

TRANSCRIPT: Snohomish County Response to COVID-19, December 15, 2020, Briefing

Executive Dave Somers: Thank you for joining us today. Good to see you all.

Of course, we are all very excited with the great news this week. The first vaccine doses have arrived in Washington state, and we expect them here in Snohomish County in the next few days. I know Dr. Spitters will have more on that issue.

It also looks like the FDA may be on track to approve a second vaccine this week, so there is some light at the end of this tunnel, and we are just really excited about that.

We know that people have been looking forward to this day, knowing that effective vaccines are the best way to end the pandemic. It's just great news. It will take well into next year before everybody that wants to can get their vaccine, and so we've got a ways to go yet, but we have reached this important milestone.

Our front-line health care workers and most vulnerable populations will be vaccinated first, sort of to give us a firebreak for the pandemic first responders, and also to give us some confidence that our hospitals and long-term care facilities will remain resilient and open and functioning well.

We will have to continue to wear masks and maintain physical distancing protocols. While the vaccine does protect yourself to a great degree, it does not necessarily mean you can't transmit the virus to others. That's something that remains to be seen. But we will be wearing masks and distancing for the foreseeable future.

I wanted to talk just a little bit for a minute or two about our response to the pandemic so far. As we are getting close to the end of the year we are growing increasingly concerned about our ability to continue to respond.

Earlier this year, we received \$143 million dollars from the federal CARES Act to help us respond and we've used that in many, many ways.

Our CARES Act funding has gone towards our Emergency Coordination Center which has handled our countywide response and really coordinated efforts by many parties. The CARES Act has gone toward protecting front-line workers and high-risk populations. We've used CARES Act for supporting food access, vaccine planning, small business support and just trying to help our local economy as best we can.

We also use CARES Act to open and operate the county's Isolation and Quarantine Center, which is now in Monroe and which actually has more people in it at this time than it has all year. So it is vitally important. And the Health District's testing and contact tracing operations, and communications outreach efforts have also been supported with CARES Act dollars. So it's vitally important for all our efforts, including emergency management systems, fire and police first responders and everybody that's needed PPE, which we procured through CARES Act dollars.

The CARES Act does expire at the end of the year. We were instructed to use that money this year and we have done so. But as you know, we are at our highest infection rate yet, and so we've got a ways to go.

Many, many thanks to our federal delegation. They've done really heroic work advocating for funding but we need them to continue that.

We are going to continue to do everything in our power to keep our community healthy and our health care system functioning, but we really need additional help from federal and state delegations. Local governments, health districts, just don't have the resources to do this work on their own. So we really need our partners to help us.

I urge everybody out there in the public to let their elected state and federal representatives know how important these COVID funds are, and let them know we appreciate the work they've done, but we've got a ways to go yet.

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

Dr. Chris Spitters: Thank you Executive Somers and good morning everyone. I just want to reinforce the importance of that federal funding to our operations. We would really be unable to address the pandemic in the way we have been without that. So hopefully there's more to come because we need the help. We're not out of this year.

So this morning I'd just like to cover a few of the data highlights before we move to the topic of the week, vaccines. The weekly report and snapshot will be posted this morning on our website in the data section. Our 2-week case rate through December 12, last Saturday, increased again to 448 per 100,000 for the preceding 14 days. That's a smaller increment than we've seen in recent times, although we've had a couple of those episodes where the curve bent a little bit and then continued going up. So sometimes that's an artifact of the timing when the case reports come in from the laboratories, so there's a glimmer of positive news there but time will tell.

Just about every indicator has tended to go in the wrong direction still. The number of workplace outbreak investigations increased from 32 new outbreaks in the last week of November to 42 new outbreaks the first week of December. And we have about 65 ongoing outbreaks in workplaces.

