

- Good afternoon. Today is Wednesday, December 9th, 2020. My name is Michelle Shoresman, and I'd like to welcome you to this week's San Luis Obispo County, weekly COVID-19 media briefing. This afternoon we will hear from the San Luis Obispo County Health Officer, Dr. Penny Borenstein, County Administrative Officer and Emergency Services Director Mr. Wade Horton is also here and available to take your questions. Thank you once again to our American sign language interpreter Robin Babb. And now SLO County Health Officer Dr. Penny Borenstein.

- Hello, good afternoon. As usual, I'm gonna start with sharing the numbers that reflect COVID-19 in our county. They're not particularly good, and I will be talking more about that. But we have now over 7,000 cases in our county, 7,071 today. That is an increase of 10% since the beginning in just the time since I last came before the media, six days ago. And 30% of all our cases have occurred now in the month of November. We had our all-time high single-day on Saturday, which was 186 cases. And by comparison, our last highest number was on November 7th at 128. So you can see our case numbers are going up, so too are the number of individuals we've been consistently having a higher number of active cases in our community, those we call recovering at home. These are people who are isolated because they're COVID positive, and we have nearly 1,000 or 930 to be exact. But still 86% have recovered, and over 6,000 that represents.

Today, in our hospitals, we have 18 individuals in the hospital, seven of whom are in the Intensive Care Unit. And so that ties our all-time high for Intensive Care Unit utilization for COVID patients. I know that people have been asking, I want to clarify that that is only people with COVID in seven beds. There are another 20, 25, I don't have that number at the tip of my fingers that are occupying our ICU beds for all manner of reasons inclusive of COVID. Or rather, the seven-plus, I think the last time I had that number was 31 individuals in ICU beds for all causes in our county. I know you can see the slides behind me that represent the case increase. It's happening locally. It's happening nationally. And also, we are seeing nationally as well as locally, unfortunately, an increase in our death toll.

So in the past six days alone, we have in San Luis Obispo County have had seven individuals who have lost their lives due to COVID. That is an increase of almost 30%, as I mentioned, in the past two weeks of all of our deaths. And a figure that we don't typically report publicly, but I will share it today to give you a flavor for what we are seeing with respect to individuals dying from COVID is we have a category that we monitor internally of people who have died and have had COVID, but we

wait for the final death certificate to make that information publicly available. Sometimes that's a one-day turnaround sometimes it's several days. But right now, we have seven such individuals who have died with COVID. And our presumption is based on the circumstances that all of these will become additions to are now 45 individuals in this county who have died from COVID. So I know I'm throwing a lot of numbers out, and I wanna take this moment to give my sincere condolences to each one of the families that have been affected by virtue of losing a loved one to this disease. We have seen in these recent numbers they are across the age spectrum, starting with someone in their 40s, 50s, 60s, et cetera. Not that the deaths even in your 90s of a vibrant individual is something we take lightly, but I do wanna have that information also understood. And like I said, share our sincere thoughts from the county with these families that have had this impact.

So I do very much want to, and I will talk about the stay-at-home order that the county is now falling under. I understand that that is forefront of many people's minds and there is a lot of anxiety, a lot of confusion, a lot of absolute frustration, anger related to it and so I will talk about what the county is doing with regard to that situation in which we find ourselves. But before I go there, I also wanted to take a little bit of time to really address the public with respect to what you can be doing in terms of the changes that we're seeing and how our county is no longer that completely unscathed community amidst a region or an area or widespread. In the state of California, we have prided ourselves pretty consistently on not seeing the impacts that others have and we are now beginning to see that. So I want to reach out to our public to understand that everybody, myself very much included, are tired of this pandemic, we would like very much to be done with the virus, but it is not done with us.

This is the time to if you haven't been paying attention for nine or 10 months, this is the moment in our county where things are getting real. So as I mentioned, our cases are going up. Our deaths, we've seen one out of three have happened just in the past two weeks. Also, what's certainly getting my attention from an operational perspective as well as additional risk we're seeing is we now have over 20 outbreaks in our county, most of them in skilled nursing facilities in long term care units. But additionally, across the gamut, we had our first case in our psychiatric health facility. We are now seeing an uptick again of not insignificant numbers over 40 at our California Men's Colony. We're seeing a large rise in cases at Atascadero State Hospital. We have four fire stations that have been impacted by COVID

disease. And so, each one of these outbreaks gets a lot of attention from our medical and health unit and we work with these entities to try to gain control. But some of the long term care facilities are seeing just incredible impacts, 100% of their residents in some cases have been tested positive for COVID. So that is certainly getting our attention.

