

Jason Biermann, Snohomish County DEM: Good morning, and thanks everyone for joining us thanks for the opportunity to speak with all of you, I did want to take a moment of course I'm going to address the mass vaccination efforts throughout the county, but I wanted to take a moment before I start that update to recognize our partners in human services, economic development and the other sectors, who are all doing amazing work. In response to COVID 19 and helping keep our community, safe and healthy as well, and a reminder, before I forget that today is the last day for our current round of small business grants. Those close today at 5pm so I wanted to make sure I highlighted that there is a lot of work happening throughout the county. The mass vaccination effort is one significant piece of it, but there is other work going on, so I wanted to recognize those partners who are doing that work throughout the community. The primary thing I wanted to just to discuss, of course, is our mass vaccination efforts as most of you know, we began planning for mass vaccines distribution throughout the county back in late July early August, at this point with our partners from the EMS community, from Snohomish Health District. Our law enforcement community partners in cities and our healthcare systems, we now have five sites that could be available. To provide mass vaccinations for members of our community, I have to emphasize could be available because, unfortunately, we do not have the vaccine supply to keep all of those open and I know the news was. Shared earlier this week that three of those sites were closed due to lack of vaccine availability, one is ready to go, but we haven't even opened it yet because of vaccine lack of vaccine availability. Our team has worked really diligently to make sure we have capacity, our original goal was to be able to provide vaccinations for up to 50,000 residents per week, we believe we can easily do that when we have all of the capacity in place the capacity we're planning really focuses from a mass vaccination perspective on for drive through sites and three walk insights. That combination gives us, we believe the best coverage for the county as well as allowing folks who may have mobility challenges or other issues to be able to access sites that they otherwise can't get to. The team has worked very hard together to make sure we have staffing and equipment for those sites. Are fire EMS partners have been working primarily in developing the drive through vaccination sites and our partnership with Seattle visiting nurse, EMS, the health district and other providers within Snohomish county have been working to establish the walk-in sites that will begin to open as early as this week. I can't emphasize again enough how much is contingent on the availability of vaccine and I know, Dr Spitters will speak in more detail about that we have heard the frustration around. The lack of appointments and the scheduling system for appointments one of the decisions that we made early on, was to not schedule appointments unless there was vaccine available. So for many folks who are frustrated at the lack of appointments that correlates directly to the amount of vaccine, we have available. We did not want to put the community in the position of waiting in a long line hoping, they would be able to get vaccinated, only to find out that we really run out of vaccine at a site and have to turn folks away so that was a decision carefully considered. and implemented, we are aware that there are a number of folks who received first vaccinations at. In particular, our Monroe site, we are working diligently with a new technology that we will be rolling out to make sure that folks can get their second appointment scheduled. and also a technology that will allow us, from the outset to schedule first and second doses at all of our sites. And we believe will be able to create a waitlist with that technology as well, we are hopeful that will be in place by the middle of next week at the very latest. But we're hopeful I'm very hopeful that will actually have an in place even before then, so we do have a lot of capacity. We unfortunately do not have a lot of vaccine, I appreciate the team and the partnerships that we put in place, in particular with the Snohomish Health District, and with that I will turn it over to Dr Spitters to go into more detail about the vaccines.

Chris Spitters: All right, well, thank you Jason and good morning everyone, just as Jason highlighted with the mass vaccination sites we're seeing the same issue system wide in Snohomish county we've not

