

TRANSCRIPT: Snohomish County Response to COVID-19, July 14, 2020, Briefing

Dave Somers: Good morning, everybody. Thanks for joining us today. First, I just want to say how saddened we are by the overnight death of a Bothell police officer and we have another very sad day in Snohomish County and the region and we're just praying for healing and peace for everybody involved. And I was glad to see that the suspect has been apprehended so that is a good thing.

I just want to talk for a few minutes briefly about data and decision making. You know, we've said since day one that we were going to have our decisions be driven by data and good science and information and the recommendations of our healthcare professionals. And I've been really focusing on three data points I'd like to talk about just for a minute. The first we all know, the infection rate per 100,000 people and as of July 11 that was 61.8 for a two week period. And that's well over the target of 25 per 100,000 that's been set as our goal. And we were under that 25 per 100,000 when we went into phase two several weeks ago. I will note, and doctor please correct me if I get anything wrong, I would appreciate that. But the case count has gone up close to three times what we were seeing about a month ago. Our testing rate has not gone up three times. So clearly, that indicates that there are more cases out there and there's, I know there's a lot of discussion that the reason we see more cases is more testing. That's clearly not the case. That's not what is driving our number. What's driving the numbers is there are more cases. And we see that reflected also in the percent positive testing rate. So, the second is deaths and death rate. That seems to be holding level and kind of the good news, bit of good news is we seem to have not had a spike in deaths per day or over time. It's holding pretty flat. So that's a little bit of good news. Any death is a sad time. That's what we're trying to avoid but we have not seen a spike in that yet. We will be watching that very closely. And the third thing that I really am looking at is the capacity of our health care system. So one of our other main goals, aside from preventing deaths and illnesses, is making sure the capacity of our healthcare system is maintained and we're doing pretty good there. We're meeting the state threshold and actually the case count of COVID patients in our hospitals is fairly low. It's I think it's under 10% of what their bed capacity is. So there is capacity in the system at this point. What's concerning and what we will be watching over the coming weeks is the continued increase in case numbers. And there's a lag period. So we'll be watching to see if our both our hospitalizations increase and mortality increases. So if it doesn't, I think we will have to talk to the state about, you know, what do these metrics mean? If we're not seeing, if we're seeing more cases but we're not seeing this overload the system, maybe we should talk about the criteria, but for now, you know, there's mixed signals in my estimate, the way I look at it.

But we really need to encourage everybody to continue to wear face masks. I see pretty good compliance out there. And a few people still not but, you know, really even if you're uncomfortable wearing masks, do it for your family and do it for your friends, do it for your community, our businesses that are suffering are really relying on you, the public, to protect yourself, protect others, wear a mask, socially distance and let's just, you know, continue on this. We know that the way to really fight the virus is to either everybody stay apart so it can't transmit or create a physical barrier, which is a mask and other things of that nature. So it's a helpful tool, reduces the transmission and we just need to keep going in this. We're still in the middle of a pandemic. There's many places in the country and the world that are not doing as well as we are. So we've got to stay the course and just good job and keep going. Thank you.

So with that, I'll turn it over to Dr. Spitters from the Snohomish Health District. Thank you. Dr. Spitters?

Chris Spitters: Good morning everyone. Thank you, executive Somers. I think you covered the metrics perfectly. I couldn't, I couldn't do a better job. So thanks for doing that. And you really, I think I'll just reiterate, you know, case counts are going up. It's not an artifact of increased testing. Testing has been, you know, variable but, a slight increase over the past month, but the percentage positive is what we're seeing. And that's what's driving the increase. It's transmission in the community, not an artifact of increased testing. And that's further borne out by we took a look at the percentage of cases that are symptomatic over time, and you know, back in the beginning when we had limited testing virtually everyone that got a test had symptoms. That was the only way to get a test. So those were all symptomatic. But once things stabilized, we've run at 85 to 90% of the patients testing positive having symptoms, 10 to 15% not so, asymptomatic. And that hasn't changed over time. So again, just another signal that these increases that we're seeing in the numbers of cases and the overall rate per population is a real thing. Real transmission is occurring primarily among younger decades. And that's, I think, why we're currently spared the hospital surge that that we're concerned about because the younger folks have lower inherent risk of developing severe illness and ending up in the hospital. Lower but not zero. We are still we are seeing hospitalizations among people in their 20s and 30s, but it's less common. And then less frequent concurrent medical conditions that make individuals more likely to get hospitalized and those conditions tend to accumulate with age. So for now, I think, as you said, mixed signals. Increased transmission, more cases, hospitalizations and deaths currently being held at bay and it's, as you said, we just, we've got to keep our eyes on the ball and see where things go. You know, we're a month into this and we haven't seen older folks showing up in the hospital, but that's in part because there, it's a smaller group of the infections right now. And there is concern when I talked to my state colleagues about statewide the same phenomena. And then we are statewide starting to see a slight increase in hospitalizations believed to be associated with creeping of the transmission into the older and more vulnerable age groups. So that's, that's what we want to be vigilant about and what gives us pause in thinking about what lies immediately ahead of us.

