

January 19th Media Brief

Dave Somers: Well, thank you. Good morning, everybody. Thanks for joining us today. Good to see you all. First, I like to know that today's the one year anniversary of the first case of covid in the United States first documented case. And as you know, it was right here in Snohomish County. It's hard to believe. It's been a year. It's hard to believe it's only been a year or two, but lots happened in that year and we just are continuing to stay focused on keeping our healthcare system functioning helping those who are most impacted by the pandemic and speeding our vaccine delivery. So we'll stay focused on those goals until we're through this. Second, like to let everybody know that we are opening our third round of small business grants today. They just went live on the website. If a small business in Snohomish County that has been impacted by covid 19 has not received a grant, they should go to the workforce.snohomish.org website to see if they're eligible any business. It's already applied for our three grant and has not received one will automatically be eligible for the new round of the grant and they do not need to apply. So if you've applied before did not receive in our three Grant You're automatically put in in the line. So I really appreciate a partnership with Workforce Snohomish on the incredible work they've done really to help us administer these grants. Third thing I want to talk a bit about is our vaccine plans here in Snohomish County. Currently, we have the capacity in our drive through sites. To administer approximately 30,000 doses of vaccine per week if we had the vaccine supply, we could quickly ramp up to being able to deliver 50,000 or more a week just in our sites alone. These are the drive up sites, one in every currently when down admin college and went out in Monroe at the fairgrounds. The bottom line is we need more vaccines for our drive through sites. I am frustrated and find it frustrating that we're having to fight for extra doses each week. Last week we were given an allocation and only 2300 doses by the state we complained about it. We were able to receive an extra thousand doses from another county another facility that helped a little bit but far below the 30,000 capacity that we have stood up. I know that state is not getting adequate supplies either and they have to provide for 39 counties. So I understand the complexity of this, but I want to show everybody. We have the capacity in Snohomish County and can do more. When you're looking at the statistics statewide. First of all, we know that the state data about Snohomish County is vaccine is accurate. So just be assured, we are getting the vaccine out quickly. And we're not sitting on stockpiles. One note of caution, just because the private healthcare entity has a lot of doses doesn't mean that we can get our hands on it. Nowhere should the county be penalized for what a private entities doing so if somebody else is not getting their vaccine out in a timely manner. We certainly do not want to be punished for that. We understand that some challenge for some medical providers to provide large numbers of doses quickly and that's exactly why we set up our drive through massive vaccination sites to move larger numbers of doses to sites that can handle them. So we're pleased with most of what was announced yesterday by the Governor. It seems to show a necessary urgency for getting vaccines into the hands of those who can deliver them into our residents. We want our economy back open as quickly as possible and get our kids back to school and getting that vaccine out to as many people as quickly as possible is the best way to do that. I have to say I am extremely proud of the work our Emergency Management Director, Jason Biermann and his team working at the emergency Coordination Center have done over the past year. Jason had the vision to start planning for mass vaccinations back in July and he's been leading efforts to make sure we can vaccinate everyone in our county. There are thousands of people across the county, who are working very hard to get us to the other side of the pandemic. So we know that's what the public needs and wants will continue to do everything we can to speed the vaccination effort. I asked for everybody's patience as we get this system up and running and work out some of the kinks. So with that, I'll hand it over to Dr. Spitters from the Snohomish Health District.

Chris Spitters: Well, thank you, Executive Somers and good morning everyone. And that's right. One year ago today, a Snohomish County man went to a walk-in clinic displaying symptoms of this new viral respiratory disease, after having returned from China and at that moment with guidance from the health district in the State Department. A healthy evaluating clinician collected appropriate specimens that were sent my career to the airport and by 10pm that evening, those specimens were on an airplane to the CDC lab in Atlanta. The patient was isolated at home and the Health District reached out to drop off supplies and give him instructions on staying home and what to do if he became more severely ill.

