Snohomish County Response to COVID-19, November 10, 2020, Briefing

**County Executive Dave Somers:** Thank you all for joining us today. Good to see you all. I’m going to be brief this morning.

So if we had a dashboard, every light would be blinking red and every warning buzzer would be going off. As Dr. Spitters is going to detail, we’re breaking COVID case records and really headed into uncharted territory. The third wave of the virus appears to be the largest wave yet. The fact that we’re entering winter months with the highest case counts yet should really send shivers down everybody’s spine.

We understand COVID-19 better today than we did back in March, but we also know and it’s been confirmed that the power to stop it is really in everybody’s hands. Wearing masks, washing hands, only socializing with five people outside your household in the week. These are really the proven tools we have to get the infection under control. And we do know that it appears that the spread is really now through social interactions in the home with family and friends. And so you just really got to take that to heart that you really have to limit your contact even with family member and for those that live outside of your home.

So we’re keeping a close eye on the hospitalization rate. That’s one of our key priorities from the beginning and keeping our hospitals from being overwhelmed is a top priority, so we’ll be watching that closely and Dr. Spitters will speak to that.

I really don’t know what’s coming down in the future, but if we don’t push the curve back down we will almost certainly have to go backwards. None of us want to do that knowing the impacts to the economy and our lives, our personal lives and work lives. So we need to push the curve down, flatten it again, or we will have to go backwards. So let’s take this next week to redouble our efforts. We’ve done it before. We can do it again. We’ve shown that.

Tomorrow I ask you to think about all those veterans we are celebrating and the sacrifices they made and know that the least we can do now is to take a few precautions to avoid restrictions tomorrow. So please, think of our veterans, think of our families, think of our friends and take safety precautions.

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

**Health Officer Chris Spitters:** Thank you Executive Somers and good morning everyone.

I’m going to share my screen with you (*slides at end of this document*) so we can take a peek at what’s been going on in the past couple of weeks. So hopefully you’re now seeing a title slide showing COVID-19 update for today and first slide I imagine we’re all very familiar with this now and you can see this nearly vertical rise in the past week. This is our two-week rate through Saturday, November 7. Nearly 190 cases per 100,000, four and a half times what it was just six weeks ago. We’ve had nearly a vertical rise since then, particularly in these last two weeks. We had 1,000 cases reported to the Health District last week. And when we look at the, this is a curve that smooths out the day-by-day data, which is highly variable, but it’s still constructive to look at this slide and see what we’re seeing on a daily basis. Last week we had four days last week that exceeded all prior highs, which were way back in March of the year. This is really, we’re at a high level and on a steep trajectory that’s obviously very concerning.
Take you to the next slide. Our positivity rates are also going up. This is an aggregation of all testing done in Snohomish County. And you can see we’ve been going up steadily for over a month now, up above 6% of tests are positive. I want to again revisit, we get a lot of people asking or asserting that it’s the increased testing that is leading to these numbers. Although we have increased our testing capacity from roughly 6,000 tests per week to a little over 9,000 a week in the past month, the positivity rate is also going up and the proportion of positives who are asymptomatic has declined from an average of 15-50%, we were down to 11% asymptomatic. So these are mostly sick people, nine out of 10 testing positive are ill, seeking testing because they’re not well. And the positivity rate is going up, so this is by all measures a true increase.

As Executive Somers mentioned, one of the main reasons we’re concerned about this, beyond just the general suffering the infection causes, is our hospital capacity to take care of COVID and other conditions. We visited this a couple of times before. You can see back in March we had up to 70 or more people, excuse me this is May, back in March we had up to 100 or more people in the hospital at a time and hospital capacity was greatly limited. All kinds of other acute and not necessarily emergent but important healthcare conditions had to be put to the side just to take care of COVID patients, and even with that the hospitals were stretched.

We’re now entering a phase where we had a big jump a couple weeks ago then things leveled out. But I want to show you what’s happened over the past week. A week ago we were down in the mid-20s, the number of confirmed COVID positive patients in Snohomish County hospitals. Now we’re up to 37 as of this morning, you can see that climb going. And that’s occurring all across the state so we have nowhere else to send our patients if we run out of space here because everyone else is in the same boat in our region. So this is definitely a warning signal.

