

## **TRANSCRIPT: Snohomish County Response to COVID-19, November 24, 2020, Briefing**

**County Executive Dave Somers:** Good morning and thank you all for being with us today. Good to see you all. So I've been thinking a lot lately about what it means to be part of a community and what it means to be an American. Probably the election and the life we are living during the pandemic, but I find myself thinking back to those who helped America through other times of need and suffering. Almost sixty years ago today, President John F. Kennedy famously said in his inaugural address, "Ask not what your country can do for you — ask what you can do for your country." And I think that directive is more important now than ever. What he really wanted to do was launch a new era of selflessness, a time when we could take care of each other, block-to-block and neighborhood-to-neighborhood, family-to-family.

So many have answered that call during the COVID-19 pandemic and we see it everywhere. We have neighbor feeding neighbors, houses of worship sheltering the homeless and the most vulnerable, community-based organizations working to make our county, our state, our country more perfect. These and many countless more countless acts of grace and love are evident every day across the country and in our county. These are moving tributes to the power of individuals and organizations that make lives better, people stronger, families more resilient and our community healthier.

But in a crisis of this magnitude, spanning really every continent and people, it's really fair to ask what our country can do for us, what we can do together. So we are extremely grateful for the CARES Act funding from Congress that helped us save lives, prevent sickness, otherwise respond to the pandemic. It's supported our contact tracing, it supported our quarantine center, it supported our testing efforts, it's supporting our delivery of food to those in need. Countless programs, and many people working on those. That funding ends in a few weeks at the end of the year and we really have no idea if or when more will be coming. So our congressional delegation has really done heroic work to try and speed more resources to where they're needed, but to date nothing has worked.

So we are not through this yet, as you know. We have many more months before we, I think, start to return to normal, and hopefully the vaccines pan out well and we get them distributed. But the pandemic is really at its most dangerous right now, and we need every level of government to be working together and working with us. We won't have, at the end of the year, federal loan programs, unemployment support, or grants to help ease the impacts of the pandemic on businesses and families. And I'm very worried about what that means for families across Snohomish County and the country.

So I urge everyone to contact their members of Congress and Senators to thank them for their efforts to date and urge them to continue working to bring more resources back home. A lot of people are hurting, a lot of businesses hurting. We have vaccines to distribute, we have many, many more months of testing and contact tracing and other activities and delivery of food, standing up a quarantine center and a lot of other activities that are going to have to continue into 2021, and we need that help. So now more than ever, we need to be working with our government and our government needs to be working with us.

With that, I'll hand it over to Dr. Spitters from the Snohomish Health District.

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

I'll be sharing a little about our vaccine planning efforts shortly. But before we get to the hope on the horizon, I just want to review the challenge facing us in the present. And perhaps some insights from our past.

Historians have shared how the 2<sup>nd</sup> and 3<sup>rd</sup> waves of the influenza pandemic in 1918-1919, now a century ago, were far more severe when people grew tired of the mask mandates and restrictions, letting their guards down. They celebrated Thanksgiving and other holidays with relative abandon. And in the weeks and months that followed, the cases piled up and death tolls climbed.

For several weeks now, I, other public health officials, Executive Somers, Governor Inslee, other elected leaders, scientists, business owners, doctors, nurses and countless others are pleading with all of us to curb social gatherings and mask up. We warned we were heading into a dire situation if immediate action wasn't taken. Restrictions were put in place to try to slow the building crisis in our healthcare system about 10 days ago. And yet, we find ourselves here today with Snohomish County and our state breaking record after record. Daily case counts. Two-week case rates. Numbers of outbreaks. Long-term care facilities are scrambling to respond and control transmission while also needing to care for the residents we've entrusted them with.

Hospitals rapidly approaching the we were in back in March. As of this morning, we have 80 residents hospitalized with confirmed or suspected COVID in Snohomish County hospitals. Eleven of those are on ventilators to help them breathe as they fight to stay alive. While the specific circumstances that led to their catching COVID vary, a common thread in chains of transmission leading to their infection, illness, hospitalization and—for many of them—death, is a breakdown in our application of effective prevention measures that we have listed so many times.

