

- Good afternoon and Happy New Year. Today is Wednesday, December 30 2020. My name is Michelle Schwartzman and I'd like to thank you all for being here today. For San Luis Obispo County has COVID-19 media briefing. This afternoon, we have two speakers for you. We will begin today with Cal Poly San Luis Obispo president Jeffrey Armstrong and he will be followed by county health officer Dr. Penny Borestein. County administrative officer and emergency services director 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 Cal Poly president Jeff Armstrong.

- Thank you, Michelle and Happy New Year everyone. Many have asked why Cal Poly is bringing students back as most of the CSU will be virtual and they start later. Every campus is different. We know that most of our students intend to live in the San Luis Obispo area regardless of the university's plans. Having students living on campus and coming to campus for some critical face to face classes, provides the university with an opportunity to generate greater compliance with public health preventative measures and to provide frequent and ongoing COVID-19 testing to help mitigate the spread of the virus. When we went 100% virtual last March, a large percentage of the students living off campus stayed in town. And a significant number of the students living on campus received the refund from Cal Poly moved out and moved into the neighborhoods.

Like every other university and institution, the Fall was a learned by doing experience for Cal Poly, but learn by doing is what we are about. I am proud of our work in the fall and what is planned for the winter quarter. We've made some very important changes and additions. We've significantly increased our testing capacity to two times per week, including required testing for off campus residents since in SLO County with an exemption program. We increased capacity for isolating any infected student residents on campus. And we will have a staggered return of on campus students in the first week of the quarter. And finally, we'll have all virtual finals week for the winter quarter.

During the winter quarter, we will have de densified on campus housing about 4500 students in single rooms. And we'll have a small percentage about 11% of face to face courses. Only courses that cannot be delivered virtually and are required for graduation are being offered face to face. We will maintain rigorous sanitation and engineering control protocols that were successful in the fall when no positive cases were traced to in person courses. We've developed and refined our plans in

close cooperation in consultation with the County of San Luis Obispo Public Health Department, the CSU chancellor's office and health and safety experts on and off campus. We maintain ongoing dialogue with all of these partners and consultants. And we adjust our approach as needed in response to their advice in the quickly involving pandemic.

Students returning to campus for housing classes work or other needs are required to provide a proof of negative COVID-19 test taken within three days of arrival on campus. In addition, all students will be tested the day they returned to campus for resident classes work or any other reason. Students living off campus in the local community not planning to visit campus are strongly encouraged to take a test with a negative result within three days of returning to the area for winter quarter. Students who test positive prior to returning to the area are instructed not to travel to campus and instead isolate per CDC and public health guidelines.

Building on our fall quarter ongoing testing, we will increase testing of students through a new faculty develop, tested and approved saliva based molecular PCR program. This test has been validated through an extension of our existing certification CLIA so all tests will be included in our counting numbers. This will give us much greater capacity and allow for more frequent testing throughout the quarter. We will have the ability to run 3800 tests per day with expansion possible. This is an expansion of our current capabilities for testing asymptomatic students, faculty and staff through contract testing. And testing symptomatic and asymptomatic students through campus health and well being. So our faculty and staff will be eligible to test through the saliva program. All students living both on and off campus in the local community will be required to test twice per week regardless of the modality of their classes. Some exemptions will be granted for off campus students. Our testing program will allow us to monitor prevalence, and adjust our testing frequency based on the data. This maximizes the chances of catching positive cases early and provides the opportunity to model appropriate prevention behaviors. Students who do not comply with these testing requirements, will receive a series of warnings and then will lose use of key University resources. These resources will be quickly restored upon compliance of simply taking a test on campus.

We will continue to work closely with County Public Health to issue directives of isolation to student residents who test positive for COVID-19 and quarantine for student residents determined to have been exposed to someone with COVID-19.

The university has increased its on campus isolation capacity to 236 beds, 56 more than in the fall. We believe this will be sufficient to accommodate our isolation needs. Isolation and quarantine directives, like all health and safety guidelines are enforceable through the university student code of conduct. Students who fail to comply with isolation or quarantine orders will face potential sanctions, up to possible suspension or expulsion from the University. Thank you. Thank you.

