TRANSCRIPT: Snohomish County Response to COVID-19, November 17, 2020

Snohomish County Executive Dave Somers: Thank you for joining us today. Good to see you. A few comments this morning. It should be clear we’ve really reached a critical moment in the pandemic. The next few weeks are going to determine whether we really experience some extreme hardships here locally and across the state or whether we, for a third time, flatten the curve. We really shouldn’t be confused about where we are. We are on an icy road, going about 100 miles per hour. And we are tapping the breaks with the most recent actions by the governor to try to slow down. If that doesn’t work, we’re going to have to take even more serious action or face more serious consequences.

So I’d like to provide some context about what we’re trying to avoid. It’s really obvious we’re trying to avoid more people becoming sick and dying, but we also want to avoid overwhelming our healthcare system. Right now, all across the country, people are experiencing what we’re trying to avoid here. One nurse described her experience in an overwhelmed hospital in El Paso, Texas. She said the sickest COVID-19 were put into a room and are being put into a room she said was called the pit. No doctors would enter the room to avoid being infected. She said there were standing orders only to try to resuscitate patients three times before they’re allowed to die. El Paso is also using inmates to help move dead bodies and they have had to bring in refrigerated trucks to help store all their dead because the morgues are filled to capacity.

In Wisconsin, the healthcare system is getting so full that the Children’s Hospital in Milwaukee has implemented a plan to admit older patients to relieve the burden on other hospitals. In rural hospitals across the country, many are pleading with larger hospitals to take their COVID-19 patients. Here locally, hospitals in Idaho bring patients into Washington state because they cannot care for them. Many of those rural hospitals weren’t designed for a pandemic and it only takes a few infections among workers to have them close. Six rural clinics in Idaho have had to shut down at various times over the last week because of staffing constraints. We don’t want anyone to have to experience that here. We want to make sure we can take care of our COVID-19 patients and other urgent cases. We can only do that if our medical systems do not get overwhelmed and our frontline healthcare workers stay healthy.

We don’t live in a different world with different rules where the virus acts differently. We’re all in the same boat.

On the good news front, the CDC announced this week that wearing a mask does not just protect others, it also protects the person who wears the masks. You know, we shouldn’t wear masks because we have to, we should wear them because we want to. I don’t wear a mask because I’m afraid, I wear one because I care. I care for my family and friends. I care for the people I don’t know at the grocery store. I care for the businesses that are now shuttered because we didn’t take strong enough personal action and our country is facing the most serious public health threat in the past century and I care about our health.

So wearing a mask, social distancing, washing your hands are the best ways to keep everybody safe. So we really need to double down on our efforts and get through this third wave. So with that I’ll turn it over to Dr. Spitters from the Snohomish Health District.
Snohomish Health District Health Officer Dr. Chris Spitters: Thank you Executive Somers for those remarks which provide a stark picture of what could lie ahead if we’re not able to change our course locally. And good morning to the media on the line, as well.

I’d like to start this morning just by showing you the local situation as I’ve done in recent weeks. So with your permission I’m going to share my screen for a moment. (Slides at end of transcript.)

Just show you some of these slides that we usually do. Are you seeing the slide presentation? Great.

So here we are with this now all too familiar curve showing the rolling two-week case rate per 100,000 persons and you can see the near vertical rise that that rate has taken over the past two weeks. And again that number, so 280, means that for every 100,000 people in Snohomish County, in the 14 days leading up to November 14, so last Saturday, and the prior 14 days there were 281 cases for every 100,000 people, 10 times the target rate. Obviously we want to be at zero, but sort of the low incidence target rate is 25. So we’re 10 times above that, almost 10 times above our baseline previously. And we’re increasing 50% per week. So when you hear the term exponential growth, that’s what’s occurring. And I actually like to refer to it as explosive because it’s really just taken off and we’re starting to see some of the effects in the healthcare system.

Just a little bit more on case reports just to give you an idea of the number of cases we’re getting reported each day over the past week, several days of 250 or more cases all exceeding prior historical highs in the first wave and second wave. Just completely surpassing that.

Some people often say ‘well, you’re just doing more testing, and that’s why you’re detecting more cases.’ But I assure you if it was just due to the testing we would not see the percent of tests that are positive increasing nor would we see the emerging pressure and stress on the healthcare system that we’re seeing.

