Snohomish Health District
Board of Health Minutes
Special Meeting
October 29, 2020

The meeting was held via Zoom conference call/video.

Members Present
Scott Bader, Councilmember, Everett
Elisabeth Crawford, Councilmember, Mukilteo
Megan Dunn, County Councilmember
Adrienne Fraley-Monillas, Councilmember, Edmonds
Christine Frizzell, Councilmember, Lynnwood
John Joplin, Councilmember, Brier
Anji Jorstad, Councilmember, Lake Stevens
Sam Low, County Councilmember
Kyoko Matsumoto Wright, Mayor, Mountlake Terrace – BOH Vice Chair
Jared Mead, County Councilmember
Nate Nehring, County Councilmember
Dan Rankin, Mayor, Darrington
Linda Redmon, Councilmember, Snohomish
Stephanie Wright, County Councilmember – BOH Chair
Jeff Vaughan, Councilmember, Marysville

Members Absent
None

Call to Order
The special meeting of the Board of Health was called to order at 5:35 p.m. via Zoom conference call by Chair Stephanie Wright.

Roll Call
Roll call was taken by Ms. Linda Carl who reported there was a quorum present.

Chair Wright opened the meeting with a welcome to guests and attendees. She noted that given the continued increase in cases of COVID-19, there have been several requests for a briefing for public officials. She stated that panelists Snohomish County Executive Dave Somers, Snohomish County Emergency Management Director Jason Biermann, and Snohomish Health District Health Officer Chris Spitters will provide an update on COVID-19 response efforts. She added that the meeting is being live-streamed on the Snohomish Health District's Facebook page for public viewing. The video recording and a full transcript of the meeting will be available tomorrow on the Health District's webpage.

Briefing

COVID-19 update by County Executive Dave Somers, Department of Emergency Management Director Jason Biermann, and Health Officer Dr. Chris Spitters

County Executive Dave Somers expressed his appreciation for the partnership with the Health District, the County Council, and agencies across Snohomish County and the region. He noted that since the first case in January, an extraordinary amount of work has been done in response to the pandemic and to prepare us for recovery. He added that, as the third wave is upon us, we need to increase our efforts to keep our residents

healthy and our medical systems functioning, food available, and our essential services intact. He stated that some early key decisions proved helpful in the response effort, including his emergency order in the spring that allowed delivery trucks to operate 24/7 and his emergency order establishing delivery drivers as essential workers. Nourishing Neighborhoods was a key program that his office launched, which quickly fed those most in need, provided resources for food banks, and provided support for our farmers. Another key area that was handled early was the bulk purchase of PPE for first responders. We learned from our experience with the 530 slide and disaster-training exercises that relying on ourselves and our partners is essential. We now are in a position where we can take care of most needs ourselves and not have to rely on other counties, the state, or the federal government. We're now more resilient and prepared for this pandemic and any other disasters that may come our way in the future. He closed by thanking local elected on the call for being part of this unprecedented emergency and helping our communities stay healthy and safe.

Emergency Management Director Jason Biermann gave an overview of some of the response activities in the Emergency Coordination Center since the first case of COVID in January. At the end of February the Joint Information Center was activated to support all the communications around COVID. Two days later, the Emergency Coordination Center was activated; it has been activated for 180 days now. Fifteen different agencies have provided support, including law enforcement, fire, and EMS. These agencies and county departments have contributed 152 staff who have worked over 32,000 hours in the ECC so far. The response effort has procured about 23 million pieces of PPE, thanks in large part to donated PPE and the community's response. As part of the Executive's proclamation, EMS partners have dispatched Protocol 36, which is a pandemic protocol to track cases within the EMS system before they reach the hospital system. Data-sharing, which gives a more comprehensive view of cases, has been helpful. Currently DEM is working with the Health District on medical countermeasures and a mass vaccination plan. They continue to protect high-risk populations with an isolation and quarantine facility at the Evergreen State Fairgrounds. To date there have been just under 200 people that were safely quarantined and isolated. DEM recognized early on that our unsheltered population could be at disproportionate risk, and the SAFE Team (Snohomish Agencies For Engagement) was deployed. Nourishing Neighborhoods looked at socioeconomic and transportation data to see where people have mobility issues, then combined that data with food deserts to see where people are already challenged with getting the distance to food availability. That resulted in 18 different locations where over 7,000 boxes of locally grown food has been distributed. Measures were also put in place in March to ensure that essential workers would have childcare so they could get to work and not worry about care for their children. That continues into this fall in partnership with the YMCA and the Boys & Girls Club. Mr. Biermann thanked those on the call for their support, leadership, and partnerships throughout the pandemic.

