

Snohomish County Response to COVID-19, October 20, 2020, Briefing

Executive Dave Somers: Good morning everybody. Bit of unwelcome news today. As you may know, our case numbers continue to rise and rather steeply, I'm sure Dr. Spitters will be walking us through some of the details on that, but again unwelcome news. Pandemics are rather unpredictable but one thing we do know is COVID will make people sick and kill. It's still a deadly disease. I've been heartened to see that treatment options seem to be lessening the death toll a little bit but again we're concerned with the spike in case numbers that at some point we overwhelm our ability to treat people, so that situation could change. So right now in the U.S. every day about 700 or more people are dying, every day, from COVID. What that translates to is that every three days we're seeing more deaths than those who were lost when the Titanic sunk, and every five days we're losing more people than were lost on September 11. So we should not take this lightly. This is a serious disease and a serious pandemic.

We need to do whatever we can to keep ourselves and our family and neighbors safe. That's really the only healthy, safe and respectful option that we have. Social distancing, wearing masks, avoiding gatherings of more than five people, delaying unnecessary travel. And I know this is going to become more difficult as we head into the holiday season and the weather kind of closes in on us for the winter, but we have to maintain those protective measures. I know we're all sick of being at home. I'm sick of it. You're sick of it. We're all sick of it. But the real sickness is COVID. It's really a brutal disease, and dying by suffocation is a terrible, terrible death. So we can push our numbers back down. We've done it before. We can do it again. We just have to all work together and cooperate and think of our, again, family and friends and neighbors and our own health. So we can't ignore the pandemic. We've got to keep going. And thank you for your cooperation to date and just encourage you all to be safe out there.

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

Health Office Dr. Chris Spitters: Well thank you so much Executive Somers for really hitting the nail on the head. We're in a situation where we really need to redouble our efforts to achieve what we've achieved in the past, and just to support your comments in that direction, with your and the audience's patience, I'm going to share my screen and just show a few slides here that really come from a publicly available, our weekly report that was posted yesterday. (*Slides at end of this transcript.*) And so you should now be seeing a title slide COVID media availability. So next slide I'm going to, alright, so these are, you're seeing a series of vertical green bars. These just show the number of case reports received daily by the health district and you can see we're in this third wave now with a spike last week that was higher than anything we saw in the second wave and really competing with what we saw in the first wave. So this is real, it's sustained, and it's posing challenges for the community as well as for our control efforts. When we take those data and aggregate them together and calculate that rolling two-week case rate, this is what Executive Somers was referring to, you know, we've gone nearly vertical, very similar to that first wave. And we're now past where the second wave went, as I said earlier. This is not going in a good direction and we really need to do our best to do those things that we know, this is not high-tech solution, it's really a behavioral one that we can all contribute to.

Just to break things down a little bit further. This is that same curve but broken out into age groups. And again, like we saw in the second wave, it's young adults, yellow that's 20-29, this gray line that's going up is 30-39, 40-49 in the blue, 50-59. So need I say more? Young adults are at the core of this current activity as it was in the second phase, and again I realize of you

young adults out there either have public facing jobs, essential work, maybe more reliance on public transportation and collective living, but we really, because of that, all the more reason we need everyone, but especially the folks affected, the young adults, to really focus in on avoiding gatherings, trying to just stick to the things you have to do, and really trying to avoid other things and I'll talk a little bit more about that in a moment.

Fortunately, at the current time, the older age groups especially those over 70 have been spared. In between here are school-aged children who've had a small bump. Going on, this is just a tabular depiction of what I just showed you, the current two weeks, the prior two weeks, and cumulatively in the three columns, respectively. But moving from the middle column to the left, if you look at the increases over the rolling two-week periods, two-thirds of the increase is occurring in individuals between 20 and 49 years of age. So again, we're all in this together, but we really want that group to focus on, again, committing to reducing the risk of transmitting to others and being exposed, and protecting our older adults.