As announced previously, we now have 56 active long-term care outbreaks with about 500 cases in the last month or so. Hospitalization numbers remain high, but relatively stable, at 94 confirmed cases, 12 suspected cases in Snohomish County hospitals this morning, with 16 of those individuals requiring ventilators as of this morning. That number is about almost 15% of total hospital capacity with the threshold for concern being 10%. So the hospitals are in that contingency management phase where it's not normal operations and it's also not crisis but still they're having to stretch their resources to provide care to all the COVID cases and all the other needs for acute care that come in.

The number of deaths continues to remain high with 23 the last week of November and 20 during the first week of December.

But as you've heard me say before, we do now have a glimmer of hope as vaccines are set to arrive here in Snohomish County this week. For security reasons, we cannot tell you exactly when or where they will arrive. But expect that to be the case for most of the Phase 1 distribution and administration, which is primarily occupational in nature or with people connected to institutions, so the balance is to favor safety and security because the institutions that employ or house those individuals already have the means for reaching them.

We certainly at the Health District and in the healthcare system look to minimize as many hiccups as possible and make this process as smooth as possible, but it is complex, it's new, and the vehicle is moving as we're putting things together, so there certainly may be occasional logistical glitches or what have you, but we'll take those in stride, learn from them and improve processes as we go forward.

Starting next week, we will provide information on the number of vaccines received in the county during the prior week. And we are looking at options for how to share with the public data about how many vaccines are being administered, but this is a complex process that is spread across the entire healthcare system so it could take a little while to build up that capacity. So plan for something to come of that hopefully shortly after the new year.

Now I'd like to share some information about that vaccine itself that we've been getting many questions about, and I imagine your audience is wondering about.

First, is the vaccine safe. Well, while the COVID vaccine is new, the clinical trials and the review and approval process, the regulatory process for their approval, is not new at all. The speed of the vaccine development process may have made some people wary, but there were multiple layers of safety and quality assurance.

As for other vaccines in the past, oversight and review of the process by the Food and Drug Administration for approval and by the Centers for Disease Control and Prevention the develop the recommendations for use of the approved product, those were both led by panels of independent experts in the field, and the panels found the vaccine safe and effective for use and are recommending its use for virtually all of the population.

Washington was also a member of the Western States Pact, which created an additional Scientific Safety Review panel for an additional layer of scrutiny and expert review and they, too, were in accord with the FDA and CDC on promoting the use of the vaccine.

In the clinical trials of over 40,000 recipients for the currently released Pfizer vaccine, no high grade side effects leading to hospitalization or death occurred. Incidence of other serious health problems was the same in the vaccine and placebo arms. Nevertheless, safety monitoring will continue as the vaccine is rolled out in order to provide additional information to the healthcare system and the community about the ongoing safety of the vaccine and to detect any rare side-effects that the large but not enormous clinical trials found, to find any side effects that are rare that were not found in the clinical trials.

What are the side effects from the vaccine? Side effects that have been reported in the clinical trials include common side effects that are associated with influenza vaccination as well as other vaccines, namely pain, redness or swelling at the site of injection in the arm, fatigue, fever, usually a fever of less than 101, muscle or joint pains, chills, nausea, and occasionally swollen lymph nodes in the armpit

These side effects are to be expected in up to 1 out of 4 vaccine recipients after the first dose and up to 1 in 2 after the second dose. They generally occur the day after vaccination and are normal signs that the immune system is responding to the vaccine.

You can take fever or pain relievers like acetaminophen or ibuprofen if needed but you don't need to take them preventatively ahead of time prior to the occurrence of such symptoms. You

can also apply a cool compress to the injection site for relief. Contact your healthcare provider if you are concerned the severity of the side effects or if they don't go away in within 48 hours. The vast majority of these reactions resolve within 2 days. So this very similar, just a little bit more frequent and possibly a little stronger than what people experience after the influenza vaccine.