Hospitals have also been reaching out to us more of late. They're looking to us for policy decisions around looking at the possibility of changes in their visitation allowance. They're looking to us for help with the new state requirement for universal testing of health care staff and they're also quite concerned about what they're seeing coming through their doors, particularly again, from skilled nursing facilities and worrying if we can predict the future about how many more patients may be coming in the near term. So that's the kinds of things that are getting my attention of late.

What can and should we be doing about this? I have received an onslaught of communication in all directions. Right now, people are paying attention, and that is a good thing. A lot of it is frustration about the orders on the businesses and I will address that. And some of it is, "Isn't there more the county should be doing?" But it's interesting to me that people are looking to me or the county to solve this problem. And taking a note of a page from San Mateo, health officer, has been one of my go-to people, we've been finding ourselves in alignment. And I want to not take credit for his thoughts, but realizing that we've had a lot of the same similar thoughts and had some dialogue about this, which is don't look to the government in either way, to control the disease by lockdowns or to not allow businesses to be wide open. That at the end of the day, it really is all of our residents that have the power in your hands to determine our future with this virus. We're not gonna make it go away. We're working very hard on vaccination, but it is having its way with us and we need to turn that around and all take it seriously and turn it down. So I just asked for folks to think, collectively, like we were at the beginning of this pandemic. It doesn't matter that we're now nine months in, this is the moment that we're seeing the more significant impacts.

So this is the time that people should be paying more attention to the messaging and not refuting that this is a serious disease. I know that I'm not gonna reach everyone. I know that there are plenty of people who believe that the numbers are wrong, significantly wrong, that this is a mild illness, "I hear all of the 99.9% recover, it's a mild flu, most of the people don't even get sick at all." Many of those things

are true, but they do not refute the fact that 20,000 people in California have died from this disease and we're coming up on 300,000 Americans who have died from this disease. And that is 10 to 15 times higher than an average flu season. So for those who I'm not going to reach who say that we are making this up, I'm not talking to you. But I believe that the rest of our community is really trying to find their way through. They are really working hard to try to find a way to maintain their mental health, their sanity, their exercise program, their schooling for their children, their businesses being solvent and to do so in ways that still protects the public. And I've said many times at this podium, I really do you believe that we can do that. And it's fairly simple, wear a piece of fabric on your face when you're around anyone, keep your distance from people, do not feel that you have to at this time at this moment in our county gather with your friends.

I know that this is the holiday season. I know that this is a really hard to ask, but we are resilient, we will get through this. They did in a two-year period between 1918 and 1920. We did get through a great depression. We did get through a World War or two and we will get past this, and there is light at the end of this tunnel and I will talk about the vaccine at the end. But I'm really imploring our community to find that sweet spot between supporting our businesses, supporting financially our friends and neighbors, and still not taking risks with this virus that is surging right now everywhere in this country, including our own county. So go out to dinner every night, no take out dinner every night if you can, keep your gym membership up even if you don't feel safe going right now to the gym, keep paying that bill. Make a donation to your local museum, go to the drive-in theater if you can. Buy all of your holiday products online from local businesses. And if you are a business, please know, it is not enough, it is incomplete, it is bogged down in the federal level as well as the state that is looking at ways to support you. But if you're looking for some ideas for financial relief, that information is available on [readyslo.org](https://readyslo.org).

And these are the ways I would like our community to be thinking about it, especially if you work personally, at a long-term care facility, at a corrections facility, your local jail, CMC, all the places that I've mentioned that are higher-risk. Please don't become a lethal weapon. This is not the moment to be gathering with your friends. And trust me, I know how hard it is to change our way of living. But we're asking you to do that for the foreseeable future until we can turn this curve and work on getting these numbers down from 100, 200 a day, ICU beds filling, people

dying in our congregate care for settings, work with us to bring those numbers down while we continue to work with you to support our local economy.