Some spatial information here. These are the concentration of reported cases over the two-week period from September 27 through October 10, that's the same reporting period that produced that 101 case rate, so again mostly the cases are occurring where the people live, primarily most dense in the south Everett area, extending a little bit down the I-5 corridor. But there's are pockets of transmission occurring even outlying, away from the more urban parts of the county. And when we look at rates, that's the number of cases per person living in a specific ZIP Code, against we see the Everett, South Everett area most densely affected, but also Monroe, Sultan, and Marysville. And when you look at these colors, the dark blue is greater than 90, the light blue is 60-89, and then the very light blue is above 30. So there's basically no area that's populated in the county that would be considered low transmission. That's less than 25 cases per 100,000 for two weeks. So we're all living in moderate to high-risk areas. Most of us are living in the high risk zone. So there's no part of the county that is immune to this.

Again, our focus is on protecting acute care capacity for the care of COVID as well as all other conditions, and over the long haul, here was our second wave we had a little bump there and things have been up and down, but pretty much flat through the beginning of this third wave. But if we look a little bit closer, these are just spread out over the last week and blown up, and you can see that the number of confirmed cases in Snohomish County hospitals has increased from 20 to just under 30 over the last week, and we've also had an increase in the number of suspected cases that have testing pending but it looks like they have COVID.

So our hospitals are not being tested to the extent that their capacity to provide care is at risk, but the trajectory of these curves suggest that, if they continue, we would be facing that in a few weeks. So all the more reason to really emphasize each and every one of our role in trying to prevent this from going further.

And Executive Somers mentioned the number of deaths that's occurring nationally, and we are in that same boat. Things had really calmed down and we were only having a death or two per week for quite a while, but again saw a little jump in deaths over the last two-week period. Again another signal that this is real and unmitigated it's going in a bad direction and we could end up back where we were last March, both in terms of hospital capacity and then, consequently, the measures that would need to be taken to bring things back under control. So rather than doing that my encouragement to all of us is, you know, I know the vast majority of people are committed and wearing face coverings and trying to limit their gatherings, but all of us are

getting a little tired of this, as Executive Somers mentioned, so it's possible even those who don't intend to be are letting their guard down a little bit and engaging in seemingly benign gatherings. That's what we're hearing from the case investigations. It's five to 10 people, maybe a family gathering, maybe some friends. And I really think we've got to, you've got to ratchet way back on that and retreat your personal social life behavior back to what you were doing last spring voluntarily so that hopefully we don't have to impose measures that would require that.

A couple of other few things I'd like to emphasize that airborne transmission, either by larger droplets that float for a few minutes or by tiny droplets that float for minutes to hours and can spread throughout a room, we're really starting to see science to suggest that that is contributing significantly to transmission, which means that not only do we need to wear face coverings so we don't generate those droplets, as I'm doing right now when I speak or when we cough or sneeze, but even speaking and just breathing generates a cloud of those droplets. We need to improve ventilation when we're indoors, especially when we're meeting people who are not in our household, and then really try to move everything that you can that's social outdoors. And I think if you can't do that, you really ought to think twice about doing it. Because you may get away with it, but as a population across the whole community, if we have that occurring again and again and again, we'll see transmission occurring, and that's what we're witnessing.

Some other issues, people maybe not thinking, well, I'm being safe at work, I'm wearing my face covering, I'm staying distanced in my job role, and then I go sit down at the lunch table right next to other people, or arrive to and from work with folks. You've got to wear that face covering, roll the windows down, don't eat next to people at the lunch table. We've got to all spread out and try to move outside as much as possible. And especially given the weather that's not easy. So we're going to have to really dial back on what we pursue in terms of social contact to try to bend this curve. I just want to note with respect to the faiths represented, we are having considerable difficulty with faith-based organizations meeting in group sizes without face coverings that are way in excess, way outside the boundaries of what is permitted. And we're having trouble getting cooperation to encourage them to stop that. We've also had some resistance to contact investigations in those settings. So we encourage those who think likewise to speak with your faith-based organization's leadership about efforts to try to control this and think of the broad community, think of others, we want grandma and grandpa around for next year even if we can't share the holidays with them this year.

