

MEDIA AVAILABILITY 03.30.2021

Dave Somers: Well, thank you and good morning, everybody. Thanks for joining us again. I've got to tell you that this morning I'm extremely concerned about the trends in our case numbers for the past two weeks, our numbers have been increasing in Snohomish county. This is exactly the wrong direction to be going, and I just have to urge all of you to keep wearing masks, keep your distance from others, especially those who have not been vaccinated. As we go into the Easter weekend. I know a lot of families and friends will be gathering and wanting to gather, but we are not through the COVID pandemic yet. We do not have enough people vaccinated to really stem the tide if we let down our guard. So over the last year we've seen too many people get sick and die. We just really need to double down on our safety measures for a few more months, keep going, or otherwise we're going to see a spike. I understand that over 25 other states are seeing increases in case rates. We're seeing a third wave in many countries in Europe. We do not want that to happen here. You know we've just had a Phase 3 reopening our businesses are glad to open up. I do not want to see roll back, and I know you don't either. So we just need to again double down on our safety actions and just see this through. Please let's not go backward yet. Our small businesses, our workers, our families and, frankly, the families of lost loved ones, do not want to see us go backwards. We just absolutely need to work together to push the current back down. So again, wear masks even if you're vaccinated. Keep your physical distance and limit your gatherings. It all works, we know that, so please keep it up.

So as part of our efforts to beat COVID, our vaccination effort really has been one of the highest priorities we have lately, and we are getting out vaccines as fast as we get them. So we're making progress. We have put the facilities in place and the people in place to make sure that vaccines are delivered as we get them. So again, supply is the issue, not our ability to deliver them, but the situation is getting better. It just takes some time to get everybody vaccinated or enough people vaccinated and really make a difference. One of our concerns, from the very beginning was the challenge of reaching those in communities who really have impediments to getting the vaccine. It may be, they do not have the technology are not comfortable with online web-based scheduling, that type of thing. They may not have access to transportation, or there may be cultural or language barriers. We know that we've known that, from the beginning and we started very early to put in place plans to understand all those impediments and reach out to people who are affected by them. It's really our job to make sure we're listening to all our communities and designing a vaccination program that can get to everybody. After Dr. Spitters gives us his update this morning, Alessandra Durham who works in my office and helps lead the Office of Social Justice, is going to be giving an update on our efforts to reach everyone in our community. Alessandra has been part of the COVID 19 response from the very beginning and along with her office social justice colleagues has really done a fantastic job, ensuring we're doing everything we can to lower barriers to vaccine access, no matter what those barriers are and no matter who is experiencing those barriers. As we get sort of the easy vaccinations done it's even more important to make sure that we're reaching out to everybody and we don't leave anyone behind so with that I'll turn it over to Dr Spitters.

Chris Spitters: Well, thank you, Executive Somers, and yeah, most of what I'm going to say is a longer version of what you succinctly laid out that the case rates are up and we need to double down on these efforts to control the pandemic as we've been doing. I'm going to share my screen here and just show you all a couple of slides. As you can see, you know, things are headed in the wrong direction here. We

appear to have bottomed out around 70 cases per 100,000 per two weeks that would have been back through the 13th of March, then on the 20th of March that two-week rate up to 72 and then through last Saturday the 27th, up to 92. So that's about a 25-30% increase off of the bottom. And so, things are indeed going in the wrong direction there. If case rates continue to climb as Executive Somers mentioned, we could slide back to Phase 2, which means resuming more restrictions on businesses and activities and also just illness suffering and death. Even though we've adequately covered long term care facilities and much of our older adults, the success and those efforts, thus far, is not enough to prevent all the hospitalizations and deaths that occur in folks that are not covered by vaccination, which is the majority of the population still. So we can reverse course quickly, but we need your help to do that and to keep us in Phase 3. As Executive Somers said mask up when you're around people you don't live with indoors or outdoors keep that six foot distance wash your hands. And I would say, also with the upcoming holiday and just in general, you know non-essential gatherings, especially at a moment like this -- we're so close you know we're probably just a few months away from really putting the emergency situation behind us. We may always have some level of COVID to deal with in the future, but it's really premature to cash in on the success we've had thus far. So I really urge folks to really back away from non-essential activities that involve gathering. So let's celebrate the upcoming holiday safely and wisely.