now have 1393 93. providers that have been approved by the State health department to provide Cobra vaccine those providers, in addition to the high throughput. possible at the mass vaccination sites that Jason cited means that we have more than enough capacity to safely administer 50,000 or more vaccines per week. The good news is that we now have more than 61,000 people who have received their first dose and close to 30,000 who are fully vaccinated. So this week. But the problem continues to be the supply a vaccine last week in the county we received roughly 17,000 doses of those about 11,000 word for first doses, and the remaining. 6600 that we got were for a second doses, this week we are tentatively scheduled to receive county wide similar amount about 15,000 doses with 9000 for the first oh 6000 again per second dose. So, if you think about the numbers that's 9000 doses and 100,000 eligible people hoping to get vaccinated so it's just a fraction of what we needed to be to satisfy the demand. To address the frustrations that everyone's experiencing and to fulfill that desire that everyone in the county must have to or most everyone must have to be vaccinated and so that's what's leading the frustrations the heightened stress levels in our community, in what feels like you know, trying to find the golden ticket to. To a vaccine appointment, so we hear you we understand it, but right now the numbers are just not in our favor for more than about 10% of people to get satisfied this week. 10% of eligible people were in the final stages as Jason mentioned of rolling out this new technology, which should help with some of the scheduling frustrations that we've been hearing about and that. Could you know, the inclusion of a waitlist option if that comes to fruition, I think, will also help reduce people's stress and frustrations. will share more as that becomes more ready to launch, but please know that we're all working together with the health district, the state health department, our community partners. To improve what is, in our control and then just hope for the best in terms of the vaccine supply bringing us to further down the road. So when we do you know we share and we forward those frustrations with our partners at the state and federal level so it's. we're not letting your concerns and frustrations, you know suffer in silence. leadership at the state knows we can handle more in our federal delegation those we can handle more doses as well, we just need that supply chain to grow more quickly. One last point on vaccines is regarding the second dose we still continue to get questions around second dose allocations and appointments. Second doses are allocated and ordered separately from first doses, and those are sent directly to the provider. No second doses should be saved from first dose allocations that's a message to the vaccine providers not that's not something in the communities hands. Only designated second doses should be set aside saved for and used for a 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. we're also doing outreach to providers to clarify their initial and follow up scheduling practices to help ease some of these pinch points for residents trying to get vaccinated. Now I want to switch gears to talk about the broader COVID picture here in Snohomish county we're glad to see the numbers continuing to decrease the to eat case rate through last Saturday January 30. dropped, yet again, down to 184 more than 50% now off of the peak several weeks ago that was in the low for hundreds. hospitalizations long term care cases long term care outbreaks and deaths are also decreasing. Because of that, and similar trends throughout the Puget Sound region, were we have now moved, together with King and Pierce counties. As the Puget Sound region into phase two of the roadmap to recovery plan, we know, this is also welcome news to business owners, employees, schools and the county at large.

Chris Spitters: This easy of restrictions is good for our economy, our children's education and so many other social and health needs in our community. It also means that everyone must be diligent with following all the precautions to minimize the risk of exposure and transmission, while being able to take advantage of the privilege of. You know, increased opportunities for social commercial employment activity, this is particularly important, though, as we head into a. The super bowl weekend which is

commonly a time of big gatherings I recognize that many people may be, you know stir crazy cabin fever, call it what you want. You know, tired of staying home and mostly being alone or being with the people they live with and are looking forward to the opportunity for fun outings gatherings with friends and family. Please just remember that super bowl or other endeavor other gathering remember the face to guidance indoor gatherings of no more than five people outside your household outside of your household are possible and. A maximum of 15 people for outdoor so indoor five people outside your household outdoor. And limit on the total number of households that can be aggregated there are two so you can't bring in a third household. If you're going to a local restaurant to watch a game indoor dining is available on a limited 25% capacity, with a maximum of six people per table and a limit of two households per table. Regardless of how you celebrate face masks and physical distancing still apply when you're around people you don't live with. So now's the time to crowd around the TV for the big game spread out the fans keep the mask song when not eating or drinking. Keep it smaller than you otherwise might have in the past and speaking of eating no double dipping as it's been referred to. You know don't reach back into the food container either bring your own food or have separate plates with one person who serving that reduces the amount of possible contact and transfer of. virus through you know inanimate objects food, what have you. The goal is to limit the number of places where people. A lot of people get together and are touching the same surface and breathing the same air. So enjoy but let's keep it limited also wash your hands frequently especially before and after eating with hand sanitizers as needed in between enjoy the day but makes make a smart play calls and did I forget to say keep your masks on. The roadmap to recovery is for a two week period with the next data, going to be published on February 12. We don't want to move backward, but that will happen if we're not careful it's. You know we're only in control of the numbers once the numbers are there if they go up we're going to end up moving back so the region must continue to at least. meet at least three of the four metrics to remain in phase two it's really honest all to make wise decisions for the sake of our local businesses and neighbors. Please be patient as well with this vaccine rollout health district staff, and other partners are working hard to navigate through all the bumps in the road, even under the best of circumstances. Like the 50,000 doses per week that Jason mentioned it's still going to take us up to six months to achieve vaccination of everyone who wants it.

