

Dr. Penny Borenstein:

[Crosstalk 00:00:00] About one minute, we'll get started.

Speaker 1:

One minute. [crosstalk 00:00:27]

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. Once again today, we have our Emergency Services Director and County Administrative Officer, Wade Horton and County Public Health Officer, Dr. Penny Borenstein to speak with you. As yesterday, Wade will speak first and then be followed by Dr. Borenstein, After that, they'll both take questions. Before I turn it over to Wade, I'd like to again remind local media outlets and folks watching at home that, for the latest current updated information, you can tune in on line to ReadySLO.org for the most current information and we're updating that real time. I'll turn it over to Wade.

Wade Horton:

Thank you, Michelle. Wade Horton, County CAO and County Emergency Services Director. I'd like to start today. We'll talk a little bit about what we're doing to protect the public. First of all, our shelter at home order starts at five o'clock today and we're doing that to maximize social distancing, again to reduce the spread of COVID-19 and to keep our community safe. We're looking closely at hospital surge capacity so we can make sure we can treat the sickest of the sick, if needed. As I mentioned yesterday, we were able to order and get a placement order for ventilators. We have a hundred ventilators on order, and 30 of those will be here in between seven and 10 days and we anticipate another 70 coming in a couple of weeks.

Wade Horton:

We're planning for alternative care sites. Again, we're working very closely with our Tenet and Dignity Health partners to locate those sites in case they're needed. We're working with homeless serving organizations, so if we have a homeless individual that's presenting symptoms, we can get them isolated and yet still get them the care that they need onsite at a shelter location. We're partnering with law enforcement. We've talked. I've talked to the sheriff and we've talked to the different city law enforcement organizations. This is when that shelter in place order, when it goes in place, when it's effective, we can make sure that we are having increased patrols in order to keep our neighborhoods safe.

Wade Horton:

Another thing that we're doing is, we're reaching out to our seniors and keeping our seniors safe and also make sure that they have the services they need. It's important to us. Right now, we're working with the food bank and today we should have an MOU signed. We're going to coordinate with the food bank and we're going to be able to deliver food and prescription medicine, if needed, to some of these seniors that don't have a support member. We're planning to use county employees and county vehicles in order to accomplish that mission, and this is again a way that we can take care of some of those folks in our community that might not have friends or family that are local that can help them out.

Wade Horton:

I'd like to also update you on some current statistics. As to as of today, we've had 200, we conducted 232 tests at our lab. Of those, 232 tests, we now have 13 confirmed cases of COVID-19. All individuals, I'm happy to say, are recovering at home. To break down those 13 cases, three of those are on the coast. Five of those are in North County and five of those are in South County. As we test more, which is a good thing, we anticipate to see more positive confirmations of COVID-19 and as such, I just want the public know that we're not going to be issuing individual press releases anymore for each additional case. However, we will continue to update the public at this daily press briefing.

Wade Horton:

As I mentioned earlier, we are going to put the shelter at home order into effect today and we've gotten a lot of questions over the last 12 hours regarding businesses and what's considered essential. We're going to be publishing additional guidelines at ReadySLO.org and that breaks down categories of businesses, which ones are essential, which ones need to be scaled back such as a restaurant, but maybe offering curbside delivery now where folks can come up to a curbside and pick up food and then which categories of businesses should or shall remain or be closed. With that, I'll turn it over to Dr. Penny Borenstein and she can answer any additional questions you may have regarding specifics of what I put out today and she can also add any additional information that she likes to put out to the public. Thank you.

Dr. Penny Borenstein:

Thank you. Good afternoon. I'm Dr. Penny Borenstein, the County Health Officer. With the information of the growing number of cases, I again want to reiterate that that is exactly what we expected. We expect to see in epidemics of this sort a doubling of cases within three to seven days and that's because the incubation period is that long. We will see more cases. We will be sitting here in another few weeks and we may have cases in the, we'll likely have cases in the three digits. Not that single digits, no longer than two digits. That's where we're at.

Dr. Penny Borenstein:

I want to talk a little bit about this shelter in place. Shelter at home, I'm sorry. What I don't want people to think that this means there is a chemical or a radiological event that means you have to hunker down in your homes and never leave. You will see the detail that is being made available about where you could go, what you can do. We want to encourage people to go outside by themselves or in family groups. Get fresh air, get exercise. You can run, walk, bike, swim in the ocean, any number of singular ... Play across a tennis net. There's a bit of a misnomer with this notion of shelter at home. It largely means that we are asking the public to participate with us in the enhancement of social distancing. We don't want any situation other than for basic needs where people are gathering in groups of any size. Again, families can move about as groups, but we don't want to create the opportunity for spread between strangers, so again, that's in our restaurants, our bars, non-essential business functions.