Less than 24 hours later, we were notified that his lab results were indeed positive for the what was then called novel coronavirus, now known as COVID-19. It was very hard for us to believe in the moment, we were shocked and also had a lot of anxiety based upon reports of what we were hearing from overseas. Both in terms of the breadth of spread and the severity of illness and that was on a Monday afternoon at about 3:30pm we spent the rest of that day and evening well into the nighttime hours. Here at the health district, in calls with the Department of Health CDC and Providence Medical Center to sort out the cases condition, he was transferred to the hospital at CDC request for observation until launch control efforts targeted at close contacts the next day. On Tuesday, January 21, after getting those results, the Health district. Department of Health and CDC formally announced the first case of COVID-19 detected in the US. And I would say this community will be forever changed from that moment forward. The pandemic has turned out to be everything and more that we feared in terms of scope and impact on society. In many cases it's honestly exceeded what we thought was possible in those early days, however, we know now more to help, how to deal with the pandemic. We have more knowledge about what can and can't be done about the virus. And we've seen scientists and experts across the globe guide our efforts. It's remarkable. To think that testing technology was developed in a matter of weeks and has been continuously improved on since then countless other tools and increase knowledge to control the virus have emerged from the ongoing cycle of inquiry data collection, analysis policy development and further inquiry. The scientific method is also now brought hope for an exit from the pandemic in the form of a safe and effective. Vaccine and in fact multiple safe and effective vaccines. So here we are a year into this response, the longest in the health district agencies. All of the vaccine planning testing case investigation contact tracing data collection communications hiring and purchasing takes an enormous amount of resources. We started this pandemic with 113 full time equivalents. Since then, it has been all hands-on deck with extraordinarily long days, weeks and months of full commitment to the response. But that that response certainly has not been limited to the health district. This has only been possible thanks to the leadership and support of Board of Health and the strong partnership with Snohomish County, especially executive Somers and Director Biermann and the Department of Emergency Management, as well as technical and financial assistance from the state and federal government. With emergency funding from a variety of resources, we've been able to more than double our size in order to meet the demands of the response. I am forever grateful to this dedicated hard working and flexible team here at the health district- they are true public servants, and I could not do much part of the job without them doing theirs. I'd also like to take a moment to acknowledge the collective willing support of our local governments, healthcare systems emergency medical system and Snohomish County residents and businesses. Thousands in this county have sacrificed time with friends and families, lost jobs or businesses or have lost loved ones to COVID. I recognize that the decisions made have both short and lasting impacts as we move through this and we have a long road of recovery ahead of us. With this pandemic, the societal impacts have been so vast and encompassing many decisions that have been made are shared with a broader set of partners, both within and outside government. To take into account those impacts and try to mitigate them as best we can, while still controlling the virus. This has been a whole community response and we're fortunate to have great leaders in Snohomish County and across the state sharing the load. While this certainly has been the largest and most complex response in our collective careers as public servants, the principles underlying the health districts response are very much the same as for other communicable diseases. One challenge with public health is that it can be hard to specifically quantify the benefit of our efforts we intervene broadly and we don't have a control group left without an intervention to compare against we can't count, what didn't occur as a result of our work, and as a result of the community sacrifices. But what I do know is that this collective response has saved lives, has spared hospital capacity and has prevented suffering. More of the same and hopefully a return to normalcy will be achieved with the rollout of the vaccines. Vaccines are coming, but they're not all here yet. Executive Somers covered that quite thoroughly and that's why it's very important for us to prioritize the highest risk populations vaccination of 1A health care providers and facility staff as well as one a long term care residents and staff a partnership between the federal government and CVS and Walgreens to address the long term care facilities is underway and is picking up steam. Our team is working to get updates on how many vaccines have indeed been administered through Saturday and we'll have that posted online later today. I can tell you that approximately 60% of the 35,000 those around figures doses distributed to Snohomish County have been administered and, as Executive Somers mentioned, there's a gap between that figure and what you would see

