- Good afternoon. Today is Wednesday, December 16th, 2020. My name is Michelle Shoresman and thank you for watching today's San Luis Obispo County COVID-19 media briefing. This afternoon, we have two speakers for you. We will begin today with CEO of the SLO Food Bank, Mr. Garrett Olsen. He will be followed by 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 I'd like to introduce CEO of the SLO Food Bank, Mr. Garrett Olsen.

- Thank you, Michelle. I'm honored to our county partners for allowing this opportunity to provide an update from the SLO Food Bank. We continue to provide compassionate hunger relief at historic rates throughout SLO County. According to the California Association of Food Banks, hunger in 2020 skyrocketed an astounding 154%. Our experience validates that sobering statistic. We are on track to provide over five million pounds of food for our struggling neighbors throughout the entire county. That's 153% of the 3.2 million pounds of food that we provided in 2019. We've been busily providing food through our 60 distribution sites and through 82 partner non-profit agencies to meet this tragic need.

We are a small team of under 30 people trying desperately to support the needs of over 70,000 hungry San Luis Obispo County residents, and we could not do it without our strong volunteer corps. Approximately 250 people who donate their time each and every month to help us with our mission. Over a thousand hours donated each and every month. So how are we doing? Well, we've not run out of food, nor have we been forced to ration, nor have we deviated from our high standards of nutrition because we know that hungry people don't just need food to fill a belly. Hungry people need nutritious food to fuel their bodies and their minds, which is particularly true, given that approximately a third of those who we have the honor of serving are tragically, children under the age of 18. This year, we will be providing 6,600 additional breakfast bags to hungry SLO County children, an equivalent of 138,600 nutritious meals that are easy to prepare by a young child. 2020 has been a difficult enough year for all children.

Managing this year on an empty stomach is our unthinkable reality. Sustainable recovery, for those who are impacted, will be likely measured in years, not months, not weeks, and many of you have leaned in, thank you so much. We couldn't do it without you. We pride ourselves in the efficiency of our operations where we turn every dollar into an amazing seven nutritious meals. If you need help, we are here
for you. Visit us at slofoodbank.org, or call us at 805 238-4664 if you need help. If you can help others at whatever level is comfortable and meaningful to you we invite you to join our team and we highly encourage you to consider joining as a monthly donor. For the cost of two mochas per month, you can provide a nutritious meal to over 80 residents per month. That is a gift likely to give, to make the giver feel just as wonderful as the receiver. We wish you a healthy and safe holiday season. Please don't let safety precaution fatigue cause you to stumble when we are so close to the finish line. Thank you.

- Thank you, Garrett. Good afternoon. So, I'm here as our county begins, continues, to go in a direction that is very much giving us pause. Let me share with you the numbers that we're seeing today and then also continue to put them into perspective. I think I had mentioned yesterday at our board of supervisors meeting that one of our media outlets had predicted a three-week period for us growing the next thousand cases getting to 8,000 cases, and I was hoping I was wrong, but, in fact, was not, that I thought it might only take us a week and that's in fact what we have seen. So we are now at 8,090 confirmed cases of COVID-19, and that increase in the past week was 14% of our cases. We, last Thursday, had an all-time high of cases at 196 and we came close again today with 195 new cases. We have also a new all-time high which is the number of people with active COVID disease in our community right now, which is over 1500. Among those are 29 individuals who are in-hospital and of those hospitalized patients, seven of them are in intensive care. We currently continue to have a large number of outbreaks. This is the highest we've ever had to manage at one time.

We have 21 current outbreaks. They run the gamut, but are largely in our residential facilities for the elderly, nursing homes, and other long-term care facilities, fire stations, prison, state hospital, county government, et cetera, We are seeing first responders getting ill, and with that, I hope that you will continue to answer the call, to do everything that you can to not contribute to spread of disease and keep our first responders safe, keep our hospital safe, where we are also beginning to see some of our most important hospital workers test positive for COVID, and we need our community to preserve that capacity, not just of the beds as we've been talking about, but our healthcare workers and our frontline first responders.

The number of deaths has definitely been remarkable of late in our own county. We now have 54 deaths, which is an increase of nine since I was before you one week
ago. That includes six community members that became a death statistic in our county, just in the past day. In addition, we have another six new deaths that happened in the last 24 hours that are not yet in that overall number because we are waiting for finalization, but that is unfortunately the pace of death that we are seeing, and that is our most troubling statistic, obviously. It is more than a statistic, our hearts go out to the families who are experiencing this, and I also want to mention with respect to the death rate, we've heard comparisons frequently to, you know, people do die of a variety of causes, but right now at this moment in time in the United States, COVID 19 is the number one cause of death. That is not true over the entire year, but in the month of December, if you look at 2,700, 3,000 deaths a day from COVID-19, that far outstrips our daily death toll in the United States from heart disease, and from cancer and other causes of disease. So I think you can hear the gravity in my tone and my words related to this.