- Excuse me, thank you, President Armstrong. So what I'd like to start with today is some discussion about the numbers before I share with you the numbers. And that's because some individuals who have been following our dashboard may certainly have noticed that we had quite a low in our numbers for a few days over the weekend. And I don't want folks to have a false sense of we've turned the corner, I want to communicate that what in fact happened was that the state has changed their process of loading new cases into the state database. That takes a little bit longer for us to actually assign those cases to our jurisdiction, that accompanied with the fact that we hit a holiday weekend. And we actually let most of our team have off on Christmas Day after working seven days a week for 11 months. I hope you will forgive us this small lag that we're seeing in the data. We are in the process of catching up and correcting that change in the process so that we can report what is actually happening. And what is actually happening unfortunately is that our numbers are continuing to surge. So while it may have looked like we were moving in a good direction, in fact, today, we added let me see if I can find the exact number I know it's over 500 cases in just the past 24 hours. Those all did not happen in the past 24 hours, but they are part of this catch up over the last few days. Additionally, we will see higher numbers in the coming day or two or three as we get through the process of catching all of the lagging cases that are in this sort of waiting holding area in the state database as of this moment.

So I do also want to say with respect to the data, what you have seen on a day over day basis relating to hospitalizations and intensive care unit patients has not had the same effect of a lag and those have been actual real time data points moving through this past week. So where we are today is we now have surpassed in this county 10,000 cases to be exact 10,178. 71% have met the definition of recovered that means passing at least 10 days since they're positive test with symptom improvement. We've been experiencing all time highs of active cases in our community around 2200 now. Again, to be exact 2187 today. And we've seen more than 2000 cases hit just in the last two weeks. So with that, as you might imagine

our contact tracers are drowning in cases and I will talk more about what we've done to address that issue in just a few moments. But we are trying to keep up with this. And as I said, we are certainly keeping our eyes on some of the more severe outcomes of this disease. And with respect to hospitalizations, we now have 58 people in the hospital, 11 of whom are in intensive care unit. That reflects a dramatic increase over just the past two weeks, two weeks ago today when I stood before you, we had 29 individuals in the hospital seven in intensive care. So quite an increase there.

Even more concerning is what we are seeing with respect to deaths in this county. In the past two weeks, we have lost more than 29 of our community members to this COVID-19 virus. We now have 82 individuals in SLO County who have succumbed to COVID-19. And just today, that is an increase of eight individuals. So within the month of December alone, we have seen more than half 54% of all the deaths from this pandemic have occurred in the current month. I just wanna share with those who have experienced that loss, this is heartbreaking for us. Every time I get news of additional deaths, they are not just numbers to me or my team who have more information about who these people are, where they lived, whether they were living independently and healthy, or whether they needed support. They are all loved ones for people that had a preventable cause of death.

So with that, I just ask people to not just hear the numbers but to understand that we are talking about lives. And in many cases, when I hear oh, they were just old and going to die anyway, that really rubs me in a certain way. Because someone who's 80 may well have had 15 more years of life. Your life expectancy actually goes up the older you get. If you're an infant, the average lifespan maybe 82 years of age, but when you're 82 years, the average lifespan may actually be 90. So I want people to think about that as they're considering what we're experiencing in this county right now.

I did say I'm gonna shift now to our contact tracing process. I said I would come back to that. So with this onslaught of cases, we are no longer able to keep up despite our adding new staff to our contact tracing unit, we are not able to move as quickly as the number of cases are. And with that we're moving to a system for certain individuals where our first point of contact is going to be by text message rather than phone call. This is true for individuals under the age of 50, who we expect to not have significant illness. However, we absolutely make ourselves available to anyone who receives that message of a positive test from the testing

site, as well as the message from public health that because of your positive test, you now need to isolate. You need to isolate for a 10 day period if you've tested positive, but do not wait for your test result to isolate. If you went and got a test because you felt the symptoms or because you know you were exposed begin that isolation process as soon as you've gotten that test. And isolation to us means you don't go out of the house for that 10 day period unless you need to go for medical care. We are available to help with other services as needed for food and pharmacy. But we do really intend for people to be strictly at home and isolated during their period of infectivity.

We also are asking of newly identified cases if you hear from us in this fashion through a text rather than a phone call, we will have information about your notifying your close contacts about their need to stay home and quarantine. So close contact again is anyone who you've been in proximity with mask or otherwise for a period of greater than 15 minutes in the course of a day, within six feet of distance. That is not going to capture everyone but that will go a long way to identifying people who would be the next positive people who could transmit the disease. So, again, we are doing this for people under the age of 50. Above the age of 50, you will still receive a phone call and we will go through the entire contact tracing process. However, we may notify those contacts in a text fashion as opposed to a phone fashion.