on the state the state's website that is what it is, but the best the current state. As the Department of Health and the governor announced yesterday, we are now beginning to open vaccines for those in phase 1b1. As part of that that originally was going to be individual 70 years and older, the state change that to 65 years and older that's approximately 120,000 individuals. As well as those who are 50 or older and living in a household with multiple generations. Specifically, people who are over 50 are unable to live independently and who have a caregiver who either lives or works outside the home. That's what's meant by that. Groups over 50 living in a multi-generational household. Now the number of people over 50 to 64 years of age who are in that group, it's, it's hard to define. But it's probably somewhere in between. You know 20 to 40,000 people so we have probably about 150,000 residents now eligible for the vaccine through phase 1b and this is great news. But as even one of the questions I have seen on the chat already indicated, we don't have the vaccines to give out today so it's not like people who are 1b1 eligible will jump into the internet and find an appointment for tomorrow. So we need folks to continue to be patient as the vaccine supply ramps up to get those appointments and we further build out the capacity to these high throughput vaccine clinics to get people through. And in the meantime, we need folks to be patient and wait their turn in line. Where people currently land in the prioritization, whether you're one a 1b1 or beyond, is not a reflection on their value to society as seen by government or public health. If we had an unlimited vaccine supply and clinical capacity to administer those doses, prioritization would not be necessary, and it would all just flow naturally. But we have neither unlimited vaccine supply nor unlimited immunization capacity, although tremendous gains are being achieved by the Department of Emergency Management in standing that up as Executive Somers mentioned. So until vaccines start flowing into Washington and into Snohomish County at a higher and more predictable pace, we have to prioritize people to preserve healthcare capacity. And those who are at higher risk of complications or death if they were to get COVID. As things roll out further maintenance of essential functions of society and it's critical infrastructure will also come to into the prioritization scheme. Please note that these phases and tears reflect the work of multi-disciplinary teams working at both the federal and the state level, both in government and in academia. To maximize societal benefits to support essential functions of society and to address inequities in access to services. This work has involved medical scientists, social scientists, emphasis and outreach to community stakeholders. Again at the current moment prioritization of limited supply is not aimed at those at higher risk of acquiring COVID, but at those most likely to become severely ill require hospitalization and or die. The goal is to get you all vaccinated and keep you safe. As soon as feasible and we're all working toward that goal every day. But the first order of business is to defuse the threat of an overwhelming hospital search While you are waiting for your turn. Here are four things you can do to help first go to find your phase, who find your phase wha.org To see if you're eligible for phase one a one b one if you weren't you can sign up to be notified with a text or an email when your face does open up To please don't try to play the system or jump the line if you jump forward out of place and succeed. You're pushing someone else backward If you hear of a place with vaccines let other people who are eligible know when it's time for you to get your vaccine register and keep your appointment and continue to do these three W's wear a mask. Wash your hands. Watch your distance from others. Vaccine distribution at this scale and speed is a first in our lifetimes and a public and public health and our partners are learning in real time. On that note, along with Executive Somers, I want to afford special thanks to Jason Beirmann, the Director of the Department of Emergency Management, as well as Snohomish County Emergency Management Services for already having established the county's first three high throughput sites. We all will need to keep working together being flexible and patient making adjustments as we go, just as we have been doing for the last year with other elements of the COVID response. With that, I'll turn it back over to Executive Somers.

Dave Somers: Thank you, Dr. Before we get into the questions. One issue- so you mentioned that over 60% of our vaccines have been administered. It's my understanding, please correct me if I'm wrong that other 40% approximately much of that. Maybe being withheld. So to assure that we have the second dose for people is that part of that 40% or is that not?

Chris Spitters: Yeah, I assume that is part of it. You may recall, there was some news, a week or two ago where initially the paradigm was the whole vaccine back at the federal level to as a store for that second dose. But you remember the

federal government said no, we're not operating that way. And so I think many vaccine providers, though, are doing that try to try to hold that back. And then the other possible contributor, is that in there setting, they're reaching diminishing returns on the one a group. And so all the more reason for us to push ahead with 1b1.

Dave Somers: So this is one of the complexities, we're working through with the state is one of the new guidelines is to have us administer the vaccines within seven days. But we have to also plan for the second dose scheduling for appointments can take more than a week, frankly, and so there's just some questions on how the system is going to work, but we're working with the state on that. There was a question about the website is already been mentioned, that will be updated. People may have to refresh their website. If you have a cached version of a website, you can actually be looking at something that's stored on your computer and not off the internet. So please, refresh, and we'll get that corrected right away. The last know last week. We said we'd run out of vaccines by them to a week, where do we stand this week with vaccines supply

Chris Spitters: Yeah, I think will based on what I told you there would be roughly 40% that's still, you know, in stock and not in arms. I think the opening up of !b. It's not like it's all going to just happen today and all flow out tomorrow and the next day, but I imagine over the next week or two. The implementation of the one b one will start to use up that Maxine people who are one eligible and still haven't got it done. They certainly Are at the head of the line, too, but I believe that opening this up will help you know get more vaccine into arms and more importantly as executive summaries. As mentioned, we Despite that, that proportion of supply, you know, we're holding back in a sense on our capacity to put people through and we need we need vaccine to schedule those appointments, we're not, we can't schedule appointments without knowing that we have vaccine coming so it's a challenge.

Dave Somers: And so, reflecting on today's anniversary You want to go first. Do you want to reflect on your personal reactions last year to learning Snohomish County, the county country's first known code case.

