

**TRANSCRIPT: Snohomish County Response to COVID-19, December 22, 2020, Briefing**

**County Executive Dave Somers:** Good morning everybody. Good to see you all. I just wanted to start by giving a thanks to our congressional delegation for the hard work they've done in getting additional resources to people who are most in need during this pandemic.

We have read a little bit of the the reports about what is included in the new federal package, and we are encouraged. Congressman Rick Larsen said it well. He said this looks like a very good down payment on some of our greatest needs. We do have a long way to go and we'll have additional needs, and this is very helpful.

Critically, it will give the county and health district the opportunity to spend current CARES Act funding until the end of 2021. We knew this was a possibility and had contingency plans in place. So I have proposed to the County Council a plan to shift some of our remaining funding to ensure we are covering our most essential and important needs at the start of next year. However, if no more funding arrives in the new year, we will have to curtail some of our efforts, but we will always prioritize the work that is saving lives and keeping our front-line workers safe. So the additional flexibility is helpful although the original CARES Act obviously directed us to spend all of the dollars by the end of the year so it's been a bit of a balancing act here at the end of the year.

It also looks like the new package has economic support for businesses and for displaced workers so that's helpful. And there is also more support for the vaccine effort and some limited support, I understand, for renters. Again, appreciate it.

We appreciate the Senators and House Members and just know it's been a lot of hard work there but getting resources to those in need. If there is another round of support, we hope they'll work to get funding to counties, where much of the burden of response rests. And again, we're partners with the Health District and the state and really the front lines of a lot of the efforts for testing and contact tracing and PPE obtainments. Anyway, we have additional needs going into next year.

We also are very pleased that our county's highest priority healthcare workers and those in long term care facilities are starting to get vaccines. We have two approved vaccines in the pipeline, we know that more people every day are taking the necessary steps to put this pandemic behind us and we are working hard to get those vaccines out as quickly as we get them.

It will take most of next year to deploy the vaccines to everyone, but our goal really is to get 100% of the county's residents vaccinated, at least have the opportunity and urge them to do so.

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

**Health Officer Dr. Chris Spitters:** Good morning everyone and thank you Executive Somers. I'd like to join you in thanking our federal delegation for their crucial support included in the stimulus package approved last night. Knowing that remaining CARES Act dollars can be continued into 2021 is a relief for us all at the Health District and throughout Snohomish County.

We will also be working with our delegation and partners at DOH to better understand how some of the monies allocated to vaccines, testing and contact tracing may make its way to us at the state and local level.

This passage could not have come soon enough and we look forward to continued state and federal support as the ongoing response to the pandemic unfolds.

This morning I'd like to provide some updates as we head into the holidays.

First, for the first time since early-September, the rolling two-week case rate in Snohomish County actually decreased, dropping from 444 cases per 100,000 over the prior two weeks leading up through December 12, it dropped to 427 for the two weeks up through December 19. That coupled with the arrival of the first COVID-19 vaccines in the county are definitely promising signs for us all in terms of getting to the other end of the pandemic.

But first, let's not count our chickens before they're hatched. Twice before on the upslope of this third wave we have seen stalls in the number of cases reported. So I still remain cautiously optimistic that this is a true bend in the curve rather than a short term artifact of the surveillance system, and that it will be sustained, but for that trend to continue moving in the right direction, we really need all of our residents and businesses to keep those important public health measures up during the holidays and beyond.

As hard as it is to do, I urge you to continue avoiding indoor gatherings, continue wearing face masks when out of the home, and keeping six feet apart from those you don't live with. These are the key factors in reducing transmission and ultimately hopefully easing restrictions on society in the coming year.

While the case rate did decrease up through last Saturday, we are still in a very precarious position. Longterm care facilities are still leading to 50-60 new cases weekly, there are ongoing outbreaks in 16 of 17 skilled nursing facilities, 19 assisted living facilities, and 23 adult family homes altogether totaling about 750 cases over the past two months.