And then with our contact investigations, we're getting more resistance, people not calling back, when they do call back not being willing to share contacts. This is all managed confidentially and it's a huge part of trying to stem transmission so I really am pleading with all of you out there to try to place a little trust in the system that is aimed to protect us all.

Last, I'm not going to go over this in detail, I think these slides will be made available by our team to you all, but there are resources out there for people who want to keep doing the right thing but are facing social pressure to try to get together or have a gathering or do something that they think is either not in their personal health interest or is not in sync with the population oriented measures that we're recommending. But it's sort of talking points for how to get through those difficult conversations, and the state Department of Health has put together a couple of websites and we'll provide you with those.

So thanks to Heather Thomas, our communications lead, for putting these slides together, and I'll turn it back over to you, Executive Somers.

Dave Somers: Thank you doctor. Here we go. So first question. Since it appears to be small gatherings as the main cause, are the restaurants and stores doing a good job of prevention and that means no need to further restriction at those locations? So are they doing a good job?

Chris Spitters: Well in our interactions with them, and with my, you know, I go get take-out food once in a while, too, and I think the vast majority of food service enterprises are doing a great job of trying to protect their staff and the clientele. But a reality is that, you know, given the potential for droplets, large and small droplets that float in the air, and when you're sitting and dining in and eating, there is additional risk associated with that rather than take-out. I'd like to be able to say otherwise, just the facts are what they are, that's the science. So especially those who are vulnerable, underlying medical conditions, older adults really ought to think twice about dining in or dining anywhere with, because there's no face coverings, so everybody, especially you're talking and there's a big cloud of droplets that if somebody's got it it could spread things around. So I think the restaurants are doing a good job, but we have to think twice about our willingness to sit in groups without face coverings.

Dave Somers: So any advice for Halloween and trick or treating?

Chris Spitters: Well, you know, I mean, I'm off the hook a little bit because my kids are grown. This is a tough question but this is the entrée to what's a forthcoming holiday season and the extent to which we can forego pleasure now to bend the curve and help keep kids in school, help the businesses that are trying to get through and employ people and serve people, I think it's all in that interest for us to try to defer any forms of elective gathering to a future date when it's safer. So I'm discouraging trick-or-treating. And we've put out some alternatives. Feel free to look at our website for that. And I know the state Health Department has done the same. I feel it would be irresponsible for me to say otherwise. I would say keep your kids home at Halloween.

Dave Somers: Doctor, another question for you. What specifically are you seeing from, in the way of resistance from faith based groups? Specifically, what has your staff experienced?

Chris Spitters: Reticence to share contact lists, names of people that might have been exposed. And then also after either being notified or becoming aware that there are larger gatherings than permitted or that face coverings and physical distancing aren't being employed in those settings, and then giving feedback about that and guidance, not seeing too much change. And so that's concerning. Those are the kinds of things that can create a super spreader event. And all, on the investigation, and all entities, individuals, businesses, what have you, are compelled by law to cooperate with public health authorities during investigations. So we find this troubling in terms of completing our work and a little bit frustrating in terms of not getting a fully cooperative spirit for the whole communities benefit.

Dave Somers: I guess following on that there's a follow-up question about what can the health district and the county do to force faith-based organizations to comply with COVID restrictions? I'll just say we just try to provide the absolute best information we can, be very honest and clear about the risks involved and the actions that can be taken to everybody, and appeal to everybody's concern not only to their own health but the health of those around them. In the churches that I'm familiar with locally, restrictions are in place in terms of attendance and seating and singing, and so a lot of faith-based groups are doing a great job and trying, and I know there's some outliers. But at the end of the day people are going to have to take this in their own hands, and that's my opinion. Doctor, do you want to add on to that?

