Dave Somers: Happy New Years, everybody! I hope you all get a chance to have some downtime over the holidays. Just being forward to 2021. So a few things, really. Since the start of the COVID-19 pandemic, we've been partnered with the health district and we've had three main goals, it's saving lives protecting our healthcare system and supporting our local economy. And one of the big reasons we've been able to sustain the intensity of our responses, because of the resources we received from the federal government through the CARES Act. And I really want to thank our delegation, Senator Murray, Senator Cantwell, Congressman Larson, Congresswoman DelBene really their efforts have saved lives and just made it possible for us to do the efforts that we've been doing here locally. So, thank you. Two weeks ago, the Snohomish County Council approved my proposal to spend the last of our federal CARES Act, the money that was appropriated last year. This money that we still have remaining will let us keep our activities going through March of this year before they're exhausted. So, thanks to the partnership with the county council, former Chairman Nehring last year and this year, Chair Wright and Chair Dunn, really looking forward to working with you this year. So on December 23 the Council approved my proposal to spend the $13.2 million that we have remaining for the response. And so I'll just go through a little bit of a breakout and how we're going to spend that $13.2 million. About $5 million would go to the Department of Emergency Management. It's been activated since March 1, 2020 and the Emergency Coordination Center in Everett has focused on meeting the benchmarks that were really established by Governor Inslee's safe start plan and that those goals were really reducing the secondary impacts of COVID-19 on Snohomish County residents in two areas. One is really supporting our communities, but also getting ready for implementation of vaccination and recovery. We also provide a personal protective equipment and keeping our isolation and quarantine facility open, two big efforts that we will continue as part of the safe start plan. We made really significant investments in PPE and believe that continuing to operate our PPE warehouse, which will be needed in 2021. We've been supporting our established food network and ensuring the availability of childcare for essential workers to reduce the secondary impacts of COVID-19 on our residents. Our food security work includes food distribution to our most at-risk residents via the Nourishing Neighborhoods program. It also includes support to school district lunch programs and our food banks, and we also continue to partner with Boys and Girls Club and the YMCA of Snohomish County to provide childcare for essential workers. Both of these efforts are necessary for the foreseeable future. Funding will also continue work being done in the ECC and Joint Information Center to ensure a well-coordinated response in communication to the public. The importance of these efforts is only heightened as we move into the vaccination phase of the outbreak. It's critical that work closely with our partners, making the vaccine available as widely as possible to our 840,000 residents in Snohomish County, including our historically marginalized communities. We're putting a special emphasis to make sure we reach everybody in our county. Human Services Department will receive $4 million, with that funding will continue all of the work that we've been conducting in 2020, including continuation of eviction prevention, rental assistance, continuation of northwest Washington's 211 expanded information and referral services, and we'll continue the community COVID outreach program, which really provides behavioral health services throughout the county. Continuation of the seasonal day and night shelter at the United Church of Christ in Everett. We will continue day sheltering operations at the Carnegie Library in Everett, and continuation of cold weather sheltering support, emergency services vouchers to the family support center network, continuation of behavioral health supports for families participating in childcare and early learning programs and continuation of telephone reassurance for individuals experiencing anxiety and other
challenges. And finally, a continuation of street outreach and connection to motel rooms, housing and services. So a lot of amazing work to support our community has been going on and then again thanks to the CARES Act dollars. The Snohomish Health District will receive $3 million. The Health District, as you know, has been providing critical services either independently or in collaboration with the county. The same efforts are expected to be maintained with these funds. The $3 million activities include community-based testing, case investigation and contact tracing, outreach, investigations and control teams, vaccination implementation planning and communications. Overall, the anticipated burn rate is approximately $1 million per month. And so, we can expect that the $3 million will fund activities at current resource levels through February and potentially all of March. Additionally, a million dollars will to be provided to economic development activities and those supports for our businesses through our free programs. And finally, $200,000 will be provided for public safety purposes. Last year we had a request from the Snohomish County sheriff’s office for a complete body scanner for corrections use in the Snohomish County Jail. This body scanner will reduce the potential risk of exposure to COVID-19 by correction staff and allows the staff to examine everybody being booked into the facility for any contraband without the need for staff to touch anybody so, mighty scanner. A valuable piece of equipment there. So we continue to work in 2021 with our partners and I think we’re looking forward looking forward to a brighter year and Happy New Year with that I’ll turn it over to Dr Spitters with Snohomish Health District.

