

## **Snohomish County Response to COVID-19, October 6, 2020, Briefing**

**Executive Dave Somers:** Good morning. Thanks for joining us today. Good to see you all. So as a community we're starting to see our cases rise again in Snohomish County. Dr. Spitters will go into much more detail on that, but this should really give us all pause. We really do have the power to push our numbers back down. We've done it before and we can do it again and that's really essential to get our economy open again, so we need to make another surge. It's what we've said from the beginning, maintaining social distance, washing your hands, wearing a mask, and if everybody would do these things our numbers would be going back down again.

So it's also this year particularly critical that everybody gets a flu vaccine. We want to really eliminate any chance or reduce the chance for the flu to compound our problems with COVID-19. It's been really impressive. I'm very, very proud of our county and all of our residents. We've done great. We've pushed the numbers down twice now. And I really wish there was an easier way through this, but really our health, the health of our loved ones is best protected by following those protective measures and that's really the only way we're going to get our economy back up and running full speed again. So with that I'm going to turn it over to Dr. Spitters from the Snohomish Health District.

**Health Officer Dr. Chris Spitters:** OK. Thank you Executive Somers and good morning everyone. And I think Executive Somers wrapped up in excellent summary fashion what I'll go through in a little bit greater details, but those are really the key messages for us all to carry with us every moment. And before I go into the COVID I just want to reiterate his endorsement of influenza vaccination for all of us, especially those who are at highest risk for severe disease, hospitalization. Many of the same underlying condition that increase the risk of COVID and we certainly don't want to see a convergence of influenza and COVID in the fall and winter months competing for a variety of resources, most notably hospital resources, so I urge you if you haven't done so get in touch with your primary care provider to get vaccinated against the flu for this year. And if that's not available or your primary care provider doesn't provide the flu vaccine, which some do not now, or you don't have a primary care provider, contact your local community clinic about the possibility of doing that or you can go to virtually any pharmacy in the region and get vaccinated against the flu there.

So rotating back over to COVID. I would like to share my screen and just show you a couple of slides (*see slides at end of this transcript*) to go a little bit deeper into the details behind, I think I've got the wrong screen up there that I wanted to share. OK, hopefully you're seeing a slide that says Comparing the Target Case Rate vs. Total Cases. And this is just to respond to some very common question about how it is that we calculate this rate that is charting our progress and our challenges as we go through this COVID-19 pandemic. So again, our target rate is to have a community-wide rate of fewer than 25 cases per 100,000 residents over a two-week period. So the first thing when we think about well how many cases would that be in Snohomish County? Well, if we look at, we're counting per 100,000 residents, how many groups of 100,000 residents do we have? Well, at an estimated population of 830,000, that would be 8.3 groups of 100,000 people. So consequently our allowance, if you will, to come in under that rate of 25 would be 25 times 8.3 or 208 cases over any 14-day period. Now how does that compare with what we're actually seeing? When we calculate that rate, which we do on a rolling basis it's every Monday we go through from the prior Saturday back two weeks, back 14 days, add of up all those cases that have been reported, and then divide that by 8.3, and we get our current rate. With 455 cases, about double that target number, and divide that by 8.3 and we get the

current figure of 54.8 for the two weeks leading up to last Saturday October 3. So our case rate right now for that two-week period is roughly double the target rate.

So this, again, just shows you in graphic form what Executive Somers is referring to which is that we've been through two waves. The first one we did get back down below that threshold. That's when we moved into Phase 2. We're all now familiar with the course of the second wave, which declined through the, toward the middle to late part of August, early September. And then we kind of stalled out in the 40s and now have turned back up from, we went from 42 I believe to 46 at last week's report and now we're up to the 54.8. So again it just speaks to the fact of the persistent challenge that this virus creates and the need for us all to engage in those preventive measures that Executive Somers summarized and I'll be going into detail again in a moment.

