

- Good afternoon and happy new year. Sorry, we're starting a minute or so late here today. Today is Wednesday, January 6th, 2021. My name is Michelle Shoresman, and I'd like to thank you for watching today's San Luis Obispo County COVID-19 media briefing. This afternoon we will hear from County Health Officer Dr. Penny Borenstein, County Administrative Officer and Emergency Services Director Wade Horton is also here and available to take your questions. Thank you to our American sign language interpreter, Shelly Lawrence. And now I'll introduce Dr. Penny Borenstein.

- Good afternoon. Again, happy new year. And fortunately I can start my talking points with some good news. We have really pivoted our attention and trying to make our major focus of effort vaccination. That is the thing we've been saying for some time now will get us to our new normal. And so we're putting a lot of emphasis on that. I do wanna spend a bit of time talking about the numbers because we have actually gotten more information today than what we've been able to share with the public over recent days or weeks regarding the amount of vaccination in our county. So we had here to for been reporting only that which we received and what we've been able to administer, and our daily uptake of vaccine has been consistently increasing.

So between that and getting new information from our partner organizations about how much vaccine they've actually received and administered we are now able to report much better news, which is that we are nearly 60% of all the vaccine that is in hand in this County has actually gone into people's arms. That means it's been over 7,000 doses. Nearly half of that has been administered through the public health departments, pods or a point of distribution. At this time we have one in San Luis Obispo County, but we have now gotten information from our partners being the hospitals, being the CVS program that has gone into the skilled nursing facilities to administer doses to staff, as well as residents, as well as our state prison. And we have estimates on ASH also Atascadero State Hospital having received some doses and been able to administer to their medical staff.

So the entire picture put together is one that puts us in better stead in this county. As I said, we're nearing 60% of all doses in hand have been administered. That includes that just yesterday we got a couple of thousand more doses, so we can't turn those around overnight. And we are counting only first doses administered in coming up with this proportion. And the reason for that is we haven't yet gotten to the milestone where anyone has passed the minimum of three weeks before they

can get their second dose. So we will be providing more of that information ongoing. We've been getting this question a lot about and understandably the public is interested, and we are interested in getting our vaccine out as quickly as possible. At this time we are still in the first phase of vaccine administration, but within that phase one A for healthcare workers and for long-term care facilities, we have opened up for vaccination to everyone in that phase.

So the state's process was that it be a three tiered system opening it first to the most vulnerable in long-term care facilities, and hospitals, and dialysis centers, EMS. In the second tier we opened two primary care practices in home care and then ultimately to specialty care, laboratory workers, pharmacists, et cetera. So right now we are open in all of those tiers of the healthcare worker sector. And we are hopeful that we will be able with our scaled up number of doses that we can do on a daily basis, that we will get toward the end of that tier by the end of this month. We are additionally starting the process of knowing where we're going to expand our vaccination efforts in other parts of the county, as we need to ramp up considerably to start vaccinating individuals in the next phase or phase one B, that looks at older adults as well as critical infrastructure workers in our county.

So we are on the cusp of having our plan in place for two to three weeks out to begin that process. And we are keeping an eye on however our vaccine allocation. So our two Achilles heels, if you will, related to this expansion are one, having all the staff to administer the expanded number of doses, and two actually having the vaccine supply. With respect to the vaccine supply unfortunately, we are not able to predict more than a week out how much we are going to get from the manufacturers. So we're planning for the best but sometimes we may have to scale back based on limited dosages actually delivered to us. The other area that is a rate limiting step if you will, is the number of people who actually can give the vaccinations. And toward that end we've really been expanding our efforts as has the state. So just yesterday for instance, the state indicated that dentists with a certain training program can augment our vaccination efforts. We also just learned now that emergency medical technicians or EMT can be part of the vaccination process, and we are moving forward as quickly as we can to get permission from the state to use them locally and to get a training program in place, and to get that cadre of individuals trained.