Okay, I will leave it at that and I will turn to something much brighter, which is vaccinations. We have begun in this past week alone to vaccinate a large number of our healthcare sector the highest risk individuals for getting the disease because they are on the front lines of our health care sector, as well as those in long term care settings. As of this morning, SLO County had received over 7000 doses of vaccine. And we have vaccinated to date in a one week period, slightly over one week nearly 2000 individuals amongst our target population of approximately 10,000 healthcare workers. In addition to what we have done through the county in the public health process, hospitals beginning yesterday, CVS partnership, Walgreens partnership in our skilled nursing facilities have begun to vaccinate, as has our state prison, CMC as well as our state hospital Atascadero State Hospital. Collectively, between public health and these other vaccine administrators, we believe that there has been administered over 3000 doses.

So we are nearly a third of the way through that targeted first group as we call it, phase one A. Not just we call it the federal government, the state has deemed this

very first group of vaccinees phase one A. We are hoping to move into phase one B, which is targeting older individuals and critical infrastructure workers in our county in the coming weeks. And beginning next week, we will be meeting with our task force or a committee that we have established to get input as to whether or not we at the local level want to make any accommodations or changes based on the federal and the state guidance as to who and in what order folks should be vaccinated. We believe in the next month that we will be able to begin that process for the next phase.

We also in the next couple of weeks, will be beginning the second dose for the people who we've been vaccinating with the first dose. And the importance of that second dose is that approximately 20% of people receiving the first dose may not have an effective immune response. So for all of you out there who have gotten a vaccine and think you're one and done, please remember to follow up with that second dose, it's important for us to get complete immunity amongst the individuals who we are vaccinating. I know for the general public, we're getting a lot of questions as well. If I'm not over a certain age, if I don't have a certain health condition. I do wanna get the vaccine when is my turn? We're getting those questions even within essential infrastructure. And based on age, we will work through this process just as quickly as we can. But there are limitations, there are logistic limitations. The cold chain is a limitation. The amount of vaccinators quite frankly, is a limitation. We're using all resources available nurses, paramedics, nursing students, medical assistance. But at the end of the day, many of those same people are on the front lines of other parts of this response. Again, the contact tracing, case investigation, outbreak management, testing, et cetera. So we are moving as quickly as we can.

We feel that in this county as we have with many other things we are ahead of the curve. And we will continue to move forward. We have gotten quite a few phone calls particularly from a group of individuals who are normally considered seniors 65 and above but are not in the tier that has been recommended for the very first public vaccination stage, age 75 above. And I want those individuals to know that they are not forgotten. We recognize that there is a higher risk. It is simply not as higher risk if you look at the mortality data, people over age 85 have a much higher case fatality rate likely to die from this disease than persons over 75, who are more likely to die from this disease than persons over 65. So again, we hope to be able to move through those tiers as quickly as possible. I do want our community members

to understand that we are not picking and choosing the value of a life, we are trying to, as with all things in this pandemic, find that sweet spot and balance between preserving lives and preserving our critical infrastructure. So that we can still respond to fires, we can still respond to medical emergencies, we can still have our wastewater treatment plants operating just to name a few examples. So this is gonna be tricky business, we appreciate the input. We are going to be additionally setting up more information of where people can stay tuned in and get information. You can subscribe to the county's COVID-19 update for emails to stay tuned in, follow us on social media and frequently check back at our website at emergencyslo.org/vaccines so that you can know where we are in this process. And with that, I will open it up for questions.

- [Participant 1] Dr. Borenstein, this has been a recurring data for two months with these holidays, Halloween, Thanksgiving, Christmas, et cetera, New Year's Eve tomorrow night, your concerns about that.

- I continue to be concerned about the ways in which portions of our community continue to celebrate their holidays, especially in this fall winter season. It wasn't as big a deal for Memorial Day or even July 4, when we had very low case numbers. But right now, people need to assume that you will be exposed if you come together across households or in large venues especially because of the number of active cases that we have. So I completely understand that people are craving social togetherness. I understand the fatigue that people are experiencing. But right now at this moment in time, all I can do is ask of our community members to please put off their gatherings, they're partying for one more year.