Chris Spitters: Everything you just said I would only repeat it. I think the majority, these are a few scenarios that we are seeing around the county, they're troublesome to us because they're what's on our plate, but we're not hearing problems associated with the vast majority of faith-based organizations, which we assume that means they're doing it the right way. And I think education, encouragement, trying to be supportive and maintain a relationship is much more productive than us getting in adversarial relationships with entities. I don't think that's going to get us any close to where we want to go.

Dave Somers: So going back. We're now well out of the moderate risk category for schools. Doctor, is your guidance to districts changing?

Chris Spitters: That's a correct assessment that the framework for schools defines a rate greater than 75 as high-risk. That still leaves open windows for specific populations to engage in in-person learning, and as usual we have a weekly meeting, or a bi-weekly meeting we meet every two weeks, with school superintendents and administrators and we'll be doing that again and discussing these very matters and how the current situation and the framework, where does that put us in terms of in-person learning. But that's a discussion I, we, the Health District needs to have with them before we go further.

Dave Somers: So this is a follow-up to that. Last week you asked schools to pause any further reopening plans, but several including Everett are moving forward with plans that were already in the works as per your guidance. Are you rethinking that?

Chris Spitters: Same answer, slightly different question but yes, schools is an issue. We want to make sure that children have access to learning and that it's done safely and that the staff are also able to do their job and be safe and that we are following state guidance, but the details of that are really a discussion for us to have with the school districts, respectfully, before we have it with the media.

Dave Somers: Can you put the county's test positivity rate into context? It's relatively close to its target, despite the spiking case rate. Also, can you remind folks why it's so important to keep hospitals under capacity? What happens to treatment or fatalities if our hospitals surge?

Chris Spitters: Certainly. So on the test positivity rate countywide, when things have been at their best we've been down in the low 2.2 or so, 2.5%. The goal is less than 2%, but we've been in the ballpark. But now we're on our fourth consecutive week of increase taking us up to 4.6% positive countywide in the last week measured. So that's moving up above another sort of index of heightened concern is when your positivity rate goes about five. So I think that's actually in parallel with what we're seeing, they're no dissociated. Positivity rates and overall case report rates are sadly both headed up.

And just to circle back around to the hospital and acute care capacity item that Executive Somers alluded to in his remarks. You know, one, we've got, I think it's 8-900 acute care beds in the county, and right now about 80% of them are occupied. If you start filling them up with COVID patients, one, that puts a pressure on the system to provide care to those individuals, consumes lots of personal protective equipment, and then as things escalate you start to have other equipment problems like ventilators or just beds for people who have appendicitis or a heart attack or stroke or who needed to have that biopsy of their lung to see if that nodule is cancer or something else, so all those other things get sort of triaged and put to the side as we

were doing last spring. Those are the things we're trying to avoid, in addition to just the suffering and death that accompanies those hospitalizations.

Dave Somers: So last question we have in that chat box, and I'd like to address is also, what would you say to those who remain critical of this type of message and point to the 20-49 year olds not getting sick or dying, who wonder why they should care about this?

I just want to say that there's an old quote that says no man is an island, really famous. But none of us live in bubbles. We are affected by those around us and we affect those around us that we come in contact with, and often that's family or friends or coworkers. And the way these diseases work is they're transmitted from person to person. You can't isolate yourself or think of any group as being isolated. When we had family gatherings before COVID, we had all age groups there, and younger folks who may not get as sick or die as frequently as the at-risk groups are still carriers and can infect the rest of us. And these waves really are transmitted, as you saw, a number of age groups are going up and track each other. Also, this is resulting in the isolation of older folks. We've really had to take those more susceptible populations and isolate them, and that's got its own consequences. I've got a 90-plus year old mother in law who doesn't get to get out and is feeling isolated and it's terrible. So we just need to get the disease under control and hope for a vaccine and that we can get beyond this, but it's going to take some time and everybody's got to cooperate and realize we're really all in this together. We keep saying that but it's the truth of it. Doctor?

