

Michelle Shoresman:

Good afternoon, my name is Michelle Shoresman, I'm the designated media contact for the San Luis Obispo County COVID-19 public information response team. This afternoon we have three speakers for you. We'll begin with San Luis Obispo County Superintendent of Schools, Dr. James Brescia. That's Dr. James Brescia, J-A-M-E-S B-R-E-S-C-I-A, then he will be followed by Emergency Services Director and County Administrative Officer, Wade Horton. County Public Health Officer, Dr. Penny Borenstein, will speak last before they all take questions. In order to ensure that all questions are heard today by our viewers at home, after a question is asked, I will repeat the question into a microphone before the appropriate speaker answers.

Michelle Shoresman:

Before we begin, I'd like to thank today's American sign language interpreter, Robin Babb. That's R-O-B-I-N B-A-B-B. Each of our interpreters has done an amazing job for us this week and last week and we want to recognize their contribution every day. I'd also like to thank all the members of the public and media for being here as well as the public who are tuning in on San Luis Obispo County Public Health Facebook page, the County homepage, and the live streams of KSBY and KCOY. And now San Luis Obispo County Superintendent of Schools, Dr. James Brescia.

Dr. James Brescia:

Thank you. And I'd like to thank county government for holding these briefings every day. I'd like to inform you that all school districts, charters, Cuesta and Cal Poly have established food distribution networks throughout our county. School administration, business services, maintenance and operations continue their duties on site with social distancing. All educational agencies in our county are in various stages of establishing or have established distance learning platforms to meet the needs of our students. Our school counselors, county mental health counselors and other mental health care professionals have been in regular communications with our school communities throughout the county. We anticipate mobilizing our first emergency childcare center for first responders next week and we'll scale services as requested by the Office of Emergency Services. I want to thank our faculty, staff and administrators throughout the county for working to maintain essential services for our students, their families, and the community. We are in daily contact with county and state government offices related to school operations. Additional information can be found on each school district's website regarding food distribution and distance learning. Thank you.

Wade Horton:

Good afternoon, Wade Horton, County Ministry of Health Officer and Emergency Services Director. Yesterday I discussed that we'd be standing up the county enforcement line for the public to share concerns regarding businesses that were not compliant with the shelter at home order. Working with the seven cities, we have developed an enforcement protocol that emphasizes voluntary compliance. In the event a local business refuses to comply, administrative and/or civil action will be taken by the county. Again, our goal is to partner with the local businesses to slow the spread of COVID-19. We do not want to charge or find them. However, the county with support from our seven cities, will do what we need to protect our community from this disease. If the public observes businesses operating out of compliance with the county emergency order, they can contact the county enforcement line at 8057882222. Again, that's 8057882222. This line will be staffed 8:00 to 5:00 Monday through Friday. If the complaint falls within one of the seven cities, those complaints will be routed to the respective city for follow-up action.

Wade Horton:

I'd also like to take this opportunity to share a message from the courts. The court has suspended operations except for the most critical matters and is rescheduling all non-urgent matters to a future date. No jurors will be called for the next 60 days. If you have a question about your matter, please contact your attorney or the court at 8057063600. Again, that's 8057063600 or visit the web at www.slo.courts.ca.gov. I'd also like to mention that we began food deliveries today to 52 seniors. If you're a senior or a health compromised individual who needs assistance with food or prescription drug delivery, please sign up at readyslo.org or call the phone assistance center at 8055432444. I'll turn it over to Dr. Penny Borenstein for the health update. Thank you.

Dr. Penny Borenstein:

Thank you. Good afternoon, I'm Dr. Penny Borenstein, the County Health Officer. Our case count today is up to 42. That's about what we would expect. As I've been telling you every day with a three to five day doubling of cases, that is not a surprise to us. We did have one of our cases today test positive who is a Cal Poly student. Cal Poly president, Jeffrey Armstrong, has just issued an information letter to everyone on campus and all of the remote students who have gone home to notify them that this individual was on campus when the symptom onset occurred for a brief time, but now is back at their home location outside of our county. Close contacts have been notified and those individuals are being issued quarantine orders.

Dr. Penny Borenstein:

We do not believe that the campus at large has any greater risk of exposure from this, but certainly because of the sensitivities around a congregate settings such as Cal Poly, we worked in concert with the institution to make sure that that information is shared far and wide with any all individuals associated with the university. As far as the level of illness in our county, that has not changed. We still have to...

