

MEDIA BRIEFING: APRIL 6, 2021

Dave Somers: Well thank you. Good morning everybody. Good to see you all. Thanks for joining us today. I just want to talk for a few minutes about vaccine availability and what we can do to really make the process go as smoothly and as efficiently as possible. Now we've seen many, many more people be eligible and in nine days all those age 16+ will be eligible to get the vaccine but we need to be aware that the supply we get from the state can't really keep up with the high demand. And so, a couple of things to ask of you and to ask everybody to do. Still, we've got far more people who want the vaccine every week than we have supply, and with this quick expansion of eligibility even more people are going to be waiting in line. We know it is frustrating, but please work with us.

So, there's a couple things people can do. The first is please be patient. Our goal is to vaccinate everyone in the county who wants to be vaccinated and that goal is not going to change. It is going to take a few months to get everyone vaccinated unless we get more doses from the state. In that case, we can speed things up. We are putting in the capacity and have the capacity to deliver all the vaccine that is delivered to us. So, please be patient and work with us on this.

The second thing is we will continue to fight for more vaccine and the maximum number we can get for Snohomish County, the Health District, get those from the state. Our mass vaccination sites are doing great work we just haven't had enough supply to meet our maximum capacities. We will keep asking for more.

The third thing, really, is to try to get your vaccine through your health care provider or a pharmacy. Many pharmacies are getting supplies of vaccine every week directly from the federal government, not the state. And we want to maximize our use of those vaccines every week, and maximize the use of our vaccines from the county and Health District standpoints. That way we can really be most efficient here at the county level.

The fourth thing I really would ask that if you are looking for an appointment please consider helping out any of your relatives or neighbors who may not have the technology or ability to use the online scheduling system. We know that not all people have equal access to Internet and not all people are as comfortable with it. There may be language difficulties. There may be transportation difficulties. So please think about those around you, both in your family and neighborhoods and try to help somebody out who may be having difficulty with this.

And finally, if you are appointment shopping for your first dose and find an earlier one somewhere else, please don't forget to cancel any later first doses you've scheduled. Any appointments that are no shows make it hard for everyone to plan. So, if you make an

appointment, find one that's sooner, make sure you cancel that first appointment so that there is not a vacant spot there and a vaccine waiting for you and you don't show up. That would be very helpful.

With that, we are going to keep focused on delivering vaccines as efficiently and quickly as we can, pushing for more vaccine, and just thank you for your cooperation on this. With that I am going to hand it over to Dr. Spitters.

Dr. Chris Spitters: Well, thank you Executive Somers, and good morning everyone. I'd like to start out today by acknowledging that this is National Public Health week, falling in the midst of a pandemic. and so just a little shift in gears to today to mention that once a year in April we recognize the discipline the profession of public health and all the public health workers and we may be physically distant from one another, but now it's more important than ever to at least, you know, virtually come together and try to stay unified and our approach to this and all the other health challenges we face. And that's why this year's theme for national public health week is "Building bridges to better health." Making community safe and healthy is public health top priority. In the midst of the most challenging public health crisis of our lifetimes and COVID-19. I'd like to thank the entire team here at the Health District, for their hard work, day in and day out over the past 15 months to keep our community safe. I'm forever grateful to this dedicated, hard working and flexible team here at the Health District, they are true public servants and I couldn't do my part of the effort without them. I'd also like to acknowledge the leadership and support of our Board of Health, as well as the members of our Public Health Advisory Council and Community Equity Advisory Board. But, as you can imagine, public health, extends far beyond the walls of the Health District. Snohomish County government, department of emergency management, the executives office, fire, EMS, hospitals, schools, among others, have contributed greatly to our COVID response and we couldn't have made it here without them. And beyond COVID, we have partners doing routine work daily that is key to public health. Water and wastewater districts, solid waste, other public utilities, schools healthcare providers, the list goes on, but I think you get the idea that public health is a collective activity and we are but the government agency around which that revolves. We'll be sharing some highlights about public health week on our social media channels, so I encourage you all to tune in.