Currently in Snohomish County hospitals there are 52 confirmed cases of COVID, three suspected. Ten of those 55 people are on mechanical ventilation in the intensive care unit. And that number, that total number of 55, is about two and a half times what it was two or three weeks ago when we were down in the 20s in the number of people in the hospital. And if we don’t turn this around beginning immediately, then that 50 will become 100 and then that’s definitely where the hospital system is going to be in big trouble and that means we’re all in big trouble, too. This is real and it’s happening before our very eyes, and it’s preventable.

Other impacts that I wanted to just show you. Look at how we had the longterm care cases down to just a handful per week back in September, now we’re up at 20, 30, 40 cases per week at longterm care facilities, and we’re also starting to see the deaths rise. So here we are, folks. And I want to come back and stop sharing my screen. Excuse me more just a minute.

So, other things I’d like to let you know about, just further validating that we have a serious problem on our hands that could only get bigger if we don’t turn it around. Emergency medical services has reported in the past week two or three episodes where the number of call for COVID-like illness is greater than 95% of the historical highs for calls like that. So the EMS is being stressed, the hospitals are being stressed, I believe that when we hear Dr. Tocher speak
in a moment he can tell us what’s going on in the outpatient clinic settings. Longterm care. It’s all quite concerning.

There have been questions we’ve been getting about Josephine, a longterm care facility up in Stanwood. I just want to acknowledge there have been 99 total confirmed cases in that setting to date, roughly 50/50 between staff and residents, a little bit more residents than staff. Seven of those patients have been hospitalized since the outbreak began in late-October. Five of them have died. The cause is the widespread COVID activity in the surrounding community making its way into the facility through staff and visitors, just like it happens in all other longterm care facility outbreaks.

So while scenarios like this evoke curiosity and attention, many other nursing homes have been hit hard by COVID both in Snohomish County and elsewhere. It serves as a reminder that these setting are highly vulnerable to sustained transmission, that healthcare workers should model best practices for COVID prevention, not only in the workplace, but also in avoiding exposure when not at work. And family and friends, we need to find ways to support our loved ones in these facilities without bringing COVID into the facility, so I think alternatives to in-person visitation are going to be our mode of interaction with our elders in these facilities in the immediate future, at least.

The Health District is very hopeful that the new restrictions announced by the governor on Sunday will help turn this massive wave around. Even if we stop now, there’s going to be some increase in hospitalizations because the cases that are happening today won’t be hospitalized for a couple weeks. They’ve already been infected. So we will only begin to see benefits from this change in requirements two to three weeks down the line, so we both need you to act quickly and be patient. It’s going to take a while to reap benefits.

These restrictions have not included K-12 schools, with the exception of indoor sports practice and fitness programs, which are restricted both inside and outside school settings. This has led to a number of questions about our recommendation for schools here in Snohomish County. Those recommendations remain unchanged and aligned with guidance from the Washington State Department of Health and the Office of the Superintendent of Public Instruction. Data collected in Washington show that, while cases and small outbreaks have occurred in schools, transmission of COVID-19 has been limited in the school setting and is not contributing substantially to community-wide transmission we’re seeing. Certainly as cases in the community increase we will also see more kids and staff showing up at schools with COVID, but plans are in place to prevent and control that, and I’ll talk about that a little more in a minute.

Our state has established rigorous health and safety requirements for schools, these include all five key mitigation strategies recommended by CDC and the Department of Health, face coverings, distancing, increased hand hygiene, increased cleaning and also a sixth one would be screening at the front door when kids come in, when staff come in, they’re screened for symptoms of COVID or exposure to COVID and excluded if they answer yes to any of those.

We have said and the state has said from the beginning that our decisions would be data driven. At this moment, the data don’t point to schools being the source of increased transmission in the community. That being said, as I mentioned, the high level of transmission currently in the community will lead to more cases becoming apparent in the school environment, highlighting the ongoing importance of our measures to prevent and interrupt transmission in those settings.
We also know that in-person learning has social and emotional benefits for the young learners that currently outweigh the communicable disease risks. Modeling studies, results elsewhere and our own experience here collectively show that the health and safety measures being taken seem to be effective at limiting the spread of the infection in the school setting.