Chris Spitters: we've done this before we can do it again, so we just asked for your patience and attention and now I'll turn it back over to Kristen so we can answer some questions.

Joint Information Center: All right, well let's see here. Our first question. Dr Spitters, even though the UK variant is here first what's your sense it and the South Africa variant might compete for predominance since both are supposed to be more easily spread and do you think we're doing enough to surveil for the variance and what should we be doing.

Chris Spitters: Well, you know the main concern of courses that whether it's these strains you've mentioned or some future strain, you know entering the community. is increased transmission can mean more cases if it also carries with it increased severity, it can mean not only more cases but more severe cases and in either one of those situations that can push the hospitalizations backup so the main thing again. is for all of us to practice all those prevention measures, I just mentioned, in terms of containment efforts right now the centers for Disease Control and guidance remains the same for all strains. We are reassured that the be 117 strain from the UK or apparently from the UK that's, certainly where it's taken hold. there's not you know vaccine acquired immunity which should be fine to control that they're not really concerned about the South African. strain evading immunity, even though you know the I would say the potency of the vaccine acquired immunity is not quite as great for that for that strain, at least in

the test to we'll have to see what happens as vaccine rolls out the impact on that strength. You know where the surveillance for the strains is coordinated. it's fomented by the Federal Government coordinated and run by the Federal Government in partnership with state public health laboratories and their partners. Their laboratory partners throughout the community, I am not in a position to comment on the adequacy of that I think the fact that they've detected these and that they're you know all. All eyes are on this, the state health department, I know is working on expanding its capacity to contribute to that process, and I think you know we you know if you have more questions about that I would address those to the State health department.

Joint Information Center: next question, do you think teachers should be moved to the current phase of vaccinations phase one the tier one or do you think schools are safe enough savings.

Chris Spitters: Well, I mean listen that every day, including from the teachers, we get compelling and rational arguments from various sectors about you know the potential benefits to that sector and society from changing their order changing the order of the prioritization and. You know our reasonable minds can differ, but I think a lot of good thinking by people with broad view trying to address both the societal benefits, which is the number one goal here at the societal benefit of interrupting the emergency. Taking a look at that equity issues, accounting for both populations that are disadvantaged or poor or who are essential workers and. You know I just that works, already been done that's, all I can say, and I support the structure that's there and I understand that those who. are not as high in this in the priority structure as they would like to be or they feel justified they feel that it's justified may be frustrated but we've got a system it's rational. I don't think any system will be perfectly accepted by everyone, but we've got to move ahead and proceed our schools. continue to have cases predominantly single cases and then with occasional clusters, but the. The evidence, I think, from around the world from the US and the corresponding guidance based on that science and observation is that. You know schools can that the prevention measures in place can keep teachers staff and students reasonably safe as we buy time and move ahead and then, when you know with when their turn comes up you know, then, absolutely we want to get them vaccinated as quickly as possible.

Joint Information Center: Is there a guarantee that someone gets a second dose in the appropriate amount of time.

Chris Spitters: Okay well you know, this is another. Another one of the bumps in the road of what we're going through again we're you know this whole endeavor. You know we're blessed with a great leader here in Jason Biermann, who's got a lot of emergency management experience and, you know, has the skills and experience to take on something that's brand new like this and work with us to get it out and work with the health care community we hear the frustrations about certain settings where people got their first dose and didn't get scheduled for their second dose the. guidance from the Federal Government and from the state health department that we are in harmony and really patrols to continues to recommend a second dose ideally three weeks after the Pfizer or four weeks after the Moderna. Ideally, within six weeks, but even if it's delayed, beyond that, for the due to the logistical challenges and supply chain issues that we're facing even if it's delivered beyond that timeline there's no need to restart the. No need to restart the series and get another first dose and then a second dose so I realize it's frustrating, but I don't think it's dangerous what's going on with these challenges, the. A lot of you know, again reasonable minds will differ, but some very astute and experienced vaccine experts from multiple settings. When looking at the data from the phase three trials, those are the you know pre implementation trials that authorization to use the vaccine was based on if you really look at the data.