In hospitals, the COVID census, that is the number of patients hospitalized in Snohomish County who have COVID-19, is remaining stable in the 90-100 range with anywhere from 12-15 requiring mechanical ventilation for respiratory failure. These COVID beds represent about 15% of hospital capacity.

An average of 24 deaths per week have occurred in the last three weeks. That's up from one to two per week due to COVID-19 in August and September. So although the trajectory is favorable, the absolute number of cases in the community and the branching impacts in the healthcare system and on mortality remain fearsome and we need to all pull together and continue to try to reduce transmission.

I'd also like to share some changes to our data reporting frequency. While there are no changes to the updates being done Monday through Friday on the website, except for holidays, and people can still find preliminary case counts, as well as hospitalization and death data under "Local Case Counts" tab at [www.snohd.org/casecounts](http://www.snohd.org/casecounts). We are also adding longterm care facility case counts to that dashboard that's updated weekly. And we will also continue updating the new case rate on Mondays and the weekly snapshot by Tuesday.

But more in-depth with characterization and subanalyses on cases, outbreaks and deaths, and including maps, will be released only every two weeks.

The first edition of this bi-weekly report will be published on or about January 5. You can find our most recent case counts, maps and an outbreak report at [www.snohd.org/casecounts](http://www.snohd.org/casecounts).

Now turning to vaccines, as I'm sure you all saw, the first 3,900 doses of the Pfizer vaccine were delivered to Providence Regional Medical Center in Everett last week. Given the temporary re-allocation of the Pfizer vaccine, there aren't any shipments of Pfizer due in to Snohomish County this week. The Health District does anticipate the first 17,200 doses of the Moderna vaccine being delivered locally to healthcare systems throughout the week.

These will all be prioritized to personnel in high-risk healthcare settings, with patient-facing first responders soon to follow. Employees and residents at long-term care and similar adult care settings will also begin to receive vaccines through federal partnerships established with Walgreens and CVS in the coming weeks. Walgreens and CVS will be reaching out directly to those facilities to coordinate the process.

Frequently asked questions and updates will continue to be posted at [www.snohd.org/covidvaccine](http://www.snohd.org/covidvaccine).

To share more about the vaccine and roll-out at Providence Regional Medical Center in Everett, it is my pleasure to turn it over to Dr. Diaz, a long-time colleague and good friend of the Health District. He is Providence's section chief for Infectious Diseases. George?

**Dr. George Diaz, Providence Regional Medical Center Everett:** Thank you so much Chris. First of all I want to thank Executive Somers and the leadership of Dr. Spitters for their support during this pandemic. It has been incredibly valuable having such a close collaboration with the health district through this year.

As you recall, we had the first patient in the nation in Snohomish County and had a really abrupt rise in the number of cases in the spring. We saw a significant improvement over the summer and then over the last six or eight weeks we've seen a pretty dramatic increase in hospitalizations in our hospital. I think for the county, the hospitalizations went up about 400% or so and the census at our hospital certainly went up accordingly. Since Thanksgiving, we continue to see a rise in the number of hospitalizations, including an increase in ICU patients who are younger, which we believe is likely due to Thanksgiving gatherings that occurred.

So we're thankful that it looks like perhaps the curve is flattening a little bit with the measures that were instituted by the governor a few weeks ago, but we're coming up to the Christmas holiday shortly and if we do not keep vigilant and avoid social gatherings as per our public health guidelines, we will see another spike in cases.

We are relatively busy still in terms of hospital census, and our staff has been dealing with the pandemic for nearly a year now, so there's certainly a lot of fatigue from our hospital staff from the pandemic. So we would strongly urge all of our county residents to please follow the public health guidance to try to keep our curve from increasing after Christmas.

On a brighter note, as Dr. Spitters mentioned, we did receive the vaccine I believe last Thursday. And we began vaccinating healthcare workers, actually we had a test run on Friday where we vaccinated five people to make sure that the operations for the vaccination were going to work.