Chris Spitters: I honestly can't improve on that. I'll just add a couple of emphasizing points. One, young people don't die or get hospitalized at the same rate as older adults, but they are still getting hospitalized and there are still deaths in the younger age groups. And science is starting to show that two, three months down the line many people who have had COVID still have residual fatigue, difficulty breathing in particular. Those things lag on a long time, so that impacts quality of life and productivity regardless of age down the line. And I think it's slim reassurance that currently things are confined to younger age groups. As Executive Somers said, ultimately it will find its way into older age groups if we don't get this under control soon. So I think all the more reason, as Executive Somers said, we've got to think of ourself as the community in this respect and behave in a way that protects the community and not focus in on our own single individual interests.

Dave Somers: And we've got two more and then we'll wrap it up. With the increases in rates and positive tests, we are not seeing the county toughen any restrictions. The message is the same as it has been all along. Why?

Actually, I'll say, when the first set of restrictions went into place we did see a response. We saw that first peak and we saw a response and we actually got under the 25 new cases per 100,000 threshold that had been set, so we had some real success with that. And the restrictions on restaurants and gatherings and all sorts of things that have been in place have had an affect. The second wave I think was really around some holidays and other events that are very hard to control. The restrictions have been in place that really should have prevented this, but family gatherings for example, just the loosening up of people's concern and deciding to get together with other folks, that's what's driving it now, and that's extremely difficult if not impossible to control in our society anyway. We don't have the tools to really prohibit people from leaving their homes and visiting each other, and I don't see that that's a possibility, but, you know, with this next peak, or this next spike we'll have to see what happens and we'll be working with the other

counties and the state to see if we do need to impose some more severe recommendations or restrictions. Doctor, any thoughts on that?

Chris Spitters: I agree completely. And in the interim, this is our chance as a community to try to bend the curve and not have to resort to blunter instruments that have effects on parts of public life and the economy that may not even be contributing to what's going on. So let's do what we can with what's in our hands, and I fully support your perspective on that.

Dave Somers: The last question is really is the county or health district expecting any new guidelines or rules from the state? Both the county and health district are talking with the state and our state counterparts all the time, and I am aware the state has sort of been rethinking its strategy whether kind of the current system should remain in place and they've tended toward more of an activity based or situational based types of restrictions, you know, trying to nuance this to really respond to the risk that a particular, whether its restaurants or bars or movie theaters or construction sites or manufacturing plants, trying to be more sensitive to the actual conditions there and the issues. And I think that will probably continue. I'm not aware of any new rules or anything that are imminent coming out of the state. I don't know, doctor, if you have anything else you're aware of from your counterparts?

Chris Spitters: I have the same window that you do. There are discussions going on considering what's the best framework going forward but no fruit of that discussion at this time.

Dave Somers: Just one last thing, we're still expecting from everything that I'm aware of that widespread distribution of a vaccine, should one become available, probably is not likely to the general population until spring or next summer really. There could be some early releases that could get out first to first responders and the most vulnerable, but it's going to be a while yet. But we do have plans in place at the county level that we've developed with the Health District to distribute the vaccine when it's available. The teams been working hard on that so we're prepared for an efficient and quick distribution when that becomes available, but it's still a ways off.

OK, I think that's it.

Joint Information Center: This is Kristin in the Joint Information Center. Thank you again for joining us today and for all of your questions. We're going to go ahead and wrap up. Please stay tuned for future media availabilities.

