

COVID-19 MEDIA BRIEF

January 26, 2021

Dave Somers: Thank you for joining us today. Good to see you all. So, as you know, in Snohomish County we've had three mass vaccination sites functioning for almost A month now. And we are looking to set up more, in fact, we hope to have another opening this week we currently have the capacity to vaccinate 30,000 people per week. In our three mass vaccination sites alone, and that is separate from the private capacity and hospitals and clinics and other places, so 30,000 just by the county is our capacity, we are hoping and future to get enough supply the vaccine to be able to do 50,000 doses per week. We were asked often to let people know when we will have vaccine, but we really don't know that week to week until we get our allocation from the state. So unfortunately, we can't give people real advance notice. We wish we could plan further into the future too, but again we're on a week by week allocation from the state. So, if we have a vaccine supply for at least 50,000 1st doses per week, we would be able to get everybody in the county vaccinated in under 20 weeks. We believe getting shots into the arms is the most urgent priority- it's how we will save lives and be able to keep thousands of people from getting sick. And it's our goal to get everybody in the county vaccinated as soon as possible. The bottleneck really still is supply. I do want to thank the state for being so responsive to our vaccine needs. We have steadily been getting more vaccine each week, and this week, we expect to receive over 17,000 doses. It's a major improvement, so I know the problem rests at the federal level, and we are urging our federal delegation to do everything they can to ensure our state is getting the necessary doses. The sooner we can get everybody vaccinated, the sooner we can put this pandemic behind us. From our stressed healthcare systems, to the many businesses and workers who are under extreme economic pressure, every delay in providing vaccines just compounds the suffering. So, I'm really proud that Snohomish county is leading away with our mass vaccination sites and we are totally committed to staying on emergency footing until we get every willing resident vaccinated so with that I will hand it over to Dr. Spitters from the Snohomish Health District.

Dr. Chris Spitters: Well, thank you Executive Somers and good morning everyone. Today, I'd like to provide some updates on our COVID cases, A little more about the B117 variant of the coronavirus that was announced over the weekend and an update on vaccination, distribution and administration in Snohomish County. First, let's talk about current COVID trends and I haven't shown you data in A while and with our moderator's assistance or permission, I'm just going to briefly share a couple of slides. There we go. So the first thing we're seeing here is the rolling two week rate. We just posted this yesterday. This extends up through January 23 and shows a decrease from 376 down to 253, A substantial decline. That's cases per hundred thousand residents in the 14 days ending January 23, this is the lowest we've been since mid-November and it's a welcome reprieve from the surge of the last few months. Hospitals are also reporting a drop in their census, you can see, the new admissions have declined over the last several weeks and the total number of patients in the hospital due to COVID right now is in the mid 50s. We were almost double that two weeks ago, so that, as well, is a substantial improvement. I'll just show you also cases coming out of long-term care facilities declining, and although

substantial number of deaths are still occurring, those are declining as well. So I'm going to come back and stop sharing and continue with the comments. So, this is all good news and I'm grateful for everyone's efforts. Both in the response, as well as just individuals at the community level for all the efforts and sacrifices to get us here. But we can't celebrate too soon or let our guard down or this is going to come right back, as it has before. And it's good to remember, as I showed you, while case rate and hospital numbers are going down, we've still lost more than 65 residents due to COVID just since the first of the year. That's two to three lives per day in our community, because of this virus so we're far from being out of the woods and we're still in a precarious position with a declining trajectory but still a very high level of transmission. So while we're all working hard to secure enough vaccine for Snohomish county, we need everyone out there to keep working just as hard on all those prevention measures we've been implementing all along to try to keep these numbers down and push them down further. We still need to wear masks regardless of our vaccine status, we need to keep our social bubbles small and avoid crowds. Don't host gatherings and don't attend gatherings and we need to be diligent with hand washing and sanitizing high touch surfaces in our homes and workplaces.