So with all of that if everything continues to go according to plan we hope by the end of this month, if not sooner, that we will begin this next tier, next phase of

vaccinations and that we will have three locations in the county to do so. We will continue to look for more partnership, whether it's these pharmacies going into facilities in our long-term care settings, as well as we are hopeful that in the coming weeks and certainly months that people will be able to do what they often are used to doing, go to your local pharmacy for a dose of vaccine. So we're looking for expansion of a decentralized system through pharmacies, through other healthcare providers as well as the partners that have already been participating in our state facilities, and our hospitals taking care of their staff. And hopefully as we move forward perhaps we can move into patient care with them as well.

We know that our community would like us would we to move forward more quickly. We are getting hundreds and hundreds of inquiries a day. Unfortunately, we cannot maintain a wait list. So we have asked for the public to both check back on our website with some frequency as to when we will begin to open for additional groups of individuals. We also have made available a form so that people can share their feedback with us as to what their circumstances are, what special groups they think ought to get priorities, things we may not have thought about. And so we've made that available on our website at emergencyslo.org/vaccines.

And additionally we started today, we had our first meeting with our advisory group our disaster health COVID vaccine task force. And we had a very good meeting with over 30 individuals representing all sectors of our community to learn about our processes, to begin to provide us feedback and input into the federal and state recommendations and to help us be messengers in their communities with when the time is available for their sector to be vaccinated. And to help us talk about the safety and efficacy of the vaccine. So we asked for the public to continue to be patient with this process, remind folks that this is the absolute by far quickest unveiling of a vaccination for a new disease. And we are moving as aggressively and robustly as we can through the process.

With that, and as I think I mentioned a week ago we are absolutely underwater with respect to the hundreds of new cases that we're seeing a day in our community such that we have had to change our processes of doing our case investigations and contact tracing. So at this point into the foreseeable future we are reaching out to individuals under the age of 50 who we become aware of have tested positive. We are reaching out to them by text. We are providing the opportunity for an in person communication, but we are also empowering those individuals to take action on their own. That action should start even at the point of going to get a test

because you're concerned. So if you are getting tested because you're symptomatic or because you believe you've been significantly exposed you need to start the isolation process immediately, and not wait for you to get that information or the test result back.

Similarly, we're asking that people begin their own contact tracing and notify their close contacts so that they can begin the quarantine process of staying home before they may be notified by us, or that those individuals can also get information online about what it means to be quarantined. What the length of time is that they need to stay home. What quarantined means, whether it's isolation or quarantine it really means staying home, but for medical care and we are asking the community to help us with this. We can only get out from under the enormity in the growth of cases that we're seeing by especially people who have tested positive, as well as people who believe that they may be positive by contact going to get tested, getting their results and staying home. So, as I said all of those younger individuals still have the opportunity to get in person support from us. All that information is made available to them through our text and web link contact, but we are still doing the in person touchpoint with anyone over the age of 50. And all of this information is available also on readyslo.org.

I also want to again, address some of the challenges we've been having in providing data, accurate day over day data. We continue to experience technical glitches with the state system, as well as the manner in which the cases are now coming into the Cal ready system both have contributed to a somewhat erratic portrayal of our cases on a day over day basis. So the take-home point is don't look at any single day look at the last week's worth of cases. Look at the last two weeks worth of cases, and that will give you a better sense of what's going on in our community. So as we look at that, and we have on the screen the 14 day average in our county is at it's all time high now. So even though we may have had a case a day of zero on Monday when the system was down in the state, if you look at these kinds of trends we are continuing on a very dramatic upward trajectory of the number of cases.

And with that, we are experiencing the next level of outcomes from having cases. So first, just to say with respect to the cases alone, 20% increase is what we've seen in just the last week. And 25% of our cases are now active cases. So we have an all time high of active cases in our community of nearly 2,800 individuals currently infected with COVID. So that's going on with our cases. I do want to also talk about

the downstream implications of cases, whereby hospitalizations are continuing to average much higher than we'd seen prior to December.

So over the month of December we've seen an uptick, and I know SLO wing whatsoever of the number of people in hospital care, as well as we're at an all time high of those who are occupying intensive care beds. So 14 is our number today of individuals who are in the intensive care unit of one of our community hospitals, as well as some spillover into Marion. So those are residents of our county 14 of them are currently in intensive care.

