

TRANSCRIPT: Snohomish County Response to COVID-19, December 8 Briefing

Executive Dave Somers: Thank you. Good morning everybody and thanks for joining us today. Good to see you here.

So Dr. Spitters is going to be giving the update on COVID-19, but I just wanted to take a few minutes to talk about the amazing work that many Snohomish County and Snohomish Health District employees have been doing day in and day out to respond to COVID and start to think about recovery.

One example, as of yesterday, Snohomish County's Department of Emergency Management, or DEM, has distributed approximately 5.8 million pieces of PPE, 5.8 million pieces of PPE, to 567 different entities. But DEM couldn't and didn't do this work alone. It took staff from our finance department to purchase the PPE. It took our Department of Information Technology to ensure everybody had the tools they needed to purchase, receive, and distribute this material. It took staff from our Department of Facilities and Fleet to maintain the buildings for storing the materials. So it's really a group effort with many involved. When you are at a health care provider in Snohomish County and you see your medical professionals in gloves and masks to keep you safe, there was an entire Snohomish County team behind that to make it happen.

Another example, Nourishing Neighborhoods program has served 10,000 families in 18 separate locations around the county. This has really ensured many families across the county would not go hungry. We chose those 18 locations because of the need for food in those areas and the shortage of availability, so they were strategically placed. So in order to make all that happen, we needed our Agriculture Office to coordinate with farmers, our Human Resources Department had to hire people and ensure they had their benefits, our Human Services Department had to help us find those families who were most in need, and our Finance Department had to make sure people are paid. And beyond that, again, our Department of Facilities and Fleet had to maintain and provide vehicles for transportation. So again, team effort.

And then there are those even one step more removed. Our Assessor's Office has to determine taxes, our Treasurer's Office had to collect those taxes, our law and justice system including the Sheriff's Office, Prosecuting Attorney's Office, the Clerk, the Courts, they all work to keep us safe. We've had people from across county government working all the time or periodically at DEM to help out. Our Department of Emergency Management's been activated since February and has been going non-stop since then. Of course, the County Council and my office has been working from the beginning to make all this happen, also.

Our partners at the Snohomish Health District have been busy running contact tracing, testing, and doing the essential communications work to keep our community as safe as possible. This has all been really vital to our response.

To date, we've had 150 staff from 15 different agencies who have worked over 36,000 hours directly in DEM for our response. That's 36,000 hours this year since February. There are also a few thousand people who all work for the county or the Health District in various roles to ensure the very complicated operation can happen successfully. So all these people have been working without much of a break since January and they have done really an extraordinary job, and I am grateful and we all should be for their work.

We do know there is still quite a way to go in the pandemic response and recovery. I just want to assure the public that they have a really extraordinary group of public servants doing everything within their power to keep our community healthy and our medical systems functioning.

So I'm proud of every single person working on our response to COVID-19 and we are grateful for their work and sacrifice, often juggling work, childcare, and all the other demands of life that we all are experienced with. So whatever your role, we thank you, I thank you.

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

Dr. Chris Spitters: Thank you Executive Somers and good morning everyone. First I want to start this morning with updates on data. Today we will be posting our weekly report and snapshot up through Saturday November 28, as well as some updated maps. You can find those on the data page of the health district later today.

A few of the highlights from the data through November 28 show, actually through December 5 for this item, our 2-week case rate increased again up to 428 per 100,000 population. The majority of new cases continue to be in 20-49 year olds. Roughly two-thirds of the cases are from close contact with a known case or community acquired meaning they have no other risk factor other than living in the community. This means people are getting COVID from folks they know or live with, or in community settings like workplaces, church and social settings. This is why we're seeing an increase in the number of outbreak investigations, as well. The number of new outbreaks nearly doubled during the week of November 22-28, from 19 up to 32 new outbreaks across those two weeks.