Now just to share with you we also do periodically, about twice a month, we gather up the data and then look at case rates by ZIP Code. So we do that same calculations I was showing you but instead of the denominator for the case rate being 830,000 it's whatever the population, the estimated population is for that particular ZIP Code. So all those outlines you see there are ZIP Codes and in the lower right-hand corner is a legend that shows you the case rates, greater than 90, 60 to 90, 30 to 59, and then less than 30. So when we look at the county the first thing we see is that the highest rates tend to be along the I-5 corridor especially over the long haul if we accumulate the cases over the whole pandemic. But if we just look at the two-week period, the most recent two-week period we have on record we can see things have moved around the county quite a bit. And there's virtually almost no are in the county that's below 25. There's, you know, there's out toward the Cascade peaks there's this region, this region here, and down by the King County border a couple of small areas with less than 25. But the vast majority of people, all of us, live in parts of the county where we are above that target. Again I think that's just a reminder that none of us are special in that this situation affects us all and we all have a role in contributing to preventing transmission.

So speaking a little bit more about this, we haven't spoken about R-naught or the reproductive rate of infection in a few weeks and I just wanted to go back to that because I think it really underscores the why of these preventive measures we've been discussing. So again the R-naught is the average number of new infections created by a single infection. So if it's greater than one that means there's more infections for every new one and the incidence increases as it does now. So although we don't have a calculated R-naught for our community we know it's greater than one. Our goal is to get the R-naught less than one, meaning that every case results in fewer than one new case and then over time things will diminish and we'll see reduced rates. So three main factors go into calculating that figure. First is the number of exposures or the number of contacts we have, next is the transmission risk per encounter, and then the third one is how long someone is contagious. So obviously the longer they're contagious the more opportunities they have to come in contact. So if we break that down a little further into the impacts of preventive measures on each of those factors we see a lot that each and one of us can do every day to bring that reproductive rate down. So in terms of the number of contacts, if I don't have someone within six feet of me, they're not a contact. So keeping away from people who are outside of your household, social distancing. I work in a partly occupied office building here but we all always stay six feet away from each other. Limit social gatherings. Really try to reduce the number of people you come in contact with for any reason, work, social, what have you, outside of your household contacts and definitely no more than five in a week. But frankly the more we can do to keep it to just our household and necessary encounters, the better we'll

do in flattening this third wave and getting beyond it. And then just keeping our interactions shorter, smaller, and of course for those of us who are sick, either confirmed or suspected to have COVID, staying away from others altogether. And that means not only not going to work, not getting together with people outside your home, but also trying to stay away from the people within your home, sort of isolating yourself within your home. And then for those who have been exposed to others, again staying out of society until that 14-day incubation period has passed. So again that's difference between isolation and quarantine. Isolation is the removal of sick people from exposing other. Quarantine is the removal of people who've been exposed and could become ill and expose others. So quarantine is sort of preventing potential cases from having unwitting contact with others before they get sick.

In terms of transmission risk, if we all wear a face covering, as I'm speaking right now I'm generating a cloud of droplets that if somebody was in my room especially within six feet of me that they could inhale. So wearing a face covering captures and stops the generation of that cloud of droplets, some of which are large and fall to the desk or the ground quickly, others which can remain airborne from minutes to hours and be inhaled by others. So wear that cloth face covering to reduce the cloud of droplets that you generate that other people can breathe in. Wash your hands frequently. As we touch things and move around not only can we infect ourselves but we can move germs from one place to another, spread them around, and cause others to get sick when they touch the same thing. So if we all wash our hands frequently we reduce the amount we expose ourselves and the amount that we move things around and cause others to be exposed. Avoid touching your face because the portals into the body for this virus are the eyes, the nose, and the mouth as well as the breathing. So while we can't stop breathing, that's why we wear face coverings, avoid touching your face. And then cleaning high-touch surfaces, as I mentioned earlier, it's sort of the inanimate version of washing our hands off and trying to keep everything clean and keep the virus from moving around. And then for those of us that work in high-risk settings where we're facing patients or other people who are high-risk to transmit COVID, then we protect those and that's particularly but not exclusively healthcare workers and first responders who are directly facing patients and people in public.