So with respect to that, it may seem a bit divergent to say, this is the time to stay home, and yet we are asking of the state to consider that there are still dramatic differences between our community, our county, and some of the other counties with whom we have been grouped in a region of Southern California. We are still in very much better stead. I believe that we still have the ability to control our destiny and we would like to do that. And we have asked, the we as myself, in partnership with the Santa Barbara, Public Health Officer and Public Health Director in the San Ventura County, we have penned a letter to the State Secretary of Health to ask that that three-county region, which has a long history of partnership and working together on many things, it is our mutual aid law enforcement region that we be given consideration, to not wait until the entire Southern California region meet the metric of having a bed occupancy of higher than 15% in the collective Intensive Care Units. We are there right now.

We did not make the ask, and there was some consideration to carve us out right now and avoid the stay-at-home order quite frankly, because we felt certain that that would be a quick no. And so to my friends in the business community, we are really trying to support you. We are trying to limit the amount of time that you have to go through another arduous shutdown. Notwithstanding all the money you've put into, efforts that you have made to operate safely, but we are trying to find a path forward with the state to have a reasonable approach to this for our county, and that's what we have done. Similarly, our Board of Supervisors yesterday took action, as did the other two counties to make basically the same ask of the governor that we understand we are now under this stay-at-home order.

We will do our darndest best to turn this curve in our county and we think we can. And even if we were to stay right where we are today, again, we are not at that same dramatic place that the San Joaquin Valley is looking at only 5% of their ICU beds available, the rest of the Southern California region at 10%. We are in the 40% in this county, and regionally, we're at 26%, and we felt it was important to have partnership. Again, we have no delusions that San Luis Obispo County is gonna be given any special consideration. So that is what we are doing to try to cooperate and work with the state whatever that the system has been set up. We are not in agreement with this very large Southern California region as the way forward for

us, and we've put together a package of information and a request that we be treated differently.

I do want to talk about two other things. I know I'm long-winded today. But one is regarding the quarantine period. You may have seen that both the CDC and the California Department of Public Health just a day or two ago came out with new guidance regarding the length of time of quarantine. So it has consistently from the beginning been 14 days. That 14 days was based on what we understood about other types of coronaviruses, including SARS and MERS in the past and now we have millions of cases available and a better understanding of what the actual length of an incubation period is in the vast majority of people. And in the majority of people, that is less than 10 days. But may still be that as much as 10% of people may still become infected after that 10-day period from their exposure to an infected individuals. Because it's a relatively small number and because we know that we're not getting universal compliance with a 14-day, do not go out of your house but for health care.

We are moving forward in concert with our national and state recommendations that if a person cannot persevere with a 14-day stay-at-home quarantine because of the nature of their work, many people are working at home, we still very much recommend 14 days, but if someone cannot complete that period, and if they are willing to do the 10-day quarantine period we're balancing the risk of additional transmission against getting more compliance with these quarantine orders. And so, with that our county is beginning today to roll out the option for a 10-day quarantine period for those who need it with exceptions. And those exceptions are people working in the highest risk settings. So not in our health care facilities, not in our long term care facilities, not in congregate care facilities, we still very much recommend the 14-day quarantine. One other aspect of the federal guidance was that you can shorten the period of quarantine to as low as seven days if you get a negative test at that point, and we are not going to be implementing that at this time in this county. The reason for that is twofold. The risk of additional transmission goes up if we were to shorten it that much. And secondly, frankly, our testing system at this point in time cannot handle the demand of people trying to get out of quarantine sooner. So that's what we are doing with respect to this new guidance on quarantine.

And finally, I did say, and I'm glad to be the bearer of a little bit of good news today. There is light with vaccine coming. And I very happily got an email yesterday, which

was an invoice and a delivery date of not the vaccine itself, though I hope that comes on the heels of this, but all of the wrap around medical supplies and the actual diluent, which is the liquid that you add to the Pfizer product to make it a competent vaccine. And so we are expecting that within days. And as you may know, tomorrow is the day that the Food and Drug Administration is going to be hearing the emergency use authorization request from Pfizer for approval. We have every expectation from what we know that that will happen and it may be as soon as a matter of days. Thereafter that vaccine distribution will start nationally.