COVID-19 Media Availability

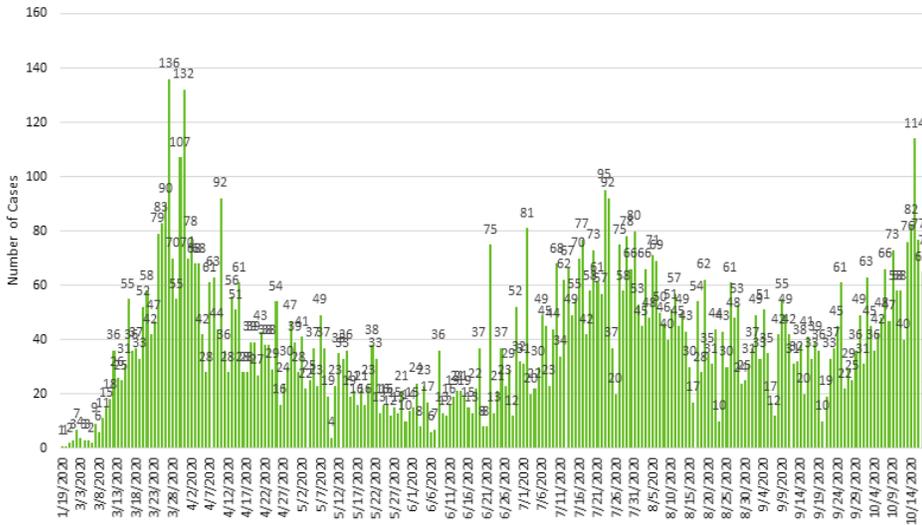
Dr. Chris Spitters, Health Officer
Snohomish Health District