These settings are far different from settings of people getting together for social gatherings in private homes, not wearing masks and so forth. We will continue to work with the schools to apply existing Department of Health and Office of the Superintendent of Public Instruction guidance regarding the learning environment. And as the government stated, at this moment the data does not suggest that school activity is contributing to the surge we are experiencing. The Health District will continue to support schools in providing guidance to inform their decision making and in taking steps to interrupt transmission in the school setting when it occurs.

Again, we hope and anticipate that the new statewide restrictions will make great strides in easing the strain on our healthcare systems and bringing numbers down. But frankly, where we need the biggest trend reversal is by residents in their personal actions. We need you all to take to heart what a dire position we are in and how your actions impact our efforts as a whole in Snohomish County. This means that, like much of this past year, holiday plans and get togethers will need to look very different from years past. The Health District has released guidance last Friday on our website on how to Give Thanks, Not COVID.

Indoors, masks off, and lots of talking—that’s the perfect environment for generating the clouds of airborne droplets that lead to transmission. Social gatherings with non-household members is not only too risky for attendees but could cause unnecessary strains on the healthcare system. More than strain, really overwhelm it if we keep going in the direction we’re going.

We’re at a critical point where we still have the opportunity to reduce or prevent an overwhelming surge of demand on our hospitals, which are already under stress. And I imagine that will also extend to outpatient facilities, as well. While the need to resort to the restrictions in place is regrettable, the Health District supports them as a necessary step in slowing down the tremendous momentum this virus has accumulated over the past month or so.

This is all preventable. But we need your help and we need it now. I urge all of Snohomish County to respect and follow these restrictions in good faith.

Thank you, and with that I’ll pass it along to our college Dr. Tocher with Community Health Center of Snohomish County.

Dr. Tom Tocher, Community Health Center of Snohomish County: Thank you Dr. Spitters. I want to begin by saying what a good partner Snohomish Health District has been to us and the community, particularly Dr. Spitters and Shawn Frederick, the administrative officer. So we’re very grateful for their support and cooperation during this.

So my name is Tom Tocher, I’m the chief medical officer at Community Health Center of Snohomish County. We are a fairly qualified health center. We have seven locations throughout Snohomish County in Arlington, Edmonds, Lynnwood and Everett. We have seven medical facilities, five dental facilities and five pharmacies. We also provide behavioral health and medication assisted treatment for opioid use disorder. In fiscal year 2020, we provided over 250,000 visits to over 67,000 individuals. We serve a largely low-income clientele, predominantly Medicaid, Medicare and uninsured. Over 85% of our patients are at or below the
federal poverty level, so again very in-need population, very diverse population, about a third of our patients speak a language other than English at home.

As far as the impact of COVID-19 on our practice, we’ve seen a dramatic increase in the last two or three weeks in our volume, particularly at our Everett central walk-in clinic location. Normally we would run across the organization about 200 COVID-19 tests per week with about a 4% positivity rate. In the last week we’ve run 500 tests with an 8% positivity rate. Normally a provider in the walk-in clinic would see around 20 to 25 patients per day. In the past few weeks, it’s not been uncommon for them to see 50 patients per provider per day, so a dramatic increase in our visit volumes and much of this is driven by COVID-19. These are not worried-well people. Again, with the increased positivity rate, it’s not just because we’re doing more tests. These are people who are either ill or have been exposed. We had one business owner who brought in all 30 of his employees, so you can imagine that created quite a strain on our facility.

Again, because we’re a healthcare facility, most of our clinics are continuing with their current protocols. But we have tightened up on social distancing and our administrative office is tightening up our work-from-home interventions, as well.

I just want to say, Chris can speak to this more elegantly than I can, but the virus is obviously spreading. This is very concerning both in the inpatient and outpatient settings. We’re concerned that our facility will not be able to keep up if the curve does not flatten out. The virus is a force of nature. It’s like the rain or the wind. We can’t stop it from being around, we can’t protest it. It’s going to spread and we have to do everything we can to prevent that spread, to interrupt that spread. Obviously people want to get together. We’ve been dealing with this for months. It’s not fun to wear a mask, to social distance, to not see people that we care about at the holidays. But I would ask that every time you think ‘well, what’s the harm of having a gathering? What’s the harm of having some people over?’ The harm is that you could transmit this to someone else and either get them very sick or they could die. And about 40% of case are asymptomatic, so people all need to act as though they have COVID-19 themselves.