Now, speaking of vaccines let's just walk through, I want to give you an update on where we're at. This is through March 27 so the end of last week. We had been distributed to Snohomish county providers over 320,000 doses, the vast majority of which have found their way into arms. If you instead of looking at doses look at people in amongst Snohomish county residents 213,000 people have initiated, that is gotten their first dose of one or another vaccine. And 126,000 fully vaccinated, got both doses of the RNA or the single dose Johnson and Johnson. So that's over a quarter of the population started and one out of 6 -- 15 percent -- fully vaccinated. So we've made a lot of progress, but we have a ways to go. This slide here shows each bar, the number of doses given to Snohomish county residents, every day, and since the beginning of the vaccine campaign. And you see things have picked up. And right now we're averaging 4,000 to 5000 doses per day county wide so that's 30,000 to 35,000 doses per week. We as Executive Somers mentioned and we've talked about before, we hope and expect that to increase more up to around 50,000 to 60,000. That would permit us to get this all done hopefully by August or get most of the vaccine effort done by August. At the current pace, it would take likely until about October. Just to give you an idea of who's getting vaccinated as you would imagine, based on the prioritization scheme of the phase phases we've been going through, older adults, more likely to have initiated vaccine up above 50% of our resident residents over 65 years of age have started vaccination. About 34% of folks over 65 have completed vaccination. Next slide- now, Miss Durham's going to speak more about this, but this is just some data to introduce the topics that that she'll be addressing and that Executive Somers mentioned. When we look across race and ethnicity groups and look at the proportion of the total vaccinate total population in each group that's been vaccinated we see a range from 15-20% among most groups with a you know, only about half that among Latinos so you know there's quite a deficit here now some of that is due to differences in the population structure of different groups, and so I want to show you that if we if it mitigates things a little bit, but not completely if we look at instead of the total population let's use a surrogate for who's eligible to be vaccinated thus far. So if we look at folks over 65 years of age by race and ethnicity as a rough surrogate of who's been eligible up to this point, other populations have been but just using that as a more fine index here in this column, we see the

