

## **TRANSCRIPT: Snohomish County Response to COVID-19, September 15, 2020, Briefing**

**Executive Dave Somers:** Good morning and thank you for joining us today. Good to see you all. I want to start first by highlighting that in September now we are currently marking disaster preparedness month. It actually seems like we're in disaster preparedness year. But one of the real lessons of the last eight months is that we always need to be prepared for disasters and it's been reinforced here. Obviously wildfires and COVID-19 pandemic are the current challenges for us but we also need to be thinking and preparing for flooding, winter storms, earthquakes and volcanic eruptions, other potential challenges that we have here in our region. So I'm just amazingly proud of the work our Snohomish County's Department of Emergency Management does every year to be sure we're ready for whatever comes next and we do that in partnership with the Snohomish Health District, our cities and towns, our nonprofits and first responders from fire departments to emergency management personnel. So just the work they do is amazing, it's non-stop. Be prepared is the absolutely very first lesson that you must anticipate all potential, so families should also prepare for the unexpected and our department of emergency management website has tips for how to be prepared for different events.

So last week the Snohomish County fire marshal along with his regional colleagues banned all recreational fires in the county and this was in anticipation of the dry and smoky weather we are experiencing now, and really the unprecedented fire danger and hazard that we have in our region and our state. Our parks department also waived all fees for changing or canceling camping reservations at our parks facilities. This has now been extended through this week since most of the forecasts predict the smoke will stay with us throughout the week to Friday. We've also urged all fire departments in the county to keep their assets close to home, which they are doing. While we know there are terrible wildfires elsewhere in the region and throughout the west, we really need to be prepared should one develop that threatens people. Just this past weekend there was a house fire in the area I live, which is very close to the forest zone and the fire district, Fire District 7, was able to put that out and keep it from spreading to the vegetation, so thank you to them. Amazing work by our first responders. As we saw in rural Pierce County, when these fires start they're very unpredictable and they can quickly escalate and cause widespread destruction, so we want to be prepared just in case.

And finally I'd like to close with a reminder that Snohomish County's grants for nonprofit organizations will close for application Friday, September 18, and we really want to urge all local nonprofits that have been impacted by COVID-19 to apply and for information there is that information on our website for community foundation of Snohomish County. So again, Community Foundation of Snohomish County website you can get information about that application process.

So with that I'll hand it over to Dr. Spitters from the Snohomish Health District.

**Dr. Chris Spitters:** Well thank you Executive Somers and good morning everyone. I just want to, since it is Disaster or Emergency Preparedness Month, I didn't know thanks for sharing that, just an opportunity to express thanks to the county's Department of Emergency Management, which has been central and instrumental in supporting the health district and the entire community in our way through this coronavirus emergency, meanwhile dealing with other emergencies along the way, civil unrest earlier in the year and now with the smoke and the fires. So many thanks to you and the department of emergency management for your support around that.

With the continued wildfire smoke and unhealthy air quality, the Snohomish Health District has had to close its drive-thru testing through today. I don't think we've operated fully since we last did a half-day on Tuesday or Wednesday of last week, and this is just due to the need to protect both the staff for the drive-through testing site as well as the clients or customers that come through from the smoke. This has affected both the Lynnwood Food bank location and our regular site at 3900 Broadway in Everett near the Everett school district and memorial stadium. We are monitoring the conditions closely and are hopeful that this maybe glimmer of improvement we caught in the last few hours with a little bit of here and there in the region and some improvement will be sustained, but it looks like we're going to have either unhealthy or unhealthy for sensitive populations, red and yellow level smoke conditions on throughout the week. So we're just going to have to take it one day at a time and we'll let folks know about the testing situation. We encourage everyone to monitor social media and our website for updates relating to the testing.

Regarding the wildfire smoke, lingering this long it brings with it some increased health concerns such as eye, nose and throat irritation just due to direct impact of the smoke, wheezing, coughing, shortness of breath again just due to irritation from the smoke, and then from the impacts of that on the heart and lung system, this smoke can aggravate underlying lung, heart and circulatory conditions including asthmas and angina or coronary artery disease. So we urge caution in avoiding outdoor exposure especially among those people with underlying conditions.

Wildfire smoke can also make you more susceptible to respiratory infection like COVID-19, and underlying respiratory infections like COVID-19 can make you more sensitive to the smoke in the air. So if you have COVID-19, it may make your symptoms worse. Again, a good reason to stay indoors. Furthermore, those with or recovering from COVID-19 may be at more risk for negative health effects from wildfire smoke because of that compromised lung and heart function. The best way to protect you and your family this year through this smoke season will be to stay indoors and keep indoor air as clean as possible when the signals from us or the Puget Sound Clean Air Agency indicate that air quality is compromised.