An even more dramatic piece of information that again you can see on the screen behind me is what is happening with the number of people who are dying in our community from COVID. If this doesn't take your breath away and help you understand the severity of this illness I'm not sure that there's anything else that I can say. It has really been emotional and moving for those of us who are watching these cases come in on a day over day basis. We have had nearly half of our deaths just in the most recent period. We now are over 100 deaths if we include those who are waiting for final death certificate. So that is a milestone we had hoped to never reach. This is the number one cause of death in our county today. And as you can see on the slide it has been continuing to go up. We thought December was the worst of it but we are now into January and seeing that many individuals unfortunately, are dying, many of them not even getting to the hospital. And so this is our most important metric.

This is what we as a community can and should prevent. And I just asked of everyone one more time to please do their part. These are mothers, fathers, grandparents, siblings aunts, uncles, in some cases children who are dying from this disease in our community and elsewhere throughout the United States. We're seeing this locally, we're seeing it in the State of California. We are seeing it in the United States record high numbers of fatalities from this disease. So I'm sorry to end on that note but I do feel it is extremely important to drive home this point, that we have not seen the worst yet of this disease. While at the same time we can really try to move rapidly toward the fix of of administering as much vaccination as quickly as we can. And with that, I will open it up for questions.

- Dr. Borenstein, in terms of the ICU beds. I know we spoke about this yesterday, but there's 14 I believe in ICU with COVID, but there's other people in those ICU beds with other ailments. And so we we've seen here in the county and in

neighboring counties the number of beds are diminishing, can you speak to how many beds are available in the county right now all together?

- Yeah, we just actually came just from a call with our hospital CEOs and administrators, and our intensivists. So the number of cases that the... I mean the number of beds that are licensed in this county are at a certain number. We have a somewhat different approach to thinking about when our hospitals might get into trouble based on the number of staff that are available, with that in mind even though the state is showing perhaps we're over half of our beds available, the actuality is it's more like 40% at this time of intensive care beds that could be occupied based on the staffing available to serve those patients. So we are still not in any kinds of dire straits like we are seeing in other communities around us, but we really need to continue to have those important conversations with our hospital partners. And we also very much need the public to understand that this is a very dynamic situation. We go from eight to 10, to 14 COVID patients while we may be have another eight or 10 other individuals in intensive care. And it is not out of the realm of possibility that we could soon be facing the same kinds of limitations that are being seen in other places. So that is an important point is for the public to be aware of the repitity with which the hospital situation can change. And, as I've said that is one of the most important metrics that we keep our eyes on.

- And then just to clarify, you said we're still in phase one A and then one B is yet to begin, and you're expecting that again sometime later this month.

- Yes. With respect to the vaccination program we hope to be able to open it in a matter of weeks, short number of weeks to individuals of older age and certain critical infrastructure workers in our community.

- [Lady] Dr. Borenstein, we've heard of instances where people go to the hospital or go to the ER and they're told that there are no beds available. I'm not sure if that obviously has to do with COVID and so forth, but what's your reaction to that?

- So the question of people going to a hospital and being told there's no bed available I am not aware of that being a situation in our county. I don't know if you're hearing that locally. We'll certainly look into that. That's not what we're hearing from our hospital directors and chief nursing officers. So I'm not aware of that situation. It is absolutely happening in other parts of the state where people are lined up waiting in ambulances or waiting on gurneys for the for the hospital to determine what they're going to do with their next patient.

- [Lady] And then another question. So there have been some complaints that frontline workers who actually are dealing with COVID patients and so forth are not getting the vaccines, and other healthcare workers who perhaps are not dealing directly with COVID patients or don't have a likelihood of dealing with COVID patients are getting the vaccine before them. Have you heard of that?

- I haven't, it may just be that they simply haven't gotten the information that they need to register for an appointment today. And since actually 12, 28 is the day that we opened to all tiers of healthcare workers. So if you hear that, please help us be the messenger that they can call our PAC which is our phone assistance center and get information about how they can register for an appointment.

- [Lady] And do you have the exact number of vaccines administered as of late, you said it was about over 7,000?

- Yeah. So what I have is the exact number that have been administered by public health, that is 3,134. Although as we speak that number is probably going up by hundreds today. The additional numbers of vaccinations administered through our hospital partners, the pharmacy partners and the state facilities were estimating, I don't have exact numbers but that's probably in the range of 4,000 or so.

