

- Good afternoon, today is Friday, April 10th, 2020, and you are watching the Daily Media Briefing for the San Luis Obispo County COVID-19 Emergency Response. My name is Michelle Shoresman, and I'm the designated media contact for the public information team. Thank you to all the members of the media for being here today, and for those in the public tuning in at home. This afternoon, we have three speakers for you. We will begin again with Emergency Services Director and County Administrative Officer Wade Horton. He will be followed by San Luis Obispo County District Attorney Dan Dow that's D-A-N-D-O-W. We will conclude with County Health Officer Dr. Penny Borenstein. After all their statements are complete, we'll ask the speakers to take questions and if they could please remember to repeat the question before answering. Thank you again to Robin Bab our American Sign Language interpreter and now San Luis Obispo County, County Administrative officer and Emergency Services Director Wade Horton.

- Thanks Michelle. Good afternoon, Wade Horton County CEO and Emergency Services Director. Our primary goal when all this started was to slow the spread of COVID-19 so our healthcare system would not be overwhelmed. I'm thankful report that our community is succeeding by sheltering at home, complying with physical distancing, and personal hygiene measures, we are slowing the spread. This has bought us time to pursue three important objectives. Number one, we opened the Cal Poly alternate care site. This creates additional capacity in our healthcare system, adding up to 931 beds if needed. Number two, we've already increased our ventilator supply from 60 to 71 and have another 25 on order that we're tracking to arrive next week. Number three, we place an order for a high-throughput testing machine, which will allow us to process up to 500 tests a day. Though we are uncertain as to the arrival date due to a very high national demand. With these three objectives, we are increasing our capacity to identify and treat this disease in our county. These are the first critical steps, which will allow us to efficiently and safely lift protection measures based on sound medical guidance. I want our community to know that we are working on this transition plan to get us back to normal. We've assembled a team made up of experts for our medical, business and academic communities that are working with the county on a roadmap on how we will make this transition safely and responsibly. Our goal is to get us back to normal as soon as possible, but the method, manner and timing is critical so that we continue to slow the spread, match it over time and keep our community safe. I want to thank everyone watching, for all your efforts this far, we are getting through this. With that, I'm gonna turn it over to Dan Dow San Luis Obispo County District Attorney.

- Good afternoon. First of all, I just wanna open by saying how grateful I am to every member of San Luis Obispo County, all of our residents and citizens that live here, you've been amazing since this emergency crisis began in terms of how you've come together as a community to help one another. And particularly I have a lot of good things to say about our CEO, who's leading this team as our Emergency Services Director, Mr. Horton and the team that he's assembled is, has done an exceptional job so far, and I think we are should all be grateful for the hard work that they're doing and the entire team. San Luis Obispo County is a special place, we're all here because we love it, we love the environment, we love the community that we have and there are so many good people here. We are special because of our community members, the organizations that we have, we're the type of community that comes together every time there's a crisis that we have to address. Unfortunately, even during times of crisis, there are