After about 10 days or 12 days following the first dose with either vaccine, the number of new cases and people who got the vaccine before they got the second dose was very limited, whereas those who did not get the vaccine. You know they got the placebo, then, after a couple of weeks, they keep getting more cases right on through. But the folks that even after one dose you know about 10 or 12 days later, which is about how long it takes a vaccine to work, the lines in the experience between those who got vaccinated and who didn't. Separate widely and the estimated short term benefit of that single dose is about 90% efficacy and so as we're trying to interrupt an emergency. We, on the one hand, we want to do the best we can for all individuals try to optimize their personal medical experience by getting that second dose as soon as possible, but if it doesn't happen. You know right on time as planned it's not going to be a big failure, you know nine is still good protection and then we'll you know we'll keep trying to meet that goal, but we understand the frustration, but I would like to sort of. encourage people to recall that even one dose provides great protection, at least for long enough to for us to get around that second those and. Even if it's beyond six weeks, we want to aim for quickly, but if it doesn't happen don't feel like you're hanging out there unprotected that's not that would not be an accurate impression.

Joint Information Center: Is the lack of supply a federal problem, a state problem or both?

Chris Spitters: it's our problem we're a society, you know and let's stop trying to you know figure out the right direction to point the finger at you know, we've got an incredible scientific community that led to a. Two vaccines that are currently available many more on the way the manufacturers, the Federal Government, the state government your local government are all trying to make this work to get it out to you and it's bumpy and it's the first time we've done this and our lifetime in our generation. And you know I just urge let's focus on trying to get through the bumps trying tolerate it and I'm not going to worry so much about figuring out who's to blame I don't think that's going to help.

Joint Information Center: You think the 17,000 doses know how much county was allocated last week was a fair portion.

Chris Spitters: it's the portion we got. You know and we've got to work with what we get we're working with our state health department, they have. You know they get vaccine requests from us at the health district, as well as from health care providers and all around the state. local health jurisdictions all around the state and then they've got to balance the whatever it was I think 90,000 or so doses that they got last week. And spread them out in a way that they think is going to do the most good for the public health of the state and it's not helpful for me to. You know, Monday morning quarterback what they did last week, do we want more vaccine you bet you know we want enough vaccine to fill up those 50,000 slots a week and you know we remain hungry until we get them.

Joint Information Center: Why was the decision made to schedule people for first doses, but not second dose as. Yeah, I can take this one, Dr Spitters.

Jason Biermann, Snohomish County DEM: So it's that's not true across the board, there are different providers providing support at the different mass vaccination sites. Because of the different providers, we have different systems that they're using until there is one. One comprehensive system they have different systems they use to schedule, as I mentioned the one provider, the fire EMS community primarily admin row, we feel that a system quickly so that we could get them. out at the vaccine side, providing vaccinations and that system, at least as we rolled it out quickly we focused on getting the first doses. schedule, so that decision was made so that we could get vaccines moving faster that was we

knew that were going to have to go back and make sure that we. Connected with those folks who had their first dose who received their first dose. But that decision was made so that we could get vaccines out into the community faster instead of waiting for a technology solution. That would catch up, to make sure it's more Labor intensive to do what we did in terms of we do now have to go back and identify folks and schedule second doses, but we wanted to make sure we get those first doses out quickly.

Joint Information Center: sorry about that um can you talk a little bit more about the people receiving a second dose is there an issue beyond scheduling and why was the Monroe site called out in your comments.

Jason Biermann, Snohomish County DEM: yeah that's what I was just mentioning our provider at the other. Initial two sites have a system that scheduled second dosing when they scheduled first dosing so that we could get vaccines out more quickly. We made a decision to implement a system that could get the first dose out faster and Monroe and we are now in the process of reconnecting with those folks. Who received their first dose at Monroe so they can receive their second dose.

Joint Information Center: Given the frustration and anxiety from older folks who don't have Internet access has the county considered setting some appointments aside at the colon Center for these individuals.