Before we go to COVID and talk about case rates, I have a few reminders about related items in with respect to COVID prevention and control. First- travel guidance. Last Friday, CDC updated it's travel guidance to announce that one- fully vaccinated people mean people who are two

weeks out from their last dose. Two weeks or more out from their last dose, meaning second dose with the MRNA or the Johnson and Johnson, two weeks from that. You can resume domestic travel and do not need to get tested before or after travel or self quarantine after travel. Having said that, I strongly encourage you to do all the other prevention methods, while traveling- social distancing, face coverings, personal hygiene, avoiding gatherings. There's a lot of people traveling right now. Airports were full over the weekend, probably more full, I think that is in our best interest so keep that in mind. Fully vaccinated people also do not need to get tested before leaving the country unless their destination requires that. And they don't need to self quarantine after arriving back in the United States. Keep in mind that some businesses and locations may still require testing, and so we encourage people to know what your employers expecting before you leave, so that you can accommodate that. Your employer is allowed to be more restrictive than the public health guidelines.

Vaccine updates: as shared in a press release yesterday, the Snohomish County Vaccine Task Force is opening it's sixth mass vaccination site this morning. It is a drive thru site located at Boom City in Tulalip and it is organized in partnership with Tulalip tribes. I've been told that appointments are still available for today, so if you are in need of a dose go check it out. The other five sites will continue operations, though days and hours will vary based upon vaccine supply. This week, along with Boom City, the sites at Angel of the Winds Arena, Boeing Everett Activity Center, Edmonds College and Monroe fairgrounds are all operating. The Arlington site will not be operating at this moment, because we got no Pfizer vaccine for that site and that's our usual product for that site. When doses do become available, that site is expected to resume its operations. All of these sites are still by appointment only, including those open slots at Boom City today, so don't just go out there. Go into PrepMod and look for the slots there, please do not show up without an appointment in the hope of getting extra doses. We still have a much higher demand and supply a vaccine and you will be disappointed and it will also kind of jam up the gears if there's people showing up without appointments.

Starting this week, there's also a new waitlist feature in place for the mass vaccination sites. If you try to register for an appointment, but none are available, you can sign up for a waitlist for that same day. Meaning if I go into the Internet, can't find an appointment today, I can sign up for a waitlist for today. And if there is a cancellation or additional doses become available at that site, on that day, people on the waitlist will be notified. The waitlist does not roll over into future days, so people will need to sign up again for the next day. It doesn't carry forward. There are also mobile teams through the task force, who continue vaccinating at senior living

complexes, senior centers and shelters for those experiencing homelessness as well as for people who are homebound by medical necessity and cannot access vaccination from outside their home. With eligibility expanding as Executive Somers mentioned earlier and vaccine opening to all adults starting April 15 it's very important that we continue to ensure access to vulnerable groups. This includes our seniors who have not yet been vaccinated. If they are having trouble finding an appointment, we encourage them to call the COVID Call Center for Snohomish county at 425-339-5278 during 8:30am to 4:30pm, Monday through Friday. If you know an older adult who needs help with this, please help them make the call or go into PrepMod and see if you can help them make the appointment yourself.

Speaking of vaccine appointments, I would like to reemphasize Executive Somers comments about being sure to cancel any extra appointments you've scheduled. This helps to ensure that as many people can get in for vaccine as quickly as possible and that we can move down the road as quickly as possible toward getting vaccine to everyone in Snohomish County who wants it. Please don't hoard appointment slots. A missed appointment is a lost opportunity for the whole community, so pick one and cancel any others you have made right away once you commit to that visit.

Now, for some sobering news, I'll turn to our rising case rates. Our case rate, the two week rate, has gone up for the third week in a row now at 121 cases per hundred thousand through the two weeks ending Saturday April 3. We shared in Friday's press release that as of last Monday, March 29, there were 15 residents hospitalized due to COVID complications. And three are on mechanical ventilator, so that was the lowest we got there in in recent history. But just as of last Friday, one week later, we reported 26 hospitalized. And now we're up to 32 hospitalized as of yesterday with COVID, three of those folks are on ventilators. And a quick survey of recent cases and outbreaks, we found gatherings continue to be the leading contributor- gatherings for variety social, faith based, sports etc, but gatherings and the age groups, tend to run on the younger and 40% of the cases occurring in the last two weeks have been ages 22 to 39. And if you add in 20 to 49 that takes you up to almost 60% of cases, so I know people are wondering how cases are rising while vaccination rates are also rising, I'll remind you that, as of yesterday, 30% of the county had initiated vaccination and 18% had completed it. But as we've been sharing for weeks, we are very clearly not out of the woods, that 30% of the population with initiated vaccine, 18% completed, simply isn't a sufficient proportion to interrupt the transmission of this very difficult to contain virus. We may not see a real slowing until up to 80 or more percent of the population is fully vaccinated. So, we still have several months ahead, as