Some additional comments I wanted to make. We've also been updating our analysis as it's related to race and ethnicity. This will come out in greater detail on Friday, along with our weekly report, but for now I just want to share and repeat essentially findings that we've had before, that non white races and people of Hispanic or Latino ethnicity have a significantly higher risk of COVID-19 infection compared to non Hispanic whites. The highest case rate is seeing a native Hawaiian Pacific Islanders whose rate is about 14 times that for non Hispanic whites. Hispanics were also the second highest group in Snohomish County, about three times higher than whites, followed by African Americans also about three times higher. And Native American-Alaskan Natives about two times higher. Asian, people of Asian ancestry had a lower risk than other non white races and were just slightly higher than non Hispanic whites. Hospitalization rates vary from 10 to 18% across the groups. When I say hospitalization rate that means if you are a case of COVID, what are the chances of being hospitalized. So across all groups, it was ranged from 10 to 18%. But these are relatively small numbers so it's harder to draw clear conclusions about them as opposed to the case rates which are based on large numbers and much stronger statistical significance. Case fatality rates range from 2 to 10% across groups and in both hospitalization and death, whites actually are at the higher end of the range for both hospitalization and death rates, but again, relatively small numbers so it's hard to make

meaningful comparisons between the groups when we're looking just at hospitalizations and deaths. But these findings regarding the higher case rates in non white groups reflects disparities in occupational exposures, in frontline healthcare and other essential work, which is more common among racial and ethnic minorities, housing density and socio economic circumstances that influence the incidence of co-morbidities like hypertension, high blood pressure, diabetes, heart disease, obesity and lung disease that predispose to hospitalization and death due to COVID. These factors that underlie those medical conditions include differences and access to healthcare, educational opportunities, housing, crowdedness of housing, availability of healthy food, tobacco use, stress management, and physical activity opportunities in the neighborhoods where these folks live. So COVID-19, as many people have said, is exposing some of the underlying disparities in health and the factors that underlie our health as individuals, as a community.

So now, more than ever, it is essential for us, as executive Somers mentioned, to stick together, stay with the program, protect one another. And so when I'm taking actions it's not only about my health, but it's about the people I live, work with and might encounter when I'm doing my essential errands or my essential work. So wear those face coverings in public spaces. Keep six feet away from people. Wash your hands frequently and thoroughly at least 20 seconds each time. And when you don't have handwashing facilities around please try to keep some hand sanitizer with you. Avoid large group activities and have few gatherings. Keep your group of non household social gathering members to about five, you know, no more than five and try to keep it the same five over time. That reduces your exposure and theirs. And should someone in the group develop COVID then it is a smaller number who need to be quarantined.

Another thing is that good ventilation helps and summer makes it easier for us. So keeping doors and windows open, letting things ventilate, that reduces the concentration of the virus in the air and the risk for transmission. And again, always wear a face cloth covering in public unless you have a medical condition that makes this unsafe. And to that I have one final reminder. There are people in our community with medical conditions or disabilities that make it not possible for them to wear face coverings. We've had reports of individuals being turned away by businesses because they aren't wearing a mask. While we appreciate the effort businesses are now taking to take the facemask directive to heart, it is important to find ways to work with these individuals and accommodate them so that they can get their essential needs met, like shopping for groceries, picking up things at the pharmacy, and other essential goods and services. Businesses are not allowed to ask individuals for proof of their condition. There is no card that gets you out of wearing a face covering. This is a system based on honesty and trust. If someone reports they have a medical condition that makes them unable to wear the mask, we have to take that at face value and we can and should offer alternatives like curbside pickup or delivery or making an appointment when a business is less busy. If those are not options, we ask businesses to allow folks in to do essential purchases and services with physical distancing. People should not be denied entrance because of a medical condition.

And this just underlines the fact that we're all in uncharted territory here in recent history. People and businesses are learning and adapting as we go. We trust that everyone's trying to do the best they can to help one another and help the overall situation. We appreciate that and so please continue to be kind to one another. Assume positive intent and, you know, let's keep things going.

So now I'd like to turn it over to Jason Biermann who is our county's director of emergency management.

