overview of our efforts with employers and I just want to reiterate some of the key messages underlying the work that Ragina and her team are doing. And that's that identifying and contacting all close contacts of a confirmed case within 48 hours is an important disease control measure to interrupt transmission of the virus and it is one of the metrics being most closely monitored by the State Health Department and the governor as we look at our ability to maintain and progress through the phases of the state safe start framework.

Also, I urge you to remember that while it might feel, I don't know, somewhat invasive of an enterprise's sovereignty to have the health district kind of asking questions, poking around, it is the, it's the way we do public health in Washington State. It's authorized by law. And furthermore, Washington State regulation 246-101-425, which is under the Department of Health and public health regulations, stipulates that individuals and employers must be prepared to fully and promptly assist the health district in a communicable disease case or outbreak investigation. This is critical. We don't, you know, we don't want to be enforcers. We want to be guiders. But in the end we, our interest is in protecting the whole community and sometimes that means we have to move beyond the boundary between the community and the workplace to learn about what's going on and make the right moves to protect the workplace, the workers and the community outside the front door. So we urge your prompt and thorough cooperation with us. There are, you know, legal remedies. If we don't get cooperation, a variety of avenues involving either seeking a court order to get a business' support, referring to the court, to the legal system if they're not cooperative. Or if we feel that the employees' health and safety is being endangered by the lack of cooperation, then that becomes a labor and industries enforcement issue. But to me, that seems all unnecessary and we just try to work together to get the job done as quickly as possible. Try to contain this. Workplaces are, you know, sort of going to be the leading edge of transmission here as people are returned to work and so we have to expect that cases are going to occur in the workplace and they are occurring. And when we get a little clusters occurring in a workplace, we want to put a lid on that before it gets any bigger. So again I just really urge your voluntary, thorough and prompt cooperation with our

efforts. You know, all of this, we're doing our best, but we need your help, the enterprises in the community. And again, we also need the help of the individuals, not only at the front end following those measures to wear face coverings, limit your social gatherings to less than five, and good handwashing, trying to keep your environment clean, disinfecting every day, and trying to avoid contact with the elderly or chronically ill, especially if you are out working or circulating in the community. And then for those who do get infected or do become known contacts and have to be quarantined, we urge your cooperation, likewise is required by law, but also we need your help because if you cooperate and work with us we can limit the spread. That helps the community, that helps keep everyone healthy and it will be reflected in outcomes and numbers that improve and it will permit us to progress further through the phases of the safe start framework.

So it's all in our shared hands, but we need a whole society cooperating to get through this. And my last point on that will be this. We're in this for the long haul. We've been in this now for almost six months. But it's not over, and it's not going to be over soon. We're going to be dealing with this for many, many months to come, possibly even a year or two. So we really have to take a deep breath. Stay with all the efforts. Stay with the program. And keep working together with the long view in sight.

So thanks very much for your time and attention. And with that, why don't we take a look at some questions?

**Joint Information Center:** Thank you, Dr. Spitters and Ragina. This is Kari Bray in the Joint Information Center. We do have a few questions that have come in.

The first is for Dr. Spitters. The state health department ordered testing for all long term care facilities to be completed by June 26. Do you have the report for the county and what does it show? Can we get the list of all county long term care facilities and the results?

**Chris Spitters:** So the order from the secretary was that skilled nursing facilities complete testing of their residents and staff by June 12 and that also assisted living facilities that have memory care units complete testing of their staff and memory care residents by June 26. So I think that's the order you're referring to. That order was issued by the State Department of Health and is implemented by the Washington State Department of Social and Health Services that oversees and regulates long term care facilities and the State Department of Health, which was their technical consultant, and Secretary Wiesman was the issuer of that order. So all of that data and information is in the hands of those agencies and I don't have any data to provide you regarding those results. Our work is focused on reported cases, outbreaks, etc. I can tell you we've had no reported outbreaks and long term care facilities in several weeks, but I have no information about the testing results that you mentioned. So I urge you to reach out to the Department of Social and Health Services and State Department of Health to get the information you're looking for there.

**Joint Information Center:** Thank you. Another question. Are there any specific hot spots in the county right now?

**Chris Spitters:** No. No, really the last couple of weeks look very similar to the whole epidemic, since it started back in, really in January and really picked up at the end of February and March, and that's that the intensity of infections is where the people are so things sort of light up along the I-5, State Route 99 corridor with, also if you move off that a little bit Marysville has had some

activity in the past, you know, month or so that was greater than its activity early. But otherwise, it really, you know, Everett, Lynnwood, Mill Creek. All communities affected, but really you can just see that things light up where the people live, more or less.

**Joint Information Center:** And then we have another question. Does the Health District have any comment on the county's decision to break up the homeless camp in downtown Everett against CDC guidelines that recommend such camps are not dispersed?

**Chris Spitters:** Yeah. You know, I don't have any information or details about that. And so I'd have to look into it further to make any comment from the Health District perspective.

**Joint Information Center:** Thank you. And another one. This one has a few parts to it. So, Washington reported its highest single day number of cases since the start of the pandemic yesterday. Is this reflective of what's happening in Snohomish County? What does this say about our efforts to stop the spread? And should police start enforcing mask and social distancing mandates since so many are ignoring them?