I was one of the five people that was vaccinated. It was a simple process. The vaccine was just like any other vaccine, and the only side effects I had since then as a little bit of a sore arm. I didn't experience any of the other mild effects that some people have which include mild headache and mild fever. And interestingly the vaccination clinic that we're doing at our hospital

is located essentially on hospital premises so we have access to rapid response teams, and we've been vaccinating people who have a history of anaphylactic reaction. And among the dozen or so caregivers we've vaccinated in this setting we haven't seen any adverse effects which is really encouraging.

We believe that the vaccine is safe and we encourage the entire public to receive it once it's available.

Since we started our vaccination program here in Everett on Saturday, we've already vaccinated roughly 2,000 of our caregivers. We followed health district guidelines in terms of being able to prioritize our healthcare workers who receive it first, and we will continue to roll this out through our staff here at the hospital in collaboration with the health district.

So again, we would definitely encourage all caregivers within the county to receive the vaccine. It not only protects yourself from the infection, but more importantly it prevents infections to other caregivers. We have seen transmission occur in the hospital amongst caregivers and this vaccination will hopefully prevent that. It would also prevent transmission from caregiver to patients, which is something that can occur.

So I know there's been some anxiety in the community about receiving the vaccine, but we believe that it's safe and effective. And all the way down from the CDC, IDSA, Department of Health, county health district, Providence, we all feel that it's a safe and effective vaccine and strongly encourage all healthcare workers to receive it.

We will continue to do this rollout to our staff throughout the next coming weeks and then we'll begin rolling it out to our patients as directed by public health.

Thank you.

**Dave Somers:** Thank you doctor. The partnership's been wonderful. Thanks for your hard work and everybody there at Providence. We know you've been working overtime for a long time. So thank you, thank you, thank you.

I'll go through the questions here. The first is the Governor said there was no surge stemming from Thanksgiving. Did you find that in Snohomish County as well? And is there a belief residents can do the same for Christmas and New Years? Or is there a fear people will let their guard down?

**Chris Spitters:** For the couple of weeks after Thanksgiving, the curve kept its same trajectory. It was still going up, but not going up more than it had been before. It's a little bit hard to tease out what exactly was going on there. But I think a more specific measure of a surge would be looking at hospitalizations, which really have remained steady for a couple of weeks now, we've been in the, we were in the 80s to 90s a few weeks ago, now 90 to 100, but not a big increase and here we are now three to four weeks out from Thanksgiving. So whatever did happen on Thanksgiving it didn't further put us up against the wall and I think that's great and it suggests people did a good job and it's not only a belief, it's knowledge that we can do that again. And just want everybody to do as Dr. Diaz suggested and follow the guidance, limit gatherings, and let's try to keep a lid on this thing through the holidays.

**Dave Somers:** Dr. Diaz, do you have any additional comments?

**George Diaz:** Yeah, you know, in the hospital setting is where we see patients come in, and the more patients that come the more stress there is to the hospital system. So again we would echo what Dr. Spitters says. Everything that the public can do to avoid gatherings over Christmas would help us a great deal in the hospital. And we would strongly urge folks to follow that guidance because it puts a lot of strain when we see young people in the ICU or deaths that occur.

**Dave Somers:** Thank you. Follow up questions on that CARES Act. Would you have saved more money from CARES Act if you knew earlier on that you could use it in 2021? How much is left over and how soon will you need Congress to again act for local governments before we need to act? I guess I'll start on that one.

We certainly would have put that into our planning process if we knew that it was a possibility to spend it into 2021. It was quite clear in the original CARES Act that it was 2020 only and needed to be spent by the end of the year. So we really pulled out all stops and mobilized extremely quickly. And certainly if we'd had a longer timeline for planning we would have taken that into account.

Specifically I believe the county has about \$13 million that we will send up to Council proposed for distribution. That has to cover our quarantine center, PPE procurement, food programs, all the things we've been doing all year. The burn rate is pretty quick, and I think we can go a couple of months, I believe from the county's standpoint, before we're going to have needs.

