

## **TRANSCRIPT: Snohomish County Response to COVID-19, September 1, 2020, Briefing**

**Dave Somers:** Well thank you and good morning everybody. We're entering sort of a new period of time here. We know families are busy and schools been working hard to really make sure kids can stay safe and their families safe while continuing learning through our schools and remote learning and in some cases and limited in person. We do know that many families don't really have the time to both work and take care of their kids' educational needs. I know it's very stressful and a lot of work and two full time jobs but, so we know demand for childcare also really far exceeds the local resources available. So we're working with our state and regional partners to determine what options might be possible. We have provided some care or child care services for essential workers through our CARES act dollars. We know there's many others in need, so we're really stressing that issue to the state and as I mentioned, our regional partners to come up with some additional resources and options. So we'll continue those conversations and report back on that issue later.

So two other pieces of good news this week. So yesterday we announced the launch of our grant program for Snohomish County based nonprofit organizations. And we are not going to be taking applications until Friday, but we want to make sure that nonprofit organizations across the county, particularly those serving some of the most vulnerable communities, will be able to apply. So if you are a nonprofit based in Snohomish County please go to our website to get more information. Again, we're not accepting applications until Friday but organizations can prepare now and be ready to submit those. So a lot of nonprofits doing great work helping families and communities through this time of COVID so please apply.

So another bit of really good news at the end of last week was the state clarification on agritourism. So farmers and ranchers in Snohomish County are considered essential workers. And ensuring we have supplies of local food and making us less dependent on the far flung supply chains that can be disrupted in the pandemic is really important work and they are recognized as essential workers. We also have as part of our agricultural community significant agritourism sector, particularly in the fall. So you're all familiar with pumpkin patches and corn mazes and very significant part of the economy of our local agricultural community. So the initial guidance on agriculture and agritourism didn't allow for many of the really key activities that really generate the revenue to keep those farmers going. So we're extremely grateful to the governor's office for working with us and our farmers to ensure some of those fall activities can take place and I really want to give a special shout out and thanks to Linda Neunzig and Lacey Harper in my office for seeing an option and seeing an opening, creating a bridge and dialogue between our farmers and the governor's office and Dr. Spitters, you also, the health district was just tremendous in this effort. So really saw way forward. Asked our farmers to enter into a dialogue with the governor's office, asked the governor's office the same thing. And we were successful in really getting those restrictions loosened up. Specifically the new guidance allows for hay wagons, wagon train and train rides, that sort of thing, animal viewing, private fire pits and bonfires, and certain children's play equipment and games. And our ag community had been really thoughtfully planning about how to maintain these traditions and activities during COVID and we appreciate their flexibility and also their willingness to work with the governor's office. And again, thanks to Governor Inslee and his staff for really listening and being flexible and understanding how important this was and also recognizing the great work the agricultural community had done to prepare for this.

So lots of jobs depend on our farms and ranches. The updated guidance really ensures we can protect jobs, keep our farms working and provide fun for families, so that's a great success story.

I know Dr. Spitters and Steve Davis will be giving some details about our mask survey. I'm really grateful that our residents have been successfully pushing our curve back down, and really wearing masks, we've been saying for six plus months now is one of the simplest and least disruptive ways of doing that. So if you want to get our economy fully open and back and running somewhat closer to normalcy, wearing masks really helps us get there. So thank you for that.

And with that I'll turn it over to Dr. Spitters.

**Chris Spitters:** Thank you, Executive Somers and good morning everyone. First, I'd like to give a few quick updates on COVID data. Yesterday afternoon we shared on our website the new snapshot and detailed weekly report extending up through Saturday, August 22, as well as new case counts and our two week case rate extending from, the two week period extending from Saturday, August 22 back 14 days. And I'm happy to report that we're continuing to see decreases in overall transmission, now at 54 cases per hundred thousand over a two week period. That's down from 60 reported last week and the fourth consecutive week of declining rates, since we peaked in the mid 90s during late July.