The threat is now and it is here in our county, and if you have not been paying attention, this certainly is the moment to do so. I spoke last week about a concern with the holidays upon us that we had the potential to see even worse outcomes with respect to disease transmission, and I'm showing you this slide to give you the picture of what these holidays have looked like in our fall season. So you can see after Halloween, we had a significant surge in cases in our county, and then things leveled off for a short period, and again, right after Thanksgiving, we saw a surge and we do not want to see that same type of impact to our community after the upcoming Christmas and New Year’s holidays. So with that, one more time, I will ask people, regardless of what you think, with respect to the region of our county, and we have talked about that, you know, the ICU capacity, the businesses that are being impacted, our hearts go out to our business owners, but I maintain that is within your power to try every way you know how to push down the level of disease transmission by first and foremost, not gathering.

This is true over the holidays. Please stay with your family unit. This is true as you were going out in the community, whether it be shopping, whether it be take out at a restaurant, whether it be driving in a car somewhere. This is not the time to be getting together with people outside of your household. We need to double down on driving down the daily onslaught of new cases in our community. That will also help our businesses get back to business if we can get our disease under control.

With that, I also want to address some of the rumors that continue to crop up. There are individuals who, this information is far and wide, and I wanna go through
some of the different things that I continue to hear that are not correct. So first and foremost, that COVID 19 is fake or overblown. Again, I point you to the death certificates if you just want to look at that. 300,000 Americans since March have died from this disease, and at this moment in time, as I mentioned, that on a day-over day-basis is really looking far worse than we had seen for quite a few months. Secondly, that our case counts are inaccurate. So I hear, you know, 99.9% of people do well with this disease. That is not true with respect to the death counts.

I also hear that most of the reports of cases are inaccurate. That is also not correct. The PCR tests is the gold standard and we have a very low false positive rate among all the tests that are done locally, and throughout the world using this test. The antigen test, in fact, does have more false positives. and that is why we continue in this county to not use it or not recommend it because it has an 85% predictive value or accuracy. When you get a positive test, it misses positives as well, but the PCR test, we're talking one or 2% where you might have either a false positive or a false negative.

The third is that, and I've been hearing a bit about this, that the cycle threshold value, that the test is inaccurate because it picks up people who are not currently infectious, and while that may be true, that and I've said this in the past, that the test is looking for, the PCR test is looking for, the virus, not whether or not it is live or dead. So there is some number of cases where the person may in fact be in a recovery phase, but still have some number of organisms that are detected, but we have looked at that, our cycle threshold values, where if they are higher may indicate less reliability of active infection. Those higher values of cycle threshold are a very small percentage of all the tests that are done. I know this gets a little wonky and I'm happy to address it further but I wanted to address that head-on. I've been hearing this over a number of weeks about the test is unreliable because of the cycle threshold values. I'm addressing Sherry Nelson who is been talking about this, and I will very much, you know, have that dialogue with anyone who wants to talk about cycle threshold value as just one more way of saying that we're overstating the seriousness or the number of disease cases that we see in our county or in the world.

Fourth, I've continued to hear people say that we, that people who have not been tested are getting fake results. They're being given results by text that they tested negative when they never went and got a test. I believe that is very old news. Quite a few months ago, we had a small number of cases because of a computer glitch
where that occurred, but that has not been the case in our community or to the best of my knowledge anywhere in the state of California in quite some time. So all of these repetitive rumors regarding reasons that, you should be wary of the public health message, the severity of this disease I wanted to take it head on today and say every one of them are incorrect information, and we're happy to talk about that more with anyone who wants to engage in dialogue on those, on those pieces of information.

So lastly, I do wanna turn to something very positive which is the vaccine and vaccination opportunity. We do now have in our hands 1,950 doses in our freezer of the Pfizer product. So there is indeed light at the end of the tunnel. We need to double down right now on driving down the number of cases of disease while we continue to increase the number of people over the coming months, who will be able to get vaccine. Those two things have to happen at the same time. So with respect to this vaccine, as I said, we have this first allotment. We are expecting next week the second allotment of the Pfizer doses, and then if all goes according to plan the Moderna additional type of vaccine that doesn't need that ultra low freezer storage will be also made available to you, to us and to you, in the amount of 3,600 is what we are expecting in the coming week.