Dr. Penny Borenstein:

People can go to their medical appointments and they should, their routine medical appointments as well as sick medical appointments for any reason of illness. We're asking, however, if you believe that your symptoms are consistent with this disease COVID, as an additional matter measure of protection, we ask that people not just simply show up at a doctor's office but call ahead because to a large extent, if the nature of the illness is mild enough to just get some medical consultation and be managed at home without bringing that person into a waiting room, be it our urgent care or be at your provider's

office, that's the best way to manage that situation. Certainly if the symptoms are such that it might lead to a need for additional care at a hospital, then hopefully that provider will make arrangements for that person to be seen at the right time and the right place, and that could even be in a parking lot.

Dr. Penny Borenstein:

When you're hearing call ahead for medical appointments, that does not refer to routine medical appointments. It means if you think that the symptoms you're experiencing, again: fever, cough, shortness of breath, fatigue and body aches, and particularly fever as the predominant feature with this disease as well as cough, then please do call ahead rather than just show up at a medical clinic or a doctor's office. I do want to

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Dr. Penny Borenstein:

I do want to talk a bit about secondary spread, if I can use this again as a platform for people to understand that contacts of contacts are not worrisome. And the reason I'm bringing this to attention is because there is a lot of concern, understandably, as we see more cases, a lot of people are going to start to know someone who has this disease. And what we're hearing are, "But I work in the same office as the person who is the husband of," for instance, the person who's been diagnosed.

Dr. Penny Borenstein:

So I'm going to use my colleagues here to talk about this. So let's say I have the symptoms and it's been determined that I need to be tested for this disease and I have just had a three hour working lunch with Mr. Horton where we were sitting right next to each other. He is now a close contact of a possible case. So I need to get tested and I go and get tested and he's worried that if I'm positive I may have passed this to him. And that is a correct concern. He however, then the next day has lunch with Ms. Neal and she now becomes worried that, "Oh no, I was in contact with someone who might've gotten this disease from me [Dr. Borenstein]."

Dr. Penny Borenstein:

She need not worry because he does not have the disease at this point. He may develop the disease after he incubates it for a period of time. Let's say I do become positive, he then becomes a close contact who needs a quarantine order to not go back to the workplace where he could potentially spread it as soon as he does become sick. But Rita is off the hook because it's transmitted once the person has passed their incubation period and is now sick. And that incubation period is a minimum of two days, a maximum of 14, but the vast majority of cases is more like a week.

Dr. Penny Borenstein:

So if Wade did not go home and isolate and he's still going about the county and he has now spread it to a lot of people in that week, we've got a problem, which is why we're quarantining. But if he goes home on day one of, "Uh-oh, I may be a contact of a case." Whatever interaction happened for him and others in this intervening time before he gets it, does not cause concern for the secondary downstream people.

Dr. Penny Borenstein:

I hope a little bit of that dialogue and visual is clear. This is a challenging concept to communicate, but the reason I'm going into this level of detail is to help a large number of people in our community who are beginning to get very concerned about being contacts of contacts.

Dr. Penny Borenstein:

So with that I want to reiterate what you've been hearing consistently, that we're all in this together. We are one big community. We have information resources available. We are going to continue to provide these briefings and at that point I'll just say we're open for questions.

Speaker 2 - Audience:

Dr. Borenstein, can you talk about, you referred to it a little bit, the mental health aspect of this because I think that's really starting to kick in right now, that people can't go outside, some people need shelter at home. I have to stay inside and this has really started to really mentally be challenging for people.

Dr. Penny Borenstein:

Yeah. So I like a terminology that I saw from my counterpart of Los Angeles, who we've a number of us health officers have been playing with language to try to communicate what the risk is here and they're using the term right now "Safer at Home". So I think that's really distinct from "Shelter in Place". And what it means, this whole thing, is about social distancing. It's about keeping people away from other people with whom they don't have natural household connectivity.

Dr. Penny Borenstein:

So it is not about shuttering our elderly in their homes, in their bedrooms and bringing ... and not giving them the opportunity to live life. So people should go outside, they should go for walks, they should garden and they should do their landscaping. They just shouldn't do it with strangers.

Dr. Penny Borenstein:

The higher risk groups, we have actually said try to avoid going ... if you are going to go to the supermarket, go at a time of day where you're not going to bump into other people. Even within that grocery store, if you're a vulnerable person, keep your distance from others.