Chris Spitters: Thank you, Executive Somers and double thanks for the continued support of the CARES Act funding to continue our lane of activities in the pandemic and just listening to you list the other activities that are being funded is a reminder of the tremendous partnerships we’ve had both indirectly working with one another, as well as seeing those county departments that address the branching impacts of the of the pandemic. So it’s really been a much appreciated partnership and leadership by the county. Happy New Year, everyone here’s to 2021 being a COVID overcoming year for all of us. It’s been a couple of weeks since we last talked. So I want to give you a quick update on some of the key numbers. The case rate took a much-desired drop for a couple of weeks after peaking in mid-December at about 440 cases per hundred thousand per two week period, it came down to 350 per hundred thousand during the two week period ending December 16. Through January 2 it took a slight jump up and so, you know, we just have to see where that goes. That may be a result of the holidays. It may be a result of factors other than disease transmission. There’s a lot going on with the holidays affecting people's activities for exposure as well as their health care seeking behavior access to testing, as well as the flow of test results and reporting coming to us. So let’s see where things go in the next couple weeks, but I hope we’re able to resume the decline that we saw begin in the latter part of December. Long term care facilities, they're still in a dire situation. We have 62 outbreaks. That's 62 settings with one or more cases in staff or residents involving 14 of 17 nursing facilities, 19 assisted living and 28 adult family homes. This level of disease activity in long term care, particularly in the skilled nursing facilities, also causes a strain on our hospital system. Both in terms of generating new hospitalizations among those who become severely ill, as well as impacting long term care facilities ability to accept discharged from the hospital. Consequently, further ballooning the hospital census that's putting the acute care system under strain- still functioning, but definitely under strain. The COVID hospital census right now is 112 confirmed cases, 34 suspected cases have test results pending, and there are 11 patients with respiratory failure, who are on mechanical ventilation. We also exceeded 400 deaths due to COVID this past week currently at 403 lives lost in the last 11 months among the 24,000 total cases reported today. On the positive end of things, the vaccine front- approximately 11,000 vaccine doses have been
administered in Snohomish County. That's approximately 40,000 vaccine doses distributed and we anticipate getting in another 8000 doses this week. The first group in Snohomish County eligible for the vaccine, known as Phase 1a, includes 15 to 16,000 healthcare workers in high risk settings, COVID facing settings like hospitals, emergency departments, primary care, etc. As well as patient facing emergency medical service, emergency medical technicians and employees at Long Term Care and similar adult care settings as well as the residents are clients of those long term care settings (number 12,000). So the Department of Health last week before last also announced an expansion of phase one. A to include all other health and all other employees in healthcare settings, once the high risk healthcare providers are vaccinated. So that includes, you know, janitors, clerks, everyone in the buildings and all together, Phase 1A represents more than 40,000 people in Snohomish County, who are eligible for vaccination at this time. And roughly as I said one fourth of them have received their first dose. Like any new process, it takes time to achieve a velocity of vaccine administration that will permit vaccination to be completed in a reasonable amount of time. Federal partnerships were established with Walgreens and CVS to exclusively serve employees and residents at Long Term Care and similar adult settings, with an emphasis on skilled nursing facilities and assisted living facilities. The Health District and the Department of Emergency Management, along with other partners in the community, are also working to help augment the process for other adult care settings, including adult family homes. Stay tuned for more information on that and other development of other high throughput vaccination sites in the county as we progress forward. While most people currently eligible will receive their vaccines through their employer or through their health care system where they usually get care, the Health District has created a voucher program for 1a eligible employees of smaller agencies to be vaccinated by participating partner. That's to address the many healthcare workers who don't work for an employer, that is a vaccine provider. Instructions have been sent to eligible employers, but if they have not received that voucher or instructions on how to proceed the employer can email covidvaccine@snohd.org for assistance with that. We know there are a lot of people anxiously waiting for their turn to get the vaccine. While there are vaccines arriving, we do not have enough to offer it to everyone yet, and we're still building up the capacity, as I mentioned earlier, to get all those doses administered. All of that will pick up, both the amount of vaccine that's distributed to Snohomish County, as well as our capacity to put it into people's arms, will continue to increase in the coming weeks and months. We will continue to follow state and federal guidance to make best use of the vaccine supply and our collective capacity to administer it. We urge your patience and cooperation with this gradual phased process that we aim to complete in approximately six months. More information about the next phases will be released soon. We encourage people to visit www.snohd.org/covidvaccine for updates as well as connecting with their health care provider to find out if they plan to offer the vaccine when that time comes. So now I'll turn it back over to Executive Somers.