How does the vaccine work? The vaccine manufactured by Pfizer and the potentially forthcoming Moderna vaccine are vaccines that are based on the injection of a chemical that is known as mRNA or messenger RNA. That is a sequence of messages in chemical form that are all strung together like a chain, and that string is made in nature when our genes are trying to run the cell and make protein. The genes generate, the gene is read and then a string of messenger RNA is made from the gene that gives the instructions for making proteins. Then that chemical goes out of the nucleus of the cell, the center of the cell where the genes are located, out into the other part of the cell where the machinery is. And then that machinery picks up that long string, reads it, and then makes a protein out of it. That's what happens with nature. What happens with an mRNA vaccine is we inject that message into the arm, it's picked up by the cells of the body, they then, the machinery in the cell, reads that just like it does the messages that we make from our own genes. It reads that and it makes this protein that is part of the virus' outer shell and to which we develop an immune response that is protective. So what we are doing is inserting a message into our body that our body reads, makes a protein that is not ours, and then we develop a reaction to that and a memory of that reaction in case we ever see that protein again on the virus if we get exposed to it.

Does the vaccine change my DNA or implant a chip? That string, that message that is injected with the vaccine does not enter into our own genes. After our cell machinery is done reading it and making protein from it, then it is broken down and eliminated from the body. So, no there is no change in the DNA. There's no chip or microchip or anything like that in there. The mRNA does not enter the nucleus of the cell, the cell breaks down and gets rid of the mRNA and that's it.

Will the vaccine give me COVID? No. Those symptoms I mentioned above may feel like you're starting to get COVID, but the difference is it resolves after 1-2 days and it doesn't include any of the other symptoms of COVID like losing your sense of smell or getting congestion, cough or difficulty breathing. It's just that kind of achy, I don't feel good, headache, low-grade fever type of thing. If you get any of those other symptoms you should stay away from other people and get tested for COVID. But the COVID vaccine itself cannot cause COVID disease.

Who will get the vaccine first? Vaccines will be given out in planned phases that are sequenced to provide the greatest benefit to society and to the most vulnerable, and then gradually work our way out. So the first phase will be high-risk workers in healthcare settings like intensive care units, emergency rooms, urgent care. That includes both the licensed healthcare providers like doctors and nurses as well as the people who provide services in that environment and still can get exposed like janitorial staff, healthcare aids, etc. So all folks who work in those settings are the top run. The first phase will also include first responders, emergency medical technicians that are encountering people with COVID in their day-to-day work, as well as long-term care facility staff and residents. The staff because they're often the conduit for transmission into the facility, and then the residents because they are the individuals who account for 20% of the hospitalizations and 50% of the deaths in the community, so if we can get that population vaccinated, as Executive Somers said, with the healthcare workers would buy us sort of a buffer zone to protect our healthcare system and keep it operating, and then with the long-term care

facilities, when we're done we should start to reap benefits in terms of reduced hospitalizations and deaths.

Other population like critical infrastructure, other professions, medically vulnerable older adults also will be toward the front of the line. But those stages are being finalized by the Centers for Disease Control and Prevention, the sequence and the exact definition of those groups, and then Washington State and Snohomish County will harmonize with that guidance.

If I had COVID before, should I still get the vaccine? And the short answer is yes, when you are eligible for the vaccine, it is recommended that you do so. We are still learning about COVID, and although it is extremely rare to this point, it is possible to get COVID more than once and we know from other human coronaviruses that are causes of the common cold, those other coronaviruses you can catch again, sometimes even in the same winter season, so that's why we're vaccinating everyone whether they've had the disease or not.

Once I get the vaccine, can I stop wearing a mask? No, not yet. As Executive Somers mentioned, the vaccine trials were designed to determine the effectiveness in preventing symptomatic, laboratory confirmed COVID. While almost all vaccines that work and protect the individual also prevent transmission, that hasn't been explicitly shown yet. I believe we will find that once the vaccine rolls out and that is demonstrated, but for the time being, until we're at the end of this pandemic many months down the road and you get a signal that the prevention measures are down or off, keep doing everything as Executive Somers mentioned. Face coverings, avoiding gatherings, keeping your distance in public, handwashing, etc.

