EXECUTIVE DAVE SOMERS: Thank you for joining us today. Good to see you all. So one of Snohomish County’s priorities through the pandemic has been providing as much support as possible to our small business community. As we all know, much of the character of our communities are really set by our small shops and businesses which provide goods and services in our towns and cities and throughout the county. Also, small businesses really employ a significant number of our neighbors and family members throughout the county.

We know COVID-19 has really been devastating for many small businesses. We have deployed a four-pronged strategy to support our local economy. We’ve offered grants to help businesses survive. We’ve established an Office of Recovery to make sure we are ahead of the curve and listening to our businesses and their needs. We stood up an Economic Recovery Task Force to tap into the ideas and expertise of local business leaders. And finally we are encouraging people to spend their dollars locally this holiday season.

So on Friday, we launched SupportSnoCo.com to focus attention on this last need, which is buying locally. So we know people love their main streets and the businesses that provide all the goods and services to residents. A lot of those businesses are either shut down or facing the prospect of having to shut down because of the pandemic. We really, really need people to spend some of their money at these local shops to support them through this really tough time.

SupportSnoCo.com is our effort to raise awareness about small businesses across the region and encourage people to visit online or, where possible, in person.

A lot of things we can do. Buy a gift card, get take-out, shop for that sort of one-of-a-kind artwork that’s available locally. We know that most businesses just need more people to take advantage of what they have to offer. There are people across the county who want to work hard, are following their dreams, and provide enormous benefits to our region and they really need our help and consideration. We’ve got breweries to bookstores, salons to dog walkers, there are lots of good options locally. So we really want people to spend some of their holiday budget right down the street where it can make a big difference.

When we are done with COVID-19, and thankfully there are multiple vaccines that are showing promise, we want to have a vibrant small business community. So I encourage everyone to shop locally this holiday season. It might only be a few bucks from each of us but together it can really make a difference for those businesses. If you need more information, you can visit SupportSnoCo.com, that’s S-N-O-C-O dot com. And please support our local businesses and community through this really, really rough time.

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

HEALTH OFFICER DR. CHRIS SPITTERS: Thank you Executive Somers and good morning everyone.

As we mentioned in our press release last Wednesday, our weekly reports will be delayed this week. With the surge in new cases daily, it’s taking longer receive, organize and analyze the data. We expect the weekly snapshot and weekly report to be posted not later than noon tomorrow, December 2.
For these same reasons, we’re also going to begin routinely releasing our data reports on Tuesday afternoons instead of Mondays with an occasional delay until Wednesday occurring when workloads, staffing or other circumstances dictate.

Yesterday we did release preliminary case counts and the new 2-week case rate extending up through Saturday, November 28, which showed another 20% increase from 300 up to 368 case per 100,000 for the prior 14 days.

COVID hospitalizations have continued to increase since last week, with 89 confirmed and 6 suspected COVID-19 cases currently in Snohomish County hospitals. Nine of these are in respiratory failure requiring mechanical ventilation.

Deaths, long-term care facility cases and outbreaks, and workplace outbreaks continue to occur at rates not seen since the first wave back in March and April.

Now I’d like to talk to you about Washington State Department of Health’s launch of the Washington exposure notification platform or WA Notify, as it’s known. It uses smartphones to alert users if they may have been exposed to COVID-19. It is completely private, and doesn’t know or track who you are or where you go. When you enable WA Notify on your smartphone, it exchanges random, anonymous codes with the phones of other people you are near who have also enabled their phones to activate WA Notify. The app uses Bluetooth Low Energy technology to exchange these random codes between phones when they are within 15 feet of each other without revealing any information about you. Those codes are stored for up to two weeks and then they’re dropped.

WA Notify is based on Google Apple Exposure Notification technology, which was designed to safeguard user privacy. The system never collects or shares any location data or personal information with Google, Apple, the Washington State Department of Health or other parties.

Participation is entirely voluntary, and users can opt in or out at any time. If another Washington Notify user you’ve been near in the last two weeks later tests positive for COVID-19 and adds the verification code given to them by public health to the app, then you will get an anonymous notification that you had a possible exposure. This lets you get the care you need quickly and helps prevent you from spreading COVID-19 to the people around you.

Studies have found that the more people who use exposure notification, the greater the benefit to the community in terms of preventing cases, hospitalizations and deaths. Models based in parts of Washington show that even a small number of people using WA Notify would reduce infections and deaths.

Just like wearing masks, physical distancing and keeping gatherings small, WA Notify is another tool to help us prevent the spread of COVID-19 and it is an add-on, a parallel enhancement of the overall contact notification strategy and it does not replace existing strategies being run by the health district of the Washington State Department of Health.