Perhaps someone needed to get together with friends. Or they needed to have that birthday party. Talking indoors with no masks on for hours, a perfect recipe to transmitting COVID. Or perhaps someone let their guard down because it was a trusted friend or family member, thinking, "we can go inside" or "I don't need to wear a mask" or both. And it was just a small group of family members, so it was fine to take the mask off and give hugs. And then they brought it home with them or to work, and infected someone else who infected someone else, who is now fighting for their life or may even lose it.

So today we have 80 people with COVID in the hospital. That is a 400% increase in just six weeks. Statewide there are 1,000 people in Washington state hospitals with COVID.

Locally, in March, we peaked at about 120 hospitalized, just 40 more than we are at now. And we're on pace to surpass that within the next week or two.

One of the key problems is that, as opposed to seven or eight months ago with the first spike in hospitalization, there were other hospitals in the region to help absorb the acute care capacity that was compromised by that spike. That's not the case today. Hospitals are filling up at rapid paces. And they're running out of staff to care not just for COVID patients, but everything else.

All of us on this call today are concerned about what Thanksgiving will bring. We have read or heard sentiments from people to the effect of "we shouldn't cancel the holidays because we don't know if our loved ones will be with us next year...and nothing is guaranteed."

That certainly is true. But they, especially our oldest adults, are more likely to be here next year if we are able to collectively show restraint in our desire to gather together during this and other coming holidays.

A surge in travel suggests that many people have plans to gather with people outside their household this coming Thanksgiving. But if more people don't cancel those plans this week, some of those guests or their loved ones or coworkers will become ill, some severely. This will worsen the existing hospital surge that will compromise care, not just for COVID patients but also for people having heart attacks, strokes, appendicitis, trauma, you name it. Everyone's access to acute care will be compromised. That's the sober truth we're dealing with today.

Now, as I mentioned, we do have hope on the horizon. We anticipate that one or more vaccine manufacturers will apply to the Food and Drug Administration for emergency use authorization for one or more vaccines in the coming weeks. If the FDA and then subsequently the CDC's review of the data concur that these are safe and effective vaccines appropriate for use, we could begin to see first doses of COVID vaccines shipped to our area in mid- to late-December.

The Health District has been working with our partners in the Department of Emergency Management here in Snohomish County, the local health care system and the Washington State Department of Health to prepare for this over the last several months, and that work remains ongoing.

I want to let you know that the first limited supplies of vaccine will target health care workers and first responders at highest risk for exposure, highly vulnerable populations like nursing homes, and other older people with risk factors for severe disease. As vaccination of those groups is achieved and the supply expands, over the course of months, efforts will broaden to include critical infrastructure and public safety personnel, other adults with medical risk factors for severe disease, and ultimately the general population. But this will take about six to nine months to unfold, so although there is hope ahead, vaccine will not resolve our current problem or get us back closer to normal for many, many months come, probably the 3<sup>rd</sup> or 4<sup>th</sup> quarter of next year.

And until we're at the other end of this, we all need to continue practicing the prevention measures you should all know by now. Physical distancing, wearing face coverings when out of the home, and limiting social gatherings in particular. That means we're still relying on all of you to bridge us to that point. By keeping up with the masks and physical distances, avoiding gatherings with people outside your household. This isn't just forever, but it is for now.

So with that, I'd like to turn it over to Jason Biermann to share a little more about the planning and coordination our agencies have undertaken so far on the vaccine distribution front. Jason?

**Emergency Management Director Jason Biermann:** Thanks Dr. Spitters and good morning everyone. Yeah, I would like to, I'm going to provide some comments on the ongoing planning efforts that we're working on with vaccine distribution, and then want to take a couple of moment to reemphasize some of the points that Executive Somers and Dr. Spitters made.

As Dr. Spitters mentioned, our planning efforts for vaccine distribution actually began back in early August. And it has been a partnership throughout the entire time up until now among the Health District, for which we're really grateful, our agency the Department of Emergency Management, the sheriff's office, our fire and EMS partners as well as the healthcare providers throughout Snohomish County.