How soon can we get back to pre-pandemic activities? Well, I think my last comment alluded to that. While this COVID vaccine's availability is a huge milestone and a big step on the path out of this pandemic, it is not an instant solution and it's going to take many months to roll out. If all goes smoothly, it will likely take 9 months maybe 12 to fully vaccinate most of the population. If things go extremely well, better than predicted, maybe less time than that. But we're still looking at roughly 6 months at best, I'd say 12 months at the long end, until everyone who wants the vaccine has been vaccinated, we see rates come down into the low transmission or ideally 0 or near 0 transmission, and we can let up our guard. Until that time, follow those prevention measures.

Now I'd like to turn it over to Jason Biermann with Snohomish County's Department of Emergency Management to share more about the planning and preparation efforts. Jason?

DEM Director Jason Biermann: Thanks Dr. Spitters and good morning everyone. This is Jason Biermann, I'm the Emergency Management Director for Snohomish County. I'm going to address the planning we've been doing in anticipation of the vaccine's arrival. As Dr. Spitters and Executive Somers mentioned, we're expecting that's imminent. And a lot of planning has been done. As complicated as the virus is and the vaccine, as Dr. Spitters just described, the logistical challenges around getting a large number of our population vaccinated quickly are really significant. I'm going to try and answer some of the questions that I've seen as I go through this as well, but just understand that kind of the basic, the fundamental layer of the response in terms of vaccination will come from our healthcare system and our pharmacies. I know a lot of folks have been waiting to hear exactly when and where things will be available, and as Dr. Spitters mentioned, those announcements will be forthcoming. But the fundamental part of our plan is reliance on those systems and making sure that they're available. And then we have a ring of supporting systems that will help them.

Initially a lot of planning we talked around with those systems is how do we make sure we do address things like absenteeism, and that's a critical piece and that was a question that I noted. It's a critical time because the need to wear masks and socially distance and remain safe is incredibly important right now when, as healthcare providers get vaccinated, they may see increased absenteeism because of the side effects of the vaccine itself. So reducing the demand on that system right now is incredibly important as we go through this first phase. So I really want to strongly emphasize what both Dr. Spitters and Executive Somers have said about continuing to do the right thing with masking and social distancing, not gathering, etc. We really have to keep the demand down on those systems as we go through this process.

In addition to the healthcare systems, we're then looking at what we call point of distribution. So we understand that as we move forward and as more vaccine becomes available, both from other manufacturers, that we may see supply side demand signals and then demand side signals. So we may have a large number of folks unexpectedly who want the vaccine. We've anticipated a number based upon a lot of the feedback we've received that somewhere between 50 and 60%. We're hoping that number will be higher. So we may see demand side signals that cause us to activate points of distribution. We may see supply side where there's enough vaccine coming in as other vaccines approved that we have to activate other systems to shore up and assist our healthcare system.

Those points of distribution, we're working with our GIS folks and looking at a lot of different data layers in terms of, of course, where population concentrations are, where folks are most at risk, and in the first waves or phases of the vaccine distribution, where they are and identifying places with our partners from the EMS community, from other agencies who have stepped forward and said that they're willing to either host points of distribution or utilize existing agreements that exist within the Health District and their medical countermeasures planning, and identifying the places where we can quickly establish these points of distribution. These are places where folks would come to get vaccinated. It may not look exactly like it did for the folks who remember H1N1. It may not look exactly like it did then when we had in some cases folks driving through. It may not look exactly like that, but these will be places decentralized, outside of the normal healthcare system where folks would be able to come and get vaccinated. If and/or when we activate those of course we'll be letting people know where they are. We have a number of folks also just working on the communications around vaccination and that's an incredibly important piece.

We know there are some challenges with folks' concerns and I'm really glad to hear Dr. Spitters in detail lay out the safety around vaccine, the need for getting vaccinated, but we know there are still some people who are concerned. So there's a multi-agency team that's working on making sure that we get the word out about vaccine availability, vaccine safety and everything else. And that's all part of this comprehensive plan that we have around vaccine distribution.