These measures are particularly important with the emergence of the B117 variant, also known as the UK variant because it was first detected in the London metropolitan area in December, it has now been confirmed, over the weekend and at least two Snohomish county residents, as well as in a Pierce county resident. While I can't share any potentially identifying details about the individuals, and it would not further our public health efforts, I can tell you that. The affected individuals have recovered, they were not hospitalized they experienced mild or asymptomatic illness, there was no travel involved with these cases, either. The ill persons traveling themselves or being exposed to people would recently travel, so we know they acquired the infection in Snohomish county. Current estimates suggest that 0.2% of COVID infections in Washington state are due to this strain. Although these are the first detected B117 variance in the state and, as I mentioned, another one recently in Pierce county as well, it is highly likely that other cases exist and will be found through ongoing surveillance, as time elapses. While this is a cause for concern it's not an alarm bell there's no need for us to get alarm. It was only a matter of time for one of these variants to emerge here in Washington state this variant the B117 has been shown to be more transmissible meaning it's easier to spread from one person to another that's based on data from the UK, showing that, on average, contacts of the strain get infected about 15% of the time, whereas contacts of all other strains get infected about 11% of the time. The centers for Disease Control and Prevention anticipates that due to this capacity to spread more easily the B117 variant may be the predominant circulating strain in the United States within several months. The jury's still out on whether this strain is associated with greater severity of infection. But the higher rate of transmission associated with this strain could lead to more cases, increasing the number of people who need hospitalization and further burdening and already strained health care system. While we are unlikely to be able to impact the proportion of total cases that this strain represents, in the long run, we all can have an impact on the total amount of COVID circulating in the community. And again, that's why it's even more important than ever that we all continue to consistently take the steps mentioned above that prevent the spread of the virus. It's also critical that vaccine supply distribution and administration proceed ahead promptly as Executive Somers has mentioned, so that we can achieve high coverage of the population. Before this variant or any other variants that brings with it greater transmissibility or greater severity of disease, before anything like that comes and circulates widely enough to cause another health scare and more death. On the

vaccine front this Snohomish county continues to make good progress on administering the limited vaccines that we have received just over 20,000 vaccines were administered last week that brings us up to 42,000 doses. 30 42,000 people who have received at least one dose and close to 7000 who are now fully vaccinated with two doses. As we noted last week, we only received three to four vaccines last or three to 4000 vaccines last week I'm relieved to see that we currently are slated to receive 17,000 doses this week. The Department of Health has told has been told that distributions of the Moderna vaccine to Washington state are expected to increase in early February and we're also watching the progress of a couple of other vaccines in the pipeline that are in the final stages of clinical trials, bringing hope of one or two more vaccines coming on the market within a month or two. So, while we have even more hope on the horizon, our current vaccine supply is still much less than the demand that's out there. With close to 200,000 people eligible under phase one A and one B one combined all trying to get limited slots available for their first or second dose. This has led to local providers, as well as the Snohomish county Vaccine Task Force sites being quickly booked out for appointments. We know people are frustrated that appointments aren't currently open, we urge your patience with this, it may not be today or tomorrow, or even this week, but you will get an appointment soon. We said it would be one to two months to move from phase 1B1 and it's been about six weeks we've also been sharing that will take several months to work through phase 1B1 and we're only a weekend so, you know, we can't all get it right away and it's going to take a couple of months to get to get through everyone. People will get appointments for their shots but it's going to take time, which brings me to a question we've been receiving quite a bit. Is there an approval or an appeal process to get vaccinated early. And the short answer to that is no, as I shared last week, it's important to understand that where people currently land in the prioritization scheme or the vaccine phases is not a reflection on their value to society or in this community. If we had unlimited vaccine supply and clinical capacity to administer it, we would just take care of it, you know virtually instantaneously and prioritization would not be necessary, but neither of those are the case we don't have unlimited vaccine supply and we are building up quite a robust administration capacity, but even that is not unlimited, this is why until vaccines really start flowing into Washington state and Snohomish county at higher and more predictable pace, there's going to continue to be a need to prioritize the limited capacity and it's not necessarily directed toward those at higher risk of acquiring the infection, but rather for those most likely to become severely ill, recover, require hospitalization and or die if they get infected. There are A lot of compelling reasons why someone should get vaccinated early and we wish we could grant all those requests, but we can't. Instead, those who are not eligible need to keep following all the public health measures to limit exposure, before, during and after vaccination. Waiting your turn in line also frees up resources to more expeditiously move through phase 1B1, so we can move on to the next one, as soon as possible. The last piece on vaccines for today is about the second dose. We continue to get questions about second dose allocations and appointments for second doses. Second doses in the vaccine accounting system are allocated and ordered separately from first doses, and those are sent directly to the vaccine provider from the manufacturer. Know second doses are being saved or pulled out of the first dose allocations that are being sent only designated second doses can be saved and administered as second doses. For those who have already received your first vaccine, please work with the same healthcare provider clinic or pharmacy to schedule your second appointment. Justice supplies are extremely limited for people trying to get their first dose similar challenges, or the case for those meeting their second dose. There may be the need for healthcare providers to postpone or reschedule