PART 1 OF 4 ENDS [00:09:04]

Dr. Penny Borenstein:

The level of illness in our county, that has not changed. We still have two hospitalized patients, both are stable, and we are continuing to test the same type and similar numbers of patients on a day by day basis.

Dr. Penny Borenstein:

I had a couple of questions that have come to me that I wanted to share publicly the answers to, because they're very good questions, not that all of the questions aren't good, but these in particular I think are ones that are coming from a lot of individuals. So the question of reinfection has come up. Is someone who has this illness and recovers now immune? I think I addressed that briefly previously, but let me add a little bit more meat to the bones, if you will, on this question.

Dr. Penny Borenstein:

So what we know about this virus, coronavirus, is again, it is a common source of colds. So there are many types, but four in particular that cause a common cold. We get those viruses over and over again, and so it stands to reason, on the one hand, that if this is a similar coronavirus, that we may be able to get this virus again. We won't really understand the full picture of immunity until some time out, but that is something to keep in mind.

Dr. Penny Borenstein:

On the other hand, this is a new virus, and it has its own immune response, and we should anticipate, because it is such a stable virus, that the immune response will last for at least some period of time, likely in the order of months to a year. As I said, this is not fully known at this time, but it makes sense that people who have had the disease and recover are immediately immune from getting it again, and we would like to see all of those people who are immune be part of our emergency response.

Dr. Penny Borenstein:

So guess I want to say a little bit more about this, which is, as distinct from flu, I get this question a lot, why do we need a different flu vaccine every year? The influenza virus mutates frequently and considerably, and so year over year, unlike the coronavirus, the actual germ or organism that infects people is a different virus each year, and that's why we have to recreate, as the scientific community, the vaccine that's available for influenza, because it is a different virus year over year. With coronavirus, it is known to be a very stable virus, so once a vaccine is developed, we are hopeful that that would be a long-term solution to sharing immunity with all people who are vaccinated. So I'm happy to take questions on that point, but I know that that is a source of a lot of inquiry for a lot of people.

Dr. Penny Borenstein:

Another issue that got some attention through a news article today is as another symptom of this disease, people are beginning to report the absence of smell when becoming infected. The scientific word for that is anosmia, and about 5% of the population in general actually lack, either genetically or through some type of illness or treatment, the ability to smell. What is being reported at this time is just that, is reports from individuals with this disease. It hasn't yet been completely evaluated, and we don't have good scientific literature on whether or not this is, in addition to fever, cough, shortness of breath, fatigue, body aches, an actual characterizing symptom of this disease. It remains to be seen, but nonetheless, it is getting a lot of individuals who have had the disease reporting this, as well as some news articles. So we, however, are not going to change our case definition on that basis. We will stay tuned into these reports, but if someone's only presenting symptom is this particular effect of loss of sense of smell, that alone is not going to be a diagnosing condition.

Dr. Penny Borenstein:

So those are the couple of things that have popped up in the last 24 hours that are of interest, and I'm sure there are many other questions. We are answering them on an individual basis through our phone assistance center, through lots of email, but when questions become a dominant theme across the type of communication we're getting, I'd like to bring it forward in this venue so we can share it with the larger public. With that, I will turn it over to our members of the media for any questions you may have.

Speaker 1:

Dr. Borenstein, so many people are looking for good news, and I'll point out, just judging from today's latest numbers, that there's now six people that are fully recovered, I think that's double the amount from yesterday. If you want to talk about that, and I know people are probably encouraged when they do see something like that.

Michelle Shoresman:

So the question was that people, there are six people fully recovered, and we imagine that people are very happy to hear that kind of news. Can you comment on that, Dr. Borenstein?

Dr. Penny Borenstein:

Yes. So that represents about 10, 15% of the people who we have diagnosed with this disease, and you're right that it is good news to see people fully recovering from this disease. To remind people of what recovery looks like and how we define it is someone who has passed at least seven days since symptom onset, has been free of fever for at least 72 hours, and also is experiencing marked improvement in other symptoms like the cough or shortness of breath or other symptoms. So because it's a seven day period for most people, seven days is the shortest period of time we would release someone from isolation and consider them cured or recovered, and our cases began almost ... I think we're almost two weeks now. We expect to continue to see recovery as we get more seven day intervals among the people who are sick and recovering at home. I fully expect that number to keep ticking up, and that is indeed a good thing.

Speaker 2:

Dr. Borenstein, so of all the 42 cases, have all the patients been pretty much showing the same symptoms? Has anyone been asymptomatic or maybe not having a fever that did test positive, but they might've just been in connection to someone who also tested positive, especially in the zero to 18 age group?