The Institute of Health Metrics and Evaluation at the University of Washington estimated that 130,000 lives could be save between September and February if everybody wore masks. So again, not a particularly glamorous intervention, not very exciting, but very, very effective. Yes, hope is on the way with a vaccine, but we can’t wait for that. We’ve got months before the vaccine will be in widespread use. We have to do social distancing, handwashing, avoiding crowds, and staying home when you’re sick in order to bend this curve back down.

Thank you very much.

Dave Somers: Thank you doctor. So we’ll go through the questions now. We’ve got one up probably for either of you. The White House Coronavirus task force is recommending the Abbot BinaxNOW tests to routinely test teachers. Is this rapid testing widely available? A school administrator with in-school teaching says she’s told there’s a supply locally, but it can’t be distributed yet. Can you address this? Dr. Spitters, maybe I’ll turn to you first.

Chris Spitters: Yeah, so this BinaxNOW test is a very low technology, I suppose in a way it’s high technology but it’s low demand, it’s something that someone with very limited training and skills can complete in 15 minutes at the point of care or at the point of testing. So that’s its advantages. And it’s currently got an Emergency Use Authorization from the Food and Drug
Administration for the testing of people with COVID symptoms. It’s a little less sensitive, a little less able to detect COVID than the standard PCR tests. But its advantage of timeliness and ease at the point of care does carry some advantages. So the federal government has distributed hundreds of thousands of these kits out to the states and then on to the counties. We’re working with local partners to find the proper settings for that. And then with respect to the schools, it’s, one, I’m a member of a workgroup that’s putting together guidelines to address testing for schools, to sort of lay out the science and the options. That process is still underway but we should have a product within I think a week or two to share with the schools and all our community partners. Having said that, testing of asymptomatic is not prohibited by the Emergency Use Authorization but it is an off label use, meaning it’s not one that it’s approved for. That means it still can be OK but it has to be done with great forethought and driven by data and expert guidance. So one thing to keep in mind, just 10 days ago we saw a modeling study release by the Institute for Disease Modeling in Bellevue that works in collaboration with the Gates Foundation and the Department of Health showing that the key impact that we need to have on schools is those measures that I’ve mentioned. And testing has a much lower secondary impact. So this test may have a role in schools and it may not be the same role in different schools or different communities, there are a variety of ways of looking at it, but the go-to method for keeping our schools safe where we are providing in-person learning to young kids is by just sticking with those standard measures. Face covers, screening at entry, keeping things spread out, hand hygiene, etc. And testing in some settings may provide some additional benefit but it’s not the cure-all for interrupting community transmission.

Dave Somers: The next question is really three questions. I’ll just read them all and you can address them. Is the health district concerned that some businesses won’t comply with the new order and have you received any complaints about that? And also, contact tracing has really dipped. Can you talk about the effect that has on stopping transmission? And finally, how does a government agency get 14 cases if most buildings and facilities are closed?

Chris Spitters: OK. I think the general theme these questions raise, maybe there’s two themes, one related to enforcement of the governor’s restrictions. Again, you know, this is not an exercise in assigning blame. This is an effort to interrupt transmission and appeal to people’s good senses, whether it’s individuals in the community, proprietors of enterprises of any type, it’s to look at our enlightened self interest as individuals and as a community. Our ability as a health district, you know, we don’t have badges and handcuffs. It’s one thing to, if there’s a single, uncooperative tuberculosis case in the county, we can take legal action to control that. But if there’s widespread disregard for basic public health measures, the health district can’t overcome that failure of will. So I think we just need everybody to try to pay attention and respect these restrictions in good faith. And yes, as transmission becomes more widespread, the capacity of the health district to interrupt that transmission becomes more limited. We’re actually doing more case investigations and more contact notification in terms of numbers of people reached than we have in recent weeks, but the percentage of total cases and contacts is actually lower because there’s just so much out there. So much like the healthcare system, the public health system is being stressed, as well, and that is a fact of the situation. The only way for us to get out of all of that is to respect the restrictions, demonstrate enlightened self-interest and benefit of the general community, and get with it and pay attention and start following these guidelines.
Dave Somers: There’s a couple of questions about Josephine. Has the Health District identified any lapses in infection control at Josephine Caring Community? What is being done to care for residents at Josephine and prevent further infections? And then there was another related question. Dr. Spitters said 99 tested positive, 7 have been hospitalized and 5 have died, if I heard that correct. Those hospitalized were all residents? Or were any staff hospitalized?