percentage in each group that has initiated vaccination so most groups in the 40% range have initiated vaccination and that's back through March 14 not through this current week. Native Hawaiians and Pacific Islanders very small numbers but also very strong effort for those small numbers, reaching a larger proportion and then again we see the Latino group falling behind a little bit it's about 38% versus 45% that's roughly eight Latinos getting vaccinated for every 10 non Hispanic whites so that's the main group, we have concern about. That gap closed you recall, the last time it was more like half. But because the older population, or at least the recorded older population in that group is small that's why we see some of that that difference. So again, overall, among all people over 65, we're off to a good start. But we've got quite a ways to go. And we're adding groups as well, so it's a challenge for us all, and it speaks to the importance of not only patients but also thinking of others and you know, taking your place in line when you're up, but no sooner is my request of you all. And with that I'm going to come back make a few more comments here but return us to Our regular zoom screen and so, the last thing I'd like to mention this morning is about phase Finder. That was the Washington State Department of Health web based portal for determining whether you're eligible for vaccination as I just mentioned. And the State health department has announced that, as of tomorrow, Wednesday March 31. The phase Finder tool will be shut down and will be no longer required as proof of eligibility for vaccination appointments. Now, without that tool and given the variety of groups and classes that are now eligible based on health age employment living situation. And with further expansions on the horizon March 31 and beyond it's really no longer practical for the Vaccine Taskforce to perform spot checks of eligibility at the mass sites as people arrived for first dose appointments. So, following the state guidance we will rely on self and test station from patients that they are currently eligible. The vaccination sites continue to be by appointment only and people will be asked to provide verification that they have an appointment as well as a form of ID to show that they are the person for whom the appointment was booked. If it is a second dose appointment, they should also come prepared with documentation of their first dose. If they've lost their vaccination card from their first dose appointment, they can download their vaccination record from this website that I'm going to post right there on the chat feature. And everyone is strongly urged to follow the phased approach to vaccinations still. If you're not eligible, you should not sign up for an appointment yet. The demand for vaccine remains higher than the number of doses we are receiving. We have now several hundred thousand people that are going to be eligible each week begin, especially beginning when Wednesday, as we expand further. And each week there will only be you know roughly right now about 10,000 to 15,000 first doses. So you can do the math but it's going to take persistence and patience for going in and trying to sign up. And, eventually, will we, we want to, and we will get full vaccination for everyone who wants to be vaccinated in Snohomish County. But we can't get to everyone, this week, or even this month or next month. It's going to take probably two to three months minimum with an optimal vaccine supply; four to six months with the current supply. So getting vaccinated ahead of your turn may take an appointment away from someone who is higher risk than yourself. This includes elderly residents, individuals with multiple underlying medical conditions, and high risk workers in congregate settings, many of whom still are seeking vaccination appointment. Eligibility continues to expand, and all adults are expected to be eligible, no later than May 1. If you are not in the current phase your turn will come soon. Please be patient as appointment availability remains limited at this time, as I said above. With that I'd like to turn it over to Alessandra Durham to share more about the vaccine what the vaccine taskforce has been working on to increase access of vaccine to underserved and vulnerable populations. Alessandra.

Alessandra Durham: Good morning. Thank you Dr. Spitters and Executive Somers, for your remarks around equity and vaccine access. Over the past year, looking at the data in Snohomish county, we know that communities of color and other historically excluded community members have been disproportionately impacted by COVID-19 virus in terms of higher rates of infection, higher rates of hospitalization, higher rates of mortality, unemployment and a lack of access to resources. Their communities as Dr Spitters highlighted earlier this morning have also disproportionately received less access to vaccines. With the support of Dr Spitters and Executive Somers the office of Social Justice, Department of Emergency Management, Snohomish Health District and the Vaccine Taskforce have been working together to meet with key community leaders, evaluate the reasons for this disproportionality, and to create an informed plan using data and community input to ensure all Snohomish County residents have equitable access to the vaccine and other resources. Through evaluating data and meeting with the leaders, our teams in partnership with the Vaccine Taskforce have learned there have been several reported incidents where community members have been charged high administrative fees by pharmacies. They don't have access to health insurance. It's not allowed practice but for people who aren't aware of how the system works, this can be a deterrent for accessing vaccines services. We've also learned that current and historical abuses and experiments by health care providers and other systems have created strong mistrust in communities of color and other marginalized populations. Another barrier that we're hearing about often from our community members is lack of access to reliable transportation to and from vaccine sites. When people are reliant on public transportation, it can make it incredibly difficult and time consuming, especially when they have children and other priorities. Oftentimes people also find that in order to use these mass transit services to get to vaccine sites they miss out on time away from work and lost pay. Childcare has also been a common theme in terms of why many of our marginalized community members aren't being able to access the vaccines services that are currently available. And again, when you like access to personal transportation, going to drive through sites and other similar setups can be difficult for folks. So hearing these challenges that our community members and leaders are reporting to us, we work together on in partnership with them to determine how we could open up access and ensure that again our whole community receives the scene or equitable access to what we have to offer. So, in the last two months Snohomish County DEM, the health district, and the Office of Social Justice, have provided 400 vaccines to Providence Regional Medical Center in Everett for the express purpose of providing vaccines to individuals of color and community members from other historically excluded communities, but were eligible under phase 1-A and 1-B-1. Additionally, the Vaccine Taskforce and our collective offices work together to provide 1,700 doses on February 15 to our broader community ensuring that BIPOC and other historically marginalized community members had access to that site as well. That resulted in several hundred members of our community being vaccinated at that time who are eligible but wouldn't have otherwise have that same access. We are also working together to create a community based mobile program in which we go out to the communities that have been the hardest impacted, but again, have had trouble accessing the vaccines, to ensure that it's easy and fairly seamless for people to. That will be launching within the next couple of weeks. We are also working together to create a community advocate program in which members of the community work to serve their fellow community Members by providing culturally appropriate education around the virus and the vaccine, as well as helping individuals that may have barriers to registering and getting to appointments or registering and transporting them there. Additionally, we're also working together to ensure that when there are vaccine appointments available that we are communicating that efficiently to community leaders, so that they're able to communicate that on to their fellow residents and ensuring that they're able to access those appointments before they're