October 20, 2020

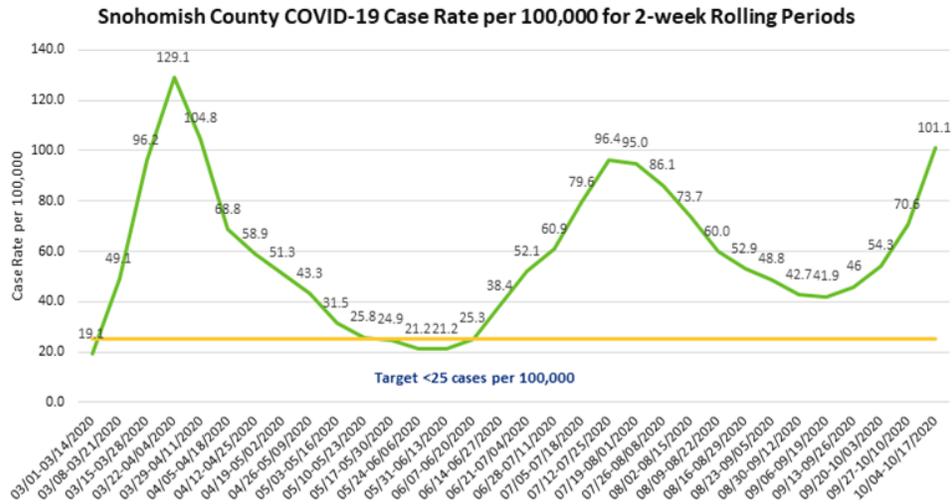
COVID-19 Cases

Snohomish County COVID-19 Cases by Date



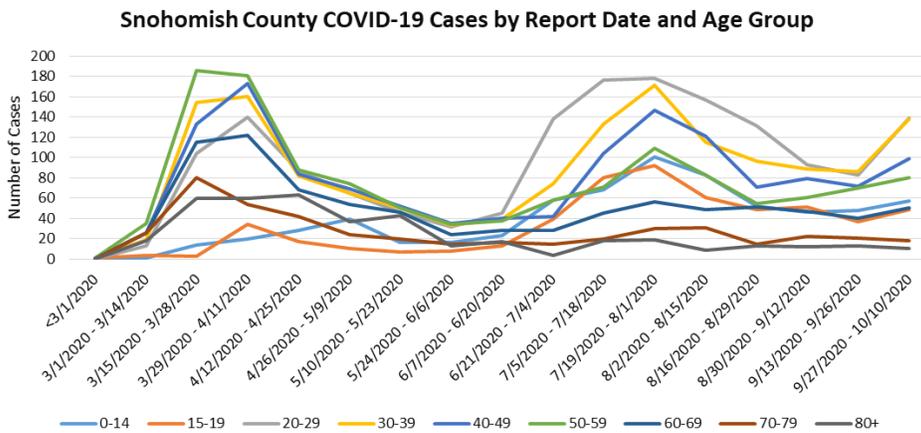
As of October 19, 2020

Rolling 2-week Case Rate



As of October 17, 2020

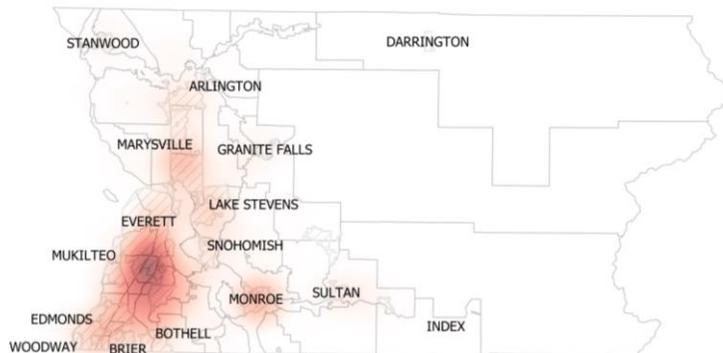
Cases by Age and Date



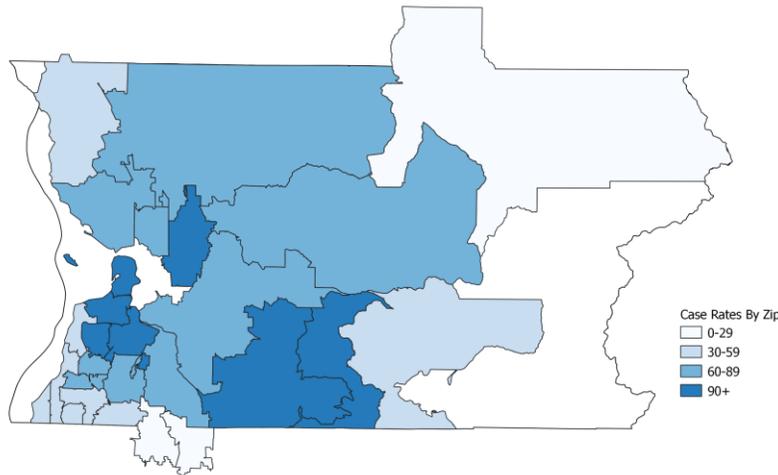
Cases by Age (Sep. 27 – Oct. 10)

Age group in years	Current 2-Week Period 9/27-10/10/2020	Prior 2-Week Period 9/20-10/03/2020	Cumulative 01/20/2020- present
0-14	57	42	672
15-19	49	38	555
20-29	139	99	1629
30-39	138	88	1509
40-49	99	74	1348
50-59	81	67	1276
60-69	50	42	850
70-79	18	17	450
80+	10	6	409
Unknown	0	0	9
Grand Total	641	473	8707

Heat Map of Cases: 2 Week Period (Sep. 27– Oct. 10, 2020)

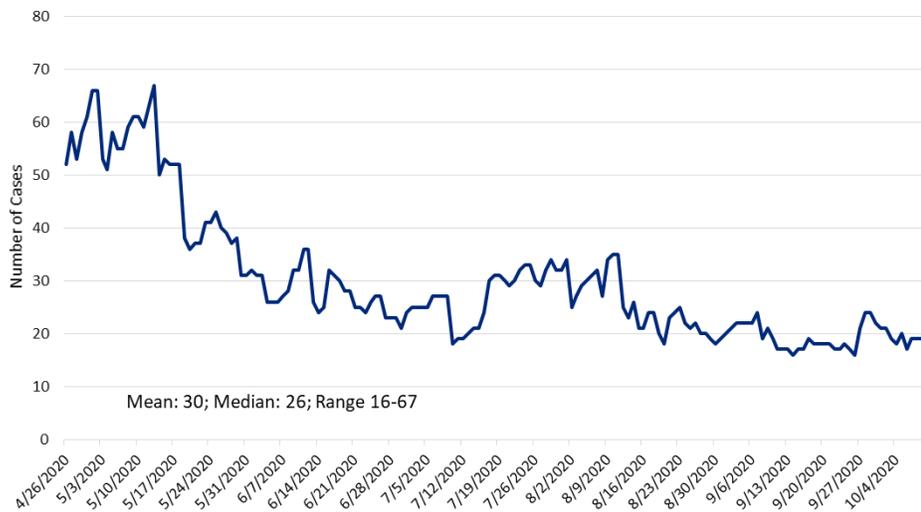


Two-Week Case Rate Per 100k (Sep. 27 – Oct. 10, 2020)