Michelle Shoresman:

So to paraphrase the question was, of all the 42 cases that we've identified, have they all had basically the same symptoms, or have there been any outliers?

Dr. Penny Borenstein:

The vast majority have indeed had the characteristic symptoms of fever plus respiratory illness in the form of cough or shortness of breath. There have been, as you point out, the symptoms tend to be more mild in youth, and indeed a couple of the younger cases had, at most, very mild symptoms. I actually don't know if any of them were completely without symptoms, but we will continue to see mild cases among our case count, because we are testing people who are contacts of known cases. So now that I'm saying that back to myself out loud, we would probably not have tested those youth who are members of household unless they at least had some measure of symptoms.

Speaker 1:

Was there any additional information about the third young person that yesterday you weren't aware? We heard that the other two had gone to the same high school? Was there any other info?

Dr. Penny Borenstein:

I don't actually have a geographic info on that, but I do know that it was someone who ... It is since our schools were out, so in terms of our youth population, it really was a household contact and not someone who the broader community should be concerned about.

Speaker 2:

Also, we know with the regions, North County, South County, is there any specifics as to what some of the cities that are, let's say in the coast ... We have had some viewers questioning, just wondering what the range is.

Michelle Shoresman:

Are there any specifics in terms of the location of the cases?

Speaker 2:

Like North County, South County, the coast, just what cities encompass that?

Michelle Shoresman:

The North County, South County, coast, any cities that encompass that.

Dr. Penny Borenstein:

Sorry for cutting off our questioner. So I think that the question I'm getting a lot, your question.

PART 2 OF 4 ENDS [00:18:04]

Dr. Penny Borenstein:

So the question I'm getting a lot, your question is, can we start to communicate at a level of detail that's more granular than just the region of the county? And we are taking a look at that. As the case count increases and as the community is interested in getting more specificity on the locations, we may well in the coming days, break that down at a finer level to the city level.

Dr. Penny Borenstein:

We try to balance, as you know, patient privacy against the community's desire, and in some cases need, to know where the cases are. And so as the case count grows, the concerns about privacy become less because now if we have 12 cases in Arroyo Grande versus... I'm not saying that's what the actual number is, then we're not singling out a person like we are when we have two or three or even five cases. So I think that the community can expect to see that we will move in that direction. At some point thereafter, as the case count gets even much higher, we may remove that geographic distribution altogether when we get to the point of just saying it's basically everywhere and spreading in our community, in our entire county.

Speaker 3:

What can you tell us about the Cal Poly student? Where and when did they contract it? Do you know any information?

Michelle Shoresman:

The question was: What can you tell us about the Cal Poly student? Can you tell us anything about where or when they contracted it?

Dr. Penny Borenstein:

The individual did have symptom onset while they were still living on campus, during the last week prior to spring break. The investigation tells us that the points of contact were very much limited to the individual studying in their home environment, and only close contacts have been notified. That individual has gone home for spring break and is recovering at home outside of our county.

Speaker 3:

So we don't know where they got it. I mean [crosstalk 00:20:11]

Dr. Penny Borenstein:

We don't, we don't. And so like we've been reporting cases of community transmission, that's what we call it when we don't have a definitive other source.

Speaker 3:

My other questions are for Wade, so I don't know if you guys have [crosstalk 00:20:25]

Speaker 4:

Yeah, [inaudible 00:20:26], while you're still there, any update on the point of care testing? I know you said that you were trying to get those in as quickly as possible. Any updates since you spoke about that on Monday?

Michelle Shoresman:

The question was: Is there any updates on the point of care testing that you talked about yesterday?

Dr. Penny Borenstein:

Yes. Thank you for that question. There's a couple of things that I'd like to convey on that. One is we and you had a bit of a misunderstanding. Point of care test usually means at the bedside of the patient, or in the office of a private provider, where you actually have the provider take the test, run the test, give the results right there to the patient. What I've now learned from our laboratory director is the improvement in the testing methodology is that it has very quick turnaround, but it is not actually a point of care test that can be done right at the patient's side.

Dr. Penny Borenstein:

So we still are left with having to have a provider collect the specimen, get that specimen to the laboratory. The laboratory will run it, and the timeframe for the result will be quicker, but it won't be with the patient standing there waiting for the result. We have asked for the machinery that's needed to run this test, and we've done that in a couple of ways, both through our direct connection with our field representative of the business [Suffield 00:21:56].