gone. As we know, when you have access to the Internet, they go pretty quickly. And lastly, none of this work could happen without partnerships with community-based organizations. So, as we roll out that community advocate program and the community-based clinics will be working with several organizations that were created by members of the community and serve members of the community. And with that, that concludes my remarks.

Dave Somers: Thank you, Alessandra. So we'll jump into questions. Dr Spitters or I would either do you like to see the vaccine eligibility for all move up from May 1?

Chris Spitters: Sure, you know there's no easy answer there and it's a you know, really it's not a local decision. I think we, you know we work with our neighbors and with the state around this issue of when's the optimal timing to open things up. You know there's some inefficiencies and risks to waiting until May 1 or some date beyond that and then there's you know there's also implications for the sooner we do it there's you know cost there as well. And so I think it's just finding the right, the right spot. I think the main idea is that we, we got plenty of people right now, who are interested in being vaccinated and many more than supply so I'm not in a big hurry to go there, but if it makes sense to go there sooner than I'm on board with that.

Dave Somers: Can't really add to that. Thank you. Seattle was on the verge of closing down major testing sites with a last minute decision not to. Is Snohomish County considering something similar, and why or why not, and if so, which testing sites might be shut down?

Chris Spitters: Well, you know we're always looking at how we're allocating our resources for the end goal of well the approximate goal of controlling things and then getting out of this ultimately and certainly testing is playing a lesser role now than it did many months ago, and you know we're constantly looking at that. Demand has declined, the number of people seeking testing is declined. And, as a result of that we've closed down a site or two. I think that the Everett college was closed down and we might have reduced our presence in Lynnwood and you know just the numbers of people seeking test and, as I said, I've gone down, both in our settings and county wide. Now, having said that, I think the reason, maybe King County shifted its weight, a little bit is because of what we see on the case rate lately, and not only is the testing a clinical service for helping people who have symptoms get diagnosed but it's important for us for case finding for containment efforts, as well as for surveillance and knowing what's going on. So you know, there is a Goldilocks space where you have the right amount of weight on vaccination and the right amount of weight on testing. I'd certainly put more and more weight on vaccination over testing if things were continuing to decline, but I think that the recent trend suggests that there's some merit in taking that slowly and seeing where things go before we deconstruct the testing system and that we also maintain capacity to expand it if things continue to go up and demand increases.

Dave Somers: Do you think the county is losing ground on a rise in case rates compared to the amount of people getting vaccinated?

Dr Spitters: Well, you know, I don't know if we're losing ground but, in essence, there's a little bit of a race going on between getting people vaccinated or enduring another wave of disease. And you know the reversal of the decline and cases suggests that the virus is catching up on that race and, you know, we want to beat it out, but we can't do that with vaccine alone, we also need people to really keep up 110% on the prevention efforts to buy us time to get enough vaccine coverage, where risk of another wave is forestalled.