Executive Somers mentioned, where we're relying on everyone to remain vigilant and wearing their masks as we continue to roll out the vaccine effort and it's not just the masks, but avoiding gatherings, keeping that six feet of distance from people outside your household when you're out of the home. You know we'll get to a day when this is all behind this and these measures are unlikely to be necessary, but that time is still many months off and we can enjoy all the gatherings and get together and favorite pastimes but we're just not there yet and we won't be there tomorrow or next week, or not even next month, but in a few months we will get there, so please hang on keep trying be patient and we'll get there. So with that, I'd like to turn it back over to Executive Somers.

Dave Somers: Thank you, doctor. So if you have any questions, please enter them into the chat box and we'll try to address them as best we can. We don't have any that I'm seeing. OK, here we go. So, doctor, probably for you, what is the outcome data once someone is on a ventilator what is the ratio of survivors once that level of care is reached?

Dr. Chris Spitters: I think it's about a third to a half survive. It's improving over time with improved care and use of the antiviral Remdesivir and dexamethasone to decrease the inflammation in the lungs that and the rest of the body that's at the core of this but I'd say roughly a third to a half survive.

Dave Somers: And, doctor, do you know where we are with the percentage of people 65 and older, who had been vaccinated?

Dr. Chris Spitters: Well, through March 15, 56% of older adults 65 and up had initiated vaccine, 34% had completed. It's a very challenging database to get that information from. It takes about a week of the epidemiologist's time, so we're just running that once a month. We'll run that data through mid April, toward the end of the month, so we won't have an update for you on that figure for several weeks. What I will tell you is that, through a combination of wise behavior and that vaccination coverage that I mentioned, in the last two weeks only 26 cases – 2% to 3% of the cases countywide -- occurred in individuals over 70 years of age. So we've made a lot of progress there, and now, our goal is to you know fan that progress out to younger age groups.

Dave Somers: OK. Any concerns if trends continue that we will move back into Phase 2. Let me say, I'm extremely concerned that we are headed in the wrong direction with our case

numbers, and if current trends continue there is a danger we will be moved back into Phase 2 and that would be bad news for our businesses and community. So please continue to wear masks, distance, it is critical for the coming months that we really take those protection measures that we've been practicing for the last year and continue them strongly, or we are going to be back into Phase 2 very shortly. King County is even closer than we are in terms of their numbers. I believe the number is 200 cases per 100,00 and we're headed in that direction Doctor, would you like to address this also.

Dr. Chris Spitters: Forgive me Executive Somers, I was reading one of the questions and I, and I missed the prompt.

Dave Somers: It was just any concerns if trends continue that we would move back into Phase 2?

Dr. Chris Spitters: Yeah. Most definitely I mean that's, look at the line. I'm with you. That's where we're going and I'm concerned on two levels, one is the illness, suffering, hospitalizations. You know we might have fewer deaths and fewer hospitalizations because of the younger age impact, but you know it's still bad for people's health. You know, again, a third of people that get COVID, three to six months later, still have trouble breathing have a foggy brain, don't feel good. So it's even if you don't get hospitalized, this is not a benign thing. On the health front that's clear and then, if we have to retreat, the economy again that's just hard on everyone. So please, we all need to do our best to try to bend this curve back down.

Dave Somers: Here the next question was a study out of Minnesota showing a rise of variants spread among children, what is the level of concern with children returning to in-person learning?

Dr. Chris Spitters: Well, you know one, we are getting or have gotten the school teachers vaccinated. Incidence of severe disease and children, although not zero, is very rare. So you know. Is there concern? Sure you know, I mean it's we want less disease, whatever the age, not mor. So that that is yet another prompt that we need to you know get keep our guard up all around, including the kids in schools and, frankly, the Snohomish County schools are doing an outstanding job of, you know, following all the guidance and working with us when cases occur. So although you know that the variance might increase the risk of kids getting it in the community and bringing it into the school is at this point it's not something that's going to

derail our effort to get the kids educated on site, but it just speaks to the importance of all those efforts to prevent and control transmission.