Chris Spitters: Well, you know, it was shocking and a little overwhelming. It's a brand new disease that you we had heard about across the ocean, causing widespread. Illness hospitalizations way over what the system had capacity for. And so it was extremely intimidating and anxiety provoking and you know, overall, it turned out that most of that much of that anxiety and concern was well founded. But I think it was somewhere between our best hopes and our worst fears and here we are. A year later, I have to say this is just a miraculous thing in the history of Public health and medical science that we're talking about. The difficulties of rolling out a vaccine just one year to the day later, I don't think there's another condition that's arisen in human history where that timeline has been that short and I am just eternally grateful to the medical scientists that made that happen. Dave Somers: Yeah. Looking back, I remember the phone call. I got it was driving and Jason Biermann, my management director, called me and said they we had had a documented case and it was it was like a punch in the gut. We had been watching what was going on in China and knew that this Virus was very serious. I think at first you kind of hope that It's contained and that one person maybe hasn't spread it. But in short order. You know, we find out that that was not the case. And I just remember sort of all of a sudden the whole year in front of us became foggy and unclear on the magnitude of the disease. And what was going to mean but in very short order, we were starting to think about needing field hospitals and Quarantine sites and you know everything just sort of started being a day to day event. We were having daily calls, both internally and externally to get out information. So it really turned the everybody's lives upside down. And so that's went from cautious hope to, oh my gosh, we got to really focus on this very, very short order, but really proud of the team, really proud of the county. And as Dr Spitters said, having a vaccine, a year later, or worrying about that is just a great thing. So Um, next question. How is the health district and calculating people know beyond the states phase finder when and where they can get vaccinated.

Chris Spitters: So, take a shot at that, Executive Somers, and then you can round out as you see fit. So the face finder is the primary tool for individuals to assess their eligibility and then to get To have the system prompt them when they do

become eligible. So if you have internet connectivity. Go to phase finder find my face while.org and sign up and that is the primary tool healthcare systems are encouraged to for instance. They can now notify their enrolled members over 65, you know, hey, you're up to bed. Washington State's still working on developing its vaccine finder and we don't have a universal scheduling system. So if you have access to the internet. You can go to the health districts website. Click through the vaccine icons and you'll find yourself at the Department of emergency management's page for the, the high throughput sites. They are currently all scheduled out and we're not sure we're when we're going to update that because that's going to depend on when we see we have vaccine coming. Currently, they're all filled up through the week. So there's that. And then you can contact your healthcare provider in the interest of communication systems of the health care system. If you're not yet eligible, please don't. Contact your healthcare provider, either through my chart or via phone, they are overwhelmed right now this and so they really want contact limited to those who are eligible And so that would be your, your other avenue, certainly for folks without connection to primary care or and without internet connectivity. We as a, you know, health district and society after kind of figure out means to reach out to those communities and individuals. But meanwhile, we do need to move ahead as fast as we can with the tools we have.

Dave Somers: Put an emphasis on that if people don't have internet access. You just need to contact their health care providers. We've got a system of both private caregivers and public givers and each one is a little bit different. So doctor said there's no universal scheduling. At this point, but we're Working to try to get that capability but do not have it yet. So, contact your healthcare provider if you do have internet check the health district's website. Let's see how confident are you that private providers are ready for phase one be And then a question for me hinted, a local provider may be sitting on doses any more information on that, that you want to talk about private providers.

Chris Spitters: Well, certainly. You know, the, the, while vaccines, especially vaccines for Children annual influenza vaccine are part of the routine for primary care settings. You know, mass vaccination is not several healthcare systems have set up mass vaccination opportunities for their one A eligible workers and have also helped by vaccinating one eligible workers who are not their own. But those have been state, you know, set asides clinics. In the usual flow of primary care you know most of those appointments were scheduled a long time ago, and many of the people coming through will not be eligible Because of their just their age and risk factors. So, while it's an opportunity. I would say primary care is an opportunity to vaccinate individuals who come through and are eligible, it's not the best means to for us to get to the other end of this It's not going to afford high threat throughput. So we need that. But we also need these high throughput settings that both the county and the health care system. And other partners, potentially are looking at setting up and I imagine that a month from now we'll have even more of those than we do now and our capacity will be greatly increased hopefully we'll have the vaccine supply to match that. And then there will be other needed venues, if you will, for reaching harder to reach populations, whether those are you know, mobile or stand up, you know, smaller clinics to reach pockets of need all those are going to be needed. So the healthcare system and primary care is unnecessary and helpful ingredient, but it cannot be our only vehicle. And there was question for me I hinted, a local provider may be sitting on doses. It's not that I don't think that anybody sitting on doses, I think, is really in this distribution of vaccine. It was pushed out to private healthcare providers as well as public Okay. And if you're in a sort of like a hospital setting. It's that's not a mass vaccination setup. It's not quick Easy. So the flow rate is going to be a little bit different and we aware that the statistics that we see at the state side and you show some larger organizations like Kaiser and others to have A bit of a have been gotten a good supply and are a little slower and getting them out. But that's, you know, that's just the nature of the system. I'm not criticizing anybody for that, but It's one of the issues we have to work through with the state is matching up the flu vaccine to or capability to get it out and the mass of actions nation sites are designed to do as many people as possible quickly and that's why we have stood them up. Um, is there any update on the code metrics case count deaths hospitalization trends. Maybe high overview doctor Or so we're still probably later today, we'll have the rolling to week rate up through last Saturday out. We don't have that yet. Yesterday was a holiday and some of the staff didn't work so well. Today's kind of like a Monday for us. So we'll get trying to get that out by the end of the day. No predictions, but I don't expect based on the number of case counts that came through. You know, just day by day. I think

