

MEDIA BRIEFING 03.09.21

Dave Somers: Thank you for joining us today. Good to see you all. Just want to note that I have to leave a few minutes early today. I want to start by reminding every veteran in Snohomish County and really around the region that the Veterans Affairs medical system is now providing vaccinations to veterans and we really want Snohomish County's veterans to take advantage of this service to ensure we are maximizing all available resources for getting our residents vaccinated. We have many people who served at Naval Station Everett, Whidbey Naval Air Station, or further afield in Bremerton or Joint Base Lewis McCord who eventually settle here in Snohomish County. We are a veteran friendly county. We want to make sure that those who have served our country can get this benefit from their service. I also wanted to add that the fifth mass vaccination site at the Angel of the Winds Arena in Everett opened last week, and it was a great addition to our system. It's a walk-in site, again by reservation or appointment only. The leadership of Angel of the Winds have just been fantastic during the COVID virus/pandemic. During the start of the pandemic last year, they stepped forward without hesitation when we needed an Isolation and Quarantine site early in the year. And now they have stepped forward again to help with vaccines. We really appreciate their willingness to offer their space for this activity. Thank you so much. And all of our partners who have provided space for mass vaccination sites are playing a really critical role in ending the pandemic. So thanks to all our partners. With that, I'll hand it over to Dr. Spitters from the Snohomish Health District.

Dr. Chris Spitters: Thank you Executive Somers. Good morning everyone.

I have just a few brief comments today.

Yesterday we published the new case rate of 84 cases per 100,000 for the two-week period ending Saturday, March 6.

This represents another 20% decline in the case rate since last week's reported rate of 104 and is the first time in nearly five months where we had a case rate under 100. So, I think we can all feel good about that but also yearn for more.

It's good news and we're continuing to move in the right direction as long-term care cases, hospitalizations for COVID, and deaths have also declined in parallel fashion. For details and more information, see the case counts page on our website.

A large part of this is the result of an increasing number of residents and staff in our long-term care facilities getting vaccinated, as well as more of our older adults across the county also getting vaccinated. We estimate that through Feb. 27, about 10 days ago, at least one-third of individuals over age 65 residing in Snohomish County have received at least one dose of vaccine.

Thousands are getting vaccinated every week here in Snohomish County. Approximately 13,000 doses were administered during the last week of February and 17,000 doses were allocated during the first week of March. We'll have updated figures on allocations and doses administered later this week on our website on the vaccine page.

Recently, the state's emphasis has been on allocated doses dedicated for dose 2 of the Moderna and Pfizer preparations. Our overall primary challenge remains getting a sufficient supply to meet demand and our capacity to administer it, especially of doses authorized for use as dose number one. The arrival of the Johnson & Johnson vaccine on the scene last week offers hope for augmented supply in the long run, but that won't really manifest until later this or early next month as manufacturing and distribution of that product picks up.

We do have preliminary allocation information for this week. Right now, we are expecting to receive about 21,000 doses countywide, about 90% of which are, as I mentioned earlier, directed toward dose number two of either the Pfizer or Moderna vaccines.

We have yet to get information on the allocation to the Federal Retail Pharmacy Program this week – that's doses allocated directly from manufacturers to local commercial pharmacies via a relationship with the federal government – so our countywide total will likely be higher as the week progresses.

As Executive Somers mentioned, Angel of the Winds will be open most of this week using the Johnson & Johnson vaccine, and some other sites are anticipated to be opening for appointments soon—again, mostly targeted toward the second doses this week because that's what we've been allocated.

Turning from vaccines to a related prevention topic, the CDC updated some guidance for fully vaccinated people yesterday.

For the purposes of this guidance, people are considered fully vaccinated for COVID-19 when it has been at least 2 weeks since they received the second dose of the Pfizer or Moderna vaccine, or at least two weeks since receiving the Johnson & Johnson single-dose vaccine.

Once fully vaccinated, the following recommendations apply in non-healthcare settings.