Snohomish Health District Health Officer Dr. Chris Spitters provided a status update, and showed a PowerPoint with data slides. He reported that case counts are going up, and we're now at a level of overall transmission that parallels the peak of the first wave. On average, 60 to 100 cases are being reported daily over the last week or two. Young adults, ages 20 through 59, account for the majority of cases and the majority of the increase over the last several weeks. That is similar to the second wave, but quite a bit different from what we saw during the first wave when it was older age groups that were primarily affected. Cases are also increasing in oldest adults, over 70 and 80-and-up; fortunately, in terms of magnitude, their age-specific case rate is still low. The age groups 20 to 59 account for about 70% of the marginal increase in cases; however, all age groups are seeing an increase, and all age groups are affected. The percentage of positive tests is also increasing. In mid- to late-July, we were at about 6,000 tests per week, with around 5% positive. Then we came down to the low 2% range, and now we're steadily rising for the last five to six weeks and are close to 6% positive, with about 8,000 tests per week. The doubling of positivity is not because of increased testing, but rather, is another signal of a true increase in transmission.

COVID affects different populations to different degrees, and we're seeing that many of the racial and ethnic minority groups in Snohomish County are disproportionately affected, in particular Native Hawaiians and

Pacific Islanders at rates eight to nine times that for Whites and Asians. Also, African Americans and American Indian/Alaska Natives are two times higher and Latinos four times higher than what Whites are experiencing. The difference between groups has to do with their risk of exposure at the front end, including but not limited to employment in essential functions of society.

Intensity of case reports over the last two weeks shows the focus on the most population-dense areas—particularly the south Everett area where multiple jurisdictions converge, extending down toward the King County border. There are a few pockets in the outlying smaller cities and towns throughout the county. There is no populated region of the county with a rate below 30 per 100K per 14 days.

In workplaces, employers generally have practices in place and screening set up, but often staff let their guard down during breaks or on their way to/from work where they either have a sense of trust in the people they're around or just a break in their infection prevention practices that are exposing them to transmission. Small family and social gatherings—often occurring in the absence of face coverings—are also driving transmission now. Now that the weather is cool, people are gathering more indoors. So, clouds of droplets that float around our heads when we talk, cough, sneeze or sing can be inhaled by others; the droplets are not being irradiated by the sun or blow away by the wind when we are in a poorly ventilated indoor space.

We're not seeing widespread transmission in school and childcare centers, but we are seeing lots of single cases and several small clusters of a few cases. It doesn't mean transmission is occurring at the school or childcare, but the Health District will get involved to try to help the administration stop transmission from ensuing when cases are detected.

Prevention measures continue to be important. Laboratory research shows that face coverings work and greatly limit the generation of droplet clouds when people talk, sneeze, cough, etc. And it's also been shown empirically that in communities that have face-covering directives or mandates and good compliance, COVID rates and hospitalization rates are lower.

Also, distance from others not in your household is important; social distancing can't be underestimated. Avoid crowds, stay six feet apart, stop engaging in unpermitted gatherings, and curtail unnecessary social encounters, even if they're permitted. And then we all need to shelter the oldest adults and the medically vulnerable in our communities and try to keep them from getting infected.