Dr. Penny Borenstein:

But this really isn't about there's something in the air that by virtue of you leaving your house that puts you at risk. It is simply stay away from people who can transmit the disease.

Speaker 3:

Dr. Borenstein, of the new cases, can you talk some of the specifics about the ages and then out of all the 13 cases, how are everyone recovering at this point?

Dr. Penny Borenstein:

Yeah, thank you. So all 13 individuals at home. The newest cases I don't have a lot of information on because three of those newest cases came from the private labs and I'll talk about that in a second. But all 13 of our cases are home, at least in a couple of cases they appear to have fully recovered at this point. We are not doing repeat testing to ensure that they are free of the virus. New information has come out from the Centers of Disease Control that there is a new way that we can allow people back

into society and that is, so the original cases in the United States, all of them were being tested every two days with the same lab test and making sure that they came up negative. At this point we're saying that 72 hours of no symptoms and at least seven days since the onset of illness would allow someone to be considered cleared.

Dr. Penny Borenstein:

You had a second part of your question about how are they doing?

Speaker 3:

Yeah.

Dr. Penny Borenstein:

The 13? Okay. Have I answered your question?

Speaker 3:

Yeah.

Dr. Penny Borenstein:

Thanks. Sorry.

Speaker 3:

Thank you.

Speaker 4:

I have a lot of questions as usual.

Dr. Penny Borenstein:

Okay, you're good.

Speaker 4:

Thank you so much for all your information. It's been very clarifying on several issues, and your hard work. As I said, I have several questions, but we are really hoping that at some point soon we can receive more public information about the individual cases, including their age range if you don't want to give specific ages, as well as what town they're residing in. And in addition, we're hoping that you can provide some insight as to how they got the disease. If it was through community spread, travel related or otherwise. Are you going to be able to release more detailed information?

Dr. Penny Borenstein:

To some extent, yes. And that was the other part of your question now is what the ages are. So one of the individuals was in their twenties and I do not have the detail on all 13 cases. I think I have it on the first 10. All the others I don't have a number breakdown, but we will start, as our case numbers increase, we will start doing the same things that you can now find on the state website, which is number of cases by age and they just break it down by are they above the age of 65, are they 18 to 64, are they below the age of 18.

Dr. Penny Borenstein:

So I know that any 18 to 64 age group, I am aware that three of our individuals fall into that age category. I am aware of the other seven, I believe fall into the above 65 and I don't have the information for the most recent ones. But it is following the patterns that we expect in terms of age distribution and the youngest person, we had one person in their 20s and I do know that that was an international traveler from a highly endemic country.

Dr. Penny Borenstein:

The others that are in middle age, not above 65, do have significant underlying medical conditions. Two, so the categories that you will see is, and soon this will be dropped, but returning traveler. So, and the reason I say that will be dropped soon is because you're now perhaps as at-risk in our own county as some other places. But so if we know that there was a travel history outside of our county that's consistent with when they contracted the disease, we're calling them a traveler. If they had household or close contact spread, we're calling that person-to-person. And then everyone else for whom there is no travel or direct contact to a positive case, we're calling-

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Dr. Penny Borenstein:

... no travel or direct contact to a positive case, we're calling those community transmission.

Dr. Penny Borenstein:

So again, you will see those on the breakdowns. I actually can't do it now on the top of my head, but we will provide that.

Dr. Penny Borenstein:

As to the geography, we have decided to not go beyond the region level. All of our contact investigations thus far have yielded information that when during the period of concern starting even before disease onset, our detailed investigations lead us to determine where that person's whereabouts were during the infectious period and to notify all of the people who may have had the close contact that is of concern.

Dr. Penny Borenstein:

So I will again say as I did the other day that for reasons of medical privacy as well as to try to manage public panic and not say this was in Shandon, which is a small community, versus Paso, that we would like to keep it to the regional level.

Speaker 5:

Several medical providers have told us that they don't have the supplies or information that they need to respond to this emergency. I've talked to five medical professionals at state hospitals, at urgent care centers, at private practices who have all said that they're short on personal protective equipment and kits for testing. And others have told me that they want or need more direct communication from the public health department. So how can you respond to those concerns?

Dr. Penny Borenstein:

Yes, very good questions. So as you know, this situation has been changing very rapidly, daily, hourly. The last 24 to 48 hours, I have gotten additional medical staff on my team that are working on information materials as well as a webinar for private providers in our community. We very much want to support our community practitioners in giving them what they need both in the way of an understanding of how to manage this disease, as well as the material they need to do so safely.