Dave Somers: Now just add to that that the doctor said it is like a race and our speed of vaccination is really determined by how much vaccine we get. That isn't changing that's you know it's what we get from the state and federal government so whether the case rates going up or down the long term outlook of when we get enough people vaccinated really doesn't change. But, clearly the virus is seeing an uptick and that just has real life implications for people who will get sick with it may die, and if we have to turn back the phases, our businesses that will suffer from it. So it's very real implications, we just need to slow the virus down, while we continue to do everything we can to get vaccinations into people just as quickly as we get the vaccine. Dr. Spitters, can you give us your take on UW Biology's findings of extremely low incidences of flu in the area and what do you think is behind that.

Dr. Spitters: Well that's right, you know flu is virtually absent, we probably had a few importations here and there, but really there's been no widespread flu activity. Even back with the southern hemisphere during their past winter during our last summer and then on through our winter up here, just virtually no influence activity and that just result is a result of the all the prevention measures everyone's taking. Now you might ask, well then, why is COVID still circulating and that's because you know COVID inherently it's a little bit easier to transmit than flu, you know I'd say roughly double you know and so it's what we're doing is good enough, not only to interrupt influenza transmission, but also rsv (respiratory syncytial virus), which is a common cause of colds and severe respiratory disease in young children and infants and many other respiratory viruses are virtually absent this year just due to due to all the prevention measures were taking. We just need to keep that guard up and keep COVID at bay for a few more months.

Dave Somers: Next questions probably either for Dr. Spitters or Alessandra. Tell us more about the pharmacies and high administrative charges to people of color.

Alessandra Durham: I am happy to take that one, Dave. So through the Office of Social Justice, the Executives Office and the Health District's Community Equity Advisory Board, we have very close relationships with our community leaders and community members. And we have experienced a wave of (calls) "Oh there's a rate of \$80 or \$100 being charged for me to receive the vaccine and should I pay that?" I will say that, through our partnership and relationship with the health district, and with the Department of Health, they've been incredibly responsive that when we do receive those calls they reached out to the pharmacies to educate them or reeducate them on what the administrative process should be in terms of compensation for the vaccine. There is an amount that they can charge, particularly for individuals that are insured, but that bill would go to their insurance company, rather than the individual. For individuals that are not insured, there should be no cost to them. So we've been

communicating that message out to our communities. You all can be helpful in helping to share that with us as well, and that if you do hear of those instances certainly report that to your local health jurisdiction or the Department of Health and they do reach out to reeducate those providers.

Dave Somers: How does the county plan to vaccinate those incarcerated at the Monroe Corrections Center?

Chris Spitters: Well, you know state correctional facilities are sort of a unique entity, you know they're multi-focal throughout the state, say jurisdictions have the state health department. So Department of Corrections and the state health department, that ball is really in their court.

Dave Somers: Doctor, how many doses of the vaccine are coming to the county this week or what's our current knowledge?

Chris Spitters: I don't have final numbers yet, but coming this week yeah it's about some still working out the numbers at least 25,000. But we haven't we haven't finalized all that with the state, yet, but probably similar to recent weeks.

Dave Somers: Is there a determination regarding the recurrence versus reactivation hypotheses for COVID-19 that was being examined in a World Health Organization study early in the pandemic? Are most people still recovering completely and what percentage of people experience lingering illness?

Chris Spitters: There's a few a few questions in there. We'll kind of take them one at a time. One is that you know there's not, the term reactivation, which might have been used earlier is really better reserved for diseases that truly have a latent phase, and then reactivate weeks, months years later. Things like tuberculosis, some forms of malaria have that. Whereas COVID, you know people get it, they either get symptoms or they don't. You know roughly 2-to-1, two out of three get symptom, roughly, and then generally not infectious after about 10 days or so, but people can shed the genes, the nucleic acid the RNA, that the test detects for weeks and sometimes months afterward. But that doesn't correlate with infectiousness or illness, sort of reactivation of illness is not something that that I think is stood out over time. There are people with lingering symptoms out at three six months after recovery. You know the estimates are roughly in the range of a third to a half of a variety of symptoms but led by shortness of breath, chest pain difficulty breathing when exercising or you know going up the stairs, cloudy head kind of feeling, and then a variety of other symptoms but those are the two kind of leading ones that are present and up to a third of people who have had symptoms, you know, three months down the line and reinfection would be the last thing you know recurrence you know. People recover, which is the vast majority or people have a lingering illness, as you said, and then reinfection has occurred, has been demonstrated, but, thus far, is extremely rare, so you know just I think like a handful of confirmed cases in the state of bonafide definite reinfection since the pandemic started. Now as time goes on, we're likely to see more reinfection because duration of immunity is probably limited if what is true about other human coronavirus is true with respect to COVID.