Washington formed a state oversight group including security and civil liberties experts and members of several communities to review this Apple Google platform. The group recommended this option based on the platform’s proven reliability, robust data protection, and its successful use in other states.
To enable this function on your smartphone, download the Washington Exposure Notification app from the Google Play Store if you have an Android phone or if you have an iPhone just go to settings, scroll down to Exposure Notifications and select Enable and then follow a few simple commands that follow that.

So I encourage you all to download or activate the WA Notify system in your smartphones to help protect you and protect those around you.

Now just my final comments today about behavioral health and general mental wellbeing during this very difficult time that individuals and the community are going through, an incredibly challenging time for everyone physically, emotionally, spiritually, and financially.

For those who are able, consider donating to one of the amazing non-profits working in Snohomish County to help mitigate the impacts on those of us more severely affected.

Order out from a local restaurant in town. Shop locally, as Executive Somers mentioned. Let’s support those local businesses that are working to remain nimble while following new restrictions. Practice compassion with one another and yourself. Please be kind.

And also remember that it’s normal to not feel OK in times like these. Chronic stress of this duration, nine, ten months now, due to health concerns, fear of catching COVID, economic impacts and social consequences of the pandemic, these are affecting us all. Anxiety, depression, difficulty sleeping, substance abuse are common consequences of this stress. If you’re struggling, it doesn’t mean you’re abnormal or crazy, it just means you’re suffering through this and it’s time to reach out for help.

In addition to sharing your feelings with friends and family, there are a number of resources that community members can access, including your personal healthcare provider. WA Listens is a crisis line for stress related to COVID-19. The number is 1-833-681-0211. That’s 1-833-681-0211. You can also access the Care Crisis Chat 24/7 at www.imhurting.org, www.imhurting.org.

And last but not least, 2-1-1 on your phone is a free confidential community service and your one-stop connection to the local services you need, from utility assistance, food, housing, health, child care and after school programs, elder care, crisis intervention and much more. You can dial 211 from your phone to reach North Sound 211

With that, I’d like to turn it over to Laura White with Snohomish County Human Services to share more about resources available for our older residents during this difficult time. Laura.

**Laura White (Human Services):** Thank you Dr. Spitters. Thank you for this opportunity to speak with you today. My name is Laura White and I am a division manager in Snohomish County’s Human Services Department for the Aging and Disability Services Division. We are the area agency for aging for Snohomish County and are looking to evaluate the impacts of COVID-19 on persons 55 and older living in Snohomish County.

To date, the two primary needs that we have seen are food insecurity and social isolation. A good example of this increased need is there has been a 216% increase in home delivered meal referrals since the beginning of COVID-19. There are currently 18,000 meals being provided per month. That means a lot of people are not going hungry every week, so that just is an amazing statistic. So if seniors or persons with disabilities are needing any additional
resources, they can always access the aging and disability resource network and that phone number is 425-513-1900.

So we would like to take this opportunity to encourage Snohomish County residents 55 and older to complete a COVID-19 Seniors Survey that is now underway and will be ongoing until January 15, 2021. The purpose of this survey will be to measure the impact of COVID-19 on seniors in Snohomish County and how to prioritize program and services in the future, and the survey will be available in various formats, including electronically. And that web address is www.surveymonkey.com/r/snocoseniors. We’ll have that web address in the chat for you to reference.

The seniors centers throughout Snohomish County will also be mailing the survey to all of its members, and then we’ll be doing a mass mailing to our provider network to help reach as many participants as possible. And anybody can access the survey via the Snohomish County Human Services homepage, and that link should be available shortly.

If anybody would like a paper copy mailed to them, they can contact Kelsey.Bang-Olsen@snoco.org for a paper copy of the survey to be mailed with a self-addressed stamped envelope, and we’ll also put that email address in the chat for your reference.

And the survey’s been translated in Korean, Russian, Spanish and Vietnamese, and if any other additional languages are needed you can also contact Kelsey and she will be sure to get that translated for you.

Anyways, thank you, and with that I’ll hand it back to Executive Somers.

**Dave Somers:** Thank you Laura. So we have a few questions in the chat box so we’ll run through them quickly. So the first one. Given the continued rise in numbers, are you going to recommend the governor extend the current restrictions through Christmas and New Year’s? And would you support a ‘stay at home’ order? Dr. Spitters, I’ll turn that to you first, and then I have a couple comments.

**Chris Spitters:** Well, certainly these are very difficult questions and I think, one, as the local health officer, you know, my duty and goal is to address the communicable disease problem and its impact on the hospitals. So if we don’t see mitigation in our case numbers and don’t see an improvement in the hospital capacity, which is becoming ever more concerning, it would seem unwise for us to reopen what has been closed down at a time when we’re not seeing the fruits of that effort. So there’s that.