Sadly, for duration, meaning to shorten the duration of infectiousness, we don't have anything for that right now. For many infections, one of the other things I work on here is tuberculosis and we treat people with antibiotics and within a few weeks most of them are no longer infectious. We don't have, while we have some treatments for COVID-19, none of them are definitively curative and their impact on transmission has not been assessed, so we don't have that tool in our arsenal. So really it's those first two columns we really need to pay attention to, each and every one of us.

So with that I'll bring us back and pause and turn it back over to Executive Somers.

**Dave Somers:** Thank you doctor. Do we have any questions today?

Dr. Spitters, are there any trends in the recent infections? Age groups, activities, Labor Day, large spreader events? Some Republicans in the state are pointing to low hospitalization rates as a cause to move forward with reopening. Can you talk about the threat of overwhelming hospitals, and how quickly that could happen?

**Chris Spitters:** So really three questions in there. Let's take them one at a time. First, what is the epidemiology of this recent increase? You'll recall the prior wave was primarily young and middle aged adults, but predominantly led by young adults in the 20 to 29 age group. They are

still the highest number of cases. The biggest increases across time have been seen in adults 30-69 years of age. Children, no increase. Teenager, no increase. And fortunately, thus far, among older adults above 70, no increase. So beyond that we're a little bit far out from Labor Day for that to be a cause of this. We are a couple of weeks out from those smoke events which brought people indoors, and then as you'll recall, or my recollection is, after the smoke temperatures kind of came down and outdoor activity is really ratcheted down and so people are spending more time indoors. And so that's going to be with us for several months now, probably for the next four to six months. We're all more or less indoors most of the time. So it really speaks to the importance of doubling down on all of these prevention efforts because we don't have the infinite dilution of outdoor air and ultraviolet light from the sun to help us fight the virus. So all the more important to focus on good ventilation when you're indoors. Try to keep the air moving, bring in air from outdoors whenever possible, wear a face covering when you're not only with your household members. Those are really key. Beyond that, no signals about particular gatherings. I have to confess to you that although we ask, I'm just, human nature tends to be that they would not report engaging in a gathering that we, that's not permitted or is discouraged. So we're not getting reports of that when we ask about it. I can't tell you whether that's true or not.

So we're all interested in preserving hospital capacity and, you know, we've been doing pretty well even through the second wave because the older adults were less affected in this last wave. We got up at the peak to about 30 hospitalizations at any one time countywide related to COVID. Then it came down into the low teens as the second wave bottomed out, and then the week before last, excuse me, last week we saw a little increase in hospitalizations from the low teens up to the mid-20s. Now we're in the low 20s and watching that carefully. Certainly, I've used this analogy before, it really is a little bit like driving on ice. Once you realize you're going too fast, it's too late. So we really are needing to tap on the breaks. Not in any significant way. I think in this our tapping on the breaks is preventive measures and avoiding gatherings. But given the increase and its early nature and what we've seen in prior waves, I'm certainly hopeful we can flatten it out. But if we don't hospital capacity is going to be a concern. So it seems a little bit optimistic to focus on, you know, opening a lot up right now in the midst of an increasing rate and uncertainty about where hospitalizations are going and to what extent the elderly will be affected by this third wave.

**Dave Somers:** So doctor, do we know the current R-naught number for the county?

**Chris Spitters:** You know, the organization that works with the Department of Health that calculates the R-naught does not calculate it for county specific, just King County, Eastern Washington, and Western Washington. And last time I looked a couple of days ago it's above one, but you don't need to be a statistician to know that when our rates are going up. We're somewhere up around 1.1, 1.2. But often our calculation of that figure will lag behind what we're seeing because the calculation of that figure relies upon that data. So I would just say, you know, we use R-naught more as a framework for looking at how we as a community can interrupt transmission. But I would just keep your eyes on that graph we've been looking at every week.