**Dave Somers**: Thank you, Doctor. Let's see, first question we have is, are there, is there any fear that doses could go unused in the County?

**Chris Spitters**: Well, not really a fear, but certainly avoiding vaccine wastage is a key part of any vaccine program, whether it's COVID or whooping cough flu, you name it. So, that's why vaccine providers have to be, you know, they have to apply to be a vaccine provider, get approved by the state, have the proper storage and other procedures to ensure the safety of the vaccine supply. As long as it's stored adequately, you know, we have plenty, plenty of time. Having said that, you know, some people look and say, well, you've got 40,000 doses, but only 11,000 in arms so far, but that just speaks to the
difficulty of, you know, getting the capacity to administer up or we're on our way. We're making progress, but like any process, it takes a while to reach full speed.

**Dave Somers:** So kind of a related question, have we had any suggestions from the state what vaccine group 1B might look like? And since we know it's going to be a larger group, are we prepared to expand the staffing needed to meet that demand?

**Chris Spitters:** Well, you know I can't anticipate. I'm not part of the discussions of what the how the state is going to interpret or adopt the federal guidance, I'll just share with you what the federal guidance is for 1B. And that's the medical risk side aiming to reduce suffering, hospitalization and death is to aim for older adults 75 years and up who account for 20% of hospitalizations and 50% of deaths on the critical infrastructure or essential worker side of the equation, the federal guidance for 1B are public facing essential workers including, but not limited to, law enforcement, firefighters who were not previously vaccinated as part of phase one. Manufacturing, food production, food distribution, grocery workers and school staff and teachers. There are some other groups in there. But those are the key ones. How that's going to be the State Department of Health and the governor will translate that into guidance for us, who will then take that and implement that. And yes, it's going to be a lot more people. And I think the key things that we need, as I've been saying a few times are the capacity, not only the vaccine, but the capacity to administer that. We have about 40 various providers who have been approved to provide vaccine, there another 50 whose applications are pending or trying to help get those pushed through that will increase capacity in the traditional existing health care system, but it's just a fact that we're also going to have to complement that with high throughput, dedicated vaccination services that are maybe coordinated with the healthcare system. But, you know, stand-alone processes to get this done in a reasonable amount of time. We're going to need both kinds of activity going on.

**Dave Somers:** In the chat- we want to speak a little bit about some of the challenges. I know we've been discussing this that there will be private providers. Obviously, people that have health care will have to contact those providers, but we're also planning some public opportunities that will probably be on an appointment basis. And one of the complications is people have to remain on site or can't drive particularly with the drive thru facility, they have to remain at least 15 minutes so it's not going to be a quick in and out type process.

**Chris Spitters:** That's right. Absolutely, Executive Somers.

**Dave Somers:** Question, related question, how will people be notified when it's their turn, and where they will be getting vaccinated, particularly for the general public.

**Chris Spitters:** Well, like most information, it will flow out in in several manners. One, you know, we will obviously address it during these press briefings. In our other work with the media, we will highlight the moments when particular groups of people become eligible and then we will need your help to get that word out. Our websites will also cover that and then also the state is developing a web portal where individuals will be able to go in and, and, you know, enter their age, occupation, risk factors and be assigned to a phase of the vaccine sequence and can sign up with an email or cell phone number to get a reminder when their opportunity comes. And then the second half of that is finding a place to get vaccinated at the school, the state's also working on a tool that they would connect to that platform to do that and then we go from there. But as Executive Somers mentioned, a key thing also is to just touch
base with your personal health care provider, your medical home to find out if they're going to be offering vaccine in the future faces.

**Dave Somers:** Since we don't know the impact of Christmas and New Years, would you recommend the governor extend restrictions beyond next Monday?