- You can visit with other fully vaccinated people indoors without wearing masks or physical distancing;
- You can visit with unvaccinated people from a single household who are at low risk for severe COVID-19. You can do that indoors without wearing masks or physical distancing if you wish; and
- You are also able to refrain from quarantine and testing following a known exposure, as long as you don't develop symptoms of COVID-19 during that 14-day follow-up quarantine

period. You don't have to stay home, but we all should remain alert and even if you are vaccinated, if we develop symptoms then self-isolate and seek testing. But you don't have to stay home if you are fully vaccinated during that time.

These recommendations will offer potential relief for residents of long-term care facilities and their families who long for one another's company and support.

They may also permit small, social gatherings among fully vaccinated individuals without having to adhere to prior restrictions for face coverings and social distancing.

Having said that, keeping gatherings well-ventilated, and sparse, is still a good idea until we get further down the road. This will also help mitigate the financial impacts or lost days of work or school days due to the previous need to quarantine if exposed to a confirmed case.

However, we are a county within a state with a unified public health system and so a few things need to happen before we can fully endorse and implement these CDC guidelines locally.

Remember that state directives addressing visitation in long-term care facilities will need to be updated. The Health District is obligated to uphold the state's requirements, and we cannot implement this CDC guidance until adopted or adapted to Washington state by the Governor, the Department of Social and Health Services, and/or the Department of Health.

Likewise, we want to maintain harmony with statewide guidance addressing social gatherings and will all stay tuned for any updates there as well, as this guidance is vetted and its adaptation of implementation evolves in the coming days and weeks in Washington state. Until then, current state requirements remain in place.

I'd also like to point out that the CDC recommendations do not eliminate the recommendation to wear masks when out in public venues--even if you have been fully vaccinated.

For now, fully vaccinated people should continue to wear a well-fitting mask and watch their distance when in public, both indoors and outdoors. This also applies when visiting with unvaccinated people who are at increased risk for severe COVID-19 disease, when visiting with others who have an unvaccinated household member who is at increased risk for severe COVID, or when visiting with unvaccinated people from more than one household. To keep it simple, I would suggest that you just continue as you have been doing, but realize that if you are together in a private space with another household, and you've both been fully vaccinated, then I think you can let the masks down.

It is also still recommended that all individuals avoid medium- and large-sized in-person gatherings. Again, we still are in Phase 2, so keep it to two households and no more than 10 people. And if you develop any COVID-like symptoms, seek testing and isolate until you receive results, regardless of whether you have been vaccinated or not.

People should also look for and follow CDC and state travel requirements and recommendations. Those can be on the Washington State Department of Health and Centers

for Disease Control and Prevention websites, or you can probably just Google “travel requirements CDC”, “travel requirements WADOH”, and get the same page.

And remember that employers may have more stringent requirements, regardless of vaccination status, particularly, but not limited to, health care settings. So please follow guidance issued by your employer with respect to your activity at work.

And with that, I will turn it back to Executive Somers...

Dave Somers: Thank you, Doctor. This question is for you. Do you believe the 20% drop is an indication the 'plateau' is over and we're on the decline?

Dr. Chris Spitters: Well if you look at the shape of the curve, which you can do, but it's basically serial 20% declines that we've had for several weeks now, so if you do the math on that and draw it out, you do get a curve that starts to flatten. If you think of it about like you are standing across the room from a wall, and you keep walking halfway to the wall, you never quite get to the wall but each step, each time, your distance decreases. So proportionately, we're still going down 20% and that's good, but that's kind of a natural phenomenon. It's kind of a math thing. And it's expected what we're seeing.

Somers: If we continue to see a decline, would you want the state to create a phase 3?

Spitters: I imagine you might have thoughts on that, too, Executive Somers. From the public health/disease control standpoint- certainly we only want to impose restrictions on people's lives, education, commerce, employment, etc., only as long as is necessary, to the extent that it is necessary to protect human health and prevent transmission of disease. So I think it's a corollary event that as we make more progress, we will lower restrictions on society to decrease and I know that work is ongoing. Executive Somers, do you have more knowledge?