**Dave Somers:** Here's a question, I think for both of us. What impact will President Trump's comments that COVID-19 is no big deal have on your message that it is?

Well, I think it's obvious to most people. We have more than 200,000 people in the United States dead, a million or more worldwide. The world is pretty much shut down. I was talking with Boeing yesterday. There's no travel, there's no demand for aircraft. That's what they're dealing with. But that isn't created here locally or even in the United States, it's worldwide. The CDC has been very clear that wearing masks and social distancing and taking those precautions can really help us turn this thing around. But we've just got to keep the message going and point to the obvious numbers that are right in front of our faces. So it's unhelpful but it is what it is.  
Doctor?

**Chris Spitters:** Well that's right. And locally, you know, 211 people have died. Half of those have come from nursing homes, people sort of in a setting where they're at the mercy of living and relying on the health of others and not able, in many cases, not able to choose if they're there. But the other half have been people out in the community, most of whom have had underlying conditions but a lot of disease out there, with 8,000 cases, 200 deaths. All the impacts that Executive Somers has mentioned. I just, also, we really don't know that long-term effects but some of the information that's emerging is concerning even for those who don't get hospitalized or don't die. When we look at people who have had infections and look at their heart muscle there's a high frequency of inflammation of the heart, and that's not good. And even with people who weren't particularly sick, didn't get hospitalized, you do an MRI of their heart and you see heart inflammation and what the long-term implications of that are, we don't know. But they could include complications of heart rhythm or the circulation in the heart over time, so that's just one example. What we've seen is a big deal and it could in the long run be an even bigger deal than we currently understand. So the value of prevention and trying to stem this thing as much as we can cannot be overstated.

**Dave Somers:** So doctor, you're going to be talking to school leaders later today. Is your guidance going to change because of the increase that we're seeing? And Archbishop Murphy is hoping you'll give them the OK to bring juniors and seniors back. Will you?

**Chris Spitters:** Well, I think first out of respect to our school leaders I think it's best for us to have that conversation and then speak with the community at large about that. But certainly what I can tell you is we're in the medium range of risk that's set up in the framework by the state health department and the governor's office. And at this point as you know we haven't issued any changes in recommendations, and as you stated we're speaking with school leaders later today and we'll follow up to let you know the outcome of that conversation.

**Dave Somers:** Any more questions? We've got a couple of minutes. Last chance.

**Joint Information Center:** Hi everyone. This is Kari in Joint Information Center. I'm not seeing any more questions at this time, oop, it looks like we've got one so we'll answer this last question before wrapping up.

**Dave Somers:** We keep seeing schools all over reopen and then cases break out. Is it really safe to reopen them now?

**Chris Spitters:** Well a couple of things. One, safe is a relative term. Few things in life are either completely dangerous or 100% safe, so it's relative levels of assuredness that what we're doing is a reasonable balance of risks and benefits to the people involved directly in the community. And that's what we're trying to work through. That's what the state health department and the governor's framework for K through 12 learning is based upon the science underlying that

balancing of risk and benefits and it's, I think, the best roadmap that we have going forward. Cases will occur in schools. We haven't had a lot even thus far, locally we've had some cases in schools, mostly among staff, no outbreaks in any of the schools that I'm aware of thus far, just a handful of cases per week and then we get involved to try to take the measures to prevent spread. We're all aware of what's happened in other settings. We're just hoping that whatever path we choose forward, we have the measures we're using to protect the students, the staff, and the surrounding school community and the community at large are appropriate and that's what that framework's for. It's based on science and again that's the best recipe we have for moving forward.