we're looking sort of level and best I think I'd be surprised to see a decline. So, in summary, we had a peak in late December, it came down a little bit and then is going back up. I think that decline and increase is related to the holidays both decrease testing and decrease case detection around the holidays and then a rebound in case detection and probably some increased cases, you know, increased transmission around the holidays, leading to increase case detection in the first week of January, up through the ninth, and I suspect we'll see that at best level probably increased again. Up, up through last Saturday hospitalizations. The hospital census, the total number of people in Snohomish County hospitals relatively stable in the, you know, 110-120 range, about 90 of those are confirmed about 30 are suspected awaiting test results. The number of new hospital admissions per week had been increasing through the end of December, up to about 65 new hospitalizations per week. Related to COVID that excludes people with COVID hospitalized for non COVID reasons. And then there was a big drop during the first week of January, leading me to think that that's sort of a time related reporting artifact and that those numbers are still too fresh, so I would and deaths have a similar trend where they went up and then dropped off for the last week or recording. So when we get the new data in the coming week or two, I think you'll see I expect the hospitalizations and deaths to mirror and lag behind the increase the further increase in cases. So we'll probably see you know things went up. They went down a little bit and then they'll go up again. That part's kind of out of our control the hospitalizations and deaths related to disease that's already been transmitted. But again, I urge everyone to, you know, we're so close here. Let's try to, you know, do those three W's. And let's bend this curve and get things back down again. Vaccine alone is not going to open up society in the short run. We need your help to reduce transmission using the old fashioned methods that we've been promoting for months and months, but they work. And so let's get there.

Dave Somers: On the question about whether reporters and photographers will be a lot of the vaccine sites. I'm not familiar with the policy on that.

Chris Spitters: Well, in general, unsolicited photography in a healthcare setting is prohibited by law because if you know that photo ends up in the paper that's a violation of a person's protected health information and so permission to do that would have to come through the if you want to pursue that with a healthcare facility, you'd have to try to work with their communications folks and see if they have patients and providers who are willing to make that disclosure in public.

Dave Somers: There was a follow up. Vaccine provider information now be made public. Do we know the zero state website or list of everybody who has received vaccine doses not aware of what The, the right at least up until yesterday. healthcare settings could elect whether or not to be listed in some legitimately many in Snohomish County legitimately elected not to be listed because they were getting overwhelmed with phone calls and it was you know swapping them from being able to do their true vaccine related work. So, but I saw an email from the state yesterday saying that all providers will be listed So I haven't been able to verify that yet, but on the Washington State covert vaccine website based on that statement. You could check and see. And there's a list of providers by county

Dave Somers: How soon will mass vaccination sites be up and running. Well, to be clear, we have three up and running. Now they have been one of them for about three weeks now. And all three of them last week. So in, we are ready to stand up additional sites we've been planning for nine or more additional sites. That could be up and running in short order, but we do not have the vaccine to support those sites, as I already mentioned, we have the capacity to deliver 30,000 doses, a week now up and running. Available, but we last week only got about 3000 doses. So you can see the problem there. It's no use standing up additional sites until we get it increase supply a vaccine. So we'll stay tuned on that one. We're working on it. That's why the announcement last week that the Federal Reserve a vaccine that was going to be released actually didn't exist. So that was a very hard news to take because we were hoping there would be an influx of additional vaccine. But that's not the case. As the call center. Some information. Governor said yesterday that all vaccines supply that arrived before this week must be administered by Sunday. Are you afraid limited allocations from the state and

federal government will make it difficult to guarantee second doses. And be able to vaccinate new people, Dr. You want to start on that.