So now we're on our third draft of that plan. We've actually gone through with our partners and what we call exercised the plan a couple of times in a setting where we talk through the different planning components. We're now writing and updating what will be the third draft. And this is the one that will really incorporate those decentralized points of distribution. And again, the details will get filled in as needed. But the safety layer really is, as our healthcare system which is the primary focus and our pharmacies which are the primary focus, as we see them really needing assistance because of too much supply or too much demand, we'll then fill in and assist as necessary.

There was a question about the cost. I just want to close by saying we'll be doing this in and among all of those other things that we have to continue to do to keep the community safe like running the isolation and quarantine facility, like doing the contact tracing and testing, all of the other things we've been doing. So this will be an additional body of work and with the CARES Act dollars going away at the end of the year, right now we are working to identify options for how we can continue all of those other operations and then identify funding. It looks like there may be some coming from the federal government but we don't believe it will cover all of the costs so we're working quickly to identify what those costs will be and communicating that to county and health district leadership so they are aware of what kind of support we're going to need.

Dave Somers: Great. Thank you Jason. And we've gone a little long so I'll try to summarize the questions. First of all, where does the Thanksgiving surge stand? Should we still be watching for it. Doctor?

Chris Spitters: Well, I'm not one to declare premature victory, but we are three weeks out from Thanksgiving and in the last week at least things, you know, the rate of increase has come down a little bit. Hospitalizations are high but stable. So I'd say Thanksgiving didn't lead to an abrupt decline in transmission but also there wasn't an exaggeration of our already problematic situation and I think we're out beyond the window where we would have seen that. So there you have it.

Dave Somers: So based on what we know about transmission by children what's your thinking about school openings?

Chris Spitters: No change. I don't know that we're really doing more opening at this point. I think there are many school districts that have elected to bring in young K-3 learners and we continue to support keeping them in. We have the upcoming winter break that will further interrupt what has been kind of a mild situation with many sporadic cases showing up in schools but very limited transmission, if any, occurring in the school setting. So no change in our support for ongoing, in-person learning of hybrid cohorts, small groups of kids that come and go, aren't there full-time, and either are high-needs kids or young kids. And then as things hopefully progress and get better in the new year we could layer in older kids, circumstances permitting.

Dave Somers: How would a lack of additional CARES Act dollars impact our ability to distribute the vaccine. Both for Jason and Dr. Spitters.

Chris Spitters: Probably less of an impact than on the contact investigation work that we do and some of the other ongoing activities we've been doing because much of that shipment is from the manufacturer to the end user, to the administering facility. So we're involved in coordination and that will stretch our resources but I'm sure we will try to find a way to continue to remain in that coordination role and complement that work Jason and DEM are doing. But it will be a stretch and we would lose capacity in those other critical areas.

Jason Biermann: Yeah, and what Dr. Spitters said is spot on. We're going to have to look at how we continue our operations with diminished capacity if we're going to have to find money to be able to support this. We're going to be looking at, with these PODs, you know, the potential for providing power depending on where they are, providing tentage if necessary, providing security, providing traffic control, and not to mention the folks who actually administer the vaccines and do the data entry. So those costs can get driven up quickly. So without CARES Act funds we're going to have to get really creative and really look at either reducing capacity in

our other efforts or trying to identify local funds that can offset or state funds that can offset how we manage those sites.

Dave Somers: Just to also add we're planning on doing some work, outreach work to communities that might not have access to healthcare equally or be harder to reach, for example Hispanic community and other that have been affected by the pandemic that are harder to reach. There are costs associated with that to figure out, but I think that's important.

Let's see. How do we combat a false sense of security some people might be feeling now that vaccines are being sent out?

Chris Spitters: My perspective on that is all three of us have just spoken directly to your point. It's a good point and a key matter for us as a society to not, again, prematurely declare victory. This is an incredible milestone, a great sense of psychic uplift and relief certainly for us in the health district. But we have miles to go, and that's true for the community as well. It's at best unsafe and probably reckless to consider us out of the woods at this point. There's a long way to go.

Dave Somers: How would we keep hospitals properly staffed if healthcare workers are out sick with vaccine side effects?