Jason Biermann, DEM: Thanks Dr. Spitters. You mentioned uncharted territory, and I think that's a perfect segue into a couple of things that I did want to talk about. I do want to take a moment, as well, as executive Somers did to mention our condolences and our concern for the community and Bothell and our continued support for them. Yeah, you're certainly in our thoughts and our prayers and we're thinking about you now. And thinking about how this is one thing that impacts us in and among sort of this period of uncharted territory. So I want to talk a little bit about that.

Our Emergency Coordination Center reached a fairly significant milestone last week in that we have now been activated for 100 days. And to give some context, I think, to why it is so important that everyone participates in wearing face coverings and social distancing and doing all the things that Dr. Spitters mentioned and the Executive mentioned, I just want to give a little insight into what that actually means for the folks who are here working. So during the first 19 weeks of our activation there were 139 different people who worked in our Emergency Coordination Center and logged over 21,500 staff hours. So there are a lot of people who are working behind the scenes to attend to some of the things that have to get done as we live in this world of uncharted territory of COVID-19.

Some of the accomplishments of things they've done, we've purchased and distributed or procured and distributed over 4 million pieces of personal protective equipment. The masks that our health care providers use, that our first responders use, people in all healthcare settings, including assisted family living. We've supported schools with PPE, others. We've helped provide food to folks out in neighborhoods that are most at risk for being, or for having difficulty getting to food and for being able to procure food on their own. So we're now in our third week of what we call nourishing neighborhoods, a program for bringing food out literally into neighborhoods. Some of that food is procured locally from our agricultural providers, some of it provided from other companies, but it comes out directly to folks in neighborhoods, so that they don't have to try and get in a car that they may not even have to travel a distance to get to a food bank or another source.

And of course, we've been supporting a lot of the public health initiatives and had a partnership with the health district literally going back to January when the very first case in the United States happened here in Snohomish County. We've been supporting their initiatives, supporting the testing they've been doing. We've helped stand up and continue to maintain the isolation and quarantine facility, which allows us to have a place where people who are potentially infected with COVID-19 or who are suffering from it and don't have somewhere else to go can go and actually be isolated and quarantined so they're not in the community spreading the disease.

We've done that, like I said, with 139 different people from a lot of jurisdictions. Many of them come from Snohomish County departments. We've had 16 different departments represented here in the ECC. We've had, of course, folks from the health district who have been in here. We've had members or representatives from the cities of Arlington, Marysville, and Mukilteo who have worked in here with us along the folks from Community Transit, Providence, the Marysville Fire District, South County Fire, Fire District 7, Darrington Fire and Tulalip Bay Fire

Department. Lots of different folks who are in here working behind the scenes to make all of those things happen.

And that sort of segues back to what I think was sort of the emerging theme of the day, which is all those things happen in support of what we've been going through. All those things are now transitioning to how we start preparing for the potential for a second wave. And so I'm just going to reiterate what the other two gentlemen have said, which is there's an individual responsibility that all of us share in terms of wearing a face covering, in terms of maintaining physical distancing, in terms of not, you know, going to large gatherings.

Before January, I spent a lot of my time often talking about the impacts of earthquakes. We have a volcano our county. We have routine flooding. We have wind storms. We have all kinds of things that impact us and one of the common themes, every time I talk to any group is Emergency Management is the ultimate team sport. Every member is a team and all of our response, all of our preparedness, everything starts with individuals who do their part. This is no different. We need folks to do those things because we know that they actually mitigate the effects of this disease. And so I would just again ask as these other gentlemen have that everyone do their part in this and just know that it is ongoing and there are lots of folks working behind the scenes, who are doing their best to make sure that we can minimize the impacts. I know it doesn't always feel that way. But there's a lot of people doing a lot of work to ensure we minimize the impacts and get things back to normal or the new normal as soon as possible. So thanks a lot for your time.

Dave Somers: Great. Thank you, Jason. Great job.

So first question is, what are we seeing regarding large gatherings, parties, and are people, refusing to tell you about who might have been exposed. Dr. Spitters, that's probably for you.

Chris Spitters: Well, you know, we, I have heard episodic anecdotal reports from staff when they're interviewing people that, you know, attendance at a party did occur. So that's not unheard of. I don't know that that's driving, but it's certainly contributing to what we're seeing is, I think, folks letting their guard down and gatherings occurring. I don't know that folks are really refusing to share contacts with us. But often, when you go to a large gathering, you don't really know the other people there, or don't know all of them and don't have contact information for them. And that just speaks to, back to that advice, request, direction to keep your group small, keep it to people you know so that if something, if unfortunately one of you does become a case, it's easy for us all to contact you and get your quarantined and tested. The bigger the group, the greater the risk of transmission and the harder it is to track people down. So that's sort of a double negative because increased transmission and harder to track down the other people who were exposed, so.