The continued surge in cases, coupled with some technological difficulties with delays in the state forwarding cases to us through the electronic laboratory reporting system, has hampered our ability to get in touch quickly with newly confirmed cases. You'll see this in our report showing that our ability to reach cases within the first 24 hours dropped again another increment from about 30% a week ago down to 21%. We are reaching about 70% of cases within six days. That compares relatively favorably with the state, which has reported they're reaching about 30% within six days.

As announced Friday, we have 44 long-term care facilities accounting for roughly 500 cases in recent weeks. Clearly, these facilities are a multi-focal epicenter of the outbreak, particularly a source of severe disease, hospitalization and death.

Hospitalization numbers remain high, but relatively stable over the past week of two. Currently this morning Snohomish County hospitals are holding 87 confirmed and 6 suspected COVID cases. Fourteen of these individuals are in respiratory failure and on mechanical ventilation.

Another increase is the number of people who have sadly lost their lives due to COVID. We are now seeing the number of deaths each week mirroring what happened back in the spring. COVID death totals for each of the past four weeks from November 1 through November 28 were, in order, 8 deaths, then 6, then 16 and most recently 22 deaths through November 28.

Moving over to testing locations and health district operated testing, we're currently operating five drive-thru testing locations. The primary core site is at 3900 Broadway in the Everett School District parking lot near Everett Memorial Stadium. It's open seven days a week from 9 a.m. to 4 p.m.

At the Everett Community College site at 915 N. Broadway, that's also open Monday-Friday from 9 a.m. to 4 p.m. The Lynnwood Food Bank site at 5320 176th Street SW is open Mondays and Tuesdays from 9 a.m. to 4 p.m., as well as Thursdays from 9 a.m. to noon. We have a new site at the Evergreen State Fairgrounds in the front parking lot off of 179th Avenue SE in Monroe that's open Monday-Thursday from 9 a.m. to 4 p.m. Last but not least, Sultan Elementary School site at 501 Date Street is open Fridays from 9 a.m. to 3 p.m.

The Health District team is working to finalize details for yet another testing site in the north end of the county, so stay tuned for more information on that as it emerges.

Last, I'd like to cover a little bit more details from the health district end from what Executive Somers mentioned about personal protective equipment. In the last couple of weeks we've had several questions about PPE availability and we wanted to get back to you with a little more specificity. The Snohomish County Department of Emergency Management and the Health District work together on resourcing needs for hospitals, healthcare settings and long-term care facilities. By and large, PPE supplies are steady, with a few notes of caution. Gloves continue to be an issue, and it doesn't seem that is going to go away in the near future. They are a high use, disposable item and with a large global demand for a limited supply so that's an issue there. N95 masks are currently OK, the issue is that they are present in limited selections and healthcare workers who use them are fitted to a specific model, brand and size. So name brand N95s are becoming harder to get, which can make it difficult for facilities to ensure fit testing of employees because if they switch models they've got to get re-fit tested to make sure that's a good fit.

Disposable gowns continue to be OK, but facilities are also encouraged to find alternatives to disposable gowns like reusable cloth gowns and Tyvek suits. Alcohol wipes for surfaces have always been difficult to get and there are rarely any to give out in large quantities.

We encourage facilities to review the PPE information on our COVID page under the Healthcare Providers button. In addition to understanding the appropriate PPE for the task and knowing conservation strategies, facilities also need to plan ahead. We are fortunate to have some local or state businesses that have retooled their operations to fill the PPE supply needs. Businesses and healthcare partners should research what's available, and try to maintain at least a 2-3 week supply on hand. Don't wait until you pull the last glove off the shelf before looking to order.

One more item, preparing for COVID vaccine. The last quick update today is about that.

As we shared, we've all been planning and preparing for vaccine distribution here in Snohomish County for many months, since mid- to late-July. An interim distribution plan has been made available on our website, as have draft plans for phased implementation among prioritized groups, especially early in the vaccine effort when supply is limited. That serial prioritization will be harmonized statewide and will follow CDC guidance. The finalization of that guidance is pending, but we have a general framework that we've shared in our plan and you can take a look at that.