The number of confirmed cases in Snohomish County hospitals, which had bumped up to about 30 a couple of weeks ago, is at 25 total cases and suspects as of today. This is because the disease right now is mostly affecting younger people and the hospitalization rates are lower—not zero—but lower in those younger groups.

Almost two-thirds of hospitalizations occur in individuals over 60. But even among younger groups hospitalizations do occur. Three percent of people in their 20s that have a reported case of COVID get hospitalized, and 8% of 30 to 39 year olds. So although less likely to be severe in young adults, it's not completely benign. Follow-up studies also are showing that up to a third or half of people who are confirmed cases continue to experience fatigue, difficulty thinking, and/or shortness of breath several months after getting COVID. Also, one out of six hospitalized patients have no medical risk (such as factor, diabetes, hypertension, heart disease, lung disease) and they're not over 70.

Long-term care facilities had a high rate of cases in March, April, and May, and since then they've done a tremendous job of keeping our older adults needing their care in good shape. However, we're now seeing a bump in cases in the last several weeks. Some of these cases are associated with a single outbreak, which accounts for about half of those cases. Overall, about three-quarters of the deaths that have occurred are individuals over 70.

The Health District continues to coordinate with the Department of Emergency Management, and we sit at the Emergency Coordination Center's Emergency Support Function—or ESF 8—which is public health and healthcare, as well as ESF 15, which is communications and the Joint Information Center. Our surveillance and epidemiology team takes in all the case reports and compiles all the data. Our testing team has stood up a testing site that's now augmenting the testing that's occurring in the community. We're now getting out about

1,000 tests per week to add to the other 7,000 to 8,000 that are being done by the healthcare system. We follow up on all the reported cases to make sure they have information about being isolated, they know when it's OK to come out, and they know what to do. If they don't have a place to isolate we help locate them out at the isolation and quarantine center. And then we identify, talk to them about who has been in close contact with them, and then we reach out to those individuals to quarantine them. We're reaching about 70-80% of all those cases and contacts within our defined timelines (targets: within 24 hours of notification for the cases and within 48 hours of notification for the contacts).

In addition to those individual-based interventions, we have teams that interface with high-priority settings in the community like long-term care, schools, child care, employers, and special populations that would include the unsheltered population or specific social networks or groups that are having a neighborhood or community outbreak. Dr. Spitters interfaces frequently with the medical directors and chief medical officers of most of the major healthcare systems. Shawn Frederick, our administrative officer, stays in touch and shares information with the healthcare system.

Regarding the upcoming holidays, he emphasized finding other ways to celebrate that don't involve gatherings where the risk of transmission increases.

We're still waiting to see the outcomes of the clinical trials for a vaccine, and what the FDA and CDC do with whatever comes from those trials. With the help of the team at DEM we've put together a draft implementation plan. A key assumption is that if it's going to be implemented it will be a safe and effective vaccine, with likely two doses given four weeks apart. It's conceivable that some employers might want to make it mandatory in their setting, but the Health District won't make it mandatory as a community disease control measure. Public health from the federal level down to the state and local level is coordinating the overall effort and is the conduit for procurement and distribution, but it's going to be the healthcare system that predominantly if not exclusively administers the vaccines into people's arms. Best-case scenario of implementation is three or four phases of three months each to address the series of prioritization groups in the population. Prevention measures will remain in place, even after implementation of the vaccine. Vaccine implementation will be phased, with serial steps driven by the amount of vaccine available, which initially will be small, and then increasing over time. We will be trying to reach the highest-priority groups for preventing hospitalizations, which groups are most exposed (such as frontline workers), and which groups are least likely to be able to access vaccines on their own, as well as how we get out of this emergency with vaccine as quickly as possible.

Moderated Q&A with public officials
Panelists answered several questions submitted in advance.

Adjournment
The meeting was adjourned at 7:05 p.m.

Stephanie Wright
Stephanie Wright, Chair

Shawn Frederick, Administrative Officer / Secretary