I’ve probably overused this analogy, but it’s much like we’re driving on ice. If we hit the breaks, we’re still going to keep moving. What we see in the hospital today is transmission that occurred three weeks ago. So even if we turn things around, which Executive Somers and I are strongly encouraging us all to do our best to do that, we’re still going to see an increase in hospitalizations, probably going to test the capacity of hospitalizations. So the hospital surge has arrived. It’s not been as high as it was before. Hopefully we can bend this curve and get things back down before it does exceed capacity.

Another thing to remember is that a new feature of our hospital issue here, it’s not just bed, not just personal protective equipment, which currently are relatively OK compared to prior history, but staffing is a major problem. There’s a nursing shortage nationwide and in the region. So sometimes even though hospitals have beds, they don’t have the people to put next to the bed to take care of the patient. So this is an impending crisis if we don’t bend this curve, we’re facing serious problems with the hospital, and then as Executive Somers mentioned, things are going to be out of our hands and we’re going to end up having to go backwards.

Also just a couple of other things to show you. You can see the long-term care cases over the past several weeks have gone way up. We had it quite a bit down. So again another signal of what we saw last spring. And then our deaths do to COVID are starting to creep up as well. And it’s worthwhile to note that of the 35 deaths due to COVID that were counted in October, 20% of those were people who were under 50 years of age. Likewise, about 25% of the recent hospitalizations in the past two weeks have been in people under 60 years of age. So although
our older adults are more likely to get severe disease, end up in the ICU, and die from this, all ages can have bad outcomes.

So excuse me just a minute and I’m going to come back to our screen.

Just a few more remarks I’d like to make.

Last week I mentioned that we were close to finalizing a switch for the lab and notification process, that is the test results getting to the patients, used by our Snohomish Health District testing sites at the Broadway and Lynnwood food bank locations. That change is happening tomorrow, a new registration link will be going up on our website at www.snohd.org/testing. For all testing starting Thursday of this week, people will be provided with a unique QR code and instructions to get access to their results within 2-3 calendar days of being tested. They will also be provided a phone number to the laboratory for those who don’t have internet access or need further assistance accessing their results.

And speaking of phones and phone numbers, on Friday, the Health District re-activated our call center here at the Health District to meet the demand for increasing call volumes. That number is 425-339-5278. The call center is staffed Monday through Friday from 8:30 a.m. to 4:30 p.m. to answer questions about the testing, report positive test results of an employee, get in touch with our contact tracing teams, or to clarify isolation or quarantine instructions that you have received.

Now I’d like to circle back to closing out my earlier comments about the data. These increases in cases, hospitalizations and we’ve also seen increases in outbreaks in work settings are alarming and may be the introduction, I think they are the introduction, to a surge in demand for acute care capacity that if continued could overwhelm our hospitals’ capacity to provide care, not just for COVID but for everything else people go to the hospital for.

All of this leads me to make what feels like one final plea to please stay close to home, always wear a face covering when outside of your home.

Holding gatherings is a threat to all. We should stop it for the time being. Plain and simple, just stop the gatherings.

Reduce your social activity and other non-essential travel and activity. If it’s not for work, school or medical purposes, I think the safest bet for us all is to just skip it. Don’t attend gatherings. Avoid businesses and people who don’t follow the guidance. And please, as Executive Somers mentioned, make a bubble of the five-or-fewer social contacts outside of your household, and stick to that. And I recommend that you keep it to the same five across time until we get a little further down the road with this.

When is it OK to have more than five? Never. It’s a bad idea and it’s against the rules.

Frankly, for the best public health outcome, I recommend, if we could tolerate it, zero people from outside our households at this point, but I think we have to be realistic. People need some level of social support and interaction. But let’s do this and bend this curve before what’s needed to turn things around becomes even more difficult on all of us, as Executive Somers mentioned.