Now I'd like to turn to another health topic and that's about the upcoming influenza season. You're likely used to those of us in public health and healthcare urging everyone to get their flu shot by the end of October. This year, it's more important than ever. This year it's more important than ever. The flu and COVID-19 are both contagious respiratory infections, but they're obviously caused by different viruses, one which has been with us for hundreds or thousands of years and the other one brand new to us just in the past year. We may not have a vaccine yet for COVID-19, but we do have a vaccine for flu. In 2018, which is the most recent year for which we have data, fewer than 25% of children in Snohomish County got the flu shot. And remembering that annual flu vaccination is recommended for all children over six months of age. So only a quarter among kids. When we look at adults age 18-65, it's about 40% got their flu shot in the last 12 months. And the best compliance was seen in those over 65 years of age, which was right around 60%. But we can and must try to do better this year. Our goal is to reduce the number of people getting influenza and especially prevent those who do get sick from developing complications that require hospitalization. Now although the influenza vaccine is imperfect, it doesn't protect everyone against acquiring infection, it has definitely been shown to reduce the risk of hospitalization, severe illness, pneumonia and death resulting from influenza. So even though it's imperfect it's highly recommended for everyone over age 6 months and Dr. Tu will talk to you more about that in a few minutes.

Again part of the idea here to prevent influenza hospitalizations during the upcoming winter is to save healthcare capacity or any possible COVID-19 surge that occurs with a third wave. We've had two waves thus far. We're on our way down, the good side of the second wave. But until we're all vaccinated I think it's likely that we're likely to experience episodic waves, so we don't want to experience influenza and a COVID wave causing widespread illness and need for hospitalization that outstrips the community's capacity to provide that care. So again, we can do this not only by getting the flu shot, but also by continuing our efforts with all the precautions we've been following for COVID thus far, washing hands and cleaning high-touch surfaces frequently, covering coughs and sneezes with a tissue, above all wearing face coverings and maintaining physical distance from others when in public, keeping social gatherings small, and staying home if you're sick.

While the health district closed its immunization clinic activity several years ago and does not directly administer influenza and other vaccines, we do work to ensure ready access to vaccines for children through a statewide publicly funded procurement program. We also provide support to our healthcare providers through consultation and quality assurance and compliance with respect to storage, handling and administration of those publicly funded vaccine supplies. In Washington, all children under age 19 can get flu vaccines and other recommended vaccines at no cost through that vaccines for children program. The provider may charge an administration fee to give the vaccine, but you can ask them to waive this fee if you cannot afford it. Most insurance plans, including Medicare part B, do cover the cost of influenza vaccine for adults. It can take two weeks for the flu vaccine to protect you from flu, which is why we encourage everyone to get their flu shot by the end of October. But it's not too early now if you have an opportunity to get the flu shot now is as good as any time, but certainly by the end of October.

So to share more about influenza, the influenza vaccine and recommendations from healthcare providers, I'd like to turn it over to Dr. Tu from the Everett Clinic. He's a local leader in respiratory virus surveillance and healthcare provision. So with that I'd like to thank him for joining us. Po, please take it away.

**Dr. Yuan-Po Tu:** Well thank you Dr. Spitters and Executive Somers for those kind words and introductions. So as Dr. Spitters stated, influenza shows up every winter. And it is actually a preventable disease, to a large extent due to the influenza vaccine. The vaccine is effective, but not totally effective. But even if you get vaccinated and come down with influenza the illness will be blunted. So the recommendation is that all children over the age of 6 months be vaccinated and especially groups at higher risk for complications of influenza. This includes adults over the age of 65 and children 6 months to essentially five years of age. Younger children and infants actually have just about as high of a hospitalization rate due to complications of influenza as older adults in the senior population. Other patients who are at higher risk of complications of influenza include those with chronic conditions such as asthma, COPD, lung disease, heart disease, diabetes, endocrine disease, and immune related disorders including HIV or if you are on an immune modifying medication such as Remicade. So the other thing to remember is that Native Americans have a higher incidence of complications from influenza, as well as pregnant women including women who have recently delivered up to two weeks after the end of pregnancy. Furthermore, as we've seen with COVID, respiratory illnesses can spread rapidly through closed environments. And so those who are living in nursing homes and other congregate care facilities should be vaccinated.