Chris Spitters: Well, while we want to clearly make everyone aware of and be transparent about the anticipated side effects, we don't expect people to really be sick or impaired. From the clinical trials, about 8% of recipients had one or more days of unable to do their usual activity, missed a day of work or sought healthcare. That could have either been by phone or in person. So although many of us will get a fever and a headache and not feel so well for a day or two, it will be a small minority that is unable to work for a day or two. And CDC has come out with guidelines for healthcare facilities and long-term care facilities about how to manage in terms of infection control, post-vaccination symptoms, and how to safely keep the workforce in place where appropriate and then remove those people who it's not certain whether they're having side effects or COVID illness. But that will be, I think, a small number of people. But the healthcare system is aware of it, ready for it, and one of the things will be timing the vaccination of individual ideally before they have a day or two off because even if they don't have to miss work, it's not great to feel crummy and have to work. So everyone's aware of it. There are plans and guidelines for how to do it safely. And we'll just roll those out with confidence.

Dave Somers: What do January and February look like in terms of our ability to fight coronavirus as it continues to spread and federal funds run out?

Chris Spitters: Well, you know, certainly we have to do more of what we're doing already in terms of triaging and our investigational work. You've heard me mention in recent weeks that the case counts and outbreaks are more than we have, even our doubled staffing over the course of the epidemic, has had the ability to keep up with. So we'll have to really look at more triaging, more delegating work to employers and to cases to deal with contacts, and that sort of thing. We'll try to patch it together but it's not going to be as good as if we have those resources and can keep those staff and keep doing that work. Same thing goes for the testing and you heard Jason speak about the resource needs for the vaccine administration. So it's all at stake here.

Dave Somers: Yeah, I'd just like to add that I'm very concerned about all the support programs we've had going through emergency management and our human services department. Rental

assistance, housing vouchers, our food distribution program, small business support, just a long list of programs that have been made possible by CARES Act dollars won't be there. So we know a lot of businesses and a lot of people and families are kind of on the edge financially in many ways. And so I'm very concerned about that. I think we need to help our communities through this. We've got six plus months to go yet, and that social support is vitally important, so that's my greatest concern.

Dr. Spitters, what do you make of the somewhat stable hospitalizations? Do you think we've seen the worst of this current wave?

Chris Spitters: I don't know. Honestly, I can't tell you. I'm cautiously reassured that things are not going up and for roughly two weeks they've been stable. It's gone up a little bit but not dramatically, so I'm hoping we're at the crest of the wave. But, one, only time will tell. And two, it's still in our hands. If we let go of it it's going to go back up and then we will be look at increasing hospitalizations. If we continue hopefully forge ahead on trying to bend that curve and get it going down, then we'll see the hospitalizations come down. So too soon to tell and it's really in our hands.

Dave Somers: Couple questions about vaccine. Any idea how many doses we'll be getting this week, and how many people are there in the county that fall in the 1a group? And maybe related to that there was a question about what will the distribution centers be like, are they tents like the testing sites? So a couple of questions there.

Chris Spitters: I'll speak to one or two of those and then maybe Jason can come in. It's roughly, I think, five or six thousand doses sometime this week coming in to Snohomish County. Then there's the distribution, it's somewhat semantics, so distribution is the movement of vaccine from the manufacturer to its destination where it's going to be administered. That's largely driven by the manufacturer and the federal government that are coordinating this with some help from the state. We're really customers at this end of it. Then there's administration, which is largely and primarily going to be through the healthcare system, the existing healthcare system, and through employers, but as Jason's been mentioning, there is this contingency plan and I'll hand it over to you, Jason. How's it going to look? What's it going to look like?

Jason Biermann: It could look different ways. Certainly we're looking at options that would involve tents and that would even be existing sites like the testing sites, and that's just in terms of efficiency and economy of scale. We've got some existing sites we can piggyback. Some of these will be what I would call fixed facilities, existing facilities where we may be able to just bring providers and support staff inside. So it could look a number of different ways. We know space itself is a challenge even within the existing infrastructure because they've got to maintain physical distancing even as folks stand in line to get vaccine. So we're looking at a bunch of different options that we can use simply just to provide additional space, and what that would look like would depend on the community and what resources are available, where the need is.