Jason Biermann, Snohomish County DEM: Yes, so first, we do have a call in number, that we can share with folks that people who are not Internet savvy or don't have access to technology, where they can call in. And they can get help getting scheduled, as I mentioned in my initial remarks appointments or correlated directly to vaccine availability so. Without a lot more vaccine the appointments go quickly, we are and have been for weeks now looking at when we have enough vaccine allocating some that we will actually, specifically for folks 65 and older so that as certainly as we move into the next tiers of phase one be that we will have. Days sites and or hours at site set aside for folks who are over 65 so that they can come in and there will be a dedicated time for them to come in, similar to what some of our. While our large big box stores and others have done, to have separate hours for folks who are more risk, so we are looking at doing that, so that we can accommodate those folks. Again, right now, we simply don't have enough vaccine. we're just trying to get through the little bit we have quickly and we don't have enough vaccine to implement that just yet.

Joint Information Center: Right and Jason and Dr Spitters please spell out clearly your concerns, if it is possible, we can see increased hospitalizations and deaths attributed to vaccine shortages.

Chris Spitters: Well, I think that there's a you know it's kind of respectfully that I would reframe the question because the way stated kind of conflates issues, the virus is transmitted by people coming in close proximity with others who are infected. So our prevention measures face coverings limiting gatherings social distancing hand hygiene that's how that's the front row. plan for interrupting transmission failures in that lead to transmission ultimately vaccination covering the. Sufficient proportion of the population to interrupt transmission would render those measures less necessary. Everyone who gets vaccinated right now needs to continue those but that will reach a point where it's no longer necessary, and we can let that down so. I think the faster we get vaccine in our hands and then into the arms of people, the sooner we can progress to a lower level of prevention efforts, a broader level of. economic, social, educational activities so that's the vaccine supply is really going to drive how far how fast we get to our desired destination as a society. In the meantime it's in everyone's hands to continue to

do what we gotta do to interrupt transmission and failures and that will lead to increased hospitalizations in this.

Joint Information Center: Given the presence of the new variant in the county and the limited protection provided by just one dose with Snohomish county prayer ties vaccinating as many people as possible with the first doses before giving their second test.

Chris Spitters: So, first we the vaccine administration policy, you know the standard of practice is established by the Advisory Committee on immunization practices for this, the centers for Disease Control. These are lifetime career experts in various aspects of immunizations and you know it's in their hands to establish what the standard practices, and then we implement it. I will say, I would just hearken back to the comments to provide background for folks who have only had. One dose, particularly those who have only had one dose yet and who are in high risk for severe disease or high risk for exposure the data from both the Pfizer and Moderna trial shows that you know after waiting a couple of weeks, which is you know. been when cases did occur in both the vaccine and the placebo groups, because they had acquired infection before they got vaccinated and they were just incubating. But if you wait out that period 10 1214 days, then the lines diverge and the people that got placebo keep getting kept getting COVID and we saw very few cases. In the in the motor in the vaccine recipients, so I would say it's not accurate to say that one those provides only limited protection, I think it really provides it. You know, for some on specified time probably on the order of months, at least. Protection it's in the 90% range, which is not the ideal for the individual, we want to get that second dose get it up to 95 but as a public health interim measure it's a arguably reasonable outcome and pretty darn good also at the individual level better than most vaccines so. There you have it.

Joint Information Center: Do you expect the mass vaccination sites to close again until supply increases and what is being done to try and get more vaccine to Snohomish county.

Jason Biermann, Snohomish County DEM: So I'll start and then, if Dr Spitters wants to add. Do we expect them to close again that's completely dependent on the supply of vaccine. We certainly hope they don't. But we're also sensitive to our partners and the work they're doing and we're certainly not going to ask them to open a site and staff at when there's no vaccine available, nor do we want to you know communicate to our residents, that we have sites that are sitting staffed but without any ability to push out vaccine So while we hope they don't it is week two weeks still on in terms of how much vaccine we're getting. We don't have a consistent stable number, yet that we're able to plan ahead for subsequent weeks on so they may close again, but we certainly hope they don't we are communicating regularly. I know, through both the Department of Health through the governor's office and through State emergency management our capacity and what we're able to do and letting them know our ability and how many folks we could be vaccinating, so there are. Multiple times per day I believe communications going through different channels to communicate with the state. Again, through those different areas that we have the capacity that we've made. That we've created with our partners, and so we are reaching out directly consistently to let them know we've got capacity waiting to be used and we just need vaccine to be able to make it to open it and get it going.