Dave Somers: Doctor, with a new variant that's more contagious is it probably more dangerous or just more likely to cause symptoms?

Dr. Chris Spitters: Well, it really depends on which variant you're talking about. The B-117 variant from the United Kingdom, or you know, that's where it was first at least detected that has its has a slightly increased risk of death, it appears just looking at the at the data, these are not experimental studies following individuals is just looking at the overall data, and it appears that the mortality rate in those cases is just a little bit higher still very low, you know it's we're looking at like 4% versus 2% or something like that. But still, you know higher and then some of the other variants the dominant ones in the community, like the B.1429, which is expanding rapidly and is now, I think the largest proportion of at least cases sampled by the state that one doesn't appear to have greater severity, just it's more transmissible. So each one has its challenges, but some of them do carry increased severity, but all of them appear to be a little bit more slippery and harder to control. And that's the key thing, and why really now is not a good time to be having gatherings or letting the masks off.

Dave Somers: I've heard that the good news is that the vaccines appear to be effective against the varieties that we've seen so far. Is that the case?

Dr. Chris Spitters: That's exactly right Executive Somers. Although there's some reduced strength of the reaction between the virus and antibodies from recovered cases or antibodies from people who have been vaccinated and then they, they take their antibodies and they put them in a test tube with these variants, it takes it's, our antibodies are a little bit weaker than they were for the previous strains but they're still good enough in the human body in the community to to prevent severe disease, reduced transmission. And so we still have this window of opportunity in this race to you know outrun this virus and really try to push levels down, both with our behavior and getting the vaccine rolled out.

Dave Somers: And just to clarify, we confirm the UK variety in Snohomish county? What is it doing to younger people really , any more discussion on the potential impact on schools?

Dr. Chris Spitters: Yeah, well, again, these are the state sampled in in March about 10% of positive specimens and did the gene sequencing on that 10% and so that's not a it's not a random selection it's not what we call a representative sample that gives us a really accurate estimate of what's going on community wide, but if we that's what we call a convenient sample it's specimens from labs that are cooperating and that you know we, the State takes them in and works on those and of those about 4% now we're B.117 up from less than 1%, back in January, February. So it's that that is expanding, but it's still not a substantial proportion of cases. It will carry with it, especially in older adults, it appears, greater severity, but no impact on vaccine efficacy and I think it's unlikely to, although it may transmit, among all of us, regardless of age, more efficiently than the than the previous strains because kids are already at very low risk for severe disease, I think it's unlikely to have a measurable impact on that at least in up and in the small numbers of cases that we see locally.

Dave Somers: My concern with the schools and the new variances that you know kids bring things home from school and although schools are doing a great job and keeping kids apart and distancing there's always a chance that increased chance when people together spreading that and then bringing it home so families need to recognize that, even though children may be a low health risk, they can still bring it in and infect somebody who's more vulnerable a parent or sibling or grandparent or somebody else. So we just really need to stay vigilant and keep wearing masks and social distance and all those things. That's a concern I have with the new variants.

Dr. Chris Spitters: Absolutely. Absolutely. And you know at home, although children, you know the epidemiologic data suggests that in the school setting and in the community where we're kind of things are under control right kids are spread out there, wearing masks contact is transient, short term, kids aren't really the generators of the kind of you know clouds of aerosols that make them efficient transmitters in that setting. But when you're living with them and you're sharing the kitchen and the bathroom and they're on your lap and you're playing and talking and there's no masks the risk in the home is indeed much higher. So kids do bring things home and there is that risk.

Dave Somers: So if you're vaccinated are you free from fear of being infected, or is the 95% efficacy, should that leave you feeling vulnerable, if only slightly.