**Chris Spitters:** Well, we're still at a very high level of transmission and the trajectory is provisionally going in the right direction, but we're not certainly not out of the woods. So the exact constellation of restrictions. That's the right recipe to maintain a safer environment, reduce transmission. You know, I defer to the state and the governor on that, but I imagine there will be updates coming as that date approaches.

**Dave Somers:** The information we have from the governor's offices is that there will be a system in place, continue to be a system in place of restrictions, even depending on the situation in the county or in the region, and so it seems clear to me that at least in the central area, we're nowhere close to really like easing up restrictions and are not headed in the right direction fast enough. So quite positive in our area, those restrictions will remain in place. Um, let's see. Question, how many vaccine clinics are set up in Snohomish County and what methods is the county considering to expand clinics and access?

**Chris Spitters:** Well, as I said, there are there are approximately three dozen entities in the healthcare system of varying sizes, you know, the large hospital, so large clinic systems. They're all signed up and you know, receiving distributions variably, but overall, when I say variably. You know, one week they get some maybe not the next week. They're trying to spread it across the state and across the county to kind of balance needs. So we've got three dozen signed up, four more dozen waiting for approval. So in the health care system that will create 75 or more venues for folks to go and then several, you know, again, at this point, it's just vaccination of employees. So the large healthcare systems have set up, you know, mass vaccination clinics for their staff and are approaching completing that or have completed that for their highest risk staff. And so now the next challenge for completion of 1A is to get those employees who are not employed by those healthcare systems, but their other smaller systems, get them, you know, going in to get vaccinated through those sites as well as getting the pharmacy long term care connection. It's up and running, but it's they just got their toes wet at the end of the year and now they're really going to pick up in earnest in January and, you know, that's all going to take another month or two and you know, it's on its way. And then to complement that, probably more geared toward when we transmit transition to 1B would be high throughput sites, either in partnership with healthcare systems or large employers, that kind of thing to try to set those up. But those are all in the developing the concept and planning and I have no more detail to share with you on that.

**Dave Somers:** So what is the difficulty in capacity and administrating vaccine- staffing, scheduling something else?

**Chris Spitters:** Well, I think, you know, it's just like any new system, we're getting we're getting it started up and the number of, you know, lanes, if you think of it for people to go through to get vaccinated just, you know, we're not at maximum speed yet and you know it'll take several weeks to a month as we wrap up the non long term care and of healthcare workers and transition into 1B, then the demand for those high throughput settings will really be there for us to make progress.
**Dave Somers:** Can you talk about the recent deaths from COVID, is there an age breakdown and if we see numbers start to slow.

**Chris Spitters:** You said deaths, the recent deaths? Yeah. Well, you know, they're mostly older adults. Largely, there's been a couple of younger adults, but you know mostly the deaths occur and people 70-75 on up. About half of those come from long term care facilities, others are people who reside in the community. And that's just that's going to continue until we, you know, get this curve to go down further and you know, get the transmission under control and long term care as well. So it's a combination of our own, you know, human behavior as well as, you know, getting vaccine rolled out that will help, but the help from vaccine. as you can see, but by my comments you know that's more in the distant future, probably a few months, till we start to see benefits of vaccine on a population level. Right now, we're really reliant on everybody to continue to do all those things we've been asking since the start of the pandemic.

**Dave Somers:** So you have any goals for how many doses you would have liked to have administered by now, and how many we would like to going forward.

**Chris Spitters:** Well, I think you know the eyes on the prize, which is getting everyone who wants to be vaccinated in Snohomish County vaccinated and you know he said there's 840,000 of us, ideally, we'd all have two doses in us within six to nine months. Not everyone's going to want to do it. It's a voluntary thing. But we do you know, estimates are that we need about 70-80% coverage of the population to achieve enough barriers to transmission. That's the herd immunity threshold, roughly, there's a variety of estimates of what that percentage is. But the bottom line is we want to get as many people vaccinated in the next six to nine months as we can. And, you know, the sooner the better. But it takes a while to get the machine up and running, you know, this this kind of thing in a non emergency setting, would be a year of planning and so we're just, we're doing the best we can, on short time.

**Dave Somers:** Dr Spitters, is maintaining an order or priority and also going down the administration of vaccine? So for example, if we were opened up to all people age of 65 over and the vaccine was given pharmacy would that speed up the process. And I think that's getting at the supply demand or supply ability to administer question.