Joint Information Center: Now the doses, are going to pharmacies like UFC and Costco, well the health district be providing a breakdown of where doses are going in the county.

Chris Spitters: Yeah there's, you know, I don't have an answer for you in the moment I know we for security reasons, we had been blurring where vaccine is showing up because we want to. You know, preserve order and access at those sites for people who are there to get back seen as well as those people who are there for other services and what the future of that approaches, you know will let you know and follow up. I understand the desire, on the one hand, for transparency and on the other hand, for. The facilities to not you know get either inundated or feel other convenience or security threats as a result of that, so I don't have a clear answer, but you know there's multiple interests at play and we'll do our best to be a good steward of the information.

Joint Information Center: Can you go over which vaccination sites are currently closed and give a quick rundown of the reasons and when they're estimated to reopen.

Jason Biermann, Snohomish County DEM: Sure, so we currently have five sites that could be an operation. Today, only one of those sites is operating and that's the one at Arlington airport. The pain field location, the Edmonds college location and the Monroe site, are all closed due to lack of vaccine availability. The fifth site is that boom city, we actually have the equipment and all of the planning in place for that it has not been opened at all, simply because of lack of vaccine. We haven't had a need to set it up at all there's simply not enough vaccine to justify setting it up. We estimate that the four, so the four minus boom city will be open tomorrow and again that's vaccine dependent and. I have to mention a couple of things, I guess, also for clarification. Even at the amount of vaccine we're getting many of these sites at their capacity of operation would go through that amount of vaccine within one day. So we do meter that out to try and allow folks more flexibility with one the appointments are available. And secondly, just a reminder for folks to keep in mind, there are also providers, Dr spinners mentioned, there are a number of providers throughout the county, physicians clinics others who are also authorized providers and pharmacies, I should mention those as well, so our mass vaccination sites are simply one piece of this overall effort to get our community vaccinated.

Joint Information Center: Has the county or health district made any contact with Providence concerning the private access clinic they hosted last week.

Chris Spitters: Well, you know we are the local public a public health agency and we're working with the aim to coordinate the vaccination response. We're not the vaccine police and I think that the public statement that Providence made about the event and their recognition and acknowledgement of the concerns that it raised and the feedback that it that it garnered. Did hit home for them and they expressed regret about that. And I think that speaks for itself. Meanwhile. Providence hospital I you know and the system is an integral part of our healthcare system they've contributed. Not only to the care provision of patients in the hospital but they've they helped for a while staffing our isolation quarantine facility their potential partners in future mass vaccination efforts and. You know I it occurs to me that. They are a great community partner in this COVID response and that. There were elements of that event that upset people and when, given the feedback that registered with provenance and they expressed for it, and I take that at face value, and I think we gotta move on.

Joint Information Center: A question about the small business grants for Jason- how many businesses have applied and been approved and how many more businesses do you believe the grants could support.

Jason Biermann, Snohomish County DEM: yeah and I'm sorry I'm going to have to defer on that and ask folks patients, excuse me, patience with getting those numbers to you, we can certainly follow up but I don't I don't have that information off the top of my head.

Joint Information Center: Right, Dr Spitters there are several pre prints out there that appear to show the better strategy for the collective us is not to only focus on vaccinating the elderly first. But to also give smaller doses to younger people who do not seem to require as much vaccine, have you heard of these findings and is there any discussion about shifting that way, given the lemon vaccine supplies.