Dr. Chris Spitters: Well, you know fear is an emotional reaction to a circumstance and so that's the level of fear is going to vary with each individual and for some folks even being vaccinated fully, or getting further down the road and having fewer cases, many people will still suffer from fear of COVID. I think that's a real thing that's going on in our in our world right now. But speaking objectively, you know, all I can say is that in in real world practice that 95% figure is from the from the studies. We're seeing more and more publications from real world settings where it looks like one dose of the mRNA gets you about 80% protection, one to two weeks after you've gotten that first dose, you're kind of 80% protected, the second dose clicks you up to 90% about a week or two after that second dose. And from there, you know I mean you do the math. It's not like you have a one in 10 chance of getting COVID now it's just that your chances is 1/10th of what it was without vaccination. So there's still some residual risk, and especially with these circulating variants you know our tolerance as a community for further transmission, I think, is and ought to be very low, and so, although the, you might say, sort of the cost effectiveness of prevention measures might go down for the individual after they've completed vaccination. And I don't think that I think that there should be some reduction in fear of acquiring the infection that shouldn't change our behavior because we really kind of need to have a zero tolerance right now to turn things around and hold the virus at bay until we can get enough people vaccinated to where it really is safe for the community to let its guard down, and so we all need to chip in even those of us who are vaccinated and there you have it.

Dave Somers: How is the supply level doing for Pfizer and is that still the only vaccine approved for those 16 to 18 years of age and any news or information on emergency use of a vaccine for kids under the age of 16?

Dr. Chris Spitters: Okay, so three questions: where is the Pfizer supply? For this coming week, we get some, but it's probably the least of the three products coming to town. And that's just you know, we don't control things at that level. We're getting the state's per capita allocation of total doses from the government and then from the Federal Government, and so I assume that's a manufacturing distribution issue. Moderna and Johnson and Johnson are kind of the leading products this week. We've got 32,000 doses coming through the regular state allotment to the county with about one quarter of those being the single dose, one quarter being second doses of the MRNA vaccines and one quarter being first doses. And so now the Pfizer vaccine the only one indicated for people 16 and up all the others are indicated for individuals 18 and up. And the studies in kids in older adolescence, I think, are approaching a point where the manufacturer, at least Pfizer, is probably going to be launching an application

for emergency use authorization for that vaccine for adolescence, but the studies are still ongoing for younger children. And so that's to be determined, and probably the soonest we'd see adolescent vaccine, you know, I'm guessing a couple of months and younger kids probably many, many months. Hopefully we're far down the road in terms of lowering rates of vaccination coverage in adults and lowering rates in the community and respectfully so, but I think at that point, vaccinating the kids is kind of a mopping up the end of the initial emergency response and then we'll take we'll take it from there.

Dave Somers: Thanks. You mentioned we're getting 30,000 doses this week. What do we know about the pharmacy program?

Dr. Chris Spitters: I know we get that information a week after, it's just the way the information flows from the Federal Government. We don't have as much real time visibility on that, but it's been running 12-15,000 doses a week, so I assume, you know, so 32,000 with the regular channels, I suspect 45,000 with the federal retail pharmacy program gets counted in. We get that information next week and you'll see that information for last week pop up on our website table that shows vaccine allocation, so last week's figure will be updated and you'll see a new figure there later this week that's a little bit bigger for last week, just like next week you'll see that the 32,000 became 40 some odd thousand.

Dave Somers: Dr Spitters, what's your advice for people who aren't vaccinated who are living with people who are vaccinated and unvaccinated friends, what should the unvaccinated be doing to protect themselves when they get together with vaccinated or partially vaccinated households and trends.

Dr. Chris Spitters: So the guidance on that is that, if so, if two fully vaccinated people meet indoors they can meet without wearing face coverings, etc., all right. If a vaccinated person is with an unvaccinated person and that unvaccinated person is not at high risk for severe disease, meaning advanced age underlying medical conditions, etc., you know they're healthy, young adult. You cigarette you know the rules from CDC permit you to dispense with the masks and social distancing I would tend to still do it. You know I'm a more conscious person and then certainly people who are meeting with unvaccinated individuals went to one vaccinated or individuals meet, then you know all the rules are still on, so I think the real judgment call for individuals to make is when a vaccinated person is meeting with an unvaccinated one, and although the rules, permit me to not wear a mask. As a vaccinated person with those who are

unvaccinated, I just think it makes more sense to err on the side of caution, it's just not that big a deal to keep the mask on and stay six feet away and so that's my recommendation.

Dave Somers: Do you have concerns about the two week mark after Easter and is there any plan to address the high rate of hospitalizations if hysterectomy ends up causing a spike.