As to our allocation of that vaccine distribution, I think I had previously said we're looking at just shy of 2,000 doses, 1,950 to be exact. That is just what the local health department is expecting. In addition, our hospitals are expecting to get direct delivery of their own supply. I do not know what those numbers are. I don't think that they know yet what those numbers are. But that should be happening at the same time. And additionally, there's a federal partnership that has been put together between long-term care facilities and national chain pharmacies in our county. It's CVS and Walgreens that are going to be partnering with these long-term care facilities to administer vaccine to those high-risk health care workers in those settings as well as the residents. That process seems like it's going to be a little bit later than we may get our vaccine, but we're also hopeful that it is coming in very short term. And hopefully, even this month, we will start to see some of these highest-risk individuals actually getting vaccinations in the dreaded year 2020.

In addition, as I've mentioned before, we are working on understanding how best to take what is an inadequate amount of vaccine and allocate it within our county. So we are meeting this week actually with our healthcare group to triage how we're going to roll out the doses that we get for the varying healthcare sectors. The state recommendation, along with the two settings I mentioned, hospitals and long-term care, has EMS personnel so your ambulance responders or your fire medics and EMTs as well as those who provide and receive dialysis services. So that is going to be our first approach. But we are planning this week to begin dialogue with a broad range of healthcare sector representatives to further determine how to roll out those and the additional doses coming for specialty care providers, for dentists, for pharmacists, for private practice pediatricians, obstetricians, the whole gamut. And so that work is happening very rapidly, but we feel like we're in good stead.

Additionally, we have a task force that we are pulling together that will happen in the coming weeks for the next phase of the vaccination effort aimed at additionally

people with higher risk because of their age or their medical condition, as well as additional essential workers, which is a very large group and so we are not going to be making these decisions alone, we are going to be working with a very large taskforce of people who will help us with making these determinations. We plan to include a bioethicist, we have a couple of those in our county. And we also plan to use this group as our messengers, as our emissaries. We know we're hearing a lot about vaccine reluctance or absolute refusal and we're going to be starting in the coming weeks to really help message what I believe to be at the point at which we receive it, a safe and effective vaccine. So with that, I will stop and open it up for questions.

- [Speaker 1] Dr. Borenstein, there was a lot of fear, coming before Thanksgiving that coming out post-Thanksgiving surge. What do you see through contact tracing? Are these numbers attributed to Thanksgiving? A lot of them are?

- Just in terms of timing, it seems also we asked people about their gatherings and such, and yes we are seeing that, but it's not universally. So we've been getting a lot of questions also about, "Tell us in general, where these cases are coming from , but very specifically, can you prove that there have been any cases at my gym? Can you prove there been any cases at my restaurant? Can you...." And the answer to most of that is no, because we don't get that level of detail in our case investigation about everywhere someone has been in the past 14 days. And quite frankly, they've been to many places. We have had small number of outbreaks in some types of businesses, but at this point, what we really want to emphasize, this is not about shutting down all businesses. And first of all, as this is not our decision. This is not county government saying, "These are the businesses that need to be closed." But really, the approach is one of saying things are going in really bad direction or just really asking people to not come together in all the places that we normally would. And so, that's a long-winded answer to, no, I don't have really specific information, but yes, I think we are seeing the impacts of Thanksgiving.

- [Speaker 1] And also, you briefly mentioned just a few moments ago about testing in the county capacity demand all that, where is that standing right now?

- We are still able to accommodate most people within one or two days at our community testing sites. We now have additional testing capacity as of last week. Turnaround time, for the most part is still in that less than two-day range. We did have a hiccup as we started on Nipomo testing, the actual lab collection tubes that were brought by our vendor were not the right ones. So if you did get tested in the

last week in Nipomo, please be patient with us. There was a definite problem with those specimens, and it's taking a much longer time to get those tested. But other than that, things have been really going well.

- [Speaker 2] I have a question, do you mind sitting around and talking about the vaccine and the triage process? Say, some of the grocery worker versus, I don't know, some other jobs like a retail store owner or something like that. Who makes that decision on who gets the vaccine come next year?