However, similar to the downslope that we saw following the first peak of activity back in the spring we are starting to see smaller decreases or plateauing of the decline in the past couple weeks. So while this is encouraging news and the overall trend continues, we want it to continue further downward rather than flatten. So that means not letting up on all the good efforts of late with face coverings, keeping our distance from others, keeping our social circle small, avoiding gatherings, and washing or sanitizing hands frequently

The next topic I'd like to cover is to discuss recent COVID-19 death data from CDC, the Centers for Disease Control and Prevention in Atlanta, that has been in the news over the last few days. The CDC provides frequent updates and analyses of their provisional death data. Two recent updates on comorbidities among COVID-19 deaths have garnered quite a bit of attention. First to define comorbidities. These are types of chronic health conditions and may be listed as a contributing cause listed on a death certificate in conjunction with a COVID death. The CDC noted that approximately 94% of the deaths had co-morbidities listed on the death certificates and on average there were 2.6, so two to three, additional conditions or causes per COVID death. Overall, there have been 180,000 COVID deaths in the United States and just about 200 in Snohomish County.

Now the fact that co-morbidities were listed on the death certificate does not mean that these deaths were not due to COVID. It means that COVID may have either caused a condition that led to an untimely death like shock, sepsis, pneumonia, respiratory failure, or that other conditions made the person more vulnerable to the ill effects of COVID, like high blood pressure, diabetes, chronic lung disease. So an example would be a COVID infection that leads to respiratory failure or a heart attack and the medical interventions are unable to keep that patient alive and they die and the first cause of death on the on the death certificate is respiratory failure due to, number two, COVID. So that is a COVID related death, even though there is another cause listed. Another example might be people with high blood pressure or diabetes who die from COVID. Those other diagnoses may be listed on their death certificate

and they indeed contributed to the risk for a bad outcome, but they were not the cause of death COVID was. And this analysis and our explanation of it again highlights that the notion that it's not just the other 6% that died of COVID. These 94% of people with other conditions died from COVID and those other conditions were a consequence of or made the likelihood of death higher

This analysis also highlights the fact that we have a large portion of our community that are at increased risk of hospitalization, complications and death due to COVID. Again, the main such conditions are chronic lung disease due to smoking, heart disease, high blood pressure, diabetes and obesity. And this is all the more reason that we do our best to prevent transmission to these and others in the community, in order to prevent these bad outcomes.

And that leads us to, back around to the CDC data and the intended meaning of the term excess deaths. Excess in this context does not mean extra deaths in the sense that we're over counting COVID deaths or otherwise inflating numbers. It means an excess of deaths beyond the expected total number of deaths based on historical trends, whether that's from old age, illness, violence or accidents. People with COVID who die from accidents, gunshot wounds, automobile accident, overdose, they are not counted as a COVID death. In summary, COVID-19 is real. The hospital and fatality consequences are real and it is causing more Americans to die than we have lost in previous years, and far more than are lost in our annual influenza outbreaks.

Next I'd like to share some interesting data about mask usage by Snohomish County residents and businesses. Last month we coordinated with the Department of emergency management to develop a survey to gauge the public's use of face coverings. A team of HAM radio operators from DEM volunteered their time over several weeks to do spot checks in different types of settings around Snohomish County and I'd like to walk you through what they found. And forgive me for a moment while I transition to our slideshow. Are you seeing a PowerPoint slide?

**Dave Somers:** Yes.

**Chris Spitters:** OK, great. Thank you. So the first slide shows what the volunteers did. They made 3,500 individual observations of mask wearing or not wearing in multiple cities around the county. 23 of these were at business sites. 15 were at outdoor sites like street corners, parks or the transit center. And we found that what we're doing well is having excellent compliance, over 90% mask usage in commercial settings, stores, restaurants, pharmacies, grocery stores, what have you. Very good, not perfect, but very good compliance at the transit center where on one morning 73% of people waiting or getting on or off buses wore masks, in the evening it was up to 96%. And then in the central urban area parts of the county, fairly good mask usage in the high 60% range.