**Dave Somers:** Thank you doctor.

**Joint Information Center:** Alright. Well, this is Kari again, thank you all for joining us this morning. We will go ahead and wrap up but please do stay tuned for future media availabilities. Thanks.



## Comparing the Target Case Rate vs. Total Cases

<25 cases / 100,000 residents in the prior 14 days



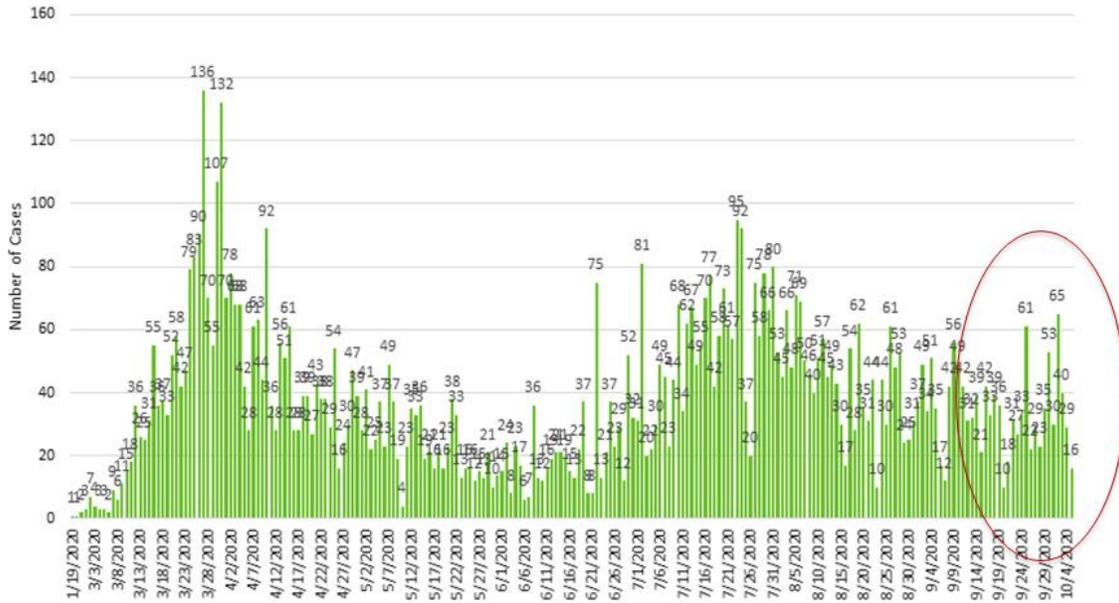
830,000 (estimated population) / 100,000 = 8.3



8.3 x 25 = 208 cases per 14 days

# New Cases Reported

Number of Reported COVID-19 Cases in Snohomish County by Date



## Calculating the Case Rate Based on Total Confirmed Cases

455 total confirmed cases (Sep 20 – Oct 3)

