

TRANSCRIPT: Special Board of Health Meeting, October 29, 2020 – COVID-19 Update

Please note that the slides from the presentation are available here:

<http://www.snohd.org/DocumentCenter/View/5586/Oct-29-Special-BOH-Mtg>

Board of Health Chair Stephanie Wright: Thank you for joining us. Given the continued increase in cases of COVID-19, there has been several requests for a briefing for public officials similar to the one held back in March.

This evening, Snohomish County Executive Dave Somers, Snohomish County Emergency Management Director Jason Biermann, and Snohomish Health District Health Officer Chris Spitters are here to provide an update on COVID-19 response efforts. We are holding this meeting virtually, and it is being livestreamed on the Snohomish Health District's Facebook page for public viewing. We are recording this meeting, as well, and a video and a transcript will be available tomorrow on the Board of Health's, pardon me, the Health District's webpage.

Back in March, I said that I had confidence in the people of Snohomish County and in our ability to take care of one another, and I still strongly believe that.

Like anything, preventing the spread of illness works best when we work together. We all need to be taking steps to stay healthy and to keep others healthy, too.

This is the time to stay calm and to be kind. Focus on caring for yourself and others in the community.

We continue to take the disease seriously and it has impacted all of us in some way, and we are nowhere near through this pandemic yet. If you need help, reach out. You are not alone.

Make sure you are turning to reliable sources of information, like the Snohomish Health District, the Snohomish County Department of Emergency Management, and the Washington State Department of Health.

I encourage you to join me in supporting the ongoing efforts to slow the spread of the illness – even when it isn't easy.

Our community is strong and resilient and I know that we will get through this together.

Thank you again for joining us this evening, and at this time I'm going to turn it over to Executive Dave Somers. Thank you.

County Executive Dave Somers: Thank you, Chair Wright. Thank you all for joining us this evening. I just want to say a few words and then I'll turn it over to Jason Biermann, who has been doing just an amazing job with our team out at the Department of Emergency Management and the Emergency Operations Center with all our partners. But I just really want to emphasize I greatly appreciate the partnership we've had with the Health District, the County Council and other agencies across Snohomish County and the region, frankly.

I know things are tough right now, with case rates rising rapidly and the economy still suffering, but I too have always had confidence we would weather this pandemic better than most because of the resilience and strength of our residents and their leaders.

I must say though that it has been a long ten months, nine going on ten. When we had the first case back in January, we had absolutely no idea how pervasive the disease would become or what it would mean for us and our county.

Since then, really an extraordinary amount of work has been done to respond to the pandemic and prepare us for recovery and Jason is going to go over some of that work here shortly.

Our DEM Director Jason Biermann will get into the details in his presentation, but I want to sketch out the incredible work that has been done across the county over the last ten months. We said at the beginning that we would follow the science, and we have done just that. And in partnership with the Health District we've tried to get out the absolute best information we can to public so they're dealing with confidence in the information they're getting from us.

Thankfully, we now better understand COVID-19 and its impacts, thanks to some really great sleuthing work by our scientific community, many of them right here in the Puget Sound region. Now, though, we've got the third wave upon us, we all need to redouble our efforts to keep our residents healthy and our medical systems functioning, food available, and our essential services intact.

We also need to be aware of the uneven impacts of COVID-19. If you look at the data, there are greater impacts to some of our communities than to others. Our Latino community in particular has been hit particularly hard by the pandemic.

There were a few key early decisions that have been proven very helpful to us and gave us a model to work with for the future. One of these decisions directly impacted many of our cities and towns. I signed an emergency order in the spring allowing delivery trucks to operate 24/7. This meant that the drivers could socially distance, preserve their health and also provide our communities much needed food and supplies, even when stores were running low, and it seems like years ago, if you can remember back into the spring when there was a run on supplies.

I also signed an emergency order establishing delivery drivers as essential workers. This allowed them to get children in childcare and otherwise be a formal part of our pandemic response. Without the drivers, we would now not have food or other essential supplies we needed.

Another key program we launched is Nourishing Neighborhoods. We had a twin problem, food scarcity for many in the county and farmers who lost markets as soon as everything was shut down. With the hard work of the ECC and our agriculture office, we were able to stand up a program very quickly that has fed those most in need, provided resources for food banks, provided support for our farmers. We are not only feeding families but we are also feeding them with a great deal of locally-sourced food. And I know a lot of you have been involved in those efforts with food banks and getting food distributed out to the community, so thank you for that hard work but important work.

We were the first in the country to make these decisions, and it has meant that we haven't had food scarcity like some other regions.

The other area where we made some early, important decisions was to bulk purchase PPE, personal protective equipment, for our first responders. Again, our focus was on ensuring we could appropriately respond to the crisis and plan ahead for almost any contingency. We also worked with local companies to retool their operations to manufacture PPE.

One of the goals that we have been trying to achieve across all these programs is to strengthen our self-sufficiency. We really didn't want to be dependent on anyone for food, PPE or other essentials. We learned this lesson from the 530 slide and our various exercises for a major earthquake. So we knew we had to really rely on ourselves and our partnerships. We now are in a position where we can take care of most needs ourselves and not have to rely on other counties, the state, or the federal government.

We're now more resilient and prepared for this pandemic and any other disasters that may come our way in the future. So again, the reason we have been able to do much of this is because of our strong partnerships with the people on this call.

So having experienced the response to SR530, I knew that one of the things that would be critical was to maintain open and honest communications with other elected leaders from across the region. I have spent a great deal of time meeting with state, regional and local leaders to ensure we could be as coordinated as possible and have also been doing as many media interviews as possible. So I just want to thank you all for being part of this unprecedented emergency and helping our communities stay healthy and safe.

And now I'd like to turn it over to Jason so he can give you some more of the details about this response. Thank you.

Emergency Management Director Jason Biermann: Thanks Executive Somers. Thanks to you. Thanks for your leadership. Thanks to the Board of Health and Dr. Spitters and Shawn and the team over there for their leadership. One of probably the most difficult things that at least my peers and I face throughout our careers is – occasionally, hopefully not too often – we are faced with really daunting challenges without the sort of support and leadership that we've received at a policy level from the Executive, from County Council, from the Board of Health and the Health Officer. It makes our job much more difficult.