Somers: No. We very much encourage the state to identify a phase 3. We want to open safely, though, and so we're working on a phase 3, what those criteria would be. With that, again, we want to make sure that if we open, that we don't backslide and or sink back down again. So proceed carefully, but we're also aware that people are hurting and businesses are hurting and want to give them relief. Again, safety matters. Yes, we support phase 3 and are looking forward cautiously. And there's a follow up question. Are we hearing that the governor will come out with phase 3 guidance that week and will it include vaccination minimums as one of the metrics. Do you have any information on that?

Spitters: What I know about the governor's department of health has been engaging local public health and local government around what the parameters would be around entering phase 3 and what the metrics would be for tracking progress and what liberties would be. And as far as I know, it's all in draft form, certainly in vaccination metrics listed. I think from the public health level, we have some concerns about that. Speaking for my part, it main thing we want to focus on is keeping our eye on the thing we're trying to prevent, which is suffering,

hospitalizations, death and so monitoring those are key and we'll see what comes out of the mix after all state and the local partners have had their say.

Somers: Regarding vaccinations, teachers. What was the counties decisions to vaccinate teachers and will this widen the inequities by getting those teachers background. What do you think of that? I want to say a thing. I'm supportive of vaccination. We want to open up schools and we're asking them to go back to in person learning, that's the right thing to do. In terms of inequities, we're going to continue to identify groups that don't have equal access. Drive or there's a whole number of hurdles to those efforts to alleviate those equities. I'll also say that there are a lot of families that are service providers and working front lines, who have children and it's having kids at home and having to teach at home and that's a thing. So I think inequities and inequalities are going in the right direction to getting kids back in school and helping families is important. Dr, do you have anything to add?

Spitters: You read my mind with your last comments there, with getting schools going again. You said that equity promoting both in terms of it being children and families. So, yes. It's a younger, wider group of people getting directly benefitting but the branching benefits are more widely shared. Also mitigating, our hope is to mitigate the impact on, as you said, upon our remaining 1B1 elderly adults in our community, again which 2/3 are still looking to get that first dose, so we've got a way to go there. Towards that end, we're really grateful to the schools for working with commercial pharmacies and some health care partners in the community, virtually every public school agency is now connected with a pharmacy or a health care to carry out the health care vaccination so that there will be less competition. There will be one officially for their workforce and two, by doing it that way there will be less competition in the main avenues. Like the vacc vaccination shots and healthcare provider systems. If your spots, we do want to still prioritize and do whatever it takes to get our elderly folks vaccinated. I think this is a win/win. I think that when we look back a month or two from now, it will turn out to be great.

Somers: Regarding herd immunity, there are people that are trying to pin down a percentage-like 75%. Is it even possible to get a vac number like that? And also some experts say, not herd immunity, it takes vaccination to prevent illness.

Spitters: To set the stage, herd immunity would be to have enough immunized individuals that the virus has no use bumping into people anymore and has nowhere to go and the virus dies out. So for some viruses, let's say measles, it's so infectious, it's very high. So like 90-95%. It's out of my strike one to come up with that number, there are epidemiologists coming up with that number that range from 40-80% with the bulk of estimates up at the higher end of that. So the number is somewhat in the ballpark, based on what's been published. It's not really in my wheelhouse to do that. But the goal is that everyone in Snohomish county wants to get vaccinated as quickly and fairly as possible. And likely, we will reach a point of sufficient immunity in the population before we meet that ultimate goal of complete coverage then we might have the challenge of getting people vaccinated, even though the crisis is over. And then

last, just to comment, of course, we want to achieve sufficient immunity, and coverage in the population to carry us through. But in the first goal, the immediate future, is to stop the death and suffering that is happening, particularly in the elderly and medically vulnerable members of society. So these are not mutually exclusive and we're seeing it happen, let's get the hospitalizations and deaths down to keep marching forward so that we don't get wave number four. That's what I see as our challenge before us at this point.