Chris Spitters: One, I don’t know. And two, if I knew I wouldn’t tell you because that number is so small it could potentially identify a staff member and would therefore be a violation of federal privacy laws. So can’t help you there. I’m sorry. But the majority of the staff tend to be younger and the residents older, so the majority if not all of those hospitalizations and deaths are presumably resident related.

Dave Somers: Alright. Do you think people would take the virus more seriously if they knew which restaurants, businesses and other organizations were dealing with outbreaks?

Chris Spitters: You know, I can’t answer that. You know, I don’t have a good answer to that. I just think, look, restaurants, people come, they sit down, they’re indoors, off come the masks, and there they sit talking in an indoor environment for extended periods of time. So that’s a sizeable social gathering with other tables around. Even with distancing, some of those droplet clouds can remain suspended for hours. So indoor settings with masks off is just not something that our overall society can tolerate at this time. With due sadness and compassion for the restauranteurs, this is an incredibly difficult blow for them, but we don’t know what else to do. We’re not alone in this. All across the country and the world, at moments like this, closing down virtually all indoor gatherings in public spaces is part of the recipe for trying to navigate out of the vortex we’re in.

Dave Somers: Yeah, I’d just add to that that if we tried to chase down individual institutions it would be like whack-a-mole. By the time you identify something, it’s moved on. This virus is only transmitted one way. It’s someone whose got it coming into contact with someone who doesn’t. And that can happen at a restaurant, at a business, it can happen anywhere at any time that people are getting together. So it really isn’t related to a particular business or organization or office building, it’s people walking around and moving around. So the actions the governor’s taken now are really intended to restrict that, keep people more socially distanced. So it would really be a wrong approach, punitive to businesses, because it isn’t related to them, it’s people coming together, so I think that would be a really a wrong-headed approach.

So earlier this month you mentioned having some problems with churches having large services. Has the county and health district contacted these churches and are the large services still happening? And if the services continue, what can the county do?

Well, first of all they are being contacted as best we can. I have not received any complaints here lately. Perhaps the Health District has. Dr. Spitters, would you like to address that?

Chris Spitters: Well, you know, we occasionally get reports from the community about large gatherings in faith-based organizations. We try to reach out to them and educate and encourage and some are more responsive than others. Again, this is a zone where involuntary enforcement of common sense requirements is not really in our toolkit. So we really need, you know, the solution to that is we try to educate, try to encourage, try to maintain a relationship with these folks. But at the same time my message to the community is don’t attend those gatherings. If it doesn’t lead to your illness and demise, it may well lead to someone else’s, like Dr. Tocher
mentioned. So we’re doing our best with those, but we’re not empowered to go close down churches. It’s just not what we do.

**Dave Somers:** There was a question received at the Joint Information Center. At what point do infections eclipse the capacity to test in Snohomish County?

**Chris Spitters:** Who knows? Maybe we’re there right now. In general, if you look across communities, the number of people who have antibodies, over the long haul, the number of people who have developed antibodies to COVID is about five times the number that have been tested positive and reported. So not everyone who is infected and ill or infected and not ill is getting tested, counted and intervened on. We’re just doing the best we can to reach those that we can and maximize our testing capacity. This is a situation, as in many communicable disease interventions, where multiple imperfect interventions, like testing, like wearing face coverings, like social distancing, all of those are imperfect, but you stack them all together and you can create a substantial barrier to transmission of the virus. So that’s our goal.