We've been working to get local providers registered to order vaccine through the state and federal channels, and we've been gearing up for the intensive communications, education and outreach efforts that lay ahead.

The Snohomish Health District was also selected by Department of Health and the Centers for Disease Control to be the state's test site for mock vaccine delivery last week. Our staff

received a box that was simulated to be how shipments would arrive, but did not contain vaccine. The package took less than 24 hours to arrive once shipped. Inside a dry ice pod was essentially an empty pizza box, but staff followed all instructions provided as if vaccine vials were included and that box was turned around and sent back yesterday.

Participating in this mock delivery helps us locally and the Department of Health better understand the expectations for future deliveries. It also helps us provide more informed guidance for ensuring safe handling and storage procedures to our partners in the community.

I know everyone is excited and anxious for more information on what to expect. We, too, are anxiously awaiting a lot of that. With a number of key meetings happening with the FDA and CDC in the next two weeks, we expect to soon have the last few missing pieces of information before shipments to vaccine providers begin, presumably in the latter part of the month.

There's a lot of work ahead, but I want to assure you that we're in pretty good shape here in Snohomish County and our partnerships with the county, with the state Department of Health and with the local healthcare system make this look like its going to be a strong effort and we appreciate your patience as we unveil the details as they become available to us.

So with that I'll turn it back over to Executive Somers.

Dave Somers: Well thank you doctor. The first question is really for both of us. What are your concerns about funding the ongoing County and Health District response to COVID-19 with CARES Act funding about to run out?

I'll jump in and say really I'm concerned from two perspective. First all the work we've talked about, the purchase of PPE, the distribution of that, our food programs, purchase of food from farmers and getting that to families, the storage, just every effort we've taken over the last eight months really has been made possible by the CARES Act funding dollars. And to continue those, we're very concerned and desperately need Congress to both provide additional flexibility but also additional resources to keep this going. It's clear we're six to eight months out really before even thinking about any, really from the vaccine, and even then I think next year is going to be very difficult, so having that funding to fund those operations is absolutely critical.

The other perspective is just our residents, those that are out of work or working from home, child care needs, those that can't pay their rent, the food insecurity that we're experiencing is only going to grow as we go through the winter and we're expecting to see a surge from Thanksgiving and Christmas and New Year's. So we've got some rough times ahead and those dollars running out in December is very concerning to us. Just keeping these efforts going and the increasing need as we go into the winter is very concerning.

Chris Spitters: I agree completely, Executive Somers. We obviously can't stop our efforts on January. We've got a long way to go and we need that federal assistance to continue all of the activities that are focused on the disease control effort here at the health district and all of those wrap-around mitigating efforts you mentioned.

Dave Somers: Next question is about the Pfizer vaccine. Is it only preventative or has the data shown any additional therapeutic benefit?

Chris Spitters: The primary end point for the phase 3 studies for the vaccine, of the mRNA vaccine produced by Pfizer and BioNTech, is prevention of COVID disease, and also they monitored for safety. So what they found is about 90% efficacy in preventing COVID, that is people who got the vaccine had only about 10% of the incidence of COVID-19 than the group that got the placebo injection. And then in terms of safety, there certainly are common mild side effects, pain, swelling, redness at the injection site, sometimes tiredness, fever, achiness, especially after the second dose four weeks later. But no serious adverse effects. So that's what the trials were measuring. The vaccine has not been studied as a therapeutic vaccine to treat COVID disease, it's design, intent and the evidence base for it is to prevent COVID disease.

Dave Somers: So the next question is for Dr. Spitters. Is it a good sign that hospitalizations have stabilized the past two weeks? How does that compare to the doubling of deaths every week you just described?

Chris Spitters: Well these are related phenomena, but there is some dissociation between them because not everyone that dies dies in a hospital, right? Many of our elderly victims to COVID-19 who have been in long-term care facilities who don't necessarily get transferred to the hospital, so there are some deaths that occur in long-term care.