As mentioned, Jason Biermann, the director of Emergency Management. I think most of you know me. I want to just give a fairly brief overview of some of the response activities that have happened from the Emergency Coordination Center, primarily since the first case of COVID back in January, which seems ... Dave said nine or 10 months. It seems like nine or 10 years.

I'm not sure. Do I have control of this Heather? I do not.

Just to give you an idea of what the year looks like. I understand that it's been a tough year for everyone. But to give you an idea of what the year's looked like for the Department of Emergency Management and many of our partners, let's take a step back and realize that at the turn of the new year into 2020 we were already activated in response to the ongoing opioid epidemic. We activated our ECC early on for winter weather. During that time we were, again folks may remember, parts of east county were struggling, cut off from snow and ice. Certainly there were parts of actually King County where we were providing assistance. So that got us going in the year. We had the first case of COVID, were contacted by the Health District, and became part of the COVID response early on. Activated again for the flooding. Councilmember Low has been very involved with the Skyview Estates. Others have out that way as well, out near Monroe. That odd little number you see underneath there, that's a FEMA disaster declaration. So that was actually a federally declared disaster in and of itself. And then of course flashing forward a little bit, at the end of February we activated the Joint Information Center to support all the communications around COVID. The day after, I guess it's a leap year, right, so

two days later, we activated the Emergency Coordination Center. And since we've been activated for that, and I think right now we are at 180 days and counting, we've also had concurrent activations. We brought some additional partners in during the period of civil unrest after the unfortunate events in Minneapolis with the George Floyd incident and then also are preparing to activate again in anticipation of the upcoming national election.

Could you go to the next slide please Kari? Thank you.

So, when we started our COVID response these were our initial goals. We actually worked through these pretty quickly so I won't spend a lot of time on these. But just to give you an idea when we started out we recognized that we were in somewhat new territory. Pretty quickly, with the support of the Health District and just looking at the country as a whole, we had some really basic things we wanted to get on top of quickly. And then if you go to the next slide. Transitioned to these, which are a little more detailed. And these are the goals that we still have continuing through today. So I am going to talk about each of these briefly one at a time just to give some context about the activation and ongoing work that is happening from DEM. Next slide please.

So one of the things was making sure we could actually run our ECC and the Joint Information Center. This is as of yesterday. So today marked 180 days of activation. We have been supported by 15 different agencies. Our law enforcement. Of course the Health District has been critical, integral partners. Fire and EMS community. The cities of Mukilteo and Everett. Community Transit. Fifteen different agencies, county departments as well, who contributed 152 staff who all told have worked a little over 32,000 staff hours in the ECC. The graphic you see is – I apologize for the eye test – is a graphic overlay of those hours in increments of 500. So you can sort of see going back to early March when ... And this is a weekly breakdown. There were weeks when we exceeded 2,000 hours. So there was a lot of hard work and a lot of ongoing work that happened just to keep the ECC running and the Joint Information Center and all these activities happening. Next slide please.

So maintaining and sharing situational awareness, basically making sure everyone knows what we know and that we can share information. That's a key part of any of our activations. For this particular one, we provided a lot of documentation, hopefully most of you are getting at least the situation reports, or folks on your staff are. We now have about 110 of those in addition to incident support plans which just sort of outline how we do business and how we plan to do the business that we are doing. We've created and enhanced a couple of GIS-based tools. The graphic on the top is a slice from our Community Resource Hub. Those are a few places within that hub where folks can go to identify where they can get health care, where there is food, those sorts of things. We actually built that early on during the response to COVID-19. And then what we call the Snohomish County Common Operating Picture – SNOCCOP, we like acronyms as well. That's a closed, that's internal for our county and city partners. That is not public facing. But that's another tool that we use and we've enhanced to share. We use that generally for what you see on there is earthquake information. You can also see there are a number of other tabs. And we can build those on the fly. Executive Somers mentioned the communications and I completely agree. I think the communications having been here during SR 530 and of course up until now, the amount of communications. I shudder to think about how many conference calls and Zoom meetings and MS Teams meetings and there's a thing called Blue Jeans ... I probably can't name all the platforms, but at least we have had regular ongoing meetings with leadership within the county, with partners within the county. I meet twice

weekly with my regional counterparts from King, Pierce and Thurston counties, as well as Shawn with the health administrators or health representatives from those counties as well. And we are on multiple calls on a weekly basis with state emergency management, just from our shop. Next slide please.

Supporting resource requests, another one of our goals. Personal protective equipment, as the Executive mentioned, is a huge piece, no pun intended, or what we provide. We currently, right now have procured a little over 21 million – I think that number might be a little dated. I think we are closer to 23 million pieces of PPE. That comes from things that we've purchased, things that we've requested and have been provided by the state, and then donations. I highlight that in green. The Executive mentioned our county's resilience. The fact that we got so many pieces of donated PPE is incredible. That's a massive number of donated pieces of PPE, and so I wanted to highlight that. He also mentioned that we've also built a lot of local capacity. We had local businesses that transitioned really quickly from sewing furniture to sewing face covers, and from building picture frames to providing shields, face shields, for our health care (unintelligible). We provided all this PPE to a really broad group of folks. There are about 2,000 different entities around the county that we would actually interact with. Generally, on any week, we are working with between 120 and 150 of those depending on what their needs are. And of course, I'd be remiss if I didn't also mention that we've provided face covers for residents, with your help. I do want to recognize the cities, towns and tribes really stepped up, the library system, Sno-Isle Libraries system really stepped up, as did our fire partners, who also were willing to take on some of that load, to help us get about 850,000 face covers that we procured out into our community members' hands. Next slide please.

So another goal is providing timely and accurate information. Kari and Heather, I believe Kent and Scott, part of our critical PIO team, our joint information team, are on this call. They have been amazing. I bolded on there: 8 million impressions. That's a lot of impressions for our two social media accounts. They've also provided regular newsletters, we've done translations into other languages, I can't say enough about the massive amount of work they've done to make sure we are getting information out to the community and to our other partners. Next slide.