Again the big risk factors are being indoors, not wearing a face covering, and lots of talking to generate that cloud of droplets that other people can inhale. So avoid being together with
people outside your home, avoid being indoors with them. And even within your bubble, wear a mask when together and do it outdoors. Keep your time together as brief as possible. And if you’re sick, stay home, stay away from others, and get tested.

Now sadly, today I’m here to inform you more than reassure you. These are some grim numbers we’re looking at and they harken back to a time that was very difficult for everyone last winter. So this is information for you to help yourself and help the community.

We may well be facing a hospital surge that’s starting now that could continue for weeks or months. But we do have some control in our hands to bend that curve and lessen the impact of that on all of us.

Last, I think we really have to accept that we could be in for a very long and difficult winter. We’ll have more to say about holidays in future briefings, but for the time being I encourage you all to start planning small, household-only winter holidays. Doing otherwise is likely to come at a price we should be unwilling to pay.

So, it’s time to commit to protecting our hospitals, shrinking down our social circles, hunkering down at home for the winter, and signing up for delayed gratification to enjoy holidays with loved ones next winter.

Meanwhile, our hospitals, schools and businesses are counting on all of us to help them stay open and serve the people they’re there to serve. Think of others, and choose and act responsibly.

Last, I want to share that I’ll be joining Secretary Wiesman and state Health Officer Dr. Lofy and others, our neighboring health officers, for their media availability later this afternoon at 2:30 to re-emphasize these concerns I’ve shared with you about the trajectory and level of COVID activity in the community and hospital capacity and why it is so urgent for folks to curtail their social gatherings now.

And with that I’d like to turn it back to Executive Somers.

**Dave Somers**: Thank you doctor. And I’m going to reverse the order of these questions because I think it will flow a little better. But there’s three questions regarding the nature of the outbreak, what’s driving it. In this week’s report, there’s schools, restaurant, retail, bar, and other places outside of social gatherings that we’ve emphasized today. And can you talk a little bit about what’s driving this and what we’re seeing? And then I’ll come back to the question about what future steps might look like.

**Chris Spitters**: Right, so a couple things. From speaking with the state and neighboring health officers yesterday, I think, you know, this is coming from all directions. Certainly the social gatherings, informal seemingly benign but not really benign gatherings, especially without face coverings indoors, we’re hearing a lot of that in our case investigation. So that’s a key part of it, but no the sole part. When you have this much transmission in the community, and an economy that’s trying to open, sick people show up to work. They may not feel sick at the time, but somebody tests positive or they get sick and go home and then test, and now we’ve got a case at work and they might have infected someone else. So workplaces, there is some transmission going there, but we’re having I think overall very good fortune in terms of the interventions in workplaces to reduce transmission and try to keep those to clusters. Rarely do we see a workplace outbreak get up above five. Same thing with schools. We live in a community where
there’s lots of COVID, so child cares and schools, both among the few students that are on campus and moreso among the staff come in to the workplace or the school and have COVID and that becomes, if there’s another case, that’s an outbreak there. Two cases, that’s an outbreak. So we’ve got several of those brewing. In workplaces I think we’ve got 30. But that’s up from 10 open on average at one time a month ago. Schools, I think we’ve got about half a dozen school-based clusters of more than two cases. Other common workplaces for outbreaks include construction, restaurants and retail. So we’re getting those controlled, but yes, workplaces are part of it but we’re not seeing sustained transmission as much in those settings. So I think that kind of speaks to the kind of universal nature. This is out there everywhere and it’s an easy virus to spread.

**Dave Somers:** There was a question about will we give any more information about the specific outbreak locations?

**Chris Spitters:** The outbreaks that we post on our weekly report, due to privacy concerns we suppress, one, we suppress all numbers less than five, so a lot of times it will say Facility A, less than five cases, because we don’t want to inadvertently lead to disclosing someone’s identity in public as a COVID case. That would be a violation of privacy laws. We share all the long-term care facility outbreaks with large numbers and if we have reason to believe that a setting has had an outbreak and that notifying the public would serve a disease control benefit, we will most definitely do so.