Both are problematic. The relative flattening of the hospital curve as opposed to the death curve which appears to still be going up. There's some faint relief in that it's not getting worse, but the problem is that it's still putting the acute care system under stress and limiting the availability of other services the hospitals provide. And now you've got all those healthcare workers at risk as well, both at work and out in the community.

So 90 COVID patients in area hospitals is, while the lack of increase is slim relief, I would say we really need to get that down to get our healthcare system back in shape. And I'll leave it at that.

Dave Somers: So there's really two related questions about that Thanksgiving effect and are we starting to see that in hospitalizations and other factors or is it too soon to tell? And would you anticipate seeing a surge if there is an effect? And there's a related question. Is there any indication the current restrictions are actually making a difference?

Chris Spitters: Well here we are 12 days out from Thanksgiving. The curve through December 5, which would be 8-9 days after Thanksgiving, continues to go up at the same slope it was going up over the past several weeks. It was going up before, it's going up after, and I don't know if we blame that on Thanksgiving. Certainly Thanksgiving appears not to have helped, but it's a little bit early to see if there's any big hospital surge from that. We would tend to see hospitalizations emerging from now through next week from infections that were acquired at the Thanksgiving holiday. But overall the continued upward trend at this very high level remains concerning regardless of precipitating events or how folks handled Thanksgiving.

We really need to bend this curve. Toward that end, those restrictions have been in place. It's very difficult to say. We haven't seen a dramatic bending of the curve from those, they will have been in effect I think 12 days, roughly, or excuse me 19 days through December 5. I'd like to see that curve bending, but on the other end we don't have the counterfactual, meaning what would the curve look like had there been no restrictions imposed. So it's difficult to say. I'm supportive of those because I think we really need to limit indoor public activity in these winter months with such high and escalating rates in the community. I think time will tell whether we're

able to use that and our own will in our private settings that are not so regulated to try to turn this around.

Dave Somers: Question about vaccines. How will those who are eligible to get the first phase of the vaccine be notified that they can get it?

Chris Spitters: So the initial phase of vaccine, the final final version of the serial prioritization of groups over time is pending, but the initial phase is almost, I think, locked in, and that's going to be the highest risk healthcare workers in facilities in-patient and outpatient caring for COVID patients and suspected COVID patients. And the other group will be long-term care facility staff and residents. So those folks are all institution based either by employment or residence in long-term care, so those folks will all learn about and be provided vaccine through those institutions.

Dave Somers: Were there any problems during the mock delivery exercise? What will the biggest challenge be in vaccine distribution?

Chris Spitters: There were no problems with the shipment. It came in, it had the dry ice, it got here quickly, everything was in order. They went through the mock exercise and then boxed it up and sent it back. That's actually part of the process, these boxes are geared to be held for that super-cold vaccine, which if you don't have an ultra cold freezer that goes down to minus-80, you keep the vaccine in this box and then restock the dry ice to keep things cold and that lasts for 10 days. But then we want to turn those boxes over and send them back to the source so then there will be a circuit of boxes and we don't end up just throwing boxes in the garbage.

So I think the main challenge is just all the logistics of ordering, shipping, procurement, local distribution and making sure that things get out. But the planning is going ahead well. The state is leading that. Shipments will go directly to providers, not through the Health District. We're cautiously confident and optimistic that things will go well. I'm certain that somewhere there will be a glitch or two here or there and we'll learn from that and try to adjust.

Dave Somers: So going back to the increasing hospitalizations, cases and deaths. Are the current restrictions making a difference and how do we know? I think you've spoken about that a bit. Any other thoughts?

Chris Spitters: I really don't, no.

Dave Somers: Next questions, can you please talk more about how the lag in lab info from the state is affecting your ability to break the transmission chain?