Now the original CARES Act did not include and were not considering the cost of vaccine distribution, so if we want to set up other centers that's going to be an additional expense we'll need assistance on. So that's from the county's standpoint. Dr. Spitters?

**Chris Spitters:** I think overall, I'd say I don't know that we would have spent our money at the Health District level any differently. We're in an emergency and all hands on deck and we doubled the size of our staffing to staff all those control efforts, the case investigations, contact tracing, testing. That just needed to be done. I think the impact of the uncertainty of what lay beyond December 31 had two impacts. We could hear a waterfall up ahead but we couldn't stop what we were doing and yet there's the concern that we would have to stop on January 1 or at some point thereafter or spend into our reserves. The other impact it has is when you want to start something up new and you either don't have funding or you have funding but you won't be able to spend beyond one month from now, it's hard to hire staff or set up all of the supply chain and all of that only to have it go away a month later. So this reduces uncertainty, it opens up our planning, and permits us to continue using those reserve dollars we have left and then hoping we get a recharge to carry us on through the end of the pandemic.

**Dave Somers:** To follow on Keith's question, could it be that the governor's restrictions before Thanksgiving offset a potential surge? Any more thoughts on that?

**Chris Spitters:** It's certainly a possibility. We don't have vision into people's lives especially in private settings. We just get a little bit through case investigations. It's still the same things. Gatherings with friends and family at home, some transmission in workplace settings, and longterm care facilities. Those are the three big buckets of transmission that continue to occur. But it's very hard to tease apart what impact Thanksgiving had from what impact the governor's restrictions had. I think we'll just be grateful that we're seeing this curve bend and encourage more of the kind of action by all of us that sustain it and keep it going.

**Dave Somers:** Dr. Spitters, I think this is aimed at you. There's a lot of positive news surrounding the vaccine, but the county is at its deadliest point ever in the pandemic, is that correct? Can you talk about the number of deaths and prevalence of transmission headed into the holiday?

**Chris Spitters:** Well, that's right. We're still having, Dr. Diaz witnesses it daily and mentioned the numbers there. We've got overall in the county 90 to 100 people in the hospital and we're seeing two dozen people die every week from COVID. And those deaths lag behind the cases by two, three, sometimes four weeks because it takes that long for people to get sick enough and then for the proportion who don't make it it's usually two, three, four weeks down the line. So what we're seeing now in terms of deaths is based on what was being transmitted several weeks ago. So even though the curve has turned a little bit, it's still at an incredibly high level, and two, we're still going to experience the suffering, hospitalizations and deaths created by the cases that occurred several weeks ago. It just speaks again to the faster we can get this curve to go down the better. And all the more reason for everybody to be cautious and try to be disciplined over the holidays to help the community get through this.

**Dave Somers:** Dr. Diaz said it can prevent transmission from provider to patient. We keep hearing there's not much evidence yet that the vaccine would prevent someone from transmitting the virus. Do we have a sense of which is right?

**George Diaz:** We believe that it is 95% effective in preventing infection. Most people that would be exposed to the virus after being vaccinated won't be infected and therefore should not be able to transmit the disease. So we would expect that as our healthcare workers are vaccinated, the likelihood of them becoming infected and then infecting others, either healthcare workers or patients, would substantially decrease. So it's critically important that our healthcare workers be among the highest group vaccinated so that we prevent this transmission that we know can happen inside the hospital from caregiver to caregiver or from caregiver to patient. Even in those people that do get infected after getting vaccinated, which only occurs 5% of the time, it appears that the disease is much milder and likely more short lived. Again, these people probably aren't going to be spreading a lot of disease even if infected. So again, there are so many benefits to the vaccine in terms of a public health perspective that we really, really want everyone to be vaccinated.

**Dave Somers:** So I have a question. Do you have any information about this new variant that they're reporting in Great Britain that seems to be more infectious.