your appointment if vaccine supplies do not arrive as expected. According to federal guidelines individuals should receive two doses of the Moderna vaccine at least 28 days apart, or in the case of the Pfizer vaccine two doses at least 21 days apart. These are considered the minimal intervals and the amount of time needed to separate the two doses to get the right. boost from that second dose. But even after. But there is no maximum cut off that can, you know, it's ideal to get it within six weeks, but if you end up getting it at seven or eight or 10 weeks down the line you don't have to restart the series. The second dose will do it, people should not be concerned about the series efficacy if the second dose is delayed. And even after the second dose is received, we all need to continue all the prevention measures we've been mentioning until we signal that they're no longer necessary. That is going to extend beyond when most people get back to those vaccinated at one of the Snohomish county vaccine Task Force drive through sites in in Edmonds, Monroe or ever. Please look for a separate email being sent prior to the date, you are due for the second dose of the vaccine with information on how to register for that second dose. The Snohomish county vaccine Task Force is working to get everyone who has received their first shot. At one of the drive thru sites in for a second dose as close to the 28 day mark as possible but, again, there may be some need for flexibility and understanding. on your part, as we work our way through that that scheduling bottleneck. Even after you're vaccinated again continue to wear A mask and shared spaces avoid large gathering stay home if you feel ill wash your hands. clean and sanitized surfaces, and if you get ill or are notified that you're A contact you still need to follow the isolation and quarantine guidelines and seek testing so with that i'd like to turn it back over to executive summaries.

Dave Somers: Thank you doctor and I'm some of these questions are related but I'm going to go through them one by one, anyway, so we get A. response to each one, so the first is new State data show that in the number of vaccinations given per 10,000 residents Snohomish county only ranks 28th, why are we so low considerably behind King, Pierce counties and I'll start I'll give you a minute, but it's absolutely related to supply, the low supply we've been getting in Snohomish county, as I mentioned we've had mass vaccination sites stood up now. On Wednesday it'll be one month that we've had the open so. it's been A bit frustrating, but we know it's related to the supply that comes into the state that has to be allocated out to the various counties but. The reason we're so low is we believe we just weren't getting quite an equitable portion mentor vaccine but that's beginning to change now so Dr anything to add to that.

Dave Somers: Next question. Spanish language church Casa de Cristo. It operates in the same building as Bethel Chapel- the pastor admitted that they were not wearing masks inside during services. And then you contacted them about it. Was their investigation in their practices and what were your findings and have there been any cases linked to that church. What happens when you find out places of worship is not following the rules so multi part question.

Dr. Chris Spitters: yeah, let's hear that one so first with respect to the specific church in question, we did receive a complaint about that church, we sent, we have a procedure for such complaints and we sent a letter to the church after those complaints, they called with some clarifying questions, but we're cooperative with the interaction and our epidemiology team checked and there have been no apparent cases or outbreaks linked to that church so that's the situation they're going back to the additional layers of your questions. When we find out that a place of worship is not following the rules put in place to prevent the spread of virus what happens, well, we lodge complaint in the governor's inbox. Enforcement

of the governor's proclamations and that's where the direction is coming from around these we endorse the governor's direction. To follow all these recommendations, but you know, honestly, we also have to be you know, we have only so many resources and with all the containment efforts we're trying to do on. workplace healthcare outbreak control routine case investigation contact investigations and rolling out the vaccine we've got to balance making progress in all those lanes of activity. With enforcement, you know and, in general, we're not really A you know we don't have badges and handcuffs so we do the best we can to get people to cooperate. Occasionally, if something were to seem truly an imminent threat to the immediate community, we might take further enforcement action or ask the State to do so. But we you know we're trying to take A balanced approach focusing on promoting rash, you know reasonable act behavior and cooperating with basic. measures and thinking of the well being of others, and occasionally we get folks that aren't completely on the playing field there and we continue to try to work to get them back on that playing field.

Dave Somers: So another one for you, Dr- is there any COVID vaccination option in the works for kids under the age of 16 or for use for kids with underlying conditions.