We had a goal to support the goals in the Governor's Safe Start Plan. I'm going to defer to Dr. Spitters and Shawn for the testing capacity and the case and contact but I will speak real briefly to the health care readiness and to protecting the high-risk populations. Next slide.

So healthcare readiness. With SHD we worked really quickly – again going back to March which seems like a really long time ago – to update the county's medical surge plan. Bringing a lot of partners in. Looking through a lot of different strategies we could use to augment the amount of bed space we have available. Folks may not remember, but at one point we actually were looking at and had identified sites to set up military hospitals in this county. We were planning to receive ... initially a 250-bed hospital similar to the one that was put in Seattle, then a 100-bed. Ultimately, of course, we did not receive either of those, but we did a lot of groundwork to make sure that we were ready to receive one of those. Thankfully, we didn't need one. The Executive, as part of his proclamation, also empowered our EMS and dispatch protocol known as Protocol 36. That's a pandemic protocol that we use to actually track pandemic cases within the EMS, the pre-hospital system. I highlighted that because that's turned into a really good way to augment all the great data that we get from the Health District with EMS data, similar to what we did in terms of gathering a bunch of different data for the opioid response. We found out that sharing that data enabled the ... having the ability to have a more comprehensive view of that

has been really helpful. Currently we are working on, again with SHD, a medical countermeasures or mass vaccination plan. I know we are all looking to the day when a vaccine for COVID-19 is available. We started very early, I believe late July early August, thinking about this and reaching out. So we were literally weeks ahead of much of the other planning that was done. So we got a really good jump on that. Next slide please.

Protecting our high-risk populations. Two things in particular. The Isolation and Quarantine Facility. That is part of the governor's Safe Start Plan. And it's something we highlight in the application when we moved to Phase 2. It's still within the governor's Safe Start Plan. We initially set up at the Angel of the Winds (arena), and that's the photo you see at the top right. We currently are out at the Evergreen State Fairgrounds. We shrank the size a little bit from 96 down to 80 and to date we are just shy of 200 folks that we've been able to safely quarantine and isolate. Those are people who are not out in the community potentially spreading COVID-19 that we've been able to give a place where they could safely be segregated in either quarantine or isolation. That's a great thing in and of itself, but I also want to mention the staff out there have also been working with places like Carnegie to ensure that folks who are going in for social services receive testing so they don't come in to some of the other environments and inadvertently spread COVID-19. We also recognized early on that our unsheltered population could be at disproportionate risk and we sent out the SAFE Team – Snohomish Agencies For Engagement. Again, that is something that I don't know of anyone else at least in the west side of the state or around the state, who as aggressively set up a team to go out and instead of waiting to solicit feedback actually sent folks proactively out to figure out what sort of impacts COVID-19 was having on our unsheltered population. Next slide please.

In terms of mitigating secondary effects, this is another goal, and again I will just speak to two of these things. Next slide.

The Executive mentioned Nourishing Neighborhoods. I'll simply add a little bit of the details. Where we locate those neighborhood-level distribution sites is actually a really, in my opinion, really cool analysis of looking at socioeconomic data, transportation data – so we look and see where people have mobility issues – and of course overlay those with food deserts to see where folks are already challenged with just getting the distance to food availability. There is complex math and algorithms and really smart people – obviously I'm not one of them – but I know enough about it to know that ... the science behind it is really solid and it's also what we use to identify where we put what we call community points of distribution after an earthquake. So we are using the some of the same science that we use for that planning for this pandemic. That resulted in 18 different locations where we've distributed over 7,000 boxes of food. The cool thing about Nourishing Neighborhoods, as the Exec mentioned, some of that, much of it honestly, is locally grown. So we actually are getting food from local producers, putting it in boxes, you see the picture on the left, and providing it to our residents. All done within the county, all with the intent of making us stronger and more self reliant. Next slide please.

And then we also looked at child care. We looked at this early on, going back to March. We were initiating measures to make sure that our most essential workers would have child care so they could still get to work and not worry about care for their children. We continued that into this fall in partnership with the YMCA and the Boys & Girls Club. And again, our focus, we know there are some measures that are happening with the child care providers sort of on a larger scale, our focus from the Emergency Coordination Center was really ensuring that the essential workers have adequate child care available to them so they are still able to get to the hospital,

able to get to the grocery store and do their work, able to get on an ambulance and, of course, able to come in and do public health work. So that's really been our focus. Next slide please.

And in and among all that, I'm proud of our team. One of the things I mentioned again fairly early on to them was we knew COVID was going to last and we had to be able to also respond to other crises. It has been a long year, and not just for us but for places around the country. We've supported our partners much as they did for us during SR 530. We have sent staff to other counties, in and among everything else we have done. We actually also deployed someone to another state to help them out, down to Oregon to help them out during their wildfires. We hosted our annual winter weather summit. We had about 110 different folks from a bunch of different jurisdictions from around the county who joined us just a little over a week ago we talked about the upcoming winter weather season. We've already resumed some of the coordination around opioids and that particular epidemic. And like I mentioned early on, we also are coordinating preparations for the upcoming elections that will be happening next week.

So I am very proud of the team for having the flexibility and frankly the stamina to be able to not only continue this ongoing response, which has been a load in and of itself, but also be able to support other partners who have needed us. And next slide.

I'd be, again, remiss if I did not mention my small but mighty team of 18 has also – and of course that doesn't include all the other folks who have come in – but just for my staff we've also completed our state-mandated Comprehensive Emergency Management Plan Update, our Hazard Mitigation Plan Update, we are doing work with seven other counties, you can see the rest of it on there. It has been a pretty incredible body of work done by an incredible group of folks. And in partnership, of course, with the Health District, with many others. I am extremely grateful for my team and for the team – Shawn Frederick often gets to put up with my little isms. Certainly "Teamwork makes the dream work" is one of those and certainly our team is strong. Next slide.

We have other things in play from Snohomish County. Of course we are doing work in economic recovery and resiliency, housing and rental support and other things. I wanted to really focus on the work that is being done from the Emergency Coordination Center directly in response, so I am probably not best to answer those questions, although I can maybe answer some of them. But other than that, next slide. I will turn it over to Dr. Spitters. I am not sure if we are taking questions at the end, I believe so. Again, thanks, thank you all for the support, the leadership, and the partnership throughout this entire, what seems like an extremely long year.