**Chris Spitters:** Yes. Maybe I'll just give the 10,000 foot level view on that. All viruses to some degree or another mutate through time as they pass along. And sometimes that makes them more fit to transmit among people. That happens every year with influenza. That's why the flu vaccine changes every year. There has been a strain detected in Great Britain that is a change in that surface protein that is a target for our tests, it's a target for the vaccine. And that strain has gone from accounting for a minority of cases in the UK to now about 2/3 of cases. That's what we do know. So sometimes you'll hear 70% more infectious. That's not true. It's 70% of the cases in the UK now match that strain type, mostly around London and a neighboring community. Now what we don't know is whether that is actually more transmissible, or whether something else happened in the community that gave that strain an evolutionary advantage over the other strains and that's just predominated. That may be occurring in other places around the world and just hasn't been detected yet. Earlier in the epidemic, there have been

different strains in the U.S. that have ebbed and flowed in terms of a proportion of the total cases. So much remains to be known about the epidemiology and transmission of this strain. Furthermore, we really don't know whether it's more severe, more likely to result in hospitalizations or deaths, nor what the impacts on the efficacy of the vaccine would be, although volcanologists are confident that it ought not to have any short term detrimental impacts on vaccine efficacy.

**Dave Somers:** Thank you. So it sounds like long time care homes won't be getting their first vaccines until the end of the month. With cases rising so quickly in those settings, why not start sending some of the limited supply to them, the most vulnerable population?

**Chris Spitters:** Actually, part of the limited supply is being sent to them. Washington's allocation of the federal supply is split between the personnel in healthcare settings and the longterm care facility settings. And it's just the process of getting the machine up and running to get into those places. You know, as you remember from the beginning, this whole endeavor has been a build it as you go event, and this is no different. Certainly it can be frustrating and worrisome to longterm care staff, residents and families of those residents that it's not happening as quickly as the healthcare lane of activity but I think this is not the first challenge to our patients in the epidemic, nor will it be the last, and over the overall course of the epidemic, while a week or two is painful to wait, it's not going to have a substantial impact on the longterm course of the epidemic. And the federal partners and the pharmacies are trying to get that rolling as quickly as they can.

**Dave Somers:** Dr. Diaz, you strongly encouraged health care workers to get the vaccine. Are you seeing much resistance or reluctance among health care workers to getting the vaccine?

**George Diaz:** Yeah, you know, I think healthcare workers are a part of the general public and we still have a substantial proportion of folks that are getting media information from somewhat dubious sites. So there's a lot of rumors about certain adverse effects that simply are not true, and I think this leads people to have anxiety, much like the misinformation that we saw with masks, etc. So I would strongly encourage folks for information regarding vaccines to look at the CDC, Infectious Disease Society of America, Washington Department of Health, and Snohomish County Health District for sources of truth for information about the vaccine because we believe it is safe and effective and we would hope all of our population uses those sites as trusted sources of information.

**Dave Somers:** Does receiving the Moderna vaccine or the second vaccine make it easier to vaccinate people at long term care facilities?

**Chris Spitters:** So the two vaccine products, the Pfizer and the Moderna, the Pfizer needs storage at minus 80 which there's limited capacity for that in the county and that makes the logistics of administering the Pfizer vaccine, especially in small settings, a bigger challenge. Whereas the Moderna just your average minus-20 freezer does the trick. That just makes the whole supply chain and distribution easier. So short answer is yes.

**Dave Somers:** So I think that's it. I just want to take a second to thank all of you for helping us get information out this year. As Dr. Diaz said, we try to be a place or a source of good solid information and pass on what we believe and know to be true, and we very much appreciate your partnership in that and just wish you a Merry Christmas and Happy Holidays.

**Joint Information Center:** Thank you all. This is Kari Bray in the Joint Information Center. We'll go ahead and wrap up for today. I do want to let everyone on the call know that we will not have our regularly scheduled briefing next Tuesday, December 29. But we will be back after the new year. So again, we won't be here next Tuesday morning, but we will see you in January 2021. Thank you so much, and see you next year.