Just to bring you up to date with where we are right now, we have completed a first draft and actually last Wednesday on the 18<sup>th</sup> actually did what we call a tabletop exercise of that plan. That's an opportunity for the folks who are part of the planning process as well as others who will be part of the implementation of the plan to sit down and walk through how the plan is designed and to basically troubleshoot and groundtruth everything that is in the plan. We did identify some things and have already made some modifications. One of the key things we wanted to make sure we understood is throughput and that is, you know, approximately how fast the agencies we are expecting to be part of this effort can provide vaccines. By our estimation right now, that's around 160,000 per week. So that's actually a fairly large number and coincides with what Dr. Spitters said in terms of the vaccine rolling out somewhat slowly and a reminder that for everyone the vaccine may be two shots that will need to happen over a spaced period of time. So we've identified that. We have an idea of what the throughput is. We've identified some of the other issues you may have heard about from other sources such as ultra-cold storage and other things. And that helps us identify ways to support our partners who are going to be providing vaccine out in the community.

Most of those vaccines will go through normal channels, they'll go through the existing healthcare system. Certainly we want to be here to support that effort, we being the county and the Health District and the other partners, and I think we have a strong plan that actually identifies how we will do that.

And with that the other point I wanted to add to reemphasize what the Executive and Dr. Spitters said, certainly everything they said is obviously spot on, but thinking about those responders and the healthcare system and the providers that are out there, I would also ask folks to consider your gathering and limiting that because they also are at very high risk. Every time they go out, be it an EMS provider going out on a call for someone in respiratory distress, someone who comes into the emergency department, any of those instances cause strain on an already strained system. And staffing becomes a big issue when folks who are in that healthcare system become ill and have to be taken out of work. There's a finite amount of staff. That seems intuitive, but I think it's important to stress that those folks are out there every day not only trying to address COVID but all of the other issues that are happening throughout our community. So I would ask on their behalf that folks be mindful of that and also think about when you're gathering, the increased risk that you're creating for our providers, our responders, our law enforcement folks who are out there in community trying to keep people safe and get them the help they need. So thank you.

**Dave Somers:** Thank you Jason. And thanks to you and everybody at DEM and at the health district for the great partnership we've had these past months. We've got some work ahead of us, but thank you.

So this question for Dr. Spitters and I. What is seeing all the people at airport terminals jammed with holiday travelers done to your blood pressure, and what do you expect to see happen after that? And just like to hear from both of us.

I would just like to say that it's not so much my blood pressure as it is sadness, kind of a deep sadness, because all we can do is give people the best advice we can and then it's up to each individual and each family to take it or leave it. And travel is down. That's a good sign. But with the level and size of crowds we're seeing, I think it's going to be a hard winter. I think it's, we are going to continue to see cases rise. There's no indication that that's going to let off anytime soon. In fact indications to the contrary, so it's going to be some tough months particularly with the end of federal assistance come January. We have some bridge funds to try to tide us over

into 2021, but it's going to be a tough few months and I'm just going to keep telling people what I know and what the best science is and what the best advice is and hope they take it. And that we mitigate the increase in the spread of the virus as best we can. Dr Spitters?

**Chris Spitters:** Well, yes, you know, I just know it's certainly concerning the amount of, you know, the interest people have in getting together over the holidays runs counter to what we need to have happen so seeing lots of people traveling is concerning that there will be a wave of disease in follow up to that by a week or two and then again, aside from the suffering and possible death associated with that, again, is the swamping of the acute health care system that could result. And so widespread gatherings, you know, just are working completely counter to our hope for a strategy to try to mitigate things as we move ahead.

**Dave Somers:** Doctor, do you know offhand what the cases per hundred thousand number is this week.

**Chris Spitters:** Yeah, it's just, it's just up over 300. It's 304, so the two week break through the 14th was 278 and the two week rate through the 21st was 304, so about a 10% increase. That's a slower increase the successive 50% increases we saw in prior recent weeks, but you know, it's still going up. We really need to see that come down because all of those cases, a relatively constant proportion of them lead the hospitalizations and these are long hospitalizations, typically. So the folks stay in a long time. And that starts to crowd out other things that need to be taken care of. So that's where we're at 304.

**Dave Somers:** Just a reminder we dipped under 25 in the spring to get into phase two. Can either of you Dr. Spitters or Jason further detail how vaccine will be distributed to the public?

