

Questions from Board of Health Briefing on October 29, 2020

1) Are we going back to Phase 1 or more “Stay at Home” orders?

We are in almost daily contact with the Governor’s office and Department of Health about the situation, not only in the county but the region and the state. There have been no decisions to go back to Phase 1. But we have to watch the hospitalization rates, and if we get to a place where we’re either maxing out locally or other places in the state, all options are on the table. We don’t want to do that, which is why it’s so important to follow the protective measures. We don’t want to let this get out of control.

2) Given the high rates, should we still be conducting jury trials and other in person hearings?

We were involved with the Snohomish County Superior Court when they went back into activity in June or July, and they have a great setup to try to protect both the jurors, the visitors, and the staff of the court, and we’ve gone through many months without a problem there. If transmission occurs in the courts setting, we will look at additional measures needed.

3) It appears, and some articles state, that schools are not spreading the virus. How can we keep penalizing our students, who we fear are suffering real learning setbacks by not being in-person for at least some portion? Especially the poor and minorities who are struggling to access remote learning. Why are we not encouraging further opening of schools?

This is a high volume area of activity for Health District staff right now. While not widespread transmission, cases are happening in clusters involving staff and students that are on campus. We get involved to try to help the school’s administration stop transmission.

We [have supported our schools](#) focusing on either getting or keeping elementary and high-needs students back in the classroom. Unless there’s something we connect to schools in the community, or hospitalization rates increase significantly, 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. This is why we’re concerned about lifting the recommendations on the age ceiling above the elementary school groups.

If your child is having learning problems with the remote learning, or your child has other special needs, please bring that to the attention of your child’s teacher or school to see what options may be available.

4) With the lack of social and emotional support for families and especially kids, is our current course of action better or worse than the disease itself?

During a global pandemic, the likes of which our nation hasn’t faced in over 100 years, drastic actions have indeed been taken to stop disease transmission. We know that many school-age children and adolescents are

Questions from Board of Health Briefing on October 29, 2020

negatively impacted by these necessary public health measures. School closures, and now remote learning, have a variety of branching impacts on children, families and businesses. This pandemic has impacted children's learning, their emotional health, their social development, and the adults that take care of them. We're trying to mitigate that as much as possible by getting younger children and higher need students who are less likely to succeed in a remote learning environment back in. But we're also relying on individuals and families to reach out to services in the community for help. Whether that's the school, your primary care provider, or mental health services, reach out if you're struggling or need ways to help prevent larger concerns from emerging.

5) Where is the spread happening (i.e., informal settings, bars & restaurants, small retail)?

Transmission is really community wide at this point. A few highlights:

- Workplace. At any one time we've got one to two dozen workplace outbreak investigations going on. One important thing that we're noticing is that the employers often have all the work practices and all the screening set up, but it's often staff letting their guard down. Either during breaks or on their way or from work, people feel a sense of trust or just fatigue in their infection prevention practices that expose them to transmission.
- Family and social gatherings. These are not large gatherings of 100 to 200 people, but more in the realm of five, ten, or fifteen for a barbecue, a birthday party, or a holiday. Those are the events that are really driving transmission now. They're often occurring in the absence of face coverings, and now that the weather is cooler, people are doing this indoors more. This allows those clouds of droplets that float around our heads when we talk to be more easily inhaled by others. Well-intended, benign, seemingly small family gatherings are still risky.
- Long-term care facilities. We were really in trouble with long-term care facilities having all of those cases back in March, April and May. They've been doing a tremendous job of protecting their residents, and those numbers came down. But we are seeing now a bump in cases in the last several weeks.
- Schools and child cares. Not widespread by any means, but definitely clusters of cases are occurring.

6) Some suggest that the increase in the number of cases is due to the increase in the amount of testing. Is that the case?

No, it's not because of increased testing. If that were the case, we would see either a decline or stabilizing of the percentage positive. If we doubled the amount of testing and disease transmission hadn't changed, the percentage should be the same or less. What we're seeing is a doubling of the proportion of tests that are positive, which is really another signal of a true increase in transmission.