We did find areas where we could do better. First in outlying area parks very low mask usage. In busy outdoor spaces like around shopping centers where you're not in the store low to medium mask usage. And then busy intersections where there usually would be a lot of people, major intersections throughout the county is what was used there and again, low to medium compliance with mask wearing there. So in sum, this is just a reminder that overall, it's also a thank you to everyone for by and large wearing face coverings especially when you're in commercial settings, indoor public places, that's been great. Just a reminder that when you're outdoors, especially in places where you can't guarantee that you're going to have permanent six feet of separation from others, if there's any chance for that, carry a mask, wear the mask,

wear it correctly, keep it over your nose and mouth. And if you're having trouble tolerating that after a while, get away from people and take a break, rather than pulling it down and staying amongst others.

So with that, I'm going to come back to all of you. And so again, heading into the Labor Day weekend, it's important that folks continue to follow all the measures around physical distancing, wearing face coverings, and especially limiting social gatherings. Big holidays are a temptation to attend larger gatherings. But again, keep your gatherings five or under and ideally the same cohort of five people outside your home across time. We've made tremendous strides over the last month to bend the curve and bring things back down with a really good outlook hopefully for the fall in terms of education for kids and hopefully advancing our reopening of the economy. So we don't want to lose that momentum or risk going backwards. I'd also like to thank Steve Davis and his colleagues at the DEM HAM radio volunteers for their efforts. And with that, I'd like to turn it over to Steve from the Snohomish County Department of emergency management. Steve.

**Steve Davis:** Thank you. Again, I'm Steve Davis and I'm with the group from Snohomish department emergency management that does all the emergency communications with the volunteer group. We go out and make sure all the radios are repaired and the maintenance is up to date and we do weekly checks. Doing this mask survey was fun and entertaining at times.

The 10 volunteers covered about 37 locations. Some anecdotal information. We had, we witnessed a pair of teens girls one day coming up, frowning at the sign but they sat down and put their masks on before they went into the store. Witnessed a 80-year-old year old gentleman entering the store without a mask and two middle aged mother types came up to him and politely and very cautiously talked to him about it, went to their car, got him a mask and escorted him into the store and stayed with him in the store during his trip through the store. So it was that type of thing that was really entertaining. And again as the doctor said, we saw the opposite end at the parks. Lake Stevens beach park we saw hundreds of people there, very crowded shoulder to shoulder in the water. One of the things that was noted was, well, of the hundreds of people there we only saw one mask, but also there was a higher ratio of adults and children, so it looked like one mom or one dad had taken multiple families of children to there, so you did have that interaction there which could be an issue with the spread. Observations in Monroe, the big, the big stores, whether it was hardware or Costco type stores, they all had the expectation and we all saw great mask use there. Family restaurants we saw low volume and low volume in some of the hardware stores that were the smaller hardware stores in the Snohomish area. In grocery stores themselves it was observed that most people wore masks. There was some people not wearing them properly. They had the te nose poking out over the top. And pretty good distancing and pretty good groupings where only you could tell they were family members, they came in together left together. Amongst the surveyors, we had kind of an ongoing joke about the expressions and the antics we saw as we observed people coming to a store, abruptly stopping, doing an about face and going back to their cars to get their masks. And although not part of the survey and not very scientific, doctor, there was a lot more men doing this than women.

At the bus stop, Everett transit center, as you said there was a bigger use of mask in the evening. And what we saw in the morning was a lot of people either vaping, smoking or drinking coffee as they waited for the buses, as opposed to when they were getting off the bus they

already had their mask on and were leaving. So I'm not sure how that difference weighs, but it was an observation. And that's what I have. I'm here for questions or anything I can help with.

**Dave Somers:** Great, thank you Steve, and thank the entire crew for doing this. The, our radio team of volunteers are just amazing. And, you know, they prepare 365 days a year for disasters and under normal disasters like earthquakes and storms and that sort of thing there's communications issues and it's not been so much with COVID but I know you all were itching to do something and we very much appreciate it. And please express my thanks.

**Steve Davis:** Will do. Thank you, sir.

**Dave Somers:** Yes. So a couple of questions that we've got. Yeah, let's see I have to go back up her. So the first one, Dr. Spitters with reports that South America had virtually no flu this year because of COVID protection measures like masking and distancing, what's your realistic expectation of how flu activity might be in the region this season?