Chris Spitters: You know, good question and fair question first just for. Anybody in the audience that doesn't know what pre print means that means to a completed study that's been all written up and. is either ready for submission or has been submitted to a scientific journal for publication, but it has not been reviewed and vetted yet or approved for publication based on its scientific merit and accuracy proceed accuracy So these are pre reviewed. publications so there's that I haven't heard about this particular line of inquiry, but I think it just raises the general notion of. You know. Is is the. Is the standard recommended approach of vaccine administration for the ideal outcome for the individual. You know the. The best for society in the midst of an emergency, I think that you know another area where this has come up is you know Should we really be trying to get two doses into everyone. As we go along, or should we get one dose and everyone and then work on getting the second dose into everyone, and these are. Difficult questions over which reasonable minds, looking at the same data will differ, but these are not decisions that are. In my hands and, but they are in good hands, and you know there's a discourse and deliberation that's going on out there over these issues and I think. That that you know let's keep it in the hands of you know, the Advisory Committee on immunization practices to look at this stuff they're the ones that. Historically, have done an outstanding job of guiding us in our vaccine practice and establishing the clinical standard of practice for us and other health care providers in the community, this. strategy that you mentioned, as well as the one I mentioned, and potentially others that will come up our best vetted by people at that level with a harmonized response nationwide and meanwhile we've got to run the place that's in better in the current playbook.

Joint Information Center: Any update on how vaccinations are going long term care homes.

Chris Spitters: I'll speak to that a little and then Jason may have a little more from his end the long term. The skilled nursing facilities, also known as nursing homes, Assisted Living facilities that's more like supported living for elders living in apartments or. You know at you know, still in one building, those are being reached largely if by. The federal partnership with CVS and Walgreens that will then vaccinate the staff and residents of those large facilities. And we don't have visibility on that I know the State Department of Health has been communicating to us that they're trying to figure out a way to get information from the Federal Government about statewide and ideally county progress in that terrain, I can tell you. anecdotally we are hearing about many of the skilled nursing facilities and assisted living facilities that we interact with to our containment efforts are being reached by that but I don't have anything quantitative. And then I want to turn it over to Jason to talk about outreach to. what's going on with the smaller adult family homes and other efforts, the DEM and its partners are making in that direction.

Jason Biermann, Snohomish County DEM: yeah thanks Dr Spitters. So in addition to that, we are working with partners to go to the adult family homes and those partners include our human services, the Snohomish Health district, and the fire EMS community. So I know they reached 15 adult family homes

yesterday again it comes back to vaccine availability we're spreading vaccine among the pharmacies among the healthcare system among these vast mass vaccination sites, so they were able to do 15 yesterday fairly quickly. We think we could reach the rest based upon what they reported this morning, if vaccines were available within a week or two. So we're going to continue to vaccinate those adult family homes, with our partners, as we get vaccine available and that's again that's kind of the ongoing issue is just vaccine availability.

Joint Information Center: Can you tell us how many of the doses this week are going to the mass vaccine sites, as opposed to our private providers.

Chris Spitters: I believe it's 3500 if I'm wrong we'll get back to you and correct that but I believe I heard 3500.

Joint Information Center: Alright, and our final our final question, do you agree with the metrics that the governor is using for. Other Department of Health to make decisions on regions moving forward or backward of phase and also many people are still very scared about the variance when it comes to going out to eat within North dining even at 25% capacity or schools were open. Given what you know right now Are you confident that it is safe to ease these restrictions and have the county and phase two.

Chris Spitters: So. Again, this is another area where you know. My you know we certainly contribute and participate and comment on the State health departments and the governor's various guidance and direction as they. As they come out usually we're local health departments are partners in that, but then you know once it's done, you know. We got it we got to live with that and implement it, and so you know I can live with it it's working out okay for us we're moving into phase two and I don't think it's helpful to. The Labor the details, so it works for me, and I think it's working for the community and the region and let's you know let's give it a chance to work it's going OK so far. Having said that, you know people's comfort level is going to vary, just as with any non zero risk which dining out is a non zero risk, I can tell you that it's. Certainly at least 50% safer than it was a month ago to do such activity, just because you know transmissions down the probability of encountering someone who's got COVID is lower. Having said that, you know if you gonna die for sure where the face coverings keep Mon when you're not chewing or swallowing you know. Drinking, eating, put it back on, and with good ventilation and proper adherence to all those you know specifications, I gave earlier. that's the best we can do, and I think that's reasonably safe certainly safer than it was a month ago that's why we moved into phase two and people who want absolute guarantee about zero risk we're not there, so, then you have to make decisions for yourself from there, based on that.

Joint Information Center: Thank you again for joining us today and for all of your great questions. We're going to wrap up, and please stay tuned for future media availabilities.