So with all of that, we plan to start as soon as this Friday, with some vaccinations. We are planning an event for our first vaccinations that our media friends will be invited to and thereafter in the coming week, we're gonna ramp up and have clinics held largely at our public health department, and these are gonna be by invitation only for our healthcare workers who fall into certain sectors within the healthcare worker workforce. Those first priorities are gonna be for hospital workers. They, we are hoping can do their own. They are ready to do that. We are just waiting for state approval to able to redistribute our doses to them. We are hoping that all happens by next week. The long-term care facilities also expected to get their own doses in the coming one to two weeks, and our doses are going to be available first to emergency responders in the EMS world, dialysis, and shortly thereafter, other healthcare workers in primary care, urgent care clinics, pharmacy, dental, specialty care, the entire healthcare universe.

We anticipate that this will take us in this first phase several weeks to get through that entire workforce, and then we are looking forward to the latter part of this first phase, likely, but don't hold me to it, but looking toward February and beyond to move into the phase 1B as we're calling it to vaccinate those who are at higher risk
of bad outcomes, as well as essential workforce. So we've been getting quite a few calls and I'm very grateful for people being interested in the vaccine.

I want to say that I believe from everything that we have seen out of the CDC, out of the FDA, out of the Western States security task force, I'm not remembering the exact name. The Western States Scientific Safety Review Working Group, which is four states on the West Coast that have, independently of the federal entities, reviewed all the safety information and the efficacy information on this vaccine, and I've also doubled down on this being a reliable vaccine and a safe vaccine. So we're getting a lot of people who are ready to take one and that is great news. I also wanna ask that people be patient. We will be additionally putting information on our website about when different sectors of our community will have the availability of getting vaccine and they should tune in there, and that will be the most reliable information and timely information for people to understand when their circumstances are such, that they may now make an appointment for a vaccination. This is going to be over months, not weeks. So again, I do appreciate the interest of people in paying attention. I have personally gotten probably dozens of phone calls, and so maybe a little bit of my message here is sort of don't call us, we'll notify you, but please do stay tuned in, and this is really good news. So I'm gonna end there and open for questions

- [Reporter] Dr. Borenstein, you mentioned, and as you have for weeks, the, the gatherings are really driving these case numbers. Is there a percentage that you can point to now?

- I don't, I couldn't specifically say what proportion of all the cases, as you recall, I've said in many cases, we were unable to identify what the exact source was. People may have had many different types of opportunities for transmission or simply don't know where they may have been infected, but among the cases, and especially when we have multiple cases from a site, we can identify places that have been a source of transmission and it's still very significant when it comes to personal gatherings.

- [Reporter] And you've been driving home the fact and pleading with people not to gather. I guess sometimes it falls on deaf ears. What can you do to, I mean, other than what you have been doing to make sure that people are hearing this advice?

- Yeah, it's a balance between repetition and people tuning out, but I'm going to keep saying, less anyone forget, that the ways, we have a slide up, wash your
hands, stay home when sick, get tested, stay away from others, and don't gather, just keep your distance, wear a face covering. These are simple measures. I know that people are tired of them. I know that for some people, it is not a possibility to wear a mask, that is a small proportion, but we have overwhelming information now that this is probably the single best thing we can do along with just stay away from others. and you won't get, you won't have disease spread.

- [Reporter] One more question. In terms of the vaccine, is there no way for someone just who's in the general public to acquire the vaccine through a private, you know, a medical practice or anything like, I mean, is it all strictly through public health and the hospitals and just to go through the phases?

- No, so as we move forward, we hope and expect that more of the traditional ways in which vaccine is administered, whether it's through private practice offices, clinics, pharmacies, at the pharmacy, that all of those would become means of getting the vaccine. However, those entities will have to actually sign an agreement that they will give vaccine only in accordance with the policy direction of who's ready, you know, which sectors should be getting vaccine at a given point in time. So we, the public health department do not have the capacity to immunize the entire county. We are very much gonna be looking to our partners for the actual vaccine administration, but the order in which, people have to line up and wait for the vaccine, all of the vaccine administrators will have to adhere to that.

- [Reporter] There's no way for somebody to just kinda jump to the head of the line, I guess, so to speak.

- Right, I mean, we are looking to, we certainly will not do that. The hospitals are committed to that. The CVS and long-term care, they're all committed to that, and as we distribute more widely, our expectation is that all of the vaccine administrators will adhere to the rules of the game.

- [Reporter] Dr. Borenstein, is the county still accepting elementary school waivers?