Dr. Chris Spitters: Well, yes that's what we've been saying, I mean it may or may not be the Easter holiday itself, although that certainly generates lots of family and social gatherings and faith based gatherings, any of which could be a you know super spreading event, or at least to sustain the chain of transmission, so of course we're concerned about that and that's why we're pleading with folks, you know, we really gotta ratchet our interactions down a bit. Because the nature's telling us that the current level is too much, and if we continue it'll keep going up and then not only will we suffer in health terms, but also all the branching consequences of having to retreat in the in the phases.

Dave Somers: just say we were already headed in the wrong direction. We're seeing increased case counts before the Easter holiday and adding on top of it, I think we're likely to see increase cases, but you know we will do everything pad and I know the health care providers are watching the numbers also making appropriate plans. Dr you have any thoughts on the double mutant variant that was recently found in California, that has to mutations and its genetic composition.

Dr. Chris Spitters: I'll have to look up what you're referring to I'm sorry, you know just to mention that most of these variants have. Numerous mutations it's not just a single mutation they might have a key one that's particularly problematic and changing the. You know the gene changes by a click and then the protein that it makes is changed, and then that's the problem that you know it then grabs on to the human cell better. Or can evade you know immunity, a little better with that change in shape and so you know more mutations generally not good, but many of these have multiple mutations already so I'll just have to check out what you're referring to and get back to you.

Dave Somers: How much of a forecast is the healthiest you're getting from the state in regards of vaccine supply. The state puts out their schedule, but is the county getting a more individual forecast?

Dr. Chris Spitters: Yeah, we do get a three week lead time and, you know the forecast is generally more or less, are you know per capita proportion of the State total, so roughly 10 to 11% of the state's doses are forecast to come to us in the next three weeks and currently that's a stable amount. You know that's roughly in the mid 400,000 doses at the state level. Meaning 40 some odd thousand doses to us, which is kind of the numbers I was discussing today so a bump which we're all hoping for, is Executive Somers was mentioning in his remarks supply is so key to the speed of our progress. But for right now, at least for the next three weeks it looks like we're at going to be at about the same pace of roughly 40 to 50,000 doses a week coming into the county.

Dave Somers: Question- if, when or if ever do you think the county will start vaccinating its maximum capacity. I don't think we will turn maximum capacity, our goal has been to have more capacity to deliver vaccine that we have vaccine and we want to lean forward on that and stay in front of that so any increase of vaccine that we get were able to handle quickly and efficiently so we've made provisions for even more clinics and more opportunities for people to get vaccines that we can stand up, so I do not expect we're going to max out our capacity.

Dr. Chris Spitters: Anything to add to that? I share that I'm grateful and really impressed by all the work that's been done by fire/EMS working with us and other partners to build that capacity, so that when vaccine comes, we can put it out, I don't know that any county has this much per capita mass vaccination capacity, and I think that's really serving as well, and I just hope we get more and more vaccine to fill up that capacity.

Dave Somers: And the last question is Snohomish County able to make any forecast when the entire county will be covered? Short of that, is there any expectation when a more reliable instrument on coming doses in the increase in the number of doses.

Dr. Chris Spitters: Dr, I think you shared some information on this last time. We've shared a couple of times that, you know, at the current pace, we would likely vaccinate about 80% to 90% of adults by the fall, roughly sometime between August and October, probably more toward October and that's the current timeline of things really speed up. Let's say we had a doubling of vaccine supply with this big capacity, we have we could probably get it done if we've doubled supply, we could probably get it done and almost half the time. If things were slow down, for some reason, what then you know if we went back to the level we were at say a month ago with 25,000 doses a week, we would, if we had continued at that pace, we wouldn't

have gotten to that level till the end of the year, maybe even into the beginning of next year. So I think you know right now we've got a lot of demand, a lot of interested people. We're begging for their patience and staying in the game. Don't give up, be patient and keep going up to bat, to try to get that spot, cancel any extra appointments you've made, and then a time is going to come, where you know we've reached 70-80% of the adult population and, I suspect, then we're going to be here in trying to encourage people to help us finish this off. So again, let's try to get everybody in there and wait your place in line, do our best and try to get this done as quickly as possible.

Dave Somers: That wraps us up.