Dr. Penny Borenstein:

On that latter point, we are getting a large number of resource requests from providers and we are doing our best to meet those, but there are some areas that are becoming increasingly difficult to get in terms of protective equipment, in terms of laboratory supplies. And we will just keep making those requests and make sure that we get whatever we can as soon as we can it, and to provide it to our medical partners. But those are some of the areas of challenge.

Dr. Penny Borenstein:

In terms of the information flow, that is one of my number one efforts in the last 24 to 48 hours, and ongoing to provide the informational support to our providers.

Dr. Penny Borenstein:

One other thing that's happening tomorrow is a call that I'm having with several hundred physicians on a teleconference. So we're doing a lot of things in that regard.

Speaker 5:

When we say requesting PPE for example, who are you requesting? Who are you waiting on? Where is the [inaudible 00:23:27] supply at?

Dr. Penny Borenstein:

So in the state of California for medical supply, we have a system that's called the RDMHC, which is Regional Disaster Medical and Health Coordination, RDMHC. And so for our region, the person who is the lead of that function, actually decides in Los Angeles, but our medical and health branch in our emergency operation center has a direct line to that person to make those requests, so if they can't be met in our County, they'd go to this region. And if they can't make out of the region, they go to the state, and the state attorney goes to the federal government. But that entire chain is not able to keep up with the demand.

Speaker 3:

I have a question. So most of these cases so far here in the county, you mentioned over 65 but I know the CDC has some new evidence says young people, 20 to even 44, there's a growing population of carrying the Corona virus. Do you expect those numbers to change? And then what have you also been seeing with young people possibly in this virus?

Dr. Penny Borenstein:

Yeah, so adults of any age has consistently been a population that is getting this disease in other countries in large numbers. It's the older individuals as well as those with medical conditions, who are having this most severe cases of disease.

Dr. Penny Borenstein:

As the testing expands, I anticipate that the majority of people who would actually contract the disease may well be in the non-senior age group, the 18 to 64, I think that's what we're beginning to see in the state of California and elsewhere. So as we begin to test more people, we will get a true picture of who's actually getting the disease.

Dr. Penny Borenstein:

Everything that I have continued to see, and I haven't had the ability to read all the research articles on this is why children under the age of 19 actually seem to not be getting the disease. Not just that there are having mild cases of it, or maybe even asymptomatic cases. What is believed today, until we have a serology test where we can test everyone, it appears that children are relatively spared from actual infection.

Speaker 6:

Question for Wade. Wade, we continue to see people, I guess, ignore some of the orders, still congregating in groups. Naysayers, perhaps you could say, just not heeding the advice that's being given. Your message to those people and just the community at large, as we are about an hour away now from the shelter at home order, as we get ready to head into that. But the message is for those people.

Wade Horton:

I would say do what you need to do to protect your grandparents. I mean, this isn't just about you, it's about our community. And in order for us to accomplish the goals that we've set out with this order that's going into effect at 5 o'clock. I know it's hard. I know that hard isn't even be able to describe it. It's incredibly challenging. In order for it to work, in order for us to be able to slow the infection or the disease so we can take care of the sickest of the sick among us, we need to all do our part. So don't be selfish. Do what's right, do what's right for the community.

Speaker 6:

And again, we're about an hour away. And your message to the people would be just as you mentioned, heed this advice, continue to listen to what's happening here today-

Wade Horton:

Right. We're not taking this lightly. We know this is a very difficult time for everybody. We're going to reevaluate these measures in two weeks, and in consultation with Dr Borenstein, we will live this as soon as we can because we know the incredible disruption it is not only to people's lives, but we understand this is what's happening to people economically. I mean, if you're a small business owner, I feel for them, and this is going to be incredibly challenging, not just the stress of the pandemic, but also the stress of a business that you see you can't continue to operate. It's a very difficult time.

Wade Horton:

But what's important again is in order to get back to normal as soon as we can, we got to come together and take the actions we need to take now so we can protect people and again, we can get back to normal as soon as we can.

Speaker 5:

Penny?

Dr. Penny Borenstein:

Yes.

Speaker 5:

Thanks. Can you talk a little bit about the testing capacity right now, both through your department and tell me why, did you have any insight on what the private sector can provide? And do you have any outstanding test results, and are you monitoring any residents for potential testing?

Dr. Penny Borenstein:

We are testing every day, we so we will have additional results by tomorrow. We are a passive recipient of positive only results from the commercial laboratories, and that's why I cannot tell you how many people have been tested. I do not know what the negative results are from the private sector of laboratory testing. We will continue to work on getting that because I think it will be important for people to understand how many people who are presenting with this illness actually have the illness, versus those who have similar symptoms but have something else going on.