Somers: OK. A couple of questions on vaccines. Now that we are three months into the vaccine rollout will provider-level dose allocations be made public?

Spitters: You know, I will have to check with the state on that. I don't know. The allocations come from the state to the providers, including to the health district and the other providers for the mass vaccination sites. So I'm not sure I am the policy maker there. We will look into that and get back to you.

Somers: Is the Department of Health providing a two-week forecast? I assume that means advanced warning about how many vaccine doses are available.

Spitters: ... They have. I think that went out in an email to all interested parties. We can certainly get that forwarded to you. I think it is roughly 300,000 doses this week and then it bumps up to 320,000 next week and 320,000 the week after that. Those are approximate numbers over this, the next and the following week. They do seem committed and the federal government seems committed to supporting state government in providing that picture forward. And I know the state is also then working on how do we translate this into counties being able to see downstream as well.

Somers: And where are we at with waitlists for vaccine appointments, or special days and sites for seniors, which we've mentioned before? I understand that the new scheduling system, Prepmo, actually has some capability for wait list. Do you want to address that?

Spitters: That's my understanding as well, and folks who call in to the health district's COVID vaccine hotline, one of the services available on that line is at the other end of the phone they register you online, and if there is no space available they can get you on a waiting list where you would get a call back, too. That is for eligible folks, with an emphasis on those who are elderly, unable to navigate the internet system for doing this, or otherwise can't access the internet. So we don't want everyone calling into that line or we will get inundated and those people whom we've dedicated that effort toward could get diluted out. So just keep that in mind but there is a means to do that.

Somers: I will read this next one, then make just a brief comment, then I am going to have to drop off. In the county's discussions on the Phase 3 framework have county leaders heard any inklings that counties might be broken down to county by county, versus continuing to use regional methods, which combine, for example, Snohomish, King and Pierce as a region?

I will just say that the regional approach has been roundly disliked by everybody, most counties, and that has been expressed to the state and they have taken it under advisement. It is kind of a two-edged sword. Some counties don't want to be held back by they are tied to, and other counties, it is just the opposite, and they don't want to jump out in front and create problems for surrounding counties. It is a bit of an awkward situation, but we do know the state is looking at various different approaches but don't have any specific knowledge that they are going to change the regional approach. So doctor, I am going to turn this over to you and I am going to have to drop off, and wish everybody well.

Dr. Spitters: Thank you Executive Somers. So I see a question. When do we see the first-dose, second-dose allocations on a weekly basis evening back out? Right. We are at 90-10 for this week and we are working with the state on that. Some of it is an accounting issue where you are basically, we are getting allocated doses based on the state's knowledge of the number of first doses that have been given. So we too want to see people finishing their two-dose series, but also being given the opportunity to get started. I've said twice now already – we've got now roughly 70,000 to 80,000 people over age 65 in Snohomish County who are looking for their first dose. So we've got to get that rolling.

Kristin Banfield: Great. There is another question here. Is Veteran's Affairs offering vaccines to all veterans even if they are not in the current 1B1 category?

Editor's Note: Yes. The information on the media briefing was not entirely accurate. See VA Puget Sound Health Care System website for details.

Kristin Banfield: There is a follow-up question to the two-week forecast, whether the state has started giving the county its own two-week forecast, which the state has been promising as opposed to the federal three-week forecast.

Dr. Spitters. Well, now that the federal government is giving the state the three-week forecast the state has just started developing a process whereby we would, the end product of that process would be a two- or three-week forecast at the local level. That's probably going to take a couple of weeks to work through and establish that process.

Kristin Banfield: OK. That looks like all of the questions that we have. This is Kristin in the Joint Information Center, thank you again for joining us today and for all of your questions. We are going to wrap up. Please stay tuned for future media availabilities.