Dr. Penny Borenstein:

We also now have reached out to the State Department of Public Health because there are a number of state laboratories that are looking to procure this same piece of equipment. And so to the extent that we can coordinate among ourselves and place a larger order through the state, if that gets us in the queue any faster, we're looking to do that as well.

Speaker 5:

Another quick question. So of the new cases that were reported today, are they all related to previous cases, whether it be household or any... just travel, just new cases in terms of transmission?

Michelle Shoresman:

Of the new cases reported today, are they all related to previous cases? Is that the question?

Speaker 5:

Mm-hmm (affirmative).

Michelle Shoresman:

Yeah. Or are there any new modes of transmission?

Dr. Penny Borenstein:

The one Cal Poly individual does not have a travel history in the period of time that they would have become infected. So we do not know from whence that source came. As to the other new cases, a number of them are still, until we investigate further, in this category we call unknown transmission, until they sort themselves into either households transmission or travel transmission or community transmission. So we don't have that information yet for all of the new cases.

Speaker 4:

Just one more clarification. The student, can you say if they lived on campus or off campus? I'm just trying to clarify that. Is that something you can reveal?

Michelle Shoresman:

The question was: Did the student live on campus or off campus?

Dr. Penny Borenstein:

I actually don't know the answer to that so I can't share it with you. Thank you.

Speaker 3:

Wade, we heard from Governor Newsom that he increased the amount of additional hospital beds statewide that we need. And in addition to that, he said we also need a billion gloves and hundreds of millions of gowns and masks, et cetera, which was also an increase of supplies that he expects us to need. And so on the preparation front, does our county now also need to up the supplies and up the amount of hospital beds that we expect to need? And how are you preparing for that?

Wade Horton:

You want to repeat the question, or you want me to paraphrase [crosstalk 00:24:22]

Michelle Shoresman:

I'm sorry. Why don't you?

Wade Horton:

I'll paraphrase the question. So given Governor Newsom's requests and put putting out to California that we need more hospital beds and that we need more protection equipment for our first responders, is the county doing anything about it? And I can say that absolutely we're doing something about it. We've been aggressively leaning forward on this issue.

Wade Horton:

We have not waited for the governor. We have not waited for the federal government. We have leaned way forward on this. We're working very closely with Tenet and Dignity Health. We have sited a location for an alternative care site at Cal Poly. We had an assessment team complete their assessment yesterday. This team was made up of not only folks from the county, but also we had private sector engineers, architects. We had doctors onsite. And we are developing a schedule right now, which I should have that schedule in my hand by hopefully the end of the week on Friday, maybe Saturday, on how long it will take to implement setting up that alternative care site.

Wade Horton:

We are aggressively looking for all sources of personal protective equipment and key critical equipment that we will need to operate that site. In fact, last night we were able to source a pretty key supplier with ties to the central coast that we'll be able to source quite a bit of PPE for us. We're also working with local manufacturers. There's one manufacturer up in the North County that is retooling their assembly line in order to produce hospital gowns for us.

Wade Horton:

So we're not waiting. I want the public to know that we're not waiting, hoping the state's going to come in and help us out. We're being very, very proactive. When the state does come, and if they come and they come with resources, we will gladly accept those resources. But we are preparing to keep our community safe, to protect our community in the case that COVID-19 hits us. We want to be prepared and make sure we can take care of people.

Wade Horton:

And we're working again very closely with Tenet and Dignity Health. We're working with the private sector as well. We're in close coordination with Salud Carbajal and Jordan Cunningham. This is an all hands on deck effort right now. And that's why minding the stay at home, the shelter at home, is so important because everybody needs to do their part so we can protect the community.

PART 3 OF 4 ENDS [00:27:04]

Wade Horton:

Because everybody needs to do their part so we can protect the community.

Speaker 3:

Quick follow up. How many, can you just give us raw numbers if you know them of how many hospital beds our county has, you know in general, and then how many you have prepared to create in alternative places?

Wade Horton:

Sure. We have, across our four hospitals, we have 403 hospital beds. Of those 403 beds, we have 56 ICU beds and we're trying to create capacity right now for an additional 1,000 beds.

Speaker 3:

Well. I have another question regarding homeless and unsheltered residents. We talked to some people who are staying in motor homes or staying in their cars, and just a week ago we've heard that seven

people in on one block in San Louis Obispo were issued citations for \$100 each because they were parking their vehicle and sleeping in there. Now, while we have this order to shelter in place, is there any consideration for city beliefs and County Sheriff's Department to stop issuing citations for people who are living in their cars?