Dr. Chris Spitters: Well, I believe. So much I think there's ongoing clinical trials with you know the Moderna and Pfizer vaccines in the initial phase three trials didn't include kids, but I think some of the ongoing work will address kids I don't know how soon that will come and that's just been driven by, although there are some severe out comes in children most mostly related to that. Multi system inflammatory syndrome- that's a post COVID autoimmune reaction. You know, there are other kids who get severely ill hospitalized and you know and have even died, but. You know as the public health effort goes there they're really trying to focus on adults ultimately some solution, I think, will come along to include kids but there's nothing immediately on the horizon there.

Dave Somers: Do you suspect raising concerns last week about your vaccination allocation and media coverage of it contributed to the large increase in doses allocated to the county this week and I'll start on that one I absolutely yes. We are in contact I know my offices and contact the health district, and our department emergency management talk to the State and multiple levels every day. And when we saw the numbers compared to other counties, we definitely raised a concern and we. consistently do that every day, so I had an old friend suggest that we needed to be a squeaky wheel just want to assure everybody, we are squeaking loudly. through official channels and we understand the challenges the State faces and if the federal government also has got some challenges there, but these early days are going to be A little rough, but we are definitely communicating our needs and our capability. Dr nothing else.

Dr. Chris Spitters: nothing to add, Executive Somers.

Dave Somers: How worried are you about the new variant turning the numbers in the wrong direction and should people be doubling up on masks to better protect against new variant.

Dr. Chris Spitters: Well, I really see two questions there how worried, am I about the new variant well. You know concerned enough that we brought it to your attention, and again I think the key thing is it's a more slippery than this already slippery virus- it's able to transmit. little bit easier, at least, you know 15% versus 11% so at least one third more transmissible. I've seen, you know, some reports saying it's 50 to 70% and I'm not sure the exact figure matters that much but. there's now a strain of this virus out there that it's going to take a you know, it's going to out compete the other strains and just by sheer force and numbers could put us back. take us back to levels of transmission that we don't want in terms of suffering illness hospitalization and death. I'm confident, though, that we all have within our minds and our you know physical capacity, the ability to follow these this guidance to limit that impact, and if we get the vaccine rolling out. You know, we should be able to. not allow this B117 variant to have A big negative impact or disrupt our general progress toward trying to mix it from this, the state of emergency, regarding the double masks you know. You know it's the old adage is not always true you know if someone's good more is better, but in general, if you add A second man's conceptually you're it's like having it going back to the Swiss cheese model right if you have two slices of Swiss cheese there's fewer holes. For something to get through, so it makes intuitive sense that double masking would increase one's protection. In one's ability to protect others and some of you might have heard Dr found she mentioned this yesterday on, I think it was the today show, having said this, I am not an expert in the physics of mask wearing and nor am I, the one to establish you know nationwide. mask recommendations, but we'll see we'll see where this goes about whether you know the marginal benefit the additional increment and benefit from doubling up a mask. You know, is worth the effort, I think if you're able to do it, it doesn't make you uncomfortable great, why not and but certainly our goal is everyone wearing a mask. For starters, and then, if you want to double up no one's certainly no one's going to stop here, and it may turn out that that evolves into a recommendation.

Dave Somers: So we're hearing significant certain about be B117, other health officials who suggested an explosion in cases and months ahead, do you agree with this assessment.

Dr. Chris Spitters: well. You know. it's definitely likely to work, you know start displacing as if you know if it's able to move around faster it's going to start displacing. The you know the other strings and you can look at last Friday's article about this, it has a nice graphic showing. CDC modeling of it, I don't know that I characterize it as A volcano although I'm sympathetic to the sentiment behind that but this you know absent, the prevention measures that we're talking about. You know this could take us in a direction we don't want to see things go, I think it is within our hands to stem the spread of it, it is a threat to our health and hospitals and especially our older adults, if we don't follow those recommendations to try to keep a lid on this.

Dave Somers: touch my toes, can you tell us more about how the department reacted to the two patients found to be infected by the UK strain did full contact tracing happen with both isolation and proper quarantine measures.

Dr. Chris Spitters: yeah, so all the above, as we mentioned in the press release over the weekend that the cases were handled. completely by us and per routine before we knew about the results on the B117

and because there's no the control and containment measures for B117 are no different than for the other strains so. there's really no need to do more, and all of that isolation quarantine of contacts all dates and taking care of.