Dave Somers: Thank you. Next question is, you mentioned if the case numbers increases do not turn into a more concerning situation in the next few weeks with hospitalizations and death, it may be time to talk to the state about changing some of the metrics for reopening. Can you elaborate on that? And are we getting to the point where we're just tallying positive tests for people who aren't getting sick. And since I touched on that issue, I'll start and let Dr. Spitters respond also. But, so we're always talking with the state now, we have been on a daily basis since this whole pandemic started. And so that's very important. And you know, I think it's always good to question, look at the data that we're getting and asking what are we seeing, why are we seeing it, what does it mean? I'm very glad that we're not seeing hospitalizations and

deaths. I think Dr. Spitters touched on one probably important factor is the recent cases tend to be more among younger people that are not getting sick. That's great. Sort of. But the problem is that they can transmit it to more vulnerable populations also, so it's not just quite that simple and straightforward. It may look good on paper, the data may look good. I get questions all the time from folks on social media and elsewhere, pointing to a particular number and I really need to be able to explain it and understand why we're recommending what we're recommending, but we'll keep watching the data will keep asking about it, really examining the metrics that make sure they're appropriate and that the thresholds are appropriate as we go along. But, you know, those are a couple of good signs, but still a lot of concern. And elsewhere in the country, we are seeing the demands on the hospital system, medical system really get almost out of control. So I think it indicates there is nothing fundamentally has changed about how the disease works, but, in fact, it's probably an indication that our strategy here is being fairly effective in reducing the mortalities

Doctor, do you want to add anything to that?

Chris Spitters: Well, just to accent it a little bit with, to answer the latter part of the question is, you know, are we getting to the point where we're just tallying up positive tests for people who aren't getting sick and I'll just direct you back to the comment I made earlier that fairly steady over the past several months, 10 to 15% of the patients testing positive are asymptomatic. But the vast majority, 85-90%, do have COVID symptoms. So this is not just, you know, going out and looking for people that are infected, but not sick. Even in that context, it's important to remember that there's a significant amount of data that the amount of virus being shed by people who are infected but not sick is still substantial and can lead to transmission. And then I also want to reassure folks, there's been some disinformation out there about repeated testing and sort of stacking up numbers, but we only, each case only gets counted once, whether they test positive once or 17 times, which hasn't occurred. But, you know, five times positive because they're trying to get someone negative to go to a particular setting that requires a negative result, that's still only one case. So I think we're just facing, you know, trying to balance limiting transmission, giving up certain things that are near and dear to us, especially around social and human interaction, trying to coexist with COVID-19 because I don't think we're going to eliminate it in the short run. So we really need to try to control and limit it and limit its impact on our more vulnerable and elderly folks.

Dave Somers: This next one I'll pass over to Jason. Do you have anyone in the isolation and quarantine facility now? How many and where is it?

Jason Biermann: Yes, let me try that again. Yes we do, we have currently, I believe, 53 folks. Dr. Spitters, I think that was the total. 53 folks who are in the isolation and quarantine site, which is currently located at the fair park, the fairgrounds out near Monroe. And so we do have staff out there taking care of them. We expect they're going to be there for another day or two. And then there's been, obviously, I think it's been reported, there were concerns at the Everett Gospel Mission, excuse me, those folks were tested. One of them was positive, that person will remain there so they can be appropriately isolated and the remainder of the folks will return back. I believe the plan is back to the Everett Gospel Mission and that will happen within the next couple of days.

Dave Somers: Anything to add, Dr. Spitters, on that? OK.

Next question is, are there specific areas of cities in the county where cases are popping up? The county and state seem to both be having problems with contact tracing. Is that a staffing issue, is increase making it harder, or are people just not cooperating like they used to? Could it be all three?

You're on mute, Dr. Spitters.