**Chris Spitters:** That's right. The whole southern hemisphere has indeed had a very light, light would even be an understatement, almost no flu season happening. And this is, this is their winter or the tail end of their winter so this is equivalent to our February, March when usually there's a lot of flu going on and I'm not surprised to see what they're reporting because you may recall that once COVID kicked in and we started separating and turning down public life here, influenza also rapidly disappeared last spring. So, you know, my hopeful interpretation of that is that we will indeed have a light flu season in the coming fall and winter because of the very measures we're taking to prevent transmission of COVID. But hope's not a good plan. So I think it's still very important that we do our best to have a good fall time influenza vaccination effort just as added insurance against a possible double surge of wintertime flu and COVID. So the outlook is good, but I think our preparations need to remain, you know, disciplined and on, stay on track, you know, don't be diverted by that. Get your flu shot in September, October and go from there.

**Dave Somers:** Thank you so if the decline just plateaus at or near the current rate do you expect to recommend a return to in person learning?

**Chris Spitters:** Well, certainly our goal is to get down below 25 cases per hundred thousand for two weeks. That's both in the state's guidance for schools as well as a sort of key metric for advancement of our social, recreational and economic life in the safe start planning. So, our goals remain unchanged to further drive down transmission and, you know, reopening to in person learning at intermediate levels of transmission is risky. You know, no choices we make our free of trade offs and consequences but, you know, I'm reticent to predict what my recommendation would be in that context, some of it would depend on at that time what does it seem like schools are contributing to transmission, what's the hospital capacity, what's our personal protective equipment capacity, that sort of thing, because all these choices have branching impacts on those lanes of activity. So again, the goal is to drive it down further and if it doesn't go we may or may not adjust our recommendations. We may end up just holding tight and trying to educate kids remotely as we try to get through the, get through the winter season and drive down rates. But certainly my hope is that we continue to drive it down right now.

**Dave Somers:** Just to add on to that, certainly that's the call of local and state health officials to recommend return to in person learning or not, but in Snohomish County we're assuming and we've extended our telecommuting policy through the end of the year. From my vantage point,

it's difficult to see a rate so low that really returning to normal anytime this fall is pretty unlikely. I think people just need to make plans. If there's a miracle and some great news, fine. But this thing is progressing slowly. We're coming down. We're headed in the right direction. If you look at places where they have opened up schools, universities and that sort of thing and high schools, you see a resurgence. And we don't want to create that so I, you know, if you disagree with any of that Dr. Spitters please say so.

**Chris Spitters:** No, I agree with you completely. And those places that reopened on the international front and did so with reasonable success had much lower rates, even lower than 25 per hundred thousand, by and large, so we do have a long way to go to get to a successful launch point for that.

**Dave Somers:** OK, question for you Dr. Spitters. Can you clarify the cases per hundred thousand figure? The snapshot says it was 62.4 through August 22, you said it was now 54. Does that cover a different two-week period?

**Chris Spitters:** You are correct. So the, the 62.4, the figure on the snapshot reflects a time period determined by the state, and it's roughly ended around, I think it was the like the third through the 16th. Oh, excuse me. It was a two week period ending around the 22nd, but it's shifted by a day or two because of the case definition that the state gives us to calculate that. But if you go ahead and scroll all the way down on our data page to the very bottom, there is a figure that shows the running two week trend and we were able to calculate that most recently for up through the 29th. And so for the 16th through the 29th that figure is down to 54.

**Dave Somers:** So next question is, given what volunteers saw at Lake Stevens beach park, are there any plans to restrict access to parks and beaches or proactively enforce rules for social distancing, masks and crowds. And let me start on this one and then I'll turn it over to you, doctor. We check in with our parks department staff all the time. We do have rangers out at County Parks. I think Lake Stevens beach park is a city park, city of Lake Stevens, but as the survey showed there is a lower compliance of mask wearing, but generally our rangers are reporting that people are doing a decent job with social distancing and keeping space. I think people get that, you know, masking is one protective measure, keeping your distance from others is another. So we have no plans at Snohomish County to up enforcement in any way. We don't really have that ability, but our rangers are out there. If they see unsafe situations, they are talking to people and trying to encourage compliance and generally it's pretty good in the outdoor setting. So that's been our experience. Dr. Spitters, you have anything on this?