**Chris Spitters:** I'll take it just from the medical view and I think Jason's input is also going to be helpful here. But the general idea is that the majority of the healthcare system providers are, the majority of healthcare systems are going to, are signing up to be able to order and receive vaccine and then administer initially to their workforce and then ultimately to high risk patients, then medium risk patients and then low risk patients through their routine health care provider. So the vast majority of people in Snohomish County ultimately when the timing's appropriate for them based on their risk ought to be able to get it through their routine source of health care. And then for those who don't have a routine source of health care, you know, that's where we'll be working on developing relationships to either provide incentive to the existing health care system to take care of those folks or to create means to directly administer it ourselves. Jason, you want to comment on that?

**Jason Biermann:** Yeah, I think you covered most of it Dr. Spitters. I mean, generally, I guess, starting sort of at a higher level, the federal government, CDC in particular, will coordinate with the State Department of Health, who will in turn coordinate, of course, with the health district about getting the vaccine here. Most of it will, we expect will go through those existing channels. A lot of our planning has been to backstop that. We do know that there are folks who may not have a health care provider or a medical home. So we do have, as Dr. Spitters said some things in place and plans in place where we could, if we had to, go out and either use existing mechanisms like the fire and EMS community who has stepped up and said that they're willing to help provide vaccines the way they did back during H1N1 or if we, you know, if necessary, we could stand up points of distribution where we would be doing that in conjunction with the health district and providers out in the community. But again, generally, our assumption is that most of the vaccine effort will go through existing healthcare networks and both clinics, hospitals and pharmacies.

**Dave Somers:** The next question is, at any point, will there be repercussions for those that violate orders. And I will just say there have been repercussions for businesses that have sort of flagrantly violated orders. Those are probably the easiest cases to deal with if they hold permits or licenses from either local government or the state most likely. Individuals and families are extremely difficult, and do you have any comments on that?

**Chris Spitters:** Well, I think that's precisely it, Executive Somers. There are some, you know, visible grossly non-compliant folks who, you know, generally that would occur in a setting that's regulated, right? Like a business. And then, you know, I think we've heard about a place or two that have had their liquor license pulled because of non-compliance. But the vast majority of transmission is occurring in other settings and we really are at the mercy of our collective will to limit those events from occurring. And so there is no meaningful enforcement on private homes, which means we really, as I said, we're entirely dependent on everybody thinking of the collective here to try to limit this because there's no other way to do it.

**Dave Somers:** With an eye on Thanksgiving, have tracers been able to connect any cases to Halloween gatherings specifically?

**Chris Spitters:** Not that I'm aware of. I think, in general, the willingness to, there's certainly some embarrassment I think, among folks who become cases connected with gathering. So what we hear is probably an underestimate of what is actually occurring. Nothing specifically tied to a Halloween itself in name, but just to small gatherings, parties, birthday parties, dinners, etc.

**Dave Somers:** You can kind of infer from the timing of this increase, you know, as people move indoors and we started getting into holidays and we see this peak. So I think it's the state of North Dakota I heard has really almost abandoned contact tracing because they've completely overwhelmed their capacity to really be able to meaningfully trace to small events or individual events. So I think that's a concern of mine that as we get more and more cases, it really becomes extremely difficult. Contact tracing is most effective when you can sort of hit outbreaks when they're small and targeted. But as this gets more widely spread I believe it's a less valuable tool.

How much more room do the county hospitals have to admit more COVID patients and how many total COVID beds are available in total?

**Chris Spitters:** So you know we collaborate with the hospitals on that, but that's a question better answered by the hospitals themselves or the Northwest Regional Health Care Network. They're the ones that are coordinating the surge capacity.

**Dave Somers:** Given the lag from symptoms to hospitalization, at what point would you expect to see higher death rates than we see right now as it relates to current increasing cases?

**Chris Spitters:** Generally the, what we saw last March and April is that the hospitalizations peaked one to two weeks after the case reports peaked, and then deaths peaked another week or two after that so we don't know if we've reached a peak yet, but we're certainly in a surge in cases, we're seeing the hospitalizations go up in tow. And so I think anytime now we could start to see, we've already seen a lower level of deaths, you know, roughly half a dozen a week over the past couple of weeks, and that is, I think, certain to climb. Quality of care, as well as some of the pharmacologic interventions for COVID have improved greatly since the winter months last time through, but still I think these numbers suggest we will see increased deaths in the coming weeks.