Dave Somers: One provider CEOs had 45% of the counties A lot man could be shifted toward the mass vaccination sites, is this the case and visual question should people expect almost a lottery type appointment system where a few slots are open each week and filled within hours for the foreseeable future.

Dr. Chris Spitters: Well I'll take a shot at then please follow up, Executive Somers, that's what we're told to that 45% of the state's allocation will be directed to seven. mass vaccination sites for that the state is setting up and then in three counties King, Pierce, Snohomish to augment or supply mass vaccination sites already set up by the counties in those settings. So that still leaves 55% of the supply going to the health care system hospitals pharmacies trying to provide a you know, a multi sector multi venue palette of options for people having said that let's say we have enough doses to do 20,000 30,000 A week, through our mass sites and we have 200,000 people. That are roughly that are ready, willing and able to get vaccinated then if 200,000 people go in and try to schedule 20,000 appointments. He it's A one in 10 chance that you're going to get an appointment that week and then it'll be about it on 11% chance the next week and then 15 and then you know, ultimately, we will get through them and so. I don't know that I call it A lottery, but people are going to have to you know go to fake find my face was. org find your face and if your face is up. Then you can't you know if you can't get vaccinated through your health your own health care system your own health care provider or A local pharmacy you know. You gotta kind of go to those websites probably every day and check to see if you can get A spot and ultimately it'll get easier and easier and easier and then will saturate that one be one group and then move on to the next and that cycle will likely repeat itself.

Dave Somers: Like I have that we are talking with the health care providers and the private sector, all the time within the county and as we go through this, I think, hopefully we'll be nimble and get the vaccines. To the right place to be the most efficient the mass vaccination sites have the. really benefit of being an advantage of being much quicker, we can move people through much faster than you can and more of A clinical situation. Whether it's A hospital or clinic so there's some definite advantages and as we get into this and the supply increases, we will definitely try to be nimble. In terms of the online appointment system we think it's working well, the problem is we've said is not enough supply, so I know people are frustrated. When they get online and can't get an appointment, but I think that's better than getting in your car and getting in line somewhere and then being turned away because there is no vaccine so. We think the system has some advantages and that people know ahead of time when they show up they're going to be able to get A vaccine and so we're going to keep with that system unless somebody points the direction to something better. So Doc spinners doctor felt she said Sunday that the UK variant does in fact cause more damage, including even death, do you disagree, or why or why not. Right.

Dr. Chris Spitters: well. he's A pretty sharp guy and uh well place position and he also has access to data I didn't hear the comment you're quoting, but I did see his interview yesterday on the today show and the

comment I heard was. You know it hasn't formally come out yet, but UK scientists are suggesting it may be more severe he said I've looked at the data, and I think, maybe they're right. So, a local health official in Washington state commenting on, you know, interpretation of events that's happening across the country and across the ocean. I think we just gotta wait and see, but keep our mind open that it seems that that's a possibility and let's wait till we see some solid information about that I. haven't seen the data and no I don't challenge, Dr. Fauci's interpretation of what's going on, I just don't have the window on the situation that that he and others do.

Dave Somers: What does the current COVID data say about the possibility of advancing to the next phase of the state's regional reopening plan and Executive Somers, you've mentioned concerned about being held back because of other counties Are you concerned now. Well, certainly the trends are in the right direction and we're getting to be in A pretty good place but. there's some warning signs this new variant obviously is one so we're going to have to wait and see if there's A. With the any change in the numbers direction of numbers, but certainly if we consider in continue in A downward trend. In our meeting all the criteria we've already let the governor's office know that we would be asking to be cut off from her split off from the rest of the region. we're in discussions with the state every day about this issue, and we know we're not the only ones with this concern again we're hopeful we're headed in the right direction but we're going to have to give it some more time before we make any requests in the state on that. next question how much does the vaccine dose allocation to the county very week to week from the state, and do you know why have you asked the State for A guaranteed minimum number of doses, you want to start on that. yeah.