**Chris Spitters:** Well, there's a few questions packaged there. So let's take them one at a time. First is the statewide increase in cases reflective of what's happening in Snohomish County? I would just say that throughout the state, just like throughout the country, there are multiple, you know, simultaneous kind of micro epidemics occurring within the broader context and they're in different phases and so just, you know, there's a preponderance of counties that are having an increase. I don't know that we're necessarily connected to that at all but I think that, you know, factors that are fueling our increase most likely are, one, sort of a naturally anticipated increase that we were expecting as we moved out to phase two and some people were coming out of their homes to go to work more. So there's that. The increased gatherings that we're hearing report of probably contribute as well. And that leads into your second question is what does that say about our efforts to stop the spread? Well, I think we're going to need better performance by all of us on a variety of measures in order to try to keep this virus at bay and avoid that crisis that we faced back in March and April when the hospitals were filling up with people who got sick from this. It's just a numbers game. Once you get enough cases you're going to start getting people who need hospitalization. And so first, you know, the things we do at the front end, you know, ideally universal use of face coverings in public and commerce, restaurants, stores, even when you're outdoors if you're not in a setting where you can be guaranteed to be six feet away from folks, wear those face coverings. As well as all the other, you know, good hand washing, hand sanitizer when you're not near sinks, avoiding people who are vulnerable. So there's that set of activities that I think, frankly, we could do better on, especially on cutting back on indulging in large gatherings and parties and that sort of thing. Five or less. That's the rule. It's with good reason. And I think that what we're seeing lately is in part a reflection of that.

Also, we need people responding to our efforts to reach them when they do become a case so that we can get to their contacts more rapidly. That's good for public health. It's good for those contacts and more, most importantly, it's good for the contacts of those contacts who we can, you know, if I'm a case, it's very important to get ahold of my close contacts quickly so that the other contacts of my contacts also don't get exposed several days in the future. So we need everybody responding. So I think there's room for improvement in all these things.

Should police start enforcing mask and social distancing mandates since so many are ignoring them? That is a law enforcement question and I'm not a law enforcement official, I'm the health officer. I certainly want to see everyone complying with all the recommendations and all the

requirements. And we really urge folks to do that. It's hard for me to see why someone would not want to protect others by wearing a face covering. It's not always comfortable. It is a culture shift and it feels a little awkward at first. But the vast majority of people have no medical reason not to wear one, and after a few days of giving it a try, it doesn't feel so awkward and it's not that uncomfortable and you're protecting other people. And I think, you know, we have a social contract around a lot of things like vaccination, washing our hands after we go to the bathroom. I think this face covering thing is just another one of those that we need to adopt and normalize. And, you know, I'd rather see us get there by will and by collective spirit, rather than enforcement. But I can't really speak to should law enforcement be issuing tickets or something like that for this.

**Joint Information Center:** Thank you. And we have three more questions in the chat box. We will wrap up after those three questions.

So the first is how many businesses have more than two cases reported?

**Chris Spitters:** I can't tell you. I'd say, off the top of my head about ten.

**Joint Information Center:** Another question, wondering are people refusing to talk to you as you try to trace contacts?

**Chris Spitters:** No. We're having trouble reaching people. Ragina, do you have any feedback for the folks on that. Ragina, you're muted. And maybe frozen. I'm not aware of that. I think, I think Ragina's camera is frozen. So we might be having communication problems there. But I haven't, it hasn't come to my attention of people refusing to talk. I think a couple things come to mind. One, it just takes, it can take a day or two to get ahold of people. So that's why if you've been following our snapshots our metrics have been dropping. The other thing is, some of our outreach involves calls from phone numbers that aren't in people's address books and many phones have sort of spam blocker or filters that don't log or accept calls that aren't in your address book. So definitely those folks if you're out there who become cases and contacts and get notified, if you have such a spam blocker on your phone I humbly ask you to turn that off for the duration of your interaction with us so that that those calls do come through. I don't know to what degree that contributes to our troubles. And Ragina is back.

**Ragina Gray:** Sorry. Yes. Dr. Spitters hit the nail on the head on that one. Mostly we're just having trouble with people answering their phones. So if you got tested and you know that you got tested and you're waiting for results, please answer your phone, even if it's an unknown number because it could be us. And if it's us, you want to talk to us. And also, really, like Dr. Spitters said, if you know that you're positive please answer the phone. We probably need to talk to you and it's important that we get ahold of you. So that's the biggest thing I think is just I know that I am not in the habit of answering my cell phone if I don't recognize the number. And I think that's just kind of a normal social thing right now. And unfortunately we're in a time period where we need to just answer the phone. It could be a contact tracer and you could have been exposed and not know it. And it's important that we get ahold of you.

**Joint Information Center:** Thank you. And then the last question we have today is what impact do you expect the governor's no mask, no service mandate to have?

**Chris Spitters:** I think my prior comments on face coverings kind of covered that. My hope is that it's universally successful. But more importantly, you know, I don't specifically know the

governor's thinking behind this, but it certainly, you know, anything we can do to encourage and normalize use of face coverings in public is going to be good for the community and interrupt transmission. You know, nothing's perfect so we need to throw all these ingredients in there. But again, the goal of a face covering is not to protect the wearer, it's to protect the people around them. It's what we call control at the source. So that if I'm asymptomatic and talking and I'm a day or two before I get sick, I could be generating and throwing virus out into the air that other people are breathing. They don't know I'm sick. I don't know I'm sick. And that's why we have the face coverings. And so it's really about protecting other people and caring about the well being of others and the whole mass of us as we try to struggle through this thing, protect people's health and try to turn back on our public life to the degree that it's safe to do. And the more we're able to wear those face coverings that's an added ingredient to this being a more successful safe start as we move through those phases. So I urge everyone to, whether it's the governor's order or my pleading with you, I urge you all, please use those face coverings in public.

**Joint Information Center:** Well thank you both for your time and thank you everyone for joining us and for your questions. We'll go ahead and wrap up now, but please do stay tuned for future media availabilities. Thanks.