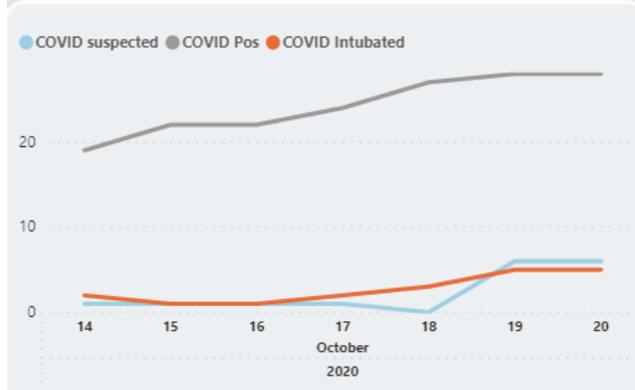


Hospitalization Data

Snohomish County COVID-19 Hospitalizations by Date

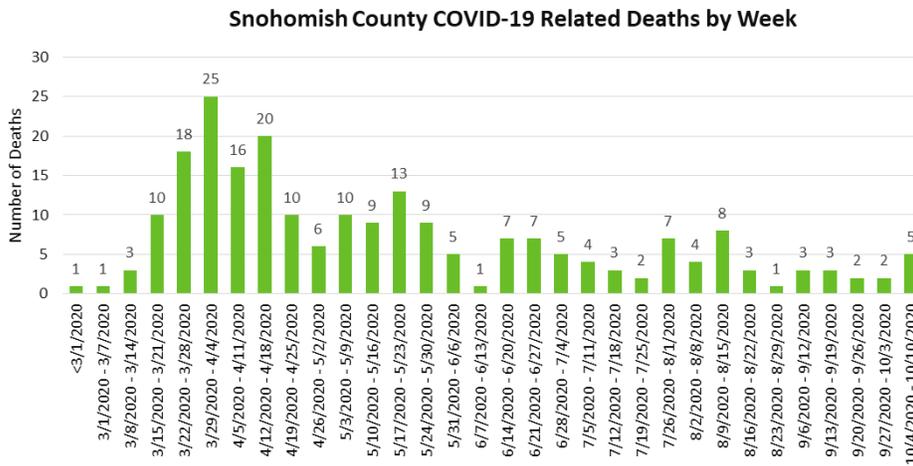


Hospitalization Data



Source: WA HEALTH

Death Data



Increasing Concerns

- Small social gatherings
 - Indoor, poor circulation
 - Informal family & school traditions (potlucks, parties, dances, etc.)
- Co-workers – eating and/or driving together, smoke breaks
- Faith-based organizations not complying
- Not returning Health District calls
- Not sharing close contact information

DOH's New Safer Gatherings Tools

Conversation Guide

When deciding whether to get together, here are important things to discuss with friends and family



- Has anyone experienced COVID-19 symptoms in the last two weeks or been in contact with someone who recently tested positive?
- How can we keep our gathering small?
- Will we meet inside or outside?
- Is everyone comfortable wearing a mask inside and outside?
- If outside, can guests use a bathroom inside?
- Will kids come and can they wear masks (older than 2)?
- How will food be shared (or not)?
- Is there a way to stay six feet apart while serving and eating?
- If planning to gather outdoors (safest option), what will we do if the weather is bad?
- Are people willing and able to get tested and/or quarantine for 14 days before the gathering?
- Are there any individuals who are considered high risk who will be in attendance?



Thank you

contact information

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