- Well, so, our hope is that we continue to this partnership with both the state and the federal entities that are providing guidance, but also national and state policy. The primary effort is to get the vaccine to as many locations as can manage it. That's harder with the deep-freeze Pfizer vaccine, but if... We call it closed pods, so for instance, if the hospital gets, 2,000 doses, and that's all their health care workers, and they take care of themselves. That's the partnership with the pharmacy in the long-term care. We would like to see that same kind of partnership expand to many settings, maybe large chain supermarkets, maybe other types of very large businesses where it doesn't have to be everybody coming to public health clinics.

- [Speaker 3] I have a question. Does the Public Health Department have any concerns with the District Attorney and Sheriff's Department, coming out publicly that they would criminalize people or businesses who are not complying with the COVID orders?

- You really need to ask them. I'm going to continue to do my job, which is, ask all the public to comply, expect the public to comply. This is the law of the land, we are in a dangerous stage and I don't operate those departments, but my request to the public is to comply with the rules.

- [Speaker 3] Thank you.

- [Speaker 4] How prepared are local hospitals for an influx in patients?

- It depends on how bad it gets. So right now, they're fine, they're beginning to feel a little bit nervous, but we're in a much better place than most of the jurisdictions in the State of California. They do have surge-capacity and we also have the alternate care site that still exists. So we have additional opportunities that most counties don't have to support if we get to high numbers of people. In that alternate care facility, are the main things that people need in taking care of this disease are

oxygenation and IV fluid support. So, we've done everything that we can do to manage this in this county.

- [Speaker 4] I know a few days ago, we just had one person in the ICU and you said today we have seven. Is that number concerning?

- Well, everything I've been saying today, I hope that you can get that I'm feeling a measure of concern that I haven't previously expressed here. I'm not losing my mind over this, I still think that we are in good shape relative to most places around us and in the nation. But as I've said, I really do think it's time for people to pay attention.

- [Speaker 5] You mentioned the skilled nursing facilities having an uptick and some having 100% positivity rates. Has anything changed the way the long term care facilities and those places that are experiencing this from before? Has anything changed with how they're handling it, or how they're supposed to continue?

- Well, I think that the owners and the staff and the management have a much better understanding about how to keep people safe. They've got red zones, yellow zones, green zones. They've got a lot more PPE on hand. They know when it's time to send someone to the hospital based on what they're seeing because they have more experience. And so, I think most of our facilities are doing a pretty good job. They're working hand in glove with us in additional recommendations that our medical and health branch has with respect to managing an outbreak once one does take hold in a facility and we also are on medical health operational area coordinator reaches out beyond our borders when we need additional help to support a facility. So we have had a couple of occasions where we've been able to get additional resources in the form of staff as well as supplies.

- [Speaker 6] I had a question in regards to there's a man or woman aged 50s that had no underlying conditions. Do much about that case? Does that concern you at all?

- Certainly, when we hear those kinds of situations, myself and probably everyone like you expressed, it sort of gets your attention a little bit more than someone who has significant underlying disease and is in their 90s. That's a much more likely outcome, his death, than someone in their 50s without disease but it's been happening throughout this pandemic everywhere and it has happened here now.

- Thank you.

- Thank you once again for being here today. You can still get all of our county's COVID-19 information at our website [readyslo.org](https://readyslo.org) or by calling the phone assistance center or the public health information line. We continue to offer free, fast, community COVID-19 testing in San Luis Obispo, Morro Bay, Grover Beach, Paso Robles, and Nipomo, with Saturday appointments available in Paso Robles and Nipomo. Information and links to appointments are on [readyslo.org](https://readyslo.org) under testing information and locations. Also, if you have made an appointment and aren't able to keep it, please cancel it online or by phone to make sure that that slot is available for somebody else in need. If you would like to be tested, are asymptomatic and have not been exposed to someone with COVID, please consider using an in-home test kit. This will help improve availability for testing appointments for those who are symptomatic or might need a test urgently. After a short break, we are back to broadcasting these briefings live on our county's YouTube channel. You can also view them live on cable channel 13 and live-streamed on KSBY and KEYT's websites. Shortly after each briefing, we will post the videos on SLO County Public Health's Facebook Page. They also continue to be rebroadcast on cable access channel 21 at 8:00 a.m., 5:00 p.m. and midnight each day until the next briefing occurs. Thank you once again for staying informed. Be well, and we will see you here next Wednesday at 3:15.