So finally influenza shows up every winter. It causes a tremendous amount of illness because a lot of people get infected. And it puts a burden on healthcare systems whether it's in office visits or the hospital system. In a regular year, hospitals are often stressed in the middle of the winter being very near the capacity they can handle inpatients. And the reason influenza vaccine is so important this year is because of other viruses circulating, namely coronavirus. If we can decrease the burden on the hospital systems, the hospital admissions and outpatient admissions, we'll be better equipped to handle any kind of surge we see in COVID-19. Respiratory viruses all behave the same. They tend to be most infectious in winter months because we tend to congregate inside, and these close quarters promote the spread of respiratory droplets. So hopefully everybody is wearing their masks with COVID-19 and will continue to do so through the winter months. Masking is very effective at cutting down the transmission of COVID-19 and is also effective at cutting down the transmission of other viruses such as influenza.

There are certain vaccines that are specifically designed for seniors and I want to briefly mention those. The most important thing for seniors is to get their flu vaccine. There are many different types. There are three types specifically geared toward seniors. One is high dose fluzone, which is made in traditional egg-based production and has four times the amount of vaccine per dose than the regular flu shot. FluBlok is a recombinant vaccine that has three times of the amount of vaccine per vaccine strain. And then there's a third vaccine called Fluvad that has an immune booster for seniors. But the most important thing for seniors is to get vaccinated each fall.

The right time to get vaccinated is really starting right about now. The Everett Clinic starts its large vaccination programs for both staff as well as providers on Monday, September 28, coming up in a little less than two weeks. This year the vaccination clinics will be a little bit different in that we will ask everyone to sign up for a spot instead of just walking in. And that's because of COVID and the social distancing requirement. We want to keep all our patients safe and we want people to be socially distanced. So we will be offering flu vaccines to everyone who has an appointment during their appointment through the month of October and November. Our flu shot clinics can be accessed by signing up online at [everettclinic.com](http://everettclinic.com) starting next Monday or you can call the flu shot hotline 425-339-4212 to schedule an appointment. There will be multiple sites on multiple days including Saturdays in multiple locations where you can come in for a flu shot. But once again we're going to space these out with appointments so there will not be any large lines or gatherings.

The final thing I want to remind people of is the best way to prevent a flu is to get a flu shot, wash your hands, and mask. But if you should come down with influenza, then you should seek treatment if you are young or a senior or have chronic underlying illness. So the symptoms of influenza are very similar to COVID. What makes them a little bit different is that influenza tends to cause a very abrupt onset of fever and body chills whereas COVID tends to ramp up a little bit slower. But both diseases cause fever, chills, body aches, cough, sore throat, headaches and sometimes diarrhea. And they are clinically very hard to distinguish between the two of them. And patients less than 2 years of age and up to about five and seniors and those with underlying chronic conditions, if they are seen within the first 48 hours of acute influenza and they're tested, they can be treated with antiviral medications such as Tamiflu. Antiviral medications are effective against influenza if they're given within 48 hours. And these are different than Amoxicillin or a Z-pack which target bacteria, and as influenza and COVID are

viral infections they are not affected by these antibacterial medications. So in summary, we encourage everyone over the age of six months to get a flu shot. Remember to wash your hands, and wear a mask, socially distance. If you happen to get ill in the middle of influenza season to seek care in the first 48 hours to be tested for influenza and treated as appropriate.

I'm open for questions at this point.

**Dave Somers:** Thank you doctor. And I apologize if there's background noise here but I think it will be tolerable. So the first question what is the level of confidence in the guidance, Dr. Spitters, that you gave that school districts might be partially open in November and what makes you believe that we can successfully do that?

**Chris Spitters:** Well that's a good question and, you know, the guidance to the schools is just that. It's guidance, it's a plan, it's not a prediction. So I'm fully confident that the plan is appropriate. It's based on statewide guidance. We have generally I think widespread consensus among the school leadership to implement that in the manner it's stated in the statewide guidance. And, you know, the key element is that, most school environments have high-need students on-site already because they are getting services or educational content that they are unable to acquire through the internet from home. So there's already some students on campus and the idea is that if we get two to three weeks down, three weeks downstream from Labor Day and the return of the existing students onto the campuses and we don't have a significant change in direction of the COVID numbers and no particular school is having a problem, then they can look at starting to layer in elementary schools in that district. And, you know, taking a one step at a time approach every three weeks or so, pausing after they make change to, again, let time pass to see if there are any ill effects in terms of COVID transmission from that change. So that's the plan. It's an appropriate plan. We can't predict where things are going to go. I think it's likely at some point in the future before we're all vaccinated that we'll have one or more waves of recurrent disease activity in the community that may well possibly require us to pause or even retreat somewhat on a variety of things, including in-person learning. But that's the plan. I think it's a good plan. We can't predict exactly what's going to happen or how it's going to roll out. Part of having a good plan is accommodating the uncertainty that's ahead.

**Dave Somers:** Next question is what is the 2-week case count per 100,000 through Sept. 12? Is there any information pointing to a surge due to social activity during Labor Day Weekend?