Snohomish Health District Health Officer Dr. Chris Spitters: Well, Jason and Executive Somers, thank you so much. Jason just again demonstrating what an asset the Department of Emergency Management is to the county, and again another emergency well addressed. We would be unable to deal with this without you in our zone of activity. And you've just reminded me of the incredible breadth of challenges you take on. We're focused on the health aspects, but you're dealing with all the branching effects. So thank you so much to all your staff for their incredible effort and ongoing support.

So I'd like to now just move into a status update about the health district. Before we get going, though, we recently changed our website. We think for the better. But change is always an adjustment so we just want to orient you because we've been getting a few questions about where do we find the data? So this URL across the top, snohd.org/covid, is the place to go. You can just enter that, or you can get there by going to our homepage. And then that will take you

to this page which has multiple icons. We've tried to arrange everything in a user-friendly manner. Rather than me going over it, I just encourage you to go there and click on the different buttons and see what's behind there. And certainly if something's missing or not locatable, do let us know.

My primary activity tonight with you is to speak about the data. So that would be the upper lefthand icon. And if you click on that one that takes you through to our data page. And those three icons cover major groups of information. The local case counts are brief, short updates. That's where you'll see our daily updates on the number of cases reported and the most current two-week rate. The next icon has all of our detailed reports, the kinds of things that we put out every Monday for the public and the media to see. And then the last icon links you to the Washington State Department of Health's data dashboard for COVID-19 where you can look at their view on our data as well as the statewide view and other counties. I'll just remind you that sometimes our reported data and what you see on their dashboard will differ slightly due to different time windows that we define for what we're looking at as well as different days of the week that we update our data. The data's constantly being updated, so it kind of depends on when you pull it out of the master computer. But they are substantively similar.

Next slide please. Alright, so this is the talk of the hour, this figure which I think most or all of you have become familiar with. And I don't need to say more really than that we're on our way up and we're now at a level of overall transmission that parallels what we saw back in the first wave.

Next slide please. This is what our epidemiology and disease controls staff see on a day-to-day basis. These are the number of cases coming in and as you imagine there's more variability and they use this data to derive the last slide you saw. So things are up and down, but overall on an average day we're getting in anywhere from 60 to 100 cases being reported over the last week or two.

Next slide. This takes the first slide, the two-week rate over time, and breaks it up into the different age groups. That's one way, we try to characterize, you know, the art of epidemiology is characterizing things by person, place and time, and so this is mixing person and time, what's happening with different age groups over time. And this current wave, the three or four upper lines you see there are the young adults, ages 20 through 49, 20 through 59 excuse me. And they account for the majority of cases and the majority of the increase we've seen over the last couple of weeks. That is similar to what we saw during the second wave but quite a bit different from what we saw during the first wave when it was older age groups that were primarily involved at that time. The middle set of lines there are school-age children, the orange and the light blue are school-age children and adolescents, the dark blue is 60-69, and then the bottom two lines, fortunately, are our oldest adults, over 70 and then 80 and up. They are increasing, though, for the first time as you can see in quite a while. So that's a signal of caution, but fortunately in terms of magnitude it's still low. And I'll come back around to the importance of controlling transmission among the elderly later.

Next slide. This is just a tabular form of what you just looked at, more or less. And it's just to highlight that those age groups 20 up to 59 account for about 70% of the marginal increase in cases. The 400 more cases we had in the past two weeks compared to two weeks a month ago are, 70% of that increase comes in those age groups. But again, keep in mind that all age groups are seeing an increase and all age groups are affected.

Next slide. Another way of looking at trends in transmission and getting an idea of what's going on out there is the percentage of positive tests. And after that second wave when we went up into, in mid to late July, and the percentage positive on tests done all tests county wide, which back in July were about 6,000 tests per week, hit up around 5%. Then we got through that, came down to the low 2's, now we're back up. You can see we've been steadily rising for five to six weeks, close to 6% positive. And that's among, we're actually having more testing going, we're up to about 8,000, I think 9,000 tests last week, but up to about 8 or 9 thousand tests a week over the last three weeks whereas we were at 6,000 tests per week earlier. Now, some people ask "hey is that why you're seeing the increase? Maybe it's because you're doing more testing." But if that were the case, if it were all driven by increased testing, we would see a stable percentage positive, say down around 2%. And if we doubled our testing the positive rate would still be around 2% if transmission in the community were stable even though we were counting twice as many cases or twice as many positive tests. But where we see a doubling of positivity or more like this, that really is another signal of a true increase in transmission.

Next slide please. This is looking at something that Executive Somers mentioned earlier in his remarks. COVID does affect different populations to different degrees, and we're seeing that many of the racial and ethnic minority groups in Snohomish County are disproportionately affected, in particular Native Hawaiians and Pacific Islanders at rates 8 to 9 times what whites and Asians are seeing, but also African Americans, American Indian/Alaska Natives two times higher, and Latinos four times higher than what whites are experiencing.

If you could go to the next slide. This is a very busy slide, so I just want to focus your attention on the gray columns. So when we're looking across the rows at different racial and ethnic groups we see different numbers of cases and then when we divide by the population for that group we get the rate for that group that I've already shared with you. But that first column that's not gray does give you an idea of the absolute burden not just the rate but the number of cases. So although whites and Latinos have the far greater numbers of cases, as I mentioned earlier there are some other groups that have high rates, particularly the Pacific Islanders. But it raises this question of, if you see in the news and some reported scientific literature that death rates, and they are, hospitalization rates are higher in these groups. But I think it's important to look at among those who are hospitalized, or among those who are cases, what percentage are hospitalized. And we see that that's fairly consistent across these groups. When you run the statistics on these numbers, all of those estimates, all those percentage hospitalized do overlap. Similarly, the mortality rate for those groups, once infected, among those cases is similar across groups and those percent estimates also overlap if you run the statistics on it.