Wade Horton:

So the question is what about citing folks right now for living in their cars? This is the, thank you for bringing that to my attention. I will certainly get on the phone with the city managers after this press conference and have a discussion about that, but what I do want to say is today, right now, we have a team at the county that's looking at how can we plan for those that are living in their vehicles that were, they used to be relying on gym memberships to take showers and now that those gyms are closed, well how can we provide them services so they can maintain personal hygiene? We're working that issue right now and I, in fact I'm going to be briefed on that this afternoon on what the plan is.

Speaker 6:

With the president's major disaster declaration for California, can you speak to what the national guard will be doing here in SLO County in the next days or weeks?

Wade Horton:

Sure. This morning I did request, through Cal OES, a liaison from the National Guard to sit in our emergency operation center. At this point we have not requested National Guard assistance, however, it's good to know that it's there if and when we need it. But we have not, I want to repeat, we have not asked the National Guard for formal assistance yet, but we have requested a liaison for our emergency operations center and we are working with the National Guard as far as letting them know what's going on and how the county's planning, they're sending representatives to our morning briefings, and I appreciate the fact that the National Guard is there and they're willing to help and stepping up to help us in the case we need it for food distribution and another potential tasking in order to help care for our citizens.

Michelle Shoresman:

Additional questions? I have one that came in from a reporter that couldn't be here today and that question is, it's a little bit long, but I'll try to paraphrase. We've heard that some people are concerned about out-of-town residents coming here to shelter, either in vacation homes they own or are renting. Is this allowed and if so, is there a concern that the population may grow to the point that existing facilities would not be able to handle the influx?

Wade Horton:

We're certainly discouraging out-of-town visitors from coming to the county right now, per the governor's order. I think it's, everyone should be staying where they are. With that being said, we have not shut down hotels or motels yet. We want to provide our constituents the option. If they have a loved one at home that may be over 65 or immunocompromised and they may want to go stay at a hotel or put them up in a hotel for their safety, we want to allow for that flexibility. However, we continue to monitor the situation. The situation is fluid and we will make changes if needed as we keep moving forward.

Michelle Shoresman:

The follow-up question to that was if a person coming is not living in their primary residence, is there anything that SLO County would consider doing about that?

Wade Horton:

I don't, right now we haven't seen a problem or an issue with a large number of people coming in from outside of town to essentially shelter at home in our county. However, if we do see that and that does start to become an issue, we will consider, we will take means to protect the San Louis Obispo County citizens as appropriate.

Michelle Shoresman:

Any additional questions from the media?

Speaker 6:

I have one question. So for the healthcare workers, have there been any discussions or possible sites, whether it be hotels for them, maybe in the future instead of going home maybe where their families aren't having isolate there where they can isolate at a hotel with fellow healthcare workers? Is that something you guys are discussing?

Wade Horton:

Not at this time. The reason being is if you look at right now, the businesses that remain open are all considered essential businesses. Whether it's where you go buy your food, where you're getting your gas, it's to keep our community still moving forward through this pandemic. What would be challenging is as certainly healthcare workers, they are at the proverbial tip of the spear, if you would, if I could say that. However, everybody right now who is still working very hard to keep providing services to the community, it would be very difficult to accommodate everybody. So right now, we're not looking at that right now and we'll see. We'll keep monitoring the situation as we move forward.

Speaker 3:

So do you want tourists to come here?

Wade Horton:

No, we don't. The question was do we want tourists to come here at this point? No.

Michelle Shoresman:

Anything else?

Wade Horton:

Thank you.

Michelle Shoresman:

Thank you again all for coming here today and thank you for the public for tuning in at home. To close, just my usual reminders, all of our case statistics, guidance documents, media releases are all posted frequently in real time on readyslo.org. We still continue to maintain our two public information lines. One is the recorded message that's called the public health information line, and that number is (805) 788-2903. We also have the phone assistance center that is seven days a week between eight and five,

8:00 AM and 5:00 PM and that phone number is (805) 543-2444. We have a third line that was just opened today, that Wade mentioned in his comments. That's the County enforcement line, and that number, to repeat is (805) 788-2222. Lastly, tomorrow again at 3:15, please tune in for our next briefing on San Luis Obispo County's public health Facebook page, the county's homepage, or the live streams of KCOY or KSBY. Why thank you again, and we'll see you back here tomorrow.

PART 4 OF 4 ENDS [00:35:13]