Chris Spitters: Well there was some, the system for electronic laboratory reporting, that is the system where laboratories send in the results to basically a hub, an information hub, and then that gets essentially filtered and those results go out to the respective county health departments where the test specimen originated from, where the patients reside. It got overwhelmed with negative results coming in now that we're doing 10,000 tests a day, and the system couldn't handle that capacity. So they had to essentially turn off reporting of negative lab results. I think that led to some glitches that I can't specify that also slow down the movement, the flow of positive results. But it's been episodic and short-lived on a couple of occasions, it's not a major problem and we'll continue to roll ahead just trying to focus on getting to people as quickly as we can. I would emphasize that the sheer number of cases is the bigger challenge rather than the flow of information from the state.

Dave Somers: With 22 deaths in one week, can you speak to the severity of the pandemic right now in Snohomish County?

Just from my perspective, we were talking before the session this morning about having to adjust the charts' upper limit. If you look at the peak and the climb here this fall and winter, it far exceeds what we saw even in the spring. And so I'm very concerned about just swamping our hospital capacity. The numbers I saw were in the 90% of ICU capacity has been filled now so there's very little remaining space in the coming weeks with what we expect to see potentially from Thanksgiving and Christmas and New Year's holidays, just very concerned we're going to swamp the system and really difficult choices are going to have to be made in healthcare. So it's severe, from my perspective. Doctor.

Chris Spitters: Agree completely. I think the numbers speak for themselves. When you have dozens of people dying a week from a communicable disease, the transmission of which is ongoing and widespread, it's severe. I think the numbers speak for themselves.

Dave Somers: Question about the Josephine outbreak? It's been reported that the state sent emergency crews to county long-term care facilities. Any information on that?

Chris Spitters: Well, I know that the state hospital infection program has a review process that they do and they've come to couple of Snohomish County long-term facilities. I don't know that it's an emergency crew, although you may know more than I do about that. But there have been assessments where they go in, look at the facility, have a discussion with the management and clinical staff, and then verbally and in writing communicate guidance to the facility to help them control and mitigate the outbreak. That's happened in a couple of places, frankly I'm not sure that Josephine was one of those. We continue to work with Josephine. And you can see it on the report that's going to be posted later today, but right now, this would be through the 28th, there were 118 cases at Josephine. I think there's certainly more in the subsequent week. The outbreak there is not over, but they're working well with our staff and doing their best to try to control it.

Dave Somers: I'm going to jump down to, have you been made aware of allegations that a church in Snohomish, House Ministry Center, is accused of holding big services without masks or social distancing? Are any actions being taken?

Chris Spitters: Yes. We have on multiple occasions reached out to educate the leadership of a faith-based organization in Snohomish and we have also reported to the governor's COVID violation website those gatherings.

Dave Somers: Last question is what are the key changes visitors will notice from the Safe Start Phase I limits on long term care?

Chris Spitters: Well it's back to those very limited options. Outdoor visits for residents whose health and capacity permits them to engage in outdoor visits, which in these winter months is a tall order for both the visitor and the resident. Otherwise, some places might do these window visits if the infrastructure permits, but otherwise it's electronic visits, telephone, tablet, that sort of thing through these type of media that we're using now, and that's a huge burden on the residents especially but also their families and I regret that we have to go there, but I just don't see another way to mitigate introduction of COVID into these facilities.

Dave Somers: So the earlier question about sending staff to long-term care facilities was about sending additional staff there from the state, and I don't have any other information on that.

Chris Spitters: Certainly the notion of when, there is a mechanism for acute and long-term care facilities if they're having staffing shortages to make a request to the state emergency operation center for staffing, so it may be that, with either isolation periods on staff members due to also testing positive for COVID or due to quarantines on them, they just couldn't maintain staffing. I'll check with our long-term care team and if there's something more meaningful to say on that we'll get back to you on that.

Dave Somers: I think that covers it.

Joint Information Center: Alright. Thank you everyone. This is Kari Bray in the Joint Information Center. We appreciate you joining us this morning. We'll go ahead and wrap up now but please do stay tuned for future media availabilities. Thanks.