I have to confess I’m not really in the business of making recommendations to the governor, but I certainly look, along with other local health officials, to have a harmonized response with the state that addresses the need that we have to see this turn around and look for a response that we can all support. And remembering that as the local health officer it’s my duty to support and implement whatever the state comes up with.

**Dave Somers:** I’d just like to add really that, given our experience this past spring and the end of the summer with the two prior waves, we see pressure for folks to get together and sort of loosen up, and we’ve seen the results in surges. You know, it’s my expectation that following this Thanksgiving holiday we’re going to continue to see cases rise. And I hope that’s not true, but I fully expect that things are not going to be getting better over the next few weeks. So I think the expectation that we might be loosening restrictions between now and Christmas are
not realistic. You know, I think there’s a number of things we can do, which is encourage people, any time they’re outdoors, to wear a mask. Socially distance. Short of shut down, I mean, the governor already has asked us to stay home except for essential trips so we essentially are under a realistic stay at home order and I expect that to continue through the holidays, unfortunately. So we just have to get past this, try to follow the safety guidelines, hope the vaccine is as effective as it seems to be.

Doctor, are there current concerns about hospital staffing?

Chris Spitters: Yes. While I can’t speak to them specifically or quantitatively, we know that there’s a shortage particularly of nurses, ICU nurses, and other healthcare providers for a variety of reasons. But what that leads to is when we look at hospital capacity we can’t just count beds. We have to count a bed that can be staffed by the healthcare providers that take care of the patient that would be in that bed. So we know from ongoing conversations with the healthcare system that staffing is a concern and in addition to a limited number of beds, limited staffing is something that we all have to keep in mind when we’re making choices about how we spend our time. And echoing back to the requirements and the guidance from the governor and the state about how to minimize risk of transmission and avoid gatherings and really kind of stay home except for our essential activities.

Dave Somers: Now that the state has a better idea of how many vaccine doses it’ll get by the end of December, is there any update on how many may be coming to Snohomish County? And does the health district expect the first wave of vaccinations to extend beyond health care workers to the 1B/C groups?

Chris Spitters: I don’t have any new information on that. I think we’ll just have to take it as it comes and expect that it will take probably two to three months. It may not be the first shipment that gets all the way through that group 1 A, B, C. But, you know, I think roughly two to three months to get through group one, probably another two to three months to get through group two, and then on down the line. So we’re looking at 9-12 months to reach everyone who wanted to get vaccinated. But I don’t have any new numbers from the state to give more specifics about the coverage we would achieve with the initial shipment.

Dave Somers: And doctor, do you know how close to capacity we are in the county’s ICU beds?

Chris Spitters: Well, currently the state’s database on that reads 80%, and Snohomish County currently has seven vacant airborne isolation rooms in ICUs, which represents 20% of the total capacity for those types of rooms.

Airborne isolation rooms outside the ICU are a little bit tighter but often hospitals can re-engineer rooms to make them airborne isolation rooms, so often that’s an undercounting of what’s available. But that’s the general picture, that it’s tight but I would say the hospitals are not in normal mode nor are they in crisis mode. They’re in contingency management mode, in between. I think to get their direct experience would be valuable to your listeners and readers, so I’d encourage you to reach out to them for further specifics on that.

Dave Somers: Doctor, can you give an update on the Josephine/Regency care outbreaks? And have any other long-term care facilities surpassed 50 cases with their outbreaks?
Chris Spitters: Yes, of active long-term care facility outbreaks, Josephine Caring Community up in Stanwood has 107 cases to date with this outbreak. The Regency Care Facility has 83. You'll be able to see these on the data report that comes out tomorrow. And there are no other active outbreaks with more than 50 cases. But we do have, last I heard, I think we had 40 long-term care facility outbreaks. Now that includes everything from large nursing homes to intermediate sized assisted living facilities down to the smaller adult family homes. But 15 of those 40 are in skilled nursing facilities, they just haven’t reached large numbers and hopefully will not do so.

Dave Somers: So after this briefing last week, we talked about the cases or patients coming in from Idaho and other places into Washington state. Do we know if there’s any COVID patients from outside the county or other states who have been brought in to Snohomish County hospitals?

Chris Spitters: To my knowledge, there’s been no systematic transferring into Snohomish County from outside the county for care. Now certainly people who live say in Skagit, Island or King County who sought care in Snohomish County may account for some of those Snohomish County hospitalizations, but by and large the vast majority are Snohomish County.

Dave Somers: Do you know that, given the current cases of COVID positive health care workers, that it’s causing any staffing concerns at county hospitals?