What's my point here? There's not something biological going on here. The difference between groups is not driven by some inability to fend off the virus or get better once infected. It has to do with their risk of exposure at the front end. And there's a variety of factors but, including but not limited to employment in essential functions of society. They're more likely to be going to work, more likely to be riding in group transportation of whatever form, and also more likely crowded living conditions, among others. So again it's exposure not something else that's going on.

Next slide please. Here's a spatial configuration of the intensity of case reports over the two weeks ending last Saturday. No surprises here, and it's similar for the last two weeks as compared to the whole pandemic, with the focus on, most dense in the south Everett area where multiple jurisdictions converge there, extending down toward the King County border, and then pockets out in the outlying smaller cities and towns throughout the county. Another way of

looking at this, if we go to the next slide, is rates. That was just number of cases. This looks at number of cases per population in this map as ZIP Codes. The census data provides us population by ZIP Code. The darker the shade of blue, the higher the rate in the past two weeks and again I think there are certainly pockets of disease transmission that mirror what you saw on the case map, but it does show you that in some of the less populated regions outside of the urban core of the county, we do have high rates. Up around Tulalip, Marysville area, and out in East County, Monroe, Sultan area. But more important, if you consider the white shaded area the low risk area of the county, which is really limited to that one ZIP Code out toward the summit of the Cascades, there's really no substantially populated area of the county that's low risk, and most are in the medium and high range.

Next slide please. So in summary, what I would suggest we take home from this data are the following messages. That the case rates, both in terms of their absolute level and their trajectory, are highest in young adults age 20 to 49, which is in turn greater than that seen in children and adolescents, and fortunately at this time the smallest amount of disease and the slowest increase is being seen in our older adults above age 70. Various race and ethnicity minority groups are disproportionately affected as I described. Workplaces have been determined to be a location of transmission. At any one time we've got one to two dozen workplace outbreak investigations going on. What we're noticing, I think it's important to mention that the employers often have all the work practices and all the screening set up and all that, but it's often staff letting their guard down during breaks or on their way to or from work where they either have a sense of trust in the people they're around or just a break in their infection prevention practices that are exposing them to transmission. Family and social gatherings. Not overwhelming, obviously prohibited gatherings of 100 to 200 people, but five, ten, fifteen for a barbecue, a birthday party, a holiday. And those are the events that are really driving transmission now. And they're often occurring in the absence of face coverings, and now that the weather is cool people are doing this indoors more, so those clouds of droplets that float around our heads when we talk that can be inhaled by others, they're not being irradiated by the sun or blow away by the wind, they're just hanging there. So important to keep that in mind. You don't have to be a scofflaw to get exposed to COVID. Well-intended, benign, seemingly small family gatherings are still risky. Longterm care facilities I'm sad to say we are seeing an uptick in cases there. I'll cover that more in a minute. And we're not seeing widespread by any means in school and child care centers but we are seeing lots of cases, you know, clusters of cases, one, two, that doesn't mean transmission is occurring there but we get involved to try to help the administration stop transmission, but that's a key and high volume area of activity right now. And again, and I just want to highlight something that I think we haven't done a great job of, is that a lot of what we're seeing suggests to me, along with what we're seeing in the scientific literature, that those clouds of droplets that hang in the air for a few seconds to minutes to hours if the air is stagnant can lead to transmission to others, especially those who are very close to use within six feet, but also in places where there's a lot of people and the air's not moving. You can create clouds that last quite a while and have what are called super-spreader events where many, many people get infected.

Next slide please. So what do we do about this. Well, I don't need to reiterate for you every single prevention measure. But I think we need to, as Executive Somers mentioned, really double down on asking the community to stay with it because we are in this for some time to come as Chair Wright mentioned. And I do have to say we get many questions about this and a fair amount of understandable pushback, but face coverings do work to protect others, both

physics and science working with masks and aerosols and people talking clearly show that face coverings greatly limit the generation of droplet clouds when people sneeze, cough, etc. And it's also been shown empirically that in communities that have face covering directives or mandates and good compliance that COVID rates and hospitalization rates are lower.

Other just the usual tips. Try to keep things spaced out, try to distance yourselves from others that are not in your household. Wherever you go, although you like people and they are your friends and your associates and they're good people, I would reconsider the thought of trusting others to not have an infection that they may not know they have. Trust isn't really isn't what's involved there. It's just math. And social distancing can't be underestimated. When you're having get-togethers, doing it outdoors and in very well-ventilated areas, and that gets harder to do in the winter and that means probably need to have fewer gatherings. Avoid crowds. If you walk into an enterprise and it's crowded, leave. If you don't see people standing more than six feet apart, there's too many people there, get out, protect yourself, protect others. Stop engaging in unpermitted gatherings. I think that goes without saying. And then I think we all need to, I think, try to curtail unnecessary but still permitted social encounters. Think twice at this point in time about doing things with others that aren't in your household that aren't necessary. And then we all need to shelter the oldest adults and the medically vulnerable in our communities and try to keep them from getting infected.

Next slide please. So this takes me to why we're doing all this. You may recall back in the first wave it was the hospital surge that threw us into an emergency and challenged the capacity of hospitals as well as the supplies that hospitals need to take care of people, and then the supplies and care space that outpatient center need and other people like EMS need that personal protective equipment. So things were really chaotic and difficult and on the brink, as Jason mentioned, we almost had to stand up a field hospital. And we got away with it just in time, we bent the curve. I know we can do it again. Right now hospitalizations have been going along at about 20 people in the county hospitalized at any one time through September. They took a jump in early October coincident with the increase we're starting to see, and then fortunately they've come back down a little bit.

If we look on the next slide it's a little bit cryptic but if you look in that lower righthand quadrant, that gray line shows you the number of confirmed cases in Snohomish County hospitals, which had bumped up to about 30 a couple of weeks ago, and just this week it's stayed stable and then came down this week in to the high teens, low 20s. And that's where we sit right now with 25 total COVID cases and suspects in Snohomish County hospitals as of today. And why is that? It's because the disease right now is mostly affecting younger people and the hospitalization rates are lower, not zero, but lower in those younger groups.