**Dave Somers:** So let me go back to the earlier questions about what some possible future steps might look like, and then there’s a question about whether it’s a local decision or a state decision. I’ll just start by saying that throughout this year we’ve tried to coordinate with our adjacent counties and with the state and I do think, personally, that it’s better to have a widespread, broad reaction to this. And so we will be talking with the state again this week. In fact, I haven’t looked at this week’s numbers yet doctor, but I think we’re in a little better situation than King and Pierce counties, for example. But we will be talking with the state government. I know they’re having this exact same conversation about what the next steps are. I think whatever that is will probably be more nuanced than what we saw in the spring because we do have some experience with workplace settings and other situations. But certainly a stay at home order such as we had this spring is something that’s on the table and what we’re trying to do is really enforce the message that at the end of the day you can have order, you can have restrictions, but at the end of the day it’s going to be individuals and families, people in their home settings and with their social groups, that are really going to control this thing. So that’s the situation and we’ll probably have more information on that next week. Doctor, do you want to respond to that to with what you see may be potential future actions?

**Chris Spitters:** Well that’s right. I think as the health official, my role and all the folks that work with us at the Health District, our role and goal is to provide the community and our policy makers and elected officials with the information they need to make the holistic decision. We come just from health end, and then try to help provide them with the information about what fits in the big picture. And I agree completely with Executive Somers that harmonizing with the expertise and policy of our state and regional partners is the way to go and that’s a process that is always ongoing as we’ve been navigating through this and it becomes more acute at times like this. I think we all will stand together and, again as Executive Somers mentioned, whatever transpires from here on out, a lot of it is in our hands, and if we do have to impose restrictions, I
agree they’re likely to be more nuanced now that we know more about the virus than we did last spring.

Dave Somers: So there’s question about why we’re sort of maybe delaying action or aren’t quicker on the trigger with some mandates or things like that. I’ll just say from my perspective I know it was about a week or so ago it looked like we might be leveling off. We saw that little inflection in the curve and so this is a moving train and we’re watching the dashboard every day to see whether our actions are having an effect or not. So it’s clear right now we’re in a spike that really exceeds the previous spike. So there’s a level, a higher sense of concern and that’s really just become evident over the last few days. So again we’ll be talking to the governor’s office and the state and all our partners about what the next steps are, but it’s not easy, it’s a moving target and we do believe that we need to do this together both as counties and as a state to really get this under control.

There was a question about the long-term care facility spike. Is it driven largely by the facility in Monroe? Or is it more widespread?

Chris Spitters: The facility in Monroe, it’s not over but it’s slowed down there. No. This is roughly half a dozen facilities. Again, when you have this much COVID in the community, the people that were working in or formerly visiting, I think visiting is decreasing now, but people inadvertently introducing virus into the facility, and so here we are. I think there’s roughly half a dozen clusters or outbreaks with more than two cases and while two or three weeks ago we could have said that’s mostly driven by a single facility, that’s not the case anymore.

Dave Somers: Question about the restaurant. There was a restaurant that had 11 case reported. Is it just employees? The public? Shouldn’t a facility like that be shut down and the public notified?

Chris Spitters: Well, it’s always, certainly there’s a variety of factors that could impact a decision to shut down a food service establishment. Part of it is if everybody’s isolated or in quarantine they just don’t have enough staff to run the place. If they can run the place and they’re cooperative, and their practices meet our review and meet the guidelines, and they’re doing everything they can, then we will tend to watch closely but let them operate, the reason being a lot of times the large number of positives you see, it’s not serial positives. There’s a case or two and then we go in and test everyone and we get back all these positives, we send them all home, we send their contacts home, and then we reset and try to help them start over again safely. Usually in these settings the problem is behind the counter, back in the kitchen, and the patrons don’t meet the definition of a contact in terms of time and proximity. If we do feel that they do meet the definition of a contact in terms of time and proximity, then we would make a public notification about that.

Dave Somers: Are there any indications that COVID is behaving any differently in this surge than prior surges?

Chris Spitters: Well I think it’s behaving as we’ve seen it behave in our presence last spring and to a lesser extent in the summer with the second wave, and what we’re seeing in various places all around the country. It gets momentum and like any logarithmic process, if one infection leads to two infections then two leads to four and four leads to eight and things take off quickly like that curve shows where things go almost vertical. So I don’t think it’s changed at all.
It’s just we’ve, in a sense, the cat’s gotten out of the bag and now we’ve got to work hard to get it back in.