**Dave Somers:** So I think doctor we are seeing increased deaths, but it hasn't reached kind of a magnitude we saw in the spring. Is that correct?

**Chris Spitters:** That's right, that's right, going back to that time. You know, I think we had, we peaked at roughly 20 to 30 deaths per week in early April, and now we're at about one quarter of that, but I would expect that to increase to double or even triple in the next week or two.

**Dave Somers:** Another question for Dr. Spitters. Another death was reported outside of this county yesterday in a child between zero and 19, the fourth in the state. Any comments in general regarding the risk to that age group?

**Chris Spitters:** Well, you know, first it's a tragedy, and I was not aware of this. So, but certainly in my heart goes out to the family involved and if you lose someone in your family at any age that's painful and that's part of what we're trying to avoid here. I think, you know, our emphasis, I wouldn't say overemphasis, but emphasis on the age related risk of severe disease and hospitalization and death might mislead people into thinking that it's a benign condition for younger people and children, which it's not. Certainly frequency of hospitalization is lower and deaths are lower. But as this sad case shows, even in the youngest, least vulnerable group bad outcomes do occur, and you know, I've mentioned this before, but another thing is even for people who haven't been hospitalized, in these recent studies, when you go back around and talk to folks three months later, up to half still have difficulty breathing chest pain, feeling tired, having difficulty thinking and kind of getting through their day. Three months after they were initially ill. And this is in, you know, all age groups. So this is not a benign condition, for sure.

**Dave Somers:** There was a question I think for Dr. Spitters, but maybe Jason wants to weigh in on this, too, so when do you think COVID hospital numbers will break pandemic records if the trend continues and do you think Snohomish County will have to consider field hospitals?

**Chris Spitters:** Well, we certainly got there last, we were right on the brink of that last March, and of course it could happen again. It's very difficult to predict the future. So I'm reticent to do that, but it's certainly in our future if we don't turn things around. That's for sure. When depends on, you know, the slope of that curve and the more we can bend it and get it going down, the more likely we can stop the inflow of hospitalized patients before we exceed capacity. If we don't bend that curve down, we will exceed hospital capacity. Would it be, you know, three weeks from now, two weeks from now, five or six weeks from now? I won't venture to guess. But that is in our future if we don't turn this around quickly.

**Dave Somers:** Jason, you were heavily involved in planning for the potentiality of field hospitals and clinics. Would you like to say a few words on that?

**Jason Biermann:** Yeah, I'll add as Dr. Spitters mentioned, we had plans in place. We've actually had sites identified back in the spring for a field hospital. We don't want that to happen, obviously, but we do have plans in place for where we would site those. I think one thing that's important again to emphasize and reemphasize Dr. Spitters' message, many of the assets, the federal assets that were available in the spring are now deployed elsewhere throughout the country as our whole country is seeing this massive uptick in COVID cases. So while we have those plans in place, the number of resources available are far fewer than they were in the spring. So again, that's just a strong reminder to everyone, those measures that keep that curve flattened and keep us out of the place where we have to request those things is where we absolutely want to be because there's not a guarantee that federal resources will be available because they are being used all throughout the country right now.

**Dave Somers:** Okay, question about testing and positive cases. Are case percentages really reaching 10% or is that a facet of Department of Health reporting getting overwhelmed with testing numbers and asking not to collect negative tests if possible?

**Chris Spitters:** No, that's a real number. 10% of tests that are done are positive in Snohomish County.

**Dave Somers:** And doctor is it fair to say that, you know, testing is up, like in the spring, direct contact, there was a lot more people doing the drive through testing and planning on traveling so I think we're probably getting a more representative sample of the population now than when we were in the spring. Is that accurate?