Dave Somers: There's a last question I'll jump to just on this topic. Five to six thousand doses seems low. Is it? How are we feeling about that?

Chris Spitters: Well, it's roughly 2/3, 3/4 of 1% of the population. But we're just getting out of the gates here. And the vaccine supply, as Jason mentioned, will pick up as more, one, as Pfizer and Moderna gets approved and recommended, that will probably double the short term supply. And as they scale up their production and additional vaccines come online, the numbers

will increase substantially. But the gates are just opening. This is, it's a trickle right now. But it won't be that. It will start to flow as we move into the new year.

Dave Somers: Do we expect social activity to slowly crawl back to normal as more people get their shots, or will it be like flipping a switch once we hit a point where everybody has the vaccine?

I think it's going to be a slow crawl as this rolls out. As we just talked about, five or six thousand doses this week, that will ramp up over time. But we're a long way from having enough people vaccinated to get to that herd immunity, if it exists, or get broad social immunity. I think there will be some points along the way where things open up as regulatory restrictions are released, so it will be a little bit of roller coaster but we're going to start heading in the right direction.

What will be done to keep people from winding up potentially spreading the coronavirus as they seek vaccine?

Chris Spitters: Well, just conceptually, and Jason might have more on the tactics, but conceptually the strategy is the same as what we're recommending now. We're going to keep people spread out just like you do in the grocery line, and face coverings, and lots of hand sanitizer around, try to keep people spread out and try to keep it well ventilated. A little bit harder to do in winter months because it's cold. But that's what we're going to have to do, something along those lines. Jason?

Jason Biermann: Yeah, that's exactly right. It's going to be very similar to what you've seen at the testing sites, I think, with spacing and folks are just going to have to be patient and there's a huge need and everybody wants to get everybody vaccinated really, really quickly, but it's going to be a process and one of the things we want to make sure we do is make sure we don't make things worse by having some kind of outbreak at a vaccination site, so that's all getting factored in to make sure safety is built into those sites.

Dave Somers: Last question is, the vaccine signals the beginning of the end of the pandemic. What does that mean for the three of you after this long year? Dr. Spitters, would you like to go first?

Chris Spitters: Well, hopefully the day comes when COVID is not 95% of my time and once we reach that point or as it scales down we'll lift our heads, look around and see what else needs attention that we've been triaging. My administrative officer Shawn Frederick, and Jason Biermann our emergency management specialist, that includes the concept of recovery so I'll be a great student of what they have to offer me around that, as well.

Jason Biermann: Well, it would be mostly what you taught me, Dave. I mean, we'll all continue to do our planning around other hazards in Snohomish County and all the outreach and the work we've done. But as Dr. Spitters alluded to, we'll start, I expect I'll be involved in helping with the recovery and the long-term recovery and that's part of our portfolio here, so we'll continue to be interacting with COVID for the foreseeable future.

Dave Somers: I guess I'd just say that I had the good fortune and pleasure to give the welcome at a Hanukkah ceremony last week and we're coming into the Christmas season and New Year's season and this feels like some light to me at the end of the tunnel. It's a feeling of hope. We do have a long way to go yet and we have to remember that. But we look back at the spring and we didn't know what we were facing and kind of dreaded what was coming, and now there's

some hope. The other thing I think about is just the amazing development of a vaccine in short order that seems effective and being a former biologist I'm just amazed and proud of all the research and work that went into many, many years of research and work done by many great people to sort of tee us up to have this ability to create a new vaccine relatively quickly. And so I'm proud of them and proud of our ability to do that and grateful for it, and just really hopeful that this actually works well and quickly and we can get people back to a more normal life.

Joint Information Center: Thank you all for joining us. This is Kari in the Joint Information Center. I really appreciate your questions and all of you sticking around a little extra time to get those answers. So thank you for your time and please stay tuned for future media availabilities.