7) Where can we find the testing numbers and case rate on a regular basis?

The Health District posts total number of cases, deaths and locations of confirmed cases on our website at www.snohd.org/casecounts. On Mondays, we post a [snapshot](#) that gives an overview of cases,

Questions from Board of Health Briefing on October 29, 2020

hospitalization, testing, contact tracing, etc. We also share a more detailed report that looks at the most recent two-weeks, as well as cumulative data. Finally, the Department of Health has [a dashboard](#) and the state has a [Phase & Risk Assessment](#) dashboard.

8) It appears that there is really nothing we can do that we aren't doing already. What can policy makers do to help the Health District and others stop this spread?

You can help by sharing clear, simple, consistent messaging to the public to continue wearing a mask, staying away from gatherings or crowded spaces, and practicing social distancing in all settings with non-household members until we get past this. Encourage people 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. The more we're echoing that consistently, the better. Also look for ways to model these behaviors, promote businesses or organizations that are doing the right thing, and try to unify and harmonize people regardless of their varying positions about this in the community .

9) It seems like we're at a point where we can't stop further spread and need to do everything we can to protect the elderly and vulnerable. Can't we just move forward with allowing all other institutions to operate as long as they follow guidance on requiring masks to enter and enforcing social distancing?

We have reduced further spread in the past, and we can do it again. Right now what we're seeing is COVID fatigue. People are tired of the restrictions, and we get it. It's frustrating. But by more people more consistently following those measures in all instances—not just when going to the grocery store, but when visiting friends—we'll see the numbers go back down. We have also seen quite a few incremental steps to re-open the economy and businesses. This isn't an off/on switch, but more like a dial to gradually add more in.

We also have limited experience dealing with this virus. The down side of opening up too widely has yielded quite bad results in many places around the state, country and globe. It doesn't take much of an increase in transmission to overwhelm hospitals. This means that we can't be overconfident about how we navigate this. Slow, incremental, well chosen, and carefully monitored easing in some areas of public life may be feasible, but they need to be accompanied by more uniform adoption of use of face coverings and curtailment of social activity.

10) Couldn't there be more done to close uncooperative retailers, restaurants and bars? What about publicly sharing names of those employers who aren't cooperating with contact tracing, etc.?

By and large, most employers are cooperating. Unfortunately, it's the ones that don't that consume a lot of staff resources and impact case investigations. We can issue health officer orders where indicated, but it is our

Questions from Board of Health Briefing on October 29, 2020

hope that by cultivating enlightened self-interest and altruism among all, we can get better compliance without having to resort to legal measures. Transitioning from the current approach to a punitive and/or litigious approach will divert staff time, legal expenses, and trust. Such an approach also may paradoxically elicit more resistance, is of uncertain effectiveness, and is unlikely to be sustainable, particularly with a widely disseminated infection like COVID-19.

11) When can people expect Snohomish County to get back to some semblance of normal?

Many, many months from now. Under a best case scenario, we're looking at mid- to late- summer or fall 2021, when a substantial portion of the population has 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 or transition to in the interim when feasible, but it needs to be done with great caution and slowly. We need to be very careful about accelerating too quickly because for places that have done that, the downside has often been quite steep. We don't want to falsely reassure the community that we could take on a lot more public activity than we can without assuming those risks.

12) How might the colder weather effect virus spread?

Our concern is about increased transmission because people are moving indoors. People tend to be in closer proximity and without the benefit of increased ventilation. This is why it's critical that everyone doubles down on their efforts to minimize social gatherings and unnecessary outings.

13) What is the recommended protocol for holiday festivities?

It's going to have to be different this year. People are understandably tired of all the restrictions and cancellations, but we just can't have groups of people getting together indoors to celebrate the holidays. This means sticking with your household and no more than five outside of the household. But that doesn't mean skipping the masks or social distancing. Washington State Department of Health has developed a [page for celebrating safely](#), and we encourage people to visit for more information. The Health District will be releasing more information in the coming days and weeks.