Dave Somers: Getting rid of Phase Finder will certainly lead to more people jumping the line for vaccine, what do you make that decision, as opposed to just operating eligibility to or opening eligibility to

everyone, ahead of time?

Chris Spitters: Well, you know I think we take the governor's direction and respect that you know he's weighed all the information given to him and tried to make the best choice for society. And so you know we honor that and it does introduce challenges, but so did waiting and so you know he I think he felt that the net you know risk benefit cost benefit favored opening things up more, rather than trying to string out the phases.

Dave Somers: You have any estimate on how many people in the county will become eligible tomorrow?

Chris Spitters: I don't have those numbers at my fingertips, I think it's the addition tomorrow is I think it's roughly 30,000 but we'll get you a real number and forward that later.

Dave Somers: That's a number, I remember also 30,000. Will there be any oversight or checks to ensure that those who aren't eligible aren't taking appointments?

Chris Spitters: No. Self-attestation. Are you eligible? Yes. And the direction from the department is to take people's attestation. And you know that makes a lot of sense. Certainly, I imagine, some people are going to jump the line, but I think most people are going to try to cooperate with the plan, and I think we would, you know, introduce inefficiencies by spending too much time on that, especially at the mass sites.

Dave Somers: Is there any idea when the county will open more vaccination sites? I know the Edmonds School District is interested in one at it's high schools.

Chris Spitters: Right now, we, I mean, as much of that is the vaccine taskforce's role and you know we're partners there but not it's a it's a multi organizational body and decision process, we certainly have thoughts about expanding mass sites as the supply increases, but right now we've got insufficient supply to even max out our capacity at the existing sites so we're going to I think just kind of stay tuned and see where the supply goes and take it from there.

Dave Somers: Last question. Next few years, many states are opening up eligibility to more adults in Washington is still waiting until May 1 you said it doesn't concern you that you're not speeding up eligibility here. Why is that?

Chris Spitters: Well, because all of our vaccine slots are still going to get filled up so you know whether it's April 10, April 15, May 1, May 15 -- I can live with that because the vaccine slots are going to get filled up. We've got more demand than supply. As time passes, ultimately that'll change and it'll make a lot more sense and the timing of that might be more important, but right now it's not a driving factor for me.

Dave Somers: So one comment on that. Our phases are still geared to try to get the more vulnerable the vaccines and get them priority vaccination. That's still a worthy goal, and one we support. Again there's discussion at the national level and even at the state level about moving things earlier and if that's the decision we'll work with it. One other issue I wanted to mention. You may see some national media coverage about the mass vaccination sites not being very efficient and know the administration's looking at prioritizing pharmacies. The mass vaccination sites they're talking about are those run by the federal

government often FEMA employees, National Guard, etc, We do not have a national mass vaccination site in Snohomish County. All ours have been stood up and are operated locally by the county and the health district. Our mass vaccinations sites are extremely effective. They are a critical part our tool to getting vaccine out. I'm a bit concerned at the national level, there might be conflation of the two -- the federal sites versus the local sites. And we'll do everything we can to make sure that the local sites are getting all the vaccine that we possibly can get because they're critical tool. Not to take away from pharmacies. They are extremely valuable also but the local drive through and walk-in sites that we've stood up or well accepted by the public and being very efficient, frankly, so if you see some coverage on that don't mix the two up. Thank you.