Next slide please. I just want to emphasize that again here. These rows as you look down that table are increasing age groups and the number and percentage of total hospitalizations to date for the pandemic. You can see that almost two-thirds occur in individuals over 60. But even among those, 3% of people in their 20s that have a reported case of COVID get hospitalized, 8% 30 to 39 year olds. So although less likely to be severe in young adults, it's not completely benign and again I have to mention that two to three months down the line, clinical follow-up studies published in the medical literature are showing chronic longterm, up to a third or half of people who are confirmed cases still having fatigue, difficulty thinking, shortness of breath. So even among the young among us, it's not a benign condition. Also there's a sense out there that you've got to be kind of a sick person or have lots of medical problems or very elderly to end up

in the hospital. And again, one out of six hospitalizations, 15% there, have no medical risk factor, diabetes, hypertension, heart disease, lung disease, none of those, and they're not over 70. So keep that in mind.

Next slide. I referred earlier to longterm care which was a, really we were in trouble with the longterm care facilities having all of those cases back in March, April and May, we got out of that, they've been doing a tremendous job of keeping our older adults needing their care in good shape. And you can see that came down. And that's really been a success, I think. But we are seeing now a bump in cases in the last several weeks you see there. Some of that's associated with a single outbreak that might account for about half of those. But we're still seeing it in multiple longterm cares.

Next slide. And sort of a corollary of that is the deaths. These are the things we don't want to see because of the loss and suffering involved for those who are affected and those who love them. And you can see that we've had an uptick in deaths over the last couple of weeks. We generally see hospitalizations and deaths lag behind the cases because it takes a while to get sick enough to end up in the hospital.

So these are all little signals that what's going on in the community and what we're seeing with that first curve I showed you is real.

Next slide. And again, just to highlight the importance of sheltering our older adults, if you look at the last two rows there, and look at the number of deaths that have occurred there, the first thing you see is that, well, about three-quarters of the deaths have occurred in individuals over 70. And that last column shows you the case fatality proportion, the proportion of total cases reported in that age group that die. And this is why my 94-year-old dad refuses to come out of his home, because he sees that and he says "25%, I don't like those chances, stay away, I'll have the groceries delivered."

Next slide please. So here's what we're doing at the Health District. First and foremost in coordination with the Department of Emergency Management and with all of their help, we sit at the Emergency Coordination Center's Emergency Support Function or ESF 8, which is public health and healthcare, as well as ESF 15 which is communications and Joint Information Center. We have our surveillance and epidemiology team taking in all the case reports, doing all the data that I've shown you. All these slides were done by Holli Bruce, who has been there every week since this started to help generate the reports. Our testing team has stood up a testing site that's now augmenting the testing that's occurring in the community. We're now getting out about 1,000 tests per week to add on to the other 7,000 to 8,000 that are being done by the healthcare system. Then we follow up on all the reported cases to make sure they've got the information about being isolated, they know when it's OK to come out, they know what to do. If they don't have a place to isolate we help locate them out at the isolation and quarantine center. And then we identify, talk to them about who has been in close contact with them, and then we reach out and get to those individuals and try to get the quarantined and if they are symptomatic or otherwise willing or able to seek testing, get them tested. So we're reaching about 70% of all those cases and contacts within our defined timelines, which are within 24 hours of notification for the cases and within 48 hours of notification for the contacts. We get to about 70 or 80% of those. Our goal is 90. That's a lofty goal, I have to say, based on my experience working in other communicable diseases, but we continue to aspire to. But what is getting done is having an impact, I am confident.

Next slide. In addition to those individual based interventions, we have teams that interface with high-priority settings in the community like longterm care, schools and child care, employers, and special populations that would include and not be limited to unsheltered population or specific social networks or groups that are having like a neighborhood or community outbreak. So those are dedicated teams that reach out all the time. They're all constantly working to keep the community safe and stem the spread. You know, we're not able to eliminate transmission, but we're trying to control it and slow things down a bit. At multiple levels within the health district we work with the healthcare system. I interface frequently with the medical directors and chief medical officers of most of the major healthcare systems. Our vaccine planning team is working very closely with them as well. Shawn Frederick, our administrative officer, spends a lot of time staying in touch and sharing information with the healthcare system. So we're maintaining those links because we're mutually indispensable to one another in trying to get through this. Vaccine implementation planning, I'll speak about that in a minute. And of course all this work our communications teams have been doing to get information out and provide people with reliable information to make good decisions based on.

Next slide. So a couple of questions I wanted to address before wrapping up is we often get some questions or misinterpretations of what a close contact is. This is just the formal one that it's someone who was within six feet of a confirmed case for 15 minutes cumulatively in a 24-hour period. So that could be a 15-minute stretch or it could be five minutes three different times during a 24-hour period. Having said that, that's the general criteria we use but if there's a room full of 12 people who had a banquet in a small room but they weren't all within six feet of each other but they were sharing the air for three or four hours, we liberalize and spread that definition, but this is the core definition. Other qualifying things that would supersede that would be frequently sharing tools or equipment that are not sanitized, this particularly can happen in work setting, or people who are riding next to each other in a vehicle to or from work also land in there, even if they're not otherwise associating at work closely.

Next slide please. This is a reminder for everyone to stay home after you get tested. And if your results are negative and you're no longer ill and you got tested because you were ill, you can go back to work and your other activities within the limits of the recommendations we've made in general for everyone. If you are a close contact of a confirmed case a positive test helps us confirm your diagnosis, but even a negative test you have to ride out your period and sit out two weeks even if your test is negative because the infection could be incubating and the test could have been done too early. So that's our key message there.

Next slide please. Many questions coming in about what to do with the holiday celebrations, and I don't want to be the guy that's throwing water on the holiday fire, but here it goes. I mean, it's going to have to be different this year. I just can't see large groups of people getting together indoors who are understandably tired of all this and want to celebrate the holidays. I think you're going to have to make it look different this year and try to honor, you know, sticking with your household, you favorite five outside of the household is what we've got in phase 2. And the state health department has guidance about Halloween, about watching Seahawks and other sporting events, about Thanksgiving holidays and the winter, Christmas and other winter holidays online. And we'll be looking at those and either incorporating them or adapting them for the local setting and you can look for those in the time to come on our website. But in the meantime you can get those off the state's coronavirus website. And I really do encourage folks to keep it small. I said it earlier on the press briefing this week. I discourage trick-or-treating this

coming Halloween, this Saturday. And let's try to find other ways to celebrate that don't involve us bringing one another together where we can transmit to one another.