Chris Spitters: Thank you. Sorry. So we're fully staffed up for contact tracing and have been for about a week now. We're just putting our final additions to the team through training, but I think, you know, we had some poor performance on contact follow up the preceding couple of weeks for a variety of reasons, including trying to onboard those staff, the new staff, and then, you know, spending more time getting people oriented than being able to catch up on cases. But I think we're well staffed now. We did have some recent trouble with getting a hold of folks, people responding to phone calls, texts sometimes, probably because their phones thought it was junk calls or junk mail. But those are real. And so if you're, if you're engaged with us or you get a phone call from the health district or a voicemail or a text, it's not junk. Please respond to it promptly. That's important for disease control, as well as for demonstrating to the state that is watching our efforts that we're doing the best we can. But overall I think people in general are cooperating. Not everyone cooperates, but our numbers last week with the new onboarding and kind of getting a new start, our numbers were backup in terms of the efficiency with which we're reaching cases and contacts. So I think things are headed in the right direction. It's not perfect. Not everyone cooperates. We certainly want everyone to cooperate, but we're not after perfection, you know, doing a good job here by everyone, ourselves included, can be good enough. With a lot of these interventions, if we layer on things like face coverings, contact investigations, quarantining of contacts, lots of testing, people keeping far apart, limiting gatherings. Each of those has an individual impact that cumulatively can be enough to flatten the curve, control this, and limit our risk of entering a phase where we have increased hospitalizations. So we're just relying on everybody to do their part as best they can with all these measures and then I think we can feel good that we're doing the best we can and hope for a good outcome.

Dave Somers: Got two more questions, both for Dr. Spitters. We're hearing from some other public health officials that one of the main concerns at this point is that there's still so much unknown about this virus, we do not understand what it might do over the coming months, concerns about impacts to organs, possible permutations. Do you have similar concerns?

Chris Spitters: Well, in terms of the medical aspects of the virus and the body's reaction to it and the various ways in which illness can be manifest, that is, it's a, you know, we're just six months into this. It's often years and years before we fully understand the condition at that medical level that allows our frontline folks to take the best care they can of the of the people that are before them with a condition

In terms of public health and disease control, certainly there's still things we're trying to sort out. You know, we know that face coverings are effective. How effective are they? Is it 50%, 75? You know, those are the things we're still learning about the public health aspects as well as what's the main mode of transmission. Is it the droplets on my fingers? Is it the cough or sneeze? Is it the cloud of air around my head that I've generated? Those are some things that we're still working out, but we know from our previous pass through the first wave, what other countries have done and experienced with their intervention efforts is that these various

prescriptions that you hear us repeating are good enough to get the job done. It's not perfect, and there's, we don't achieve perfection in any of them. And even if perfectly implemented, no single one of them probably would solve the problem. But I think in terms of public health and disease control we're in a better situation, albeit with incomplete and imperfect information, than the care providers who are really facing, you know, it's unusual, but these 5 to 10% people that end up in the hospital and need high level care and have unusual manifestations of disease, that is still a bigger challenge for science and medicine going forward.

Dave Somers: So last question, it seems like the Health District test sites are getting more traffic than in previous months? Is that causing the slight increase in tests? Also, is the county experiencing lags in results sometimes up to 10 days as some other areas are seeing? If so, how tough does that make contact tracing.

Chris Spitters: Okay, so three questions there. First is, yes, our testing has increased. We've dedicated much of the CARES act dollars to amping up our testing efforts. So we're now running drive through testing primarily at McCollum Park, but occasionally at other settings. And with a capacity of just over 150 a day we're getting that, that's booking up and then we're getting about 120, 130 showing up. So that's, that is an increment, you know, that's an additional 500 to 750 tests per month over what was being done before, but some testing in other settings has backed off a little bit. So overall, we're more or less stable in total number of tests being done county wide. The county testing, the laboratory providing our service still has good turnaround time, we're getting results in a day or two. Some of the larger commercial laboratories that serve a nationwide client base and have regional labs that do the testing are having backups because of the intense competition for specimen processing from those parts of the country like Arizona, Texas, Florida, but others as well that we're trying to avoid an ending up like that. But, so some of the clinical systems served by those labs are having turnaround times of five, seven even 10 days sometimes. And that's really just based right now on the log jam at those regional labs. So we have, actually the state put together a list of local labs offering testing that augments what's available through those regional systems and may reduce turnaround times by using labs that are less flooded with specimens and that are closer to the point of collection. We pushed that out to healthcare providers and systems and we'll see if that helps take some of the pressure off of those larger regional and national commercial labs.

Dave Somers: Thank you, Doctor. I just wanted to finish up and say that we see in other parts of the country, you know, Florida, California, actually having to backtrack. They opened up too soon, too fast and things got out of control. We don't want to get to that point. I know I raised that specter a couple of weeks ago of having to go back to phase one, we're not anywhere close to that and we don't want to be. So I think we need to keep going, as the doctor said, and just, I think we're doing a pretty good job, a few concerning things, few hopeful signs. But we need to stay the course and keep this thing under control. That's our best path forward so thank you.

Chris Spitters: Thank you.