- [Lady] And then one last question from me, last year 2020 we heard complaints from citizens, the community that the outbreak happening at Cal Poly was not accurately documented because a lot of Cal Poly students were getting tested at county testing sites. And the county was not documenting whether those students, whether they were students, or whether they were testing positive, is the County planning on improving that data or improving that accountability?

- So the majority of Cal Poly students who have tested... You are correct that what the county reports as an area of residents that's what we've reported for cities or zip codes. And so we have done that for the on campus students Cal Poly reports on their website all students have been tested through their facility. Now that they are amplifying their testing program I imagine many more of their tests are gonna come through their testing program. But we are not preparing to notify the public of the total number of Cal Poly students. In some cases, we don't know that they're Cal Poly students in that that's not an infrequent situation. But also as we don't reveal other businesses or other just public or private entities, we haven't really been reporting and we're planning to change our process with that. But having said that, the number that Cal Poly reports is not magnitudes of order different from

what our understanding is of the full impact of Cal Poly students on and off campus having the disease.

- Another question for you Dr. Borenstein, in terms of spread last several weeks, couple of months, it's been the main spread has been gatherings, right? Is that still the case, but with so many active cases are you seeing spread elsewhere in other businesses, other places of interest?

- So as of the beginning of this year, state law passed such that any entity, a business, a school, any organization that has three or more cases needs to report to us. So we may, as the year progresses have some more understanding about where small clusters of disease are happening. As we have not been able to fully engage in the contact tracing process as well. On the flip side probably going to have less insight into the exact cause of transmission in many of these cases, but be that as it may we still with the contact tracing we are doing, we still when we can identify sources they are still largely through personal gatherings. Many of our cases now are happening in outbreak settings. We have 24 outbreaks today going on in small and large congregate facilities in our own county jail, and the state prison and Nash both are also seeing outbreaks.

And we've actually added to our webpage a new sector which is congregate living facility for resonance of those facilities. We used to only report travel related, person to person or community transmission. And now we're gonna add also congregate living as an additional category of a means of transmission. I know that doesn't fully answer the question, but there's nothing that makes us think that anything has dramatically changed with respect to most of the cases of transmission being through personal interaction in private settings or public settings. I had the opportunity for the first time in a while to walk through SLO downtown. And you would never know that we were under a shelter at home order. So with that said, I really implore people in light of the statistics I've been sharing with you on the hospitalizations and especially the fatalities, please, please don't unknowingly become a source of transmission who someone is extremely vulnerable to hospitalization or death. Do all of the measures until we get out from under this as we will in a number of months this year. But this is not the time to be letting down our guard, to be getting together with people, even sitting in outdoor facilities in groups of 10 or 12 without wait staff. I know we have allowed these things. We have tried consistently to provide a balance approach to our economy, our community, or the need for togetherness and wellness, but I implore people in

light of what we are seeing to double down on all the protective measures that we continue to ask. Thanks.

- Thank you all once again, for being here today. You can still get all our counties COVID 19 information on readyslo.org or by calling the phone assistance center, or the recorded public health information line. We continue to offer free, fast community COVID-19 testing in San Luis Obispo, Morro Bay, Nipomo, Pasa Robles and Grover Beach with some Saturday appointments available in both Pasa Robles and Nipomo. I mentioned last week, but in the coming weeks there will continue to be a few schedule changes at our testing sites due to holidays including some that allow for additional Saturday appointments. So please go to the testing information and locations page for the most updated information on each locations, testing information and for appointments at any of those sites. If you would like to stay abreast of all of the latest information on vaccine distribution please sign up for our county's COVID-19 e-mail updates by using the web address on the screen. You can also follow SLO Public Health on your favorite social media channel, or check back frequently on our vaccine information page at emergencyslo.org/vaccines. We continue to broadcast these briefings live on our county's YouTube channel. You can also see them live on cable channel 13 and live streamed on KSBY and KEYT's websites. They're are also available on SLO County Public Health Facebook page and our rebroadcast on public access channel 21 at midnight, 8:00 a.m and 5:00 p.m until the next briefing occurs. Thank you once again for staying informed, be well. And we will see you here next Wednesday, January 13th at 3:15 p.m.