**Chris Spitters:** Just to reinforce what you said. The, you know, the highest risk settings are the indoor public settings and face covering wearing is quite good there. If there were an enterprise or, you know, a restaurant, what have you, where they were falling short of making the right thing happen there then we reach out and speak to them and if that doesn't, if that were to not go well then you know there's the governor has a website where we log these things and they get a response from the governor. But overall, that's going pretty well. Outdoors is lower risk. And it's also, you know, we want, we want to see 90% plus face covering usage, even in those settings. But, you know, to do a public health enforcement action around that you really need a specific imminent threat to be able to identify and you have to do it in the moment and you have to do it fairly and so the, I think the logistics and the capacity to do that are really not built into us. We're really, you know, we have enforcement aspects to our operations but widespread enforcement of face covering usage in outdoor areas, it's just, it's beyond our reach in terms of

practicality and arguably something that we really would do better just achieving with voluntary compliance.

**Dave Somers:** I'll also add that when we were restricting access through closing parking lots, we were still seeing large numbers of people heading to the parks and parked on the side of the road and other places. So it is, as Dr. Spitters was saying, it's something that is kind of beyond our capability of really managing or enforcing. And so we think a better approach is to have access, have arrangers present to remind people of the rules. And as I said, generally, people are following, so.

Do you know what percentage of people who test positive for COVID your contact tracers have been able to reach? Are you getting test results back quickly enough to alert potential contacts?

**Chris Spitters:** Yes, the, you know, the average time to getting a test result back countywide is two to three days from the date of collection and patients, individuals when they're tested are instructed to, especially the people who are symptomatic or are contacts, they're in isolation or quarantine at home and then the call from us, which usually occurs within a day of receiving the positive result is ideally to reinforce what the clinician or the tester has already communicated to them and we are reaching about, we're at 75% within one day, 80% within two days of getting that result reported to us. And I think that's been contributing to bending the curve and pushing things down, to augment what all of you are doing out there to wear face coverings and try and spread out and avoid gathering. So I do think it's making, making an impact.

Executive Somers you're muted.

**Dave Somers:** Better that way sometimes. Let's see. Why is it testing rate for 100,000 residents in Snohomish County a little less than half the statewide rate?

**Chris Spitters:** I can't tell you. I, you know, we're going about four, five thousand tests a week and all the health care providers are doing the best they can. The Health District has got, running about 200 to 250 a day. We've built up to a capacity of 500. So some of that unused, that lower number might be unused demand. We're certainly trying to do outreach and make sure everyone's aware of testing. Beyond that, I can't speak to, you know, why it's different than in other settings, but fortunately the combination of interventions we have, the current testing, even if it's lower than we might, lower number than we might otherwise hope for, the contact investigations and community cooperation with prevention measures has been enough to turn the tide here.

**Dave Somers:** Last question is, are you concerned that people who get the flu will get tested for COVID and diminish the testing capacity for those who need it for COVID.

**Chris Spitters:** Well we, you know, we haven't come up with a formal algorithm for testing of what's called influenza like illness, when you have a cough and fever and don't feel well in the winter. And I think ideally people would be getting tested for both. One, we want to find out what they have and if they have flu so be it and there's certain interventions for them. And if they live in congregate settings like long term care facilities, knowing that diagnosis is very important and knowing whether they've got COVID or not is important. And it's possible to have both. It's unusual, but it's possible to have both. We certainly saw a little bit of that last winter so, you know, the default approach for clinicians right now would be to test for both. And then as we gain experience with the results and what's going on, we'll probably update that guidance based

on what's circulating in the community. But I'm not concerned about testing people with influenza like illness for COVID. That's got to happen because there's tremendous overlap between the two illnesses and the only way to know the difference is to run the test for each

**Dave Somers:** I think that does it.

**Joint Information Center:** This is Kristin in the Joint Information Center. Thank you again for joining us today.