**Chris Spitters:** Exactly, yes. And, you know, one there's kind of two factors, three factors at play. One is the supply of the vaccine. The one is the number of people eligible at a particular moment, the demand and then there's the capacity for throughput. Right now the limiting factors are the supply. We don't have enough vaccine to open up to a huge population. We also don't have enough throughput so that if you did do that. Even if you had the vaccine. You know, we wouldn't have enough throughput to administer it and you'd have, you know, sort of choke points, you'd have people lining up in cars or on foot out the door, so to speak, and so we, you know, simultaneous with proceeding through the phases we want to, we're trying to develop the capacity for that throughput that can match the supplies that comes and then we'll, you know, and will designate the next group that's up to bat so to speak,

**Dave Somers:** So just to put a finer point on that the amount of vaccine, we're getting is still being metered through the federal government allocated out centrally, so we're limited in what we can acquire. Also, that there's just a certain number of people limited number of people can actually give vaccines and that at some point is going to be a limiting factor could be great.
Chris Spitters: Right and getting all those, you know, we're essentially trying to double or triple the number of approved vaccine providers that will increase throughput, as well as, as I've said, getting standing up some high throughput kind of mass vaccination type setting. So we'll get there, but we're not there now.

Dave Somers: Have you seen a rise in cases and hospitalizations because of the holidays?

Chris Spitters: Well, it's a possibility you know, that a little little bump up in the curve could be the shape of things to come. And in this next week. And we'd see more cases of more hospitalizations, but only time will tell. Certainly, my hope is that that's not the case. But I imagine we all hope that.

Dave Somers: any updates on possible health district nation sites, similar to what the Health District is doing with testing and I will say there's several that are in the planning stages and we do expect to have some up and operating. But again, we are in the planning phases, we were not given any additional dollars from the federal government actually do these vaccinations sites. We're trying to use our dollars and those were kind of on hold until the end of the year or so, but we are in the planning stages. Dr., do you want to give any more detail on that?

Chris Spitters: I really don't have much to add other than to remind me that you know we were kind of stuck. We couldn't do too much planning back in November, December without the resources to implement that planning. And so here we are now and we've had the funding extended and we're trying to make the best use of it we can as quickly as possible. More to come when relevant details are ready to share.

Dave Somers: What about the idea of enlisting dentists to help with vaccine distribution?

Chris Spitters: This morning I think the Dental Society reached out to us and we're trying to connect them again. That'll help, that could help a bit, especially like if they're willing to vaccinate their own. They are 1A healthcare providers, but they have to get approved as vaccinators and each specific location has to get approved to store vaccine and administer, so you know we endorse any health care providers effort dentists doctors, you name it, that who's licensed and allowed to give vaccine to do so, but, you know, small operations with low flow through them are not going to get us there. So then that dentists can help. But like any, you know, routine health care service, primary care, etc. The throughput there will help, but it's not going to get us to the finish line in the time we need. So we're going to continue to also focus on large venue, large throughput, type venues.

Dave Somers: You know we are definitely working hand in glove with the health district to stand up some higher capacity public vaccination sites. So that is definitely in the works. But again, details will be provided as we get them. We don't want to give out any information, they're still actually in the formative stages. So, but in the coming days. We hope to have more information on those sites.

Dave Somers: Last question. Can you speak to how valuable it would be to have long term care facility residents and hospital staff vaccinated?

Chris Spitters: Well, I can only repeat my earlier conclusion that it's exceedingly important and the reason, again, is that 20% of the hospitalizations and 50% of the deaths are in long term care, come from long term care settings, the number of cases are roughly split equally between staff and residents. Most of the hospitalizations and deaths are in the residents. But, but by and large, the residents are
catching it from staff. So we’ve got to get that all covered and that will provide us quite a buffer, you know, it's not going to eliminate COVID as a public health problem, but it provides is quite a buffer in in the healthcare impacts and a, you know, 50% reduction in death. So that would be welcome news as soon as we can get it done.

**Dave Somers:** Right. I think that wraps us up. Thank you, everybody.

**Joint Information Center:** Thank you everyone. We appreciate you joining us this morning, we will continue our Tuesday media availabilities, so please stay tuned for future advisories on those. Happy New Year.