those who want to take advantage of and victimize other people, people who are just trying to help during this crisis may be targeted in by scammers, and folks that wanna defraud other individuals with crimes like price gouging and that sort of thing. During the COVID-19 pandemic, scammers have already been trying to take advantage of our community through misinformation in scare tactics. Last week, it was reported that several of our community members were the target of a phone scam involving the purchase of gift cards. Supposedly they were to be used for posting bail at the sheriff's department. That was not true, that was a scam. It was also reported last week that someone has been calling seniors in our community and telling them that they must purchase a gift card in order to receive food and other supplies from our county during this crisis. That is also not true. You will never be asked to pay for our food delivery service here in this county. County staff whether it's at the DA office, the Sheriff's Office, or any other department, we will never ask you to pay for any kind of service that we're providing. Certainly not in the form of gift cards. Scammers may try to reach out by phone or by email, or through social media, texting. You can protect yourselves by not releasing any personal information whenever you're asked to do so, whether that's your bank account information, your date of birth, social security number, all of that is private and should not be shared with anyone whom you do not know who they are. Be aware of fake websites, emails, texts or other posts on social media, impersonating a relief agency to profit illegally. Although they may appear to be a legitimate agency, they often have misspellings in their postings or they might have a logo posted that doesn't appear to be genuine, but maybe copied. There was a recent scam about the National Guard that they were going to be deployed and that was false. While most businesses are honest and have good intentions, there are always bad actors, unfortunately, that wanna take advantage of the fear in society and they're doing that at this moment. So please inform your family and friends about scams that you may be aware of, so that you can help prepare them in the event that they are targeted. We're all in this together. Price gouging. Yeah, you may have seen our press release about price gouging. There's a Penal Code Section 396 that prohibits a business, a retailer or even a wholesaler any provider of services or goods from charging a price more than 10% higher than the amount that they were charging 30 days prior to the emergency being declared by the Governor. The goods and services covered under Penal Code Section 396 includes food, emergency supplies, medical supplies, building materials, gasoline, transportation, freight, and storage services, motel accommodations and rental housing. Goods and service providers may charge more than 10% only if they can prove that their costs have actually gone up more than that. Any person who observes what they believe is price gouging or if you're a target of price gouging or a scam, please contact the District Attorney's Office Consumer Protection Division at 781-5800, that's area code 805-781-5800. Or you may send an email to our complaint department, that is sloconsumercomplaint@co.slo.ca.us that will also be posted on our website. Or you can certainly contact any of your local law enforcement agencies. The last topic I wanna cover with you is something that just happened this week. This past Monday, the California Supreme Court Chief Justice issued an emergency order addressing bail for individuals who are currently incarcerated in the county jails across our state. The courts have greatly reduced the number of hearings in court to minimize the amount of human interaction in court in the public setting to protect the individuals from the public, to protect court staff and inmates from the county jail. This new zero bail order has reduced the amount of bail required for misdemeanor and felony offenses for many of those offenses to \$0, which essentially means they will be released from county jail while they're awaiting trial. This will reduce pressure on the local jail where people must live close together, and it will help to isolate those who are sick so that they won't infect another person at the jail. Those inmates however, who are serving a sentence, they've

already been convicted and they're serving their sentence they will not be released on zero bail unless they have a medical emergency. While we agree that these are important measures that the Supreme Court is taking to address legitimate health concerns, my office is working very hard to ensure that no one is released from custody inadvertently under the new order or on charges that we believe should not be released because of the dangerousness of the individuals. We're working very hard with the Sheriff's Office with the county courts, the Public Defender and all of the criminal justice partners to ensure that no one who is dangerous will be released. I will now, that concludes my statement. I will now turn it over to Dr. Penny Borenstein.

- Thank you. Good afternoon, Dr. Penny Borenstein the County Health Officer and I've got the daily update of where we are with this disease in our county. We stand at 107 cases and the good news is that we are closing in on nearly 80% having recovered so 83 have recovered at this point and only three individuals in the hospital and two of those individuals are in intensive care. So as you've heard from Mr. Horton, we are doing exactly what we had hoped to do, which is slow and lessen the spread of this disease. With that said, we have had some concern about certain areas that maybe are not we're not seeing testing going on, or in particular people who don't have health insurance and let me address that because I know that the federal and state government have both said there's no cost sharing associated with getting screened or tested for this disease. However, people who don't have health insurance, don't have an established medical provider in most circumstances and if they don't have an established medical provider often the types of providers that are available for walk ins even including urgent care as private businesses don't necessarily have to take all comers. And therefore, we've had some concern that we might be potentially missing pockets of disease. You've heard me talk about how important it is to test, test widely and test many people. And so we have stood up a couple of pop-up what we're calling pop-up clinics, where we're going to communities that represent higher numbers of individuals who are uninsured, people who are non English speakers who may not have been getting the message and people who don't necessarily have access to health care. So with that we did our first one of these yesterday in San Miguel, and we were able to test a number of individuals who were having symptoms but had not sought health care. We we're sure to only test those people who had symptoms, I've said many times that though the disease might occur in asymptomatic people, at this point in time the testing that is available, is being targeted to those who have symptoms. We plan on doing one more of these clinics in South County next week and we will be taking under consideration whether they have served a value in identifying potential pockets of disease that have gone unrecognized, but we wanted to make sure that the most vulnerable people in our community would have access to testing and understood the importance of testing. So in addition to the testing, everyone who came was given information about the disease that they may not have previously received. The other form of testing that a lot of people are focusing on is serologic testing and I've spoken of this before, but I want to address it again today, especially in light of national news and Dr. Tony Fauci having come out and said, we expect this test to be available next week. That may be true in some parts of the United States or a part of the United States but again, we are not anticipating having the serologic test available in our county anytime in the foreseeable near future. So let me talk a little bit about what this test is and how it differs from the testing that we've been talking about that identifies current disease in individuals. So the main laboratory testing we're doing which is a nasal swab, is looking for the actual virus, it's looking for the component of the virus that can be amplified and therefore identified. It's also important to say