- In theory, we would accept any application for an elementary school waiver. We have not gotten one in quite a few weeks, but there are still school districts that have not submitted for a waiver, and we would absolutely accept those and look at them, and in all likelihood, approve them even at this moment in time.

- [Reporter] And how does the county feel about Cal Poly planning on bringing back about 4,500 students into dorms and 1,000 or so students on campus in January?
- So our next press briefing, we're gonna have President Armstrong here, and I would prefer him to most directly address questions about Cal Poly. What I can say is we have been working closely with them in their decision-making and pushing hard on some additional testing requirements and operations related to making sure that we do as best we can with respect to Cal Poly resuming in the winter quarter, their educational services.

- [Reporter] And I've heard from a few hospital staff that local hospitals are concerned about staffing, and you had mentioned that some hospital staff have been, they have contracted COVID-19. So if hospitals are overwhelmed what is the plan in terms of staffing?

- So, the hospitals are making decisions as they need to, whether or not they need to stop elective surgeries to decompress. We have in the county, as you know, our alternate care site that could be stood up as needed. We have our Medical Reserve Corps. California has been looking to other sources for healthcare workers, nationally and internationally. So depending, you know, if we were to get to a state that was as bad as is being experienced in some other places, we would look to those resources as well.

- [Reporter] Is there any updated information on use of the alternative care site by out-of-county areas?

- So at this point, we have a memorandum of an agreement with Santa Barbara. We have had a more recent inquiry from one or two other counties. We'll be looking at that, but at this moment in time the state is not looking to us nor are there any, you know, is there widespread intention to use it for out-of-county patients.

- [Reporter] We also have a question about flying. Those who do need to travel, they've been told it's one of the safest ways to travel right now. What is the county stance on flying?

- There absolutely needs to continue to be flights. There are reasons that people need to fly. and we continue to ask that it only be for those essential trips.

- [Reporter] Is the health department aware of Northern San Luis Obispo County Church, that after services, had an event where masks were not required, and they've had an outbreak up there?

- I am not personally aware of that event.
- [Reporter] Okay, lastly, The ICU capacity overall, not just for COVID patients, how's the ICU capacity in San Luis Obispo County right now?

- In our County, we continue to have more than half of our beds available in intensive care units across our four hospitals.

- [Reporter] Has the county issued any fines to businesses since March?

- The county does not have the wherewithal to issue administrative citations. Many of the cities have.

- [Reporter] I'm sorry, Dr. Borenstein, one more just came in. San Luis Obispo parklets, using them to take to-go orders and at least using the parklets in that capacity to eat food.

- So we've been trying to get an answer on that from the state as to what the intention was of shutting down outdoor restaurants. There were various verbal communications on that score from the California Department of Public Health. Because of the lack of clarity on the answer of that, we have allowed individual cities to make their own decisions about whether or not outdoor seating can be made available for individuals who are taking out food and may want to sit down at an outdoor table. There's no busing allowed, there's no wait service, and we are asking that if restaurants do that, that they certainly clean in between clients, and I would additionally say, please, if you are doing that, with your household members only. Thank you.

- Thank you all for being here today. You can continue to get all of our county's COVID-19 information at our readyslo.org website, by calling the phone assistance center, or listening to the Public Health Information Line recorded message. We continue to offer free, fast community COVID-19 testing in San Louis Obispo, Morro Bay, Paso Robles, Grover Beach, and Nipomo, with Saturday appointments available in Nipomo and Paso Robles. Information and links to appointments are available at readyslo.org under Testing Information and Locations. As case counts locally have increased, our community testing sites have become more impacted. If you have made an appointment and aren't able to keep that appointment, 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. Information about in-home test kits is also available under the Testing Information tab on readyslo.org. Please help us preserve testing appointments for those that
have been exposed and therefore might need a test urgently. Next week, we will be, we will not be holding our Wednesday afternoon briefing due to the upcoming holiday. Instead, we will be back again the following Wednesday which is Wednesday, December 30th. We continue to broadcast these briefings live on our county's YouTube channel, and you can also view them live on cable channel 31, I'm sorry, 13, cable channel 13 and live-streamed on KSBY and KEYT's websites. Shortly after each briefing, we will post the videos on our SLO County Public Health Facebook page as well. They are also continuing to be broadcast repeatedly on public access channel 21 at 8:00 a.m., 5:00 p.m. and midnight until the next briefing occurs. Thank you for staying informed. Be well, happy holidays, and remember, we will be back here on Wednesday, December 30th, at 3:15 p.m. Thank you.