Dr. Chris Spitters: well. You know I would say there's great variability both in the absolute and the proportional number of doses. That we've been getting I think Executive Somers express are concerned about us feeling like we're at the at the you know short end of the stick A little bit lately. On the end and so and I endorsed that and I'm really happy that we've been able to try to get that to be better, I think, out of deference to our state colleagues. who are doing their best to you know their charges, the state, and there are additional interest that they have beyond Snohomish county certainly our charge is to do the best we can for so much county, but there are criteria beyond. You know population and per capita allocations, I think, ultimately, you know it will more and more allocations will approximate some type of per capita. index, but there have been early on, there have been other criteria that the state have used and that didn't work out so well for us but I'm confident that as time goes ahead more and more our allocations will meet or exceed our per capita do. It and we would actually love to have A guaranteed minimum or some stable number, but I don't think that the state has that. luxury either from the supply from the federal stockpile so it's A bit of A system that's still getting up and running state has to allocate out to 39 counties, we understand that's not an easy proposition, but they have been increasing our supply and we're glad for that so. Oh, will the mass vaccination sites open appointments at the same time, each week once doses arrive, and how should people, especially older folks know winter look and I guess that's a question on the when there's an announcement that on the website that there are spots available.

Dr. Chris Spitters: yeah, we generally find out what's coming on Monday, and then the vaccine sites would then, you know, start setting up appointments based on that allocation, so I would expect. At least in the short run, while we don't have great vision down the road and we're just you know, responding to what's happening, this very week things probably would open up Monday afternoon, Tuesday usually and. And so that would be the time to start looking on Monday- look a couple of times Monday, look early on Tuesday, that kind of thing. I think the second half of your question addresses a key equity issue, especially regarding age, but also just any act, you know access connectivity and fluency and dealing with the Internet is going to vary. Across age groups, across populations and parts of the county and we're trying to there's a variety of ways we're planning to try to address that it's not like everything's in place but. I think, as we look, A few weeks down the road people who are unable to successfully connect or unable to navigate the Internet. You know, will find alternatives for them to get registered other than online, and you know, in the long run, I think, also outreach oriented vaccination efforts either mobile vaccination. operations or pop up clinics are likely to be another means to mitigate some of the challenges that that. Certain folks face in trying to get connected to this system and get vaccinated.

Dave Somers: Two more questions for phase 2A is the first group firmly teachers and there are police, firefighters and other central workers listed in that pool also.

Dr. Chris Spitters: yeah, I one I don't think that 2A guidance is currently draft unless I've missed a recent finalization of that. So there was a framework, they put up, but everything beyond one before is still draft. I think the principle is that any of those groups that you just mentioned essential workers who can't socially distance while executing their jobs. And that would include most school staff, law enforcement, firefighters again, many of them are going to be covered in the one be faces based on their age and. And then you know anybody who's essential workers and hasn't been done, yet I think more or less their turn, is all going to come up simultaneously into. But I don't really want to venture detailed guesses on draft framework will just see us that evolves as we move through one be then we'll start dialing in on the details of subsequent phases.

Dave Somers: So, Dr Spitters, I'm still hearing from quite a few people who say, even when it is their turn to get vaccinated they do not plan to. Can you speak to what that means?

Dr. Chris Spitters: Well, you know, the goal is the goal is, as Executive Somers, as I said, the goal is, you know, to get everyone vaccinated the I would say that you know the. The goal with the Civil Liberties aspect to it, is that everybody who wants to get vaccinated gets vaccinated and can do so, you know, in a reasonably timely fashion over the next six to eight months, I would say at most. We don't want anyone to avoid vaccination out of you know, fear certainly. You know we're we want to help people understand transparently, what the benefits the risks are the vaccine what the side effects are and. And some people, you know still might not be comfortable getting vaccinated even after they have that information, what we really want is everyone to make an informed choice. Our goal again is universal coverage, if not it'd be great to at least get up around 75-80%, which is a guesstimate number for proportion of the population that we need to successfully interrupt transmission or achieve herd immunity. But you know we're not going to at least I don't see in our forecast forcing anyone to get vaccinated so we just want to have

people get access to the information to make an informed choice and then, if they elect to do so then be able to pursue it and that's the best we can do.

Dave Somers: yeah, I just like to add- Dr Spitters alluded to this- we are planning for quite a few outreach efforts like pop up clinics vaccination sites for various communities that may be more- either have access difficulties or are skeptical in their community about vaccines and we're going to be really using the connections that we made during the census last year, community connections, community leaders to stand up these efforts were extremely diverse county. we've got many, many racial and ethnic. Religious communities throughout the county and we understand that. targeting them and making vaccine available on a community level is really important, we see that, for example, up until I love. That it was really a community effort, and we think that's a great model so those plans are in place, we need the vaccine supply really to increase before we can get those going, but those plans are in place and. we're standing ready to do that, so that we get just the maximum number of people vaccinated that we can. Think that's it.

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