with that, that it isn't necessarily live virus that's being tested for so a lot of people ask us, "I was sick three weeks ago, can I be tested?" And we have been saying no, because we may find actual, they may have a positive test but not actually have live virus. So we're talking about two different kinds of tests. One is this viral test the nasal swab, and it needs to be done in individuals who have symptoms for whom we are looking for current live virus. And then the serologic test or antibody test or immunity test all of those meaning the same thing is something that we want to have available for our community at large as we move forward through through this epidemic so that we can have a better understanding of all of the people who may have been infected at some point. So looking for antibodies is showing that, that and is able or has immunity is able to mount an immune response if they were exposed to this germ again. And so what that, what that would tell us is if we did antibody testing of our entire population what proportion of our population have actually had this disease at some point and that would then tell us are we at risk of much more disease? What proportion of our population have already been exposed? And I've spoken before about getting to herd immunity so that is where we get to the point that so much of our population has had the disease or been exposed, that we now can feel relatively comfortable, that it's not gonna spread easily any longer through the community. So that particular test the serology or antibody immunity test is what we are waiting for and we do not have a timeline on that. That is those are the issues that I wanted to address today. And with that, I will turn it over for questions.

- [Journalist] Dr. Borenstein, there was, we've talked in the past about the plasma treatment and potential that just two days ago in Detroit, there was an individual that did donate plasma to another person, what's the future hold for that route here in San Luis Obispo County?

- Yeah, good question regarding the obtaining of plasma from previously infected individuals and using that as treatment for newly infected individuals. We are actively engaged in that conversation with our intensive care doctors in this county. We have begun to reach out to the people that I report to you are recovered to see if they would be willing to donate their plasma. We are working with our blood donation bank and trying to put all those pieces together to make that opportunity for treatment available in this county and we are hopeful that we will be able to do so pretty soon.

- [Interviewer] Dr. Borenstein, we're, you're curious. So if the criteria and the guidelines for who gets tested by the public lab haven't changed, why were more people tested in recent days? Was it because of those clinics that you were talking about? Or, can you explain that?

- Yes, so the question was, if our criteria for who gets tested through the public health laboratory has not changed, why did our numbers go up so much in the last couple of days? And there are a couple of reasons for that. One is, indeed this pop-up clinic that we did, we decided to do that in house so that we could get a better understanding in our previously on underserved community. And the other reason was, quite frankly, you heard me say on one day that we were open I'm testing and I came back and clarified that, that it wasn't through the public health lab, we actually had a couple of days of some

internal miscommunication where folks who didn't meet our criteria had been scheduled to be tested and I simply made the decision that I didn't wanna cancel appointments of those who had already been scheduled and so we did have this brief time where we hit our maximum capacity.

- [Interviewer] Do you plan to keep, so you don't plan to keep testing that number of people like hit to a max?