**Dave Somers:** OK, another question for you, doctor. What defines someone meeting the definition of a contact in terms of time and proximity when the Health District is performing contact tracing?

**Chris Spitters:** Within six feet for 15 minutes.

**Dave Somers:** What do you say to people who are putting all their eggs in the vaccine basket?

**Chris Spitters:** I’m sympathetic and I also have a lot of hope for one or more vaccines to come forth and ultimately to help us navigate out of this chronic emergency state that we’re in around COVID. But the day of benefit from that, even if this rolled out next week and everything went lockstep as planned, it will be six to nine months probably before the general, you know, the majority of the public starts getting vaccinated. There’s a prioritized or tiered approach to vaccinating the most vulnerable, the most critical members of the workforce and the most vulnerable people in our society, the people most likely to end up in a hospital, and then branching out from there. And initially the supply is going to be scarce and the capacity to deliver it, not only to deliver it to the doorstep of clinic but to get it into people’s arms, that’s going to evolve over time. It’s going to take probably six to nine or nine to 12 months in a best case scenario to get everyone who wants to get vaccinated vaccinated. So the fruits of a vaccine offering are not imminent. They’re not going to help us with this current wave. They may not even help us if there’s a fourth wave. We’ve really got to stay with all these prevention efforts we’re talking about right on through the vaccination effort and likely for another year.

**Dave Somers:** Just want to add on to the end of that that we do have a good plan in place. A team at the Health District and Department of Emergency Management has worked really hard to put together a good plan for first responders and medical facilities. But there’s going to be some real logistical challenges. As the doctor mentioned, just the supply, the vaccine that was discussed earlier this week from Pfizer that looks like it’s got a good chance of being somewhat effective has to be stored at 100 degrees minus Fahrenheit. So it’s not the type of facility and capacity that’s just laying around easily so we’re scrambling to be ready for those types of eventualities. But again, we’re doing the best we can to prepare but we’re expecting really mid next year to really have this kick in, assuming everything still pans out with the vaccine or other vaccines that are in the works.

And I’ll just finish up. There were some questions about contact tracing, doctor. Are people cooperating? How’s that going?

**Chris Spitters:** Well, the majority, I think like everything we’ve been talking about, I think the majority are doing their best. We do get some people who won’t respond to our calls or won’t give us their contacts’ names. But the majority, 70-80%, are cooperating. In general that’s good enough to contain. Obviously if we had 90-100% it would be quicker to bend the curve, and I encourage everyone out there, when the Health District calls you, please work with us. Your wellbeing, the people around you are our primary interest, and your privacy is foremost in our minds and in our practices. We need that. We could do better, but overall, 70-80% is better than average statewide, I guess I’d put it that way, and our staff I working very hard. There’s 50 people at the Health District working on this.
Dave Somers: Thank you all.

Joint Information Center: Thank you everyone. This is Kari Bray in the Joint Information Center. We’re going to go ahead and wrap up for today but please do stay tuned for future media availabilities. Thanks.
COVID-19 Rolling 2-week Case Rate

Through November 7, 2020

Snohomish Health District
COVID-19 Case Reports by Date

Snohomish County COVID-19 Cases by Date

Through November 9, 2020

Snohomish Health District
SARS-CoV-2 Test Positivity

Snohomish County Percent Positivity Rate of COVID-19 Tests

Rolling 7-day average positivity rate
Total tests county-wide Oct 25 – Oct 31: 9,473
COVID-19 Hospital Census

Snohomish County COVID-19 Hospitalizations by Date

Mean: 29; Median: 26; Range 15-67
COVID-19 Hospital Census

Source: WA HEALTH, November 9, 2020

Snohomish Health District
COVID-19 Long-Term Care Cases

Snohomish County Long-term Care Facility Associated COVID-19 Cases by Onset Date
COVID-19 Deaths

Snohomish County COVID-19 Related Deaths by Week