Next slide. Other items on the health district website, you know, to remain in the holiday spirit and we'll continue posting these through the holidays but we have some Halloween stuff up there for kids that is fun for them to look at and play with.

Next slide. OK. So I'd like to close with some hopeful news. I don't have any special knowledge about any forthcoming vaccine. I watch the same news and I get a little bit of the public health avenue information, but there's nothing new. We're still waiting to see what the outcomes of the clinical trials are, and what the FDA and CDC do with whatever comes from those trials. But we do have to plan, as Jason mentioned, and with the help of his team at DEM we've put together a draft plan. It's certainly going to be a working plan as we get more information and time moves ahead. But some key assumptions that I think we all can count on is that if it's going to be implemented it's going to be a safe and effective vaccine. It won't clear the FDA, CDC and also the Washington State Department of Health has an independent review team that has a vaccinologist to assure us all that what we're engaging in is going to be safe and effective. Likely to be two doses given four weeks apart, outside chance that it's a single dose but more likely this. It's a voluntary endeavor like all vaccinations, not mandatory. It's conceivable that some employers might want to make it mandatory in their setting, but the health district has no horse in that race. That would be an employer, employee thing that would be based on their work setting. Public health from the federal down to the state and the local level is coordinating the overall effort and is the conduit for procurement and distribution, but it's going to be the healthcare system that predominantly if not exclusively administers the vaccines into people's arms. We're going to want to maintain cross-jurisdictional harmony, meaning with the neighbors all around us, around how we do this out of a sense of doing it well, following the guidance and leadership of the state, and to avoid venue shopping or frustration that people might feel about differential treatment across jurisdictions. And then last but not least, this is going to take a long time. Best case scenario we're looking at three or four phases of three months each to address serial groups of prioritization in the population. And it's not going to be you get your vaccine and then you take off your mask and have a party. It's going to be you get your vaccine and go back to the recommended prevention measures we've been talking about. And that's going to last until further notice, but likely up to a year from now.

Next slide. Just a brief thing to say, as I alluded to, it would be phased implementation and serial steps that is driven by the amount of vaccine available, which initially will be small, and then increasing and trying to hit the highest priority groups, which groups are going to prevent the most hospitalizations, which groups are most exposed, which groups are least likely to be able to access vaccines on their own, and how do we get out of this emergency with vaccine as quickly as possible. So trying to use it rationally in that way. And then of course our communications team as always trying to address information getting out, especially to vulnerable and low-access populations to address both acceptance of a hesitancy people might have about acceptance of the vaccine and to inform people about how and why we came up with the prioritization scheme we did.

Next slide. And this is just a graphic showing, you know, there will be a time when we're ramping up vaccine supply, and that's the time when scarcity will have to go to the highest priority folks in terms of what's needed to protect hospital capacity, frontline workers, and try to get us out of the emergency mode.

Next slide. So in summary, the recent data is a cause for concern. The level and trajectory of cases go without saying. I think those graphs speak for themselves. The emergence of cases in longterm care facilities and older adults and then the deaths are signals of emerging concern. But fortunately right now hospital capacity is not imminently at risk.

Next slide. Concerning also are the markedly elevated rates in some of the racial and ethnic minority groups in the community, although their case hospitalization and fatality proportion are similar to other groups. They're getting exposed more in their occupational and personal lives. As I said earlier, sustained control efforts are necessary for the longterm. Vaccination is likely to come sometime in the next three months, but the impact on transmission and our overall situation likely won't be realized for many months down the line. And I, this is a little out of my lane, but as the health officer I am a customer and a grateful one of the CARES Act funding. Almost everything I've just talked about has been driven by the generosity of the CARES Act funding and its allocation to the health district for these activities, for which I am most grateful on behalf of the health district and the community.

So these are ways to stay in touch with us. I am really grateful for this opportunity to speak to you and in partnership with our county team here. And with that I'll turn it back over to our moderator.

Heather Thomas (Snohomish Health District Public and Government Affairs Manager):

Thank you everybody. We will take some questions that were received from some elected officials earlier today. We'll try to get through as many as we can. We know we had some issues with the recording today. There will be a better quality recording that will be posted on our website tomorrow, as well as all of the slides and a transcript from today, as well as all of the questions we get through today as well as the ones we can't get to we'll provide answers and that will also be posted on the Snohomish Health District's website under news and briefings. But before we wrap up, I will pass along a couple questions that we did receive.

One that might be for Executive Somers and Dr. Spitters. We had a couple questions about the increase in cases and what that might mean for jury trials or other types of in-person hearings?

Executive Somers: Well, doctor, I'll just to be extremely brief, those types of in-person congregations indoors with groups of people raise risks, so I would think they'd generally be ill-advised, but doctor do you have more detail on that.

Dr. Spitters: We were involved with the Snohomish County Superior Court when they went back into activity in June or July, and they had a great setup to try to protect both the jurors, the visitors, and the staff of the court, and we've gone through many many months without a problem there, so that is greatly reassuring. On the other hand, case rates are increasing so it's a timely question that I don't have a yes or no answer to but I think it deserves consideration both from our Department of Health colleagues to get consultation as well as from the court system on what direction we want to go right now. I share your concern, Executive Somers, and I think we need to address it, whether it's modification of what we're doing, I just don't have specific direction to offer at this moment.

Heather Thomas: Next question we received was, you've talked about it a little bit today, but when can people expect Snohomish County to get back to some semblance of normal.

Executive Somers: Doctor, do you want to address that? I think you'd mentioned that in your talk.

Dr. Spitters: Yeah, I think many, many months from now. Under a best case scenario, we're look at mid to late, summer to fall 2021 when a substantial portion of the population's been immunized and the threat of a hospital surge is hopefully put to rest. Then we could really start moving back toward a sense of normalcy. That doesn't mean there aren't things we can do wisely and safely in the meantime that either we're currently doing or conceivably transition into doing that we haven't been doing, but it needs to be carefully chosen and done with great caution and slowly because of the analogy I've mentioned before. We're driving on ice with limited visibility, and we just really need to be careful about accelerating because places that have done that, often the downside has been quite steep. And I don't want to falsely reassure the community that we could take on a lot more public activity than we can without those risks.