**Chris Spitters:** Yes, I think we're probably testing a wider variety of people who are seeking testing. Back then it was, the positivity rates were, you know, 20% because most of the people that were seeking testing were seeking it because they were sick. Now, there are people also seeking testing because they're contacts or as you said, for other sort of administrative purposes, travel, work, etc. so that adds to the denominator. But, you know, we're doing 13,000 tests last week. That's double what we were doing about six to eight weeks ago. And yet the positivity rate has tripled over that time. So that gives you an idea of what's going on in the community. There's just a lot more transmission and this is real. This is not an artifact of how we're counting tests or anything like that.

**Dave Somers:** Can you talk about the outbreak at a hospital with 14 cases? Are cases among staff or has transmission become uncontrolled? And if uncontrolled, will you be identifying the hospital? And then a follow up. Do you think the focus on limiting gathering neglects how many cases we're seeing in workplaces across the county?

**Chris Spitters:** Well, I'll take the first one. We are working, the Health District is working actively with Providence Regional Medical Center in Everett on COVID-19 prevention and control efforts affecting their hospital. The Health District continues to provide technical assistance as well as support completing case investigations and contact tracing related to the outbreak. The facility is handling notification and tracing for patients and staff and the health district takes care of those notifications that are located outside the facility. Again, with this much transmission occurring in the community, whether you're a long term care facility, a hospital, a school or workplace, the chances of COVID walking in the door are now 10 times higher than they were when our rates were down and when we fell below 25, so it's just more COVID out there. It comes in the buildings. And Providence and the vast majority of healthcare facilities and other enterprises we're working with have good control measures in place and are being very cooperative and taking our advice and working on controlling things and we generally see transmission come under control, but this is going to be, at these levels of transmission in the community, we should expect more of this in the near future, until we really turn things around and get the incidence in the community down so that there's less COVID walking through the door.

**Dave Somers:** So we have a couple of questions on vaccines and distribution and then we'll wrap up. The first, can we identify the facilities that will be distributing the vaccine in the county? Is there a target date for vaccine distribution? Christmas, perhaps? And there was a question I missed, which was which company will be supplying the vaccine across the county? So both for Dr. Spitters and Jason.

**Chris Spitters:** Well, I'll make a couple comments. First, as we said earlier, the vaccines will generally be made available through the existing healthcare system. So if you think about the

major health care system players, those are the likely venues for vaccine becoming available. No timeline, you know, a guesstimate of maybe sometime in December, but it could be delayed, could be longer than that. And certainly in my medical ethics career we always shy away from any endorsement or mention of any specific enterprise that's providing goods or services, so one or more pharmaceutical companies, though, will be submitting applications in the coming weeks to FDA for their vaccines and they will move forward if they're deemed safe and effective.

**Dave Somers:** And Dr. Spitters, when I asked you about this the other day, I think, you said that we have a pretty well defined system for distributing flu vaccines, for example, you know, they're widely available. And that, essentially that same system for distribution is what will be used in this case, so at some point, we could possibly see vaccinations at Costco, or your local pharmacy and etc., etc. Is that right?

**Chris Spitters:** That's right. In fact, part of the federal effort, and Jason, you may know more about this, but in concept part of the federal effort is to work directly with some vendors like that, like some of the major pharmacy chains to directly distribute to them and not necessarily go through the state or the local health department so yes, in addition to traditional healthcare venues, you've got those and then, as well, you know, we'll either have some type of voucher system or direct delivery for those who are uninsured, don't have a health care provider, kind of otherwise might fall through the cracks. We'll have, we have some contingency plans for that as well.

**Jason Biermann:** Yeah, that's exactly right. And I think the only thing I want to add is just to recognize those local health care providers and those systems. And again, as you mentioned Dr. Spitters, it's the ones that folks recognize from the flu vaccine and, just the ones who are present in the county and throughout, including the pharmacies, have been really good partners in our planning efforts. So it's those same systems that we know about that we use for flu and just general health care. They've been really strong partners coming to the table and helping inform our plans. So I want to make sure we recognize them for that.

**Dave Somers:** And I guess I just finally emphasize to them to remember that when the vaccines do start coming, it's going to be a limited supply. I mean, the whole world is waiting for vaccines and it's going to take some time to ramp up production and do distribution and get out to the general public. So it's not going to be a massive wave of availability, I don't think. We're really looking at well into next year, as we've said many times, clear into the spring and summer before the vaccine has really been widely available and distributed

I think that's it.