- [Participant 1] With 2000 plus active cases and that's just what's known, right? If you can tell people maybe the percentages or if you get to a gathering of so many people the likelihood that there is somebody there that is active is what is there any kind of percentages that are? I've seen at one and five or something like that?

- I think the basic answer is there is a high prevalence of this disease in this county everywhere in this county at this time. And so we need to be taking actions on the basis of assuming that anyone you are with may be infected and not know it.

- [Participant 1] Another question real quick, with the contact tracers as you said, drowning right now just overwhelmed with the number of cases is there any idea of potentially pulling more county employees from their positions reassignments to help facilitate those new cases?

- Yeah, we are absolutely pulling additional county employees for all manner of work that we need to be addressing right now. And our number one focus for those individuals is on our vaccination efforts where we have positions that do not need clinical personnel. We are also adding them to data entry positions, supported the contact tracing team, additional testing related to our outbreak management all manner. And I don't know if Mr. Horton would like to address from whence our county employees are being called upon.

- Right now behind public safety vaccination operations is the county's first priority. One of the things that the county has done just recently is we've closed three of our library branches completely. And then we've also gone curbside to our regional libraries, and all those librarians and those that work in libraries they've been redeployed toward the efforts right now in our vaccination site. We have representatives from the sheriff's office, Cal Fire, Public Works, public health, library, social services. You could probably find somebody from almost all 22 county departments supporting the effort right now. And that will continue. Again, I ask the public for patience if some of the services you're used to in a very timely fashion for instance, in the library, I understand that, especially during a pandemic, it's important to be able to have reading material and get out so you can, when you're stuck at home with your kids, I understand that. However, again, the way we're gonna get past this pandemic is to get people vaccinated. And that's gonna be the highest priority.

- [Participant 2] Dr. Borestein, I had a question in regards to just with the the recent deaths you've been mentioning, what's been the impact on cancer services? In that they able to handle the intake that they're getting?

- Yes, we are seeing more deaths on a daily basis than we do in a typical year. But notwithstanding that both our cancer and our mortuary services have been able to keep up.

- [Participant 2] And then in regards to beds, we've heard some people say, well, there's not enough beds, that the beds there's discrepancies. Do you have any response to availability of beds?

- So availability of beds in this county hospital beds, I assume you're referring to is that we still have quite a bit of capacity in this county both in hospital beds and intensive care unit beds. Our hospitals are feeling the pressure but they're not nearly in as bad shape as they are in other parts of the county. With that, we've

continued to request that we be part of a region that is apart from the very dramatic situation that is going on right now in deeper Southern California. But we keep an eye on it. And we are wary of how we could get to that level in our county as well.

- [Participant 2] And then in regards to the string that started in Britain, I believe there has been a case identified in California, any local response or preparations to that string?

- Yeah, so that the variant of this virus that has been seen in a number of different countries, this particular one in the United Kingdom. Now, we're second in California to Colorado having identified a case of this variant. And it stands to reason that it might based on what's understood about this particular virus lead to more cases. The good news at this point, it does not appear to imply that there'll be more severe cases or have more deadly outcomes. And also that this particular variant is still susceptible to the vaccine. So we will definitely stay apprised and see how this evolves over time. Thank you.

- Thank you once again everyone for being here. You can still get all of our county's COVID-19 information at our website, readyslow.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, Paso Robles, Grover beach, and Napomo. In the coming weeks there are a few scheduled changes for our testing sites due to holidays including what will result in some additional Saturday appointments. There are currently some Saturday appointments available, and you should please go to the testing information and locations page for all the most current information and links to make appointments. If you would like to stay abreast of the latest information on vaccine distribution as Dr. Borenstein said, there are a few ways to keep in touch with us. You can subscribe to the county's COVID-19 email updates at www.emergencyslo.org/subscribe. You can also follow SLO public health on your favorite social media channel. Or you can check back our vaccine information page regularly at emergencyslo.org/vaccines. We continue to broadcast these briefings live on the county's YouTube channel. You can also see them live on cable channel 13 and live streamed on KSPY and KEYT's websites. They are also available on SLO County Public Health's Facebook page after are each briefing. And are rebroadcast on public access channel 21 at 8 am, 5 pm and midnight until the next briefing occurs. Thanks again for staying informed. We wish you a safe and happy new year.

And we'll see you at the first briefing of 2021 here on Wednesday, January 6 at 3:15pm.