Chris Spitters: The cases themselves, you know, they’re out of work for 10 days. And long-term care facility settings, I think about 40% of the cases that occur there are in the staff, so that affects it as well as in an acute care facility there was a cluster of cases affecting staff. The bigger impact, though, is on the others exposed in that setting. You know, the quarantines that result from exposure are greater in number than the cases, and fortunately those don’t all turn into cases, but they need to be managed like contacts and that impacts service capacity in hospitals. So by definition any case in a healthcare facility is going to impact care. I don’t think at this time that it’s impacting care capacity to the degree that say bed space or just general staff shortages are. I think these are really secondary effects. Troublesome, but not the primary driving factor in the hospital system right now.

Dave Somers: Is there enough PPE and testing capacity given the current surge and the potential increased demand for tests with WA Notify? Do we have sufficient capacity at this time?

Chris Spitters: So PPE and testing. I mean, as this goes on, although we haven’t seen a lot of warning signals with PPE in the past week or two, some people have had difficulty getting gloves. Overall, current PPE stockpiles are adequate but not to continue indefinitely. Yet another reason for us to try to turn this around. Same with testing. Testing capacity has expanded markedly. Just in the past 6-8 weeks we went from 6,000 tests per week in Snohomish County, I think last week there were 13,000 tests, last week or the week before. So doubling of capacity, but again 90% of those testing positive have symptoms. So that suggests that the system is being stressed in terms of providing testing to everyone who wants it. But we’re still much better off than we were last spring and the health district’s continuing to expand and provide more testing sites to augment the current healthcare system.

Dave Somers: Thank you. And I just wanted to encourage everybody, as the doctor said, to, you can’t see that very well, but this app is going to be very helpful in terms of being able to give
a warning if you have been exposed and actually it will help us targeting testing better. I hope it’s widely adopted by folks.

Another question, can you give more details about the rise in deaths in the county?

**Chris Spitters:** Sure, I’ll just share the figures with you and then you can see them with your own eyes when we release the report, again no later than noon tomorrow, possibly earlier. But if you go back into August, September 1, 2, 3 deaths per week, variable. And as sad as those are the numbers gradually have increased. We had in the past three weeks going backward, so last week up through the 21st, there were 13 deaths that week, six deaths the week before that, eight the week before that, seven and eight the two weeks before that. So you see we were down 1, 2, 3, now 6, 7, 8, now this most recent week of 13. There you have it. Time will tell, but signal’s not good given the high number of hospitalizations.

**Dave Somers:** So if a family member who does not live with you contracts COVID, how soon are they no longer spreaders and how soon is it safe to interact with them?

**Chris Spitters:** So that really gets to when is a case of COVID released from isolation and there are two avenues for that. The first and most common is someone who has symptoms of COVID, whether it’s lose their sense of smell or cold symptoms or worse like cough and fever, whatever they are, what we want to see for release from isolation are three factors. One, no fever for 24 hours without the use of any fever-reducing agents. We also want to see the other symptoms improving for at least 24 hours. And then the third item is it need to be at least 10 days since their symptoms started. So if I became ill today with a cough and fever, sought testing tomorrow, was positive, and then began feeling better a few days later, no fever, cough improving, I would be released from isolation and safe to be around my friends, family and workmates 10 days from now, the onset of my symptoms, December 11.

For those who had no symptoms, who were contacts or for some other reason got tested and were positive but have no symptoms, then it’s just 10 days from the date of the test.

**Dave Somers:** Thank you. There’s a question about workplace outbreaks. Does it make sense to impose tighter restrictions on industries or workplace activities? If more and more people are showing up to work with COVID, you know, how are you going to get that to stop?

**Chris Spitters:** Well, first, many of the places that tend to fall on the frequent-flier end of the spectrum with respect to workplace outbreaks are already being restricted by the governor’s recent orders. So for instance restaurants. You can take out but you can’t eat in, so that eliminates a lot of the customer or client base for those activities. Gyms was another one on that list. The other end of the prevention there for the workers and their workmates is to have that screening at the front end of the day, have everyone wearing face coverings, spread out, not eating lunch together, not riding to and from work together, those types of things where people let their guard down and transmission occurs in the workplace. Certainly if a workplace has an uncontrolled outbreak we do generally encourage or direct them to shut down. Systematically choosing out sectors locally can be fraught with error and secondary effects that we don’t anticipate so we, again, like to work with the state and have a harmonized response, making the best use of the science available by our state partners.

**Dave Somers:** Thank you doctor and thank you Laura and thanks everybody at Human Services for all the great work you guys are doing.
Chris Spitters: Thank you.

Joint Information Center: Thank you everyone. This is Kari Bray in the Joint Information Center. I appreciate you joining us this morning. It looks like we’ve made it through the questions, so we’ll go ahead and wrap up for today. Please do stay tuned for future media availabilities. Thanks.