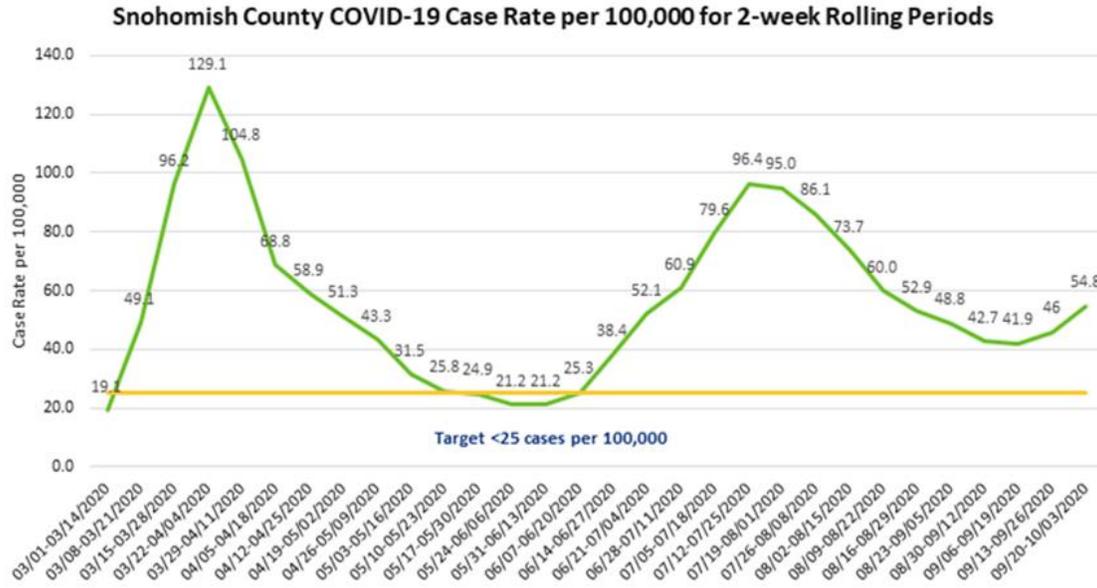


$$455 / 8.3 = 54.8$$



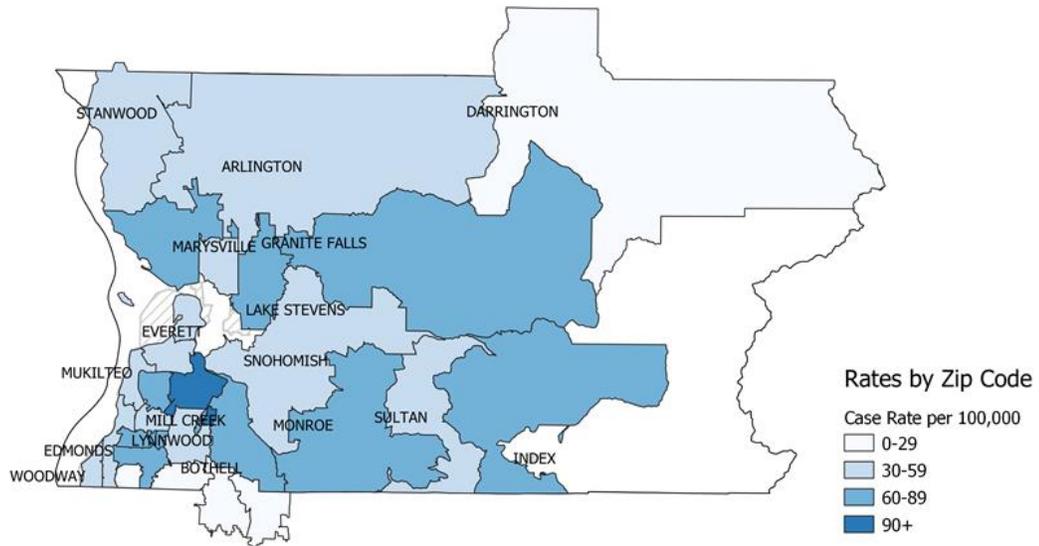
Case Rate: **54.8 per 100,000** in 2-week period

# New Case Rate



# Case Rate by Zip Code

Snohomish County COVID-19 Case Rates By Zip Code,  
September 13 – September 26, 2020



## Reminder about $R_0$ (R-naught)

### **Number of Contacts**

How many  
encounters you  
have with other  
people

### **Transmission Risk**

Probability of  
transmission per  
encounter

### **Duration**

How long you  
are contagious

## Your Role in Keeping $R_0$ Low

### Number of Contacts

Keep 6' or more from  
non-household  
members

Limit social  
gatherings

Keep interactions  
shorter, smaller

Isolation  
Quarantine

### Transmission Risk

Wearing cloth face  
coverings

Washing hands

Avoid touching face

Cleaning high-touch  
surfaces

PPE

### Duration

No current  
intervention