**Chris Spitters:** Right. So the 2-week rolling case rate through September came down to 43.5 cases per 100,000 for that two-week period. That's down from 48.6 the previous 2-week rolling period that extended up through September 5. So we continue to see kind of 10% improvements every week over the past several weeks so that's hopeful that will continue. I think it's a little early, we're right on the cusp of being able to see any signals from the Labor Day holiday. Generally it's about a week minimum for the incubation period after exposure, then seeking testing, then getting test results. So really this current week that we sit in and then next week would give us signals about what might have occurred on Labor Day in terms of COVID transmission.

**Dave Somers:** OK, next question is there any concern that folks with COVID may mistake their symptoms for exposure to the smoke or the other way around? And can you talk about the outbreaks being reported? Do the trends give you any concerns about child care and construction sites or other particular locations? And with cases going down, parents are going to push for schools to reopen. Knowing there are going to be episodic waves, which I think you

already mentioned, and flu season, does reopening schools really make sense and you partially addressed that. So COVID and smoke and any outbreak information.

**Chris Spitters:** So first, yes, smoke can cause respiratory symptoms either in the upper respiratory system like runny nose sore throat or for those with asthma or have sensitive airways, wheezing, coughing, etc. So it's conceivable that there could be some overlap. I think the main thing is for anybody who has symptoms to stay home, stay separated from others. And if they're significant like cough with a fever arrange for testing immediately. If it's just a mild sore throat, and you think it might only be due to the smoke, again, stay away from others. If it's still there the next day, seek testing. I think that's a generally good rule. But overall the smoke symptoms are going to be kind of limited to the airways, whereas folks with COVID or later influenza, you know, tend to have other symptoms, too, fever, achiness, tiredness, that you may not experience with just a smoke exposure.

Switching over to the outbreaks. You know, the number of new outbreaks reported per week in Snohomish County varies widely. It's been as low as two or three and as high as I think 12 or 15 in the past, over the past month or so. That just, and again an outbreak is either one case in a long term care facility or two or more cases in any other setting and, you know, I think my initial comment is, you know, having a case and detecting that and that getting reported as an outbreak, although it's a little bit of bad news, especially, you know, really, in any setting, but for the employer who has to deal with that. It's actually, you know, it's not a failure. It's actually in a way a success. They've detected a situation, the health district gets involved and provides them with support and guidance in trying to prevent further transmission. So in one sense, detecting all these small outbreaks, which is largely what we're seeing, you know, typically fewer than half a dozen cases is the success of the system with public health and the community working together to try to prevent transmission. And with, you know, being in the stage of reopening that we are with many workplaces operating and there still being a significant amount of COVID being transmitted in the community, I think it's inevitable that COVID is going to turn up in workplaces and so it's cause for vigilance and readiness to respond, but it's not a cause of deep concern at this time. I think it's a signal that our system's working, that employers are working with us to help control transmission and implement prevention measures. So I think it's going quite well at this point.

**Dave Somers:** While we're on the subject, doctor, do you know the R-naught number in the county currently?

**Chris Spitters:** I don't know. And, you know, we only get that calculated for Western Washington. And I'll have to look it up. I think it's close to one (*later check showed 0.9*) probably a little bit under one empirically, we're seeing case rates decline. But I haven't looked that up in a few days. So I'll have to do that while we're talking.

**Dave Somers:** Alright, there's a question. I think directed to me and maybe you also Dr. Spitters, but can we talk about the county's effort to house homeless people during the smoke event? Apparently the Carnegie building was opened this weekend. Yes, we have been running a nighttime shelter in the Carnegie building for particularly vulnerable homeless people. We opened this last week for daytime use also as a smoke shelter and so that effort continues and will continue through this week. And so I don't have any particular information about numbers. But if you want to follow up on that note, please contact us and we can get you more

information, but it remains, Carnegie does remain open 24 hours now as a shelter. Dr. Spitters, are you involved in that at all? No.

**Chris Spitters:** No, other than just providing consultation related to possible COVID situations that arise from that or similar settings, no.

**Dave Somers:** And also there's a question for either of us if there is any meetings this week with school officials to discuss the plan for phased reopening. Are such meetings occurring regularly? I do not regularly meet with the school districts. Periodically, but I don't have anything planned. Dr. Spitters?

**Chris Spitters:** We meet with the superintendent's and the public school administrators who choose to be on the call every two weeks and will continue doing so for the foreseeable future.

**Dave Somers:** I think that got us through the questions.

**Joint Information Center:** Thank you everyone. This is Kari in the Joint Information Center. We appreciate you joining us today and appreciate your questions. We'll go ahead and wrap up now, but please do stay tuned for future media availabilities.