Heather Thomas: Related to that, we did have quite a few questions that all asked a similar topic, which was, given the increased transmission and now in the high COVID activity, are there discussions about going back to Phase 1 or other types of interventions.

Executive Somers: Well I can start on that one because I wanted to mention this. We are in pretty much daily contact with the governor's office about the situation not only in the county but the region and the state. There have been no discussions that I'm aware of of plans to go back the phase 1. But I would have to say we have to watch that hospitalization rate and if we get to a place where we're either maxing out locally or other places in the state, I think everybody's been clear that all options are on the table. And I think we really don't want to do that so that's why it's really important to follow the protective measures. On the good news side, we're better off than almost any other place in the country. So as sort of bleak as this is, we're doing pretty good here. And as the doctor said, we don't want to let this get out of control so need to keep going on it.

Heather Thomas: Dr. Spitters, anything to add?

Dr. Spitters: Agree with Executive Somers, and same, nothing to add.

Heather Thomas: I'll go with two last questions. We had one here that was, you know, given schools being largely in remote settings, many schools making the decision to wait through the holidays and start in January, what are some concerns about the mental health impacts as well as learning supports for those kids with extended remote learning? Dr. Spitters or Executive Somers?

Dr. Spitters: I'm happy to start out. Certainly. The impact on school-age children and adolescents is a real impact of the public health measures that we've imposed to try to stem transmission of the disease and it's had impacts on those children's learning, their emotional health, their social development, and impacts on the adults that take care of them. So there's not denying that. It's sadly one of the costs of what we're doing. And we're trying to mitigate that as much as possible by getting high needs kids, like along the lines of some of the groups you mentioned, making sure the high needs kids do have access to in-person learning, as well as just generically younger children who are less likely to succeed in a remote learning environment back in, and that's why we have supported and the state has supported behind us our public schools continue keeping K-3 kids they brought in, most of them are doing it half-time, kind of hybrid, some from home, some in. And we don't see, unless there's something we

connect to schools in the community, we don't see rolling back on that. On the other hand, older kids are probably more capable of transmitting in the community and at school, so we're concerned about lifting the recommendations on the age ceiling above the elementary school groups. But I would urge the parents and guardians of students of whatever age, if your child is having learning problems with the remote modality or unable to access the remote means, or your child has other special needs, to please bring that to the attention of your child's teacher or school to see if you can get on-site services to make this a more tolerable and less problematic stretch of time in your child's life.

Heather Thomas: Last question I'll pose to all three of you was what can the policy makers listening in today as well as the broader community do as we move forward and with these increased transmissions? Are there actions that they could take that would make a difference beyond the social distancing and the masking?

Executive Somers: I think we could use help just messaging a clear, simple, consistent message out to the public that this is really fairly simple in terms of what we need to do which is the wearing a mask, staying away from congregations of people, social distancing, until we get this thing under control. It's pretty basic, but the more we're echoing that consistently, I think, the better.

Heather Thomas: Jason, anything from the DEM side you want to add?

Jason Biermann: Yeah, I would certainly echo what Executive Somers said. It's also in light of some of the other challenges like decreased bed capacity and other things, certainly thinking about risky behavior and other things and just sort of sharing the message that people need to be mindful of the fact that, similar to back in the spring when we were concerned about bed capacity, encouraging folks to do all of those measures and also not to engage in behaviors that are going to put them at risk of having to be hospitalized and using up more bed space and resources that are already stretched pretty thin.

Heather Thomas: Dr. Spitters?

Dr. Spitters: Absolutely. Everything that's been said. I would just add a couple of things to that. One is that, you know, getting infected with COVID is still a relatively low percentage thing. Here we are, we've just crossed 10,000 cases in nine, ten months of this, so that would be 1 in 80 people out there. So the vast majority of us have not had to deal with this. So you go and do something without a mask, you get together with some friends that really aren't part of your household, go to gatherings, and on an individual basis you can get positive feedback that that's OK. And the thing is we have, as Jason mentioned, we have very limited margin for error and we really have to think of the broader, you know, if it only happens a few percent of the time that you go to a gathering and get infected, that means that you're probably going to get away with it most of the time. But the community's not going to get away with it. If we have 100 gathering occurring every day, we're going to keep getting more cases. I think people have to kind of put their individual hat to the side for a minute and think about what are my individual actions' impact on the community and start thinking from that perspective of the population's health, not just whether it's OK for me. I think along those lines. And then last, those of you, our elected leadership, I think of smoking cessation and the impact that a individual's personal physician has on them in the No. 1 person. Most people who have tried to quit smoking have been told by the doctor "hey, you know what, smoking's bad for you and you ought to quit." Most people who hear that, try it. And I think that likewise, if we deliver similar messages and they hear it from

you, not just from me at the health district, or Executive Somers, the usual people delivering the messages, but from you, closer to them, people they know better and the elected official they know, I think you'll have more impact than we can have.

Executive Somers: Doctor, you triggered the biologist in me, but I want to put an emphasis on something. The low case rate and the low numbers so far. This is kind of like a wildfire. If it's small you can kind of contain it, you can keep it under control. If it gets out of hand, it becomes impossible, and we're seeing that in other parts of the country. So that's why it's important to keep our protective measures going so it doesn't get out of control because if it does we'll overwhelm the system. We just have to be patient and wait until we get our vaccine and get through this thing. But if we let go now and it gets rampant it would be very, very terrible effects.

Dr. Spitters: Absolutely.

Heather Thomas: Well that's all the time we have for questions. Again, we'll post the questions and answers to those received on the news and briefings. At this time, I'll turn it back over to Chari Wright to officially close the special Board of Health meeting.

Chair Wright: I just want to thank all of our panelists and everybody that joined us this evening. As Heather mentioned, we will be posting follow-up questions and answers tomorrow on the website. So with that, we are adjourned. So again, thank you for joining us.