**Dave Somers:** Follow up question on schools. 39 students and 3 staffers are in quarantine from Monroe Public Schools. Do we know how many have tested positive? Are there outbreaks outside Monroe district? And ss officials insist data suggest younger kids should move into in-person instruction, should children in fact carry the virus and do not exhibit symptoms, what is the advice for their families who might share concern they be required to gather in classes?

**Chris Spitters:** Well again, the first question is yes, there was an exposure in Monroe school setting where several dozen kids and probably a couple of staff members were quarantined. And again because of, one, I don’t have an answer to how many have been tested and what the results are. Testing in that situation is not mandatory. If they’re ill, we try to make sure they get tested. If they’re well contacts, we encourage testing but we don’t require it and then they serve out their quarantine and then resume life. But given that that school is known and it’s small numbers, if I told you one or two tested positive, which I don’t know, again that’s a very small number in a focal community. It could identify someone. It violated what’s called our small numbers policy that we share with the state Department of Health and that was developed to respect federal and state privacy laws. So I can’t answer you there, but we do routinely report on school outbreaks. There are many clusters of, I think we’ve got roughly half a dozen schools with one or more cases in them, I think it’s two to call it an outbreak, so these are often clusters not uncontrolled outbreaks. And we find that we’re often able to interrupt transmission with the basic measures that have been discussed as well as the quarantine when cases do occur.

Regarding school officials and their decisions about in-person learning, again the focus is on the youngest learners and those high needs learners where the benefits of the on-site services for learning are balanced with the other benefits and risks. And that is an educator decision. The health district provides public health perspective guidance to them in that. And again, I’ll just restate what I did in my comments to this point. A) Schools do not seem to be exacerbating the community wide transmission that we’re seeing. They appear to be more of a bystander in it. And then we have, they have, we have the measures in place to try to limit that when it occurs. We’re not going to have zero cases in schools. There will be cases in schools all throughout this until it’s over. The idea is to contain.

**Dave Somers:** So one last follow-up question on Josephine. Has the Health District identified any lapses in infection control at Josephine and what is being done to care for residents there?
Chris Spitters: I’m not aware of any gross negligent problems that they had. Somehow an ill staff member or an ill visitor got in the building and spread to a patient presumably. It’s very difficult, we’re seeing this with many longterm care facilities, that even with good infection control precautions, it’s hard to interrupt the spread of this virus in close congregate setting like longterm care facilities. So they’re doing their best and we’re doing our best to help them, they’ve been very cooperative. How are they cared for? They get isolated from the other patients if they’ve got COVID. If they’ve been exposed and aren’t sick yet, they’re put in another section, you know, trying to separate out everyone, and then trying to maintain good physical and operational barriers between all those folks. If they get sick and they’re not so sick they need hospitalization, they’re care for in place there. And if they get sick enough they need hospitalization, then they get transferred to a hospital.

Dave Somers: Thank you Dr. Spitters. Thank you Dr. Tocher.

Chris Spitters: Thank you Executive Somers. Thank you Dr. Tocher.

Tom Tocher: Thanks for having me.

Joint Information Center: And thank you everyone. This is Kari in the Joint Information Center. It looks like we’ve wrapped up our questions. Thanks for sticking around a little extra time today. We’re going to go ahead and wrap up now but please do stay tuned for future media availabilities. Thanks.
COVID-19 Update

Snohomish Health District

COVID-19 Rolling 2-week Case Rate

Snohomish County COVID-19 Case Rate per 100,000 for 2-week Rolling Periods

Through November 14, 2020
COVID-19 Case Reports by Date

Through November 16, 2020

Snohomish Health District
SARS-CoV-2 Test Positivity

Snohomish County Percent Positivity Rate of COVID-19 Tests

Average Percent Positive

Snohomish Health District

Rolling 7-day average positivity rate
Total tests county-wide Oct 25 – Oct 31: 585 (5.8%) positive of 10,058 tested
Total tests county-wide Nov 1 – Nov 7: 1,117 (9.2%) positive of 12,150
COVID-19 Long-Term Care Cases

Snohomish County Long-term Care Facility Associated COVID-19 Cases by Onset Date
Through November 7, 2020
COVID-19 Deaths

Snohomish County COVID-19 Related Deaths by Week

Through November 7, 2020

Snohomish Health District