- Right, we are so the question was do we plan to keep testing up to our maximum. We are available to test up to our maximum. That would mean that a lot more of our healthcare workers and first responders essential workers were sick, so I don't really mind serving a lower number but we have certainly put out the call to all health care providers that you know, this is available to all essential workers, all staff in the healthcare setting, etc. So, you know, again, with mild illness, I would expect the numbers to stay somewhat higher but if we don't hit our maximum, that's okay that's a sign that we don't have as much illness in our community as as we would if we were hitting that top number.

- [Journalist] Another question for you regarding the pop-up clinic. Is this something people can basically walk, walk in? Or are you already identifying these potential cases

- Yeah.

- that are set up and ready?

- Sorry! So good question was, can anyone just walk into these pop up clinics? And the answer is no. We are serving very targeted communities, we're getting the word out only through the school in that community and we especially we're turning away people who have insurance who have another means of getting tested and we're asking that people who are not from that group community that they also use the resources that are available in their community and again, if they have insurance that they use those resources.

- [Interviewer] It's not a question. We were wondering, some readers are wanting to know, you know, there's a significant number of patients who've recovered, versus the new patients like where the recovered patients live? Where the people who were recently diagnosed live? Yeah, I was wondering if you guys are gonna really release that information.

- Um, so the question is, can we provide more granular detail on the breakdown of our cases by geography in terms of those who are new cases versus recovered patient, cases. And we have very limited staff, and I don't wanna, you know, if it were important enough, we would find a way to do it but the message that I really want the public to understand is that there still is some measure of transmission, it is across the state, it's present in our county. And I don't want anyone to relax their guard because they're seeing well, there's more people, you know, who have recovered in one community and less than another. I think, again, the numbers are too small to make any meaningful use of that information given that we have limited surveillance and epidemiology resources. We're not gonna go there at this time.

- [Interviewer] Alright, related to that there I've also gotten some questions about the other category when you break it down by community.

- Right.

- [Interviewer] Is there any chance that you guys would break that out further? Or what's like the threshold for breaking that out?

- The question was, what is the threshold for breaking out of community by name in terms of disease reporting. And we have been using five or more cases and that's for a couple of reasons, again, is medical privacy being the dominant feature of that and also, because we want people to understand that there really isn't a huge difference whether you're in North County or Paso or South County or Arroyo Grande or neighboring community. We're experiencing this pandemic across our county.

- [Journalist] I've a similar yet slightly different question that came in over email. The state and other counties are starting to report a breakdown of COVID-19 cases by racial demographics. Can you expect SLO county to start doing the same?

- So similar question is, is SLO county going to be breaking down it's cases by demo, by racial and ethnic demographics. And we don't anticipate doing that for the same reasons I've described in terms of low numbers, in terms of limited capacity, in terms of, you know, just the demographics of our county being what they are, but, but I am pleased to see that the state is doing that very thing is looking at demographics and racial and ethnic breakdown at a state level. The good news coming out of California unlike some other community is that of the roughly 55% of all cases for which there is information about race or ethnicity, there does not appear to be a disparity in the state of California at this time. Thank you.

- Thank you all again for coming today and for tuning in online and on TV. Remember that there are a number of ways to stay informed of the latest information and resources for residents of San Luis Obispo County related to COVID-19. We continue to update ReadySLO.org and maintain our public health information line recorded message with daily updates. All of our information is also available at those two locations in Spanish and English. Due to a low call volume will be letting our phone assistance centre staff go home a little bit early over the weekend. That number again is 805-543-2444 and they will be available on Saturday and Sunday between 8:00 a.m and 4:00 p.m. There're abouts during the weekend and then on Monday through Friday, they will go back to 8:00 a.m to 5:00 p.m. Thank you again for tuning in today. Our next regularly scheduled briefing will be Monday afternoon at 3:15 p.m. Please remember to tune in on San Luis Obispo County Public Health Department Facebook page on our county's website and on KSBY and KCOY. Thank you and have a safe and restful weekend.