Dr. Penny Borenstein:

I can tell you from our laboratory, we've done 232 tests. If of our 13, four or five, let's say five, came from the private sectors, so eight out of 232 tests done by us have been positive.

Dr. Penny Borenstein:

Did I fully answer all aspects of that question?

Speaker 5:

Yeah, that's fair enough.

Dr. Penny Borenstein:

Okay. All right.

Speaker 5:

I know I can't ask every question that ... We asked our readers if they had any questions, and we got 125 in 10 hours and I tried to categorize some of them, but one thing that I'm hearing over and over that maybe you can answer, is people want to know if they should, if they can, go visit their-

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Speaker 5:

If they should, if they can go visit their parents, have meals at their neighbors or friends' homes. There's some confusion about how much you need to isolate from each other in small groups within our home. Can you kind of talk through that a little bit more?

Dr. Penny Borenstein:

Right. So household transmission is the most common way of getting this disease. Those are people who live and communicate in the closest settings and therefore it doesn't make sense that if you're sitting around a dinner table in close proximity or literally dare I say in bed in close proximity, that we then need to say but when you go outside, you may not touch each other. So households can continue to function as households who have close contacts with each other, whether it's in their home or outside of their home. If it's individuals with whom you do not have a daily close communication with, like you get together with your friend every Saturday for drinks and they're in their home or whatever, we would recommend that you do not continue to do that kind of socializing.

Dr. Penny Borenstein:

With respect to visiting grandparents, bringing together families for Easter dinner, we're not going to be policing that. We ask people to take the best precautions to recognize who the highest risk people are. So it may make sense if grandma's not in a nursing home, but she has some underlying conditions and maybe she does need to be fully isolated. We have gone to the extent absolutely and people who are quite ill and or elderly and live in long term care facilities, we have actually said that there should be no visitation in those situations. Short of that, families coming together within homes, my advice is to please use your best judgment based on the risk characterization of the individual family members. But socializing across family units, we are actually recommending that that cease to happen.

Speaker 5:

Thank you so much. That's all for that. That provides a lot of clarity. I think you made kind of a joke that you won't be policing that. Will the County be policing or enforcing this order in any kind of way? Aside from recommendations.

Wade Horton:

So again, based on previous comments, if we're going to do what we're trying to do here, the community has come together and get it done. We can't do this as individuals. If it's going to work, people need to comply. So is it a misdemeanor? Yes. But do we need to get to that point? If we have to, we will. If there are folks that are flagrantly violating, they're gathered 50, a hundred people and they're not paying attention to this, will we have a peace officer go out there and ask them to break up? We will. But the intent isn't to going around issuing citations. The intent it to protect our community. And I ask everybody that's watching this that we do that. So again, we can get back to normal as soon as we can.

Speaker 7:

One last question if there's any.

Speaker 8:

I also have another question. We've also been hearing from viewers wondering with the shelter at home order, in terms of Airbnbs, people continuing to rent out. Can people still rent out their homes? Can people still come into the County for these purposes?

Wade Horton:

So again, we're going to be issuing a list of, if we haven't already. It may have already gone live during this press conference and the different categories of businesses will be that we're recommending closing and those that can remain open or be scaled back will be on there. In regards to Airbnbs, there may be individuals in our County who want, if they have someone who is at home and they want to isolate that individual. We're trying to leave all options available for them to stay local but at the same time do what they need to do, what they feel they need to do to protect their families. So Airbnbs I believe we are allowing those to maintain operation along with hotels and motels for that reason. The intent behind that though is to provide opportunities for the citizens and constituents of San Luis Obispo County to have options to take care of the health of themselves and their families. Thank you very much.

Dr. Penny Borenstein:

Thank you all again for coming today and thank you especially for all your thoughtful questions. I know you're doing your best to get all the right information out to the public and we appreciate that. I'd like to close again with just a few final reminders. Again, as I mentioned earlier, all of our information is being updated real time on our emergency response website at [readyslow.org](http://readyslow.org). We also have two phone numbers that you can use to get additional information. The public health information line is available 24 hours a day, seven days a week, and it's a recorded message. And that phone number is (805) 788-2903. And then we also have a County phone assistance center set up, and that's where you can talk to a real person and get your individualized questions answered seven days a week, 8:00 AM to 5:00 PM. And that phone number is (805) 543-2444. And I'd just like to close again by saying thank you and letting you all know that we'll be here again tomorrow afternoon at 3:30. Thank you.

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