Chris Spitters: Yes. I'm going to reread the question for a limited allocation for the state.

Dave Somers: If we have to push them out by Sunday, the seven day limit does that cause concerned for being able to guarantee people the second dose.

Chris Spitters: Right, well if vaccine doesn't flow downstream, it will right if we're if we have a policy change that it's no longer acceptable, which is the implication of this 95% rule. That you have to get all the vaccine out the door. Within a week. You can't add a provider level. You can't hold back vaccine for those two so that will make our success in administering or providing the vaccine to administer the second dose highly dependent on a continuous dynamic flow of vaccine from the manufacturers to the state and onto us. And so we're at the mercy of that and it raises concern. But it is what it is. We got to deal with it and just advocate for a better and more transparent flow of vaccine.

Dave Somers: And to be clear that the prior state policy was that it was not only example but encouraged to hold back that second dose. So it was available. And it's one of the questions we have with the new seven day policy is that no longer the policy. And I think, you know, we've been in constant contact with the State Department health and in the governor's office, try to clarify some of these questions but yes it does cause concern. Let's see, is the county going to be receiving any of the state's volunteer vaccinators and is the National Guard helping at the drive through sites.

Chris Spitters: I'll get my knowledge and maybe you can round it out executive summary. So Seattle visiting nurses is a is a mobile oriented. Enterprise that that historically has done outreach for flu vaccine to long term care facilities, places of employment, etc and Department of emergency management so Holmes County have teamed up with Seattle visiting nurses to run to the sides and you know, we're I think we're well start there, as well as out at the Monroe site. It's conceivable in the long run will need More Volunteers, but I don't think my understanding is that staffing is not there, the rate limiting ingredient here it's vaccine.

Dave Somers: That's consistent with what I know and I'm not aware of any National Guard helping currently. And if all of a sudden the supply increased dramatically, and we were able to stand up those other sites, we probably would be seeking additional help with vaccinators but The doctor said, I'm currently the supply the vaccines. The limiting factor, not the number of vaccinators that we have How far are we from seeing vaccinations and pharmacies or places like Costco and how many providers are approved in Snohomish County currently.

Chris Spitters: So right now in Snohomish County we've got an approximate reason these numbers are a few days old, but as of the end of last week 54 approved vaccine providers 46 with pending approval some final step or two on their application, and then another 91 in the hopper who submitted an application but haven't been vetted yet. So that's, that's the status of that the state has committed to trying to resolve all those applications properly. So we look forward to that and pharmacies are some of the vaccine provider applicants and you know they're Certainly going to contribute, it'll depend on their staffing and their space configurations as to whether they can be high throughput, or whether they're just additional help. So, you know, the larger the space, the more amenable, it would be too high throughput, but your average you know neighborhood pharmacy is Going to have its throughput limited by space because we need to have physical distancing in all settings, including during that 15 to 30 minute waiting period after the vaccine. So if you don't have a place for people to line up. And to wait. It's a challenge, whether it's in a health care providers, you know, primary care office a neighborhood pharmacy, what have you.

Dave Somers: And clear the certification of those sites does go through the state that's not a local issue.

Chris Spitters: Not a local issue. And it's the state is prohibited from delegating that down to us by federal policy.

Chris Spitters: So it's a tightly regulated becoming a vaccine provider of publicly funded vaccines carries with it a high level of responsibility in in the procurement handling shipping storage administration and that has to be vetted by the state health department.

Dave Somers: And just to reiterate, earlier point, as we could have well over 100 providers, just in the county. But currently, you know, the vaccine supply is limited so we end up Then distributing the state's allocation out to more providers and it'll be helpful in terms of getting the vaccine to people and many, many different settings but The supply issue really is critical, one that we solve that issue and go back to clarify, an earlier point with the new guidance yesterday. Some of the questions we have as for the seven day getting the vaccines and people within seven days is that for the county is that for each individual organization, how does the data lag compared to what's actually happening on the ground. So there's just a lot of little issues with the new system like that to work out so Really ask everybody be patient and we're trying to sort through it and just make sure our goal is to vaccinate everybody in Snohomish County. As quickly as possible. And, you know, some will not want the vaccine, but we want everybody that will accept it to have it as quickly as possible. So that's, that's our goal. That's our focus here locally. So I think that wraps us up.