

- Good afternoon. My name is Michelle Shoresman, and today is Wednesday, January 13th, 2021. Thank you for watching today's San Luis Obispo County COVID 19 media briefing. This afternoon, we will hear from 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 Dr. Penny Borenstein.

- Hello, good afternoon. So, topic of the day is COVID 19 and sadly, I come to you another week with more unfortunate news about what's going on in our county with this disease. We are continuing to see dramatic rises in our case counts and what's happening with respect to other metrics that we keep our eyes on. So, today we have 14,425 confirmed cases of disease in our county with 79% having recovered and over 2,800 or near 20% of those being active cases isolating at home. So if you think about that number, that's roughly 1% of our population right now, one out of 100 who is currently infected with COVID. Over just the past week, we've seen 2,240 new cases. These are numbers that we never imagined. 498 new cases just yesterday. So you have a slide behind me of the cases as we've always said, the 14 day average of cases. While it may look like we're turning a corner because of one day dip yesterday with only 192 cases, that does not yet a trend make.

We'd like to believe that we're on the beginning of a downturn. And I will mention that in a moment with respect to some of our other metrics. But as you can see the past since the end of December, we have just been on this very strong, upward trajectory. So with that, I will repeat that our contact tracing team which we do continue to grow cannot keep up. And therefore, we are continuing to only communicate directly with our higher risk individuals. The age range varies. We had said it was for people under 50 for a while. We got back to 40. So, it's not an absolute policy. But in general, our healthier younger adults are not getting that in person contact but are being asked to identify based on a text communication from us and to begin that process of isolation at home, to notify their contacts, those with whom they've had contact with or without mask, but being in proximity for more than 15 minutes within a 24 hour period. So, to please begin that process of notifying close context of their need to quarantine. And again, we are still available by phone. However, if anyone in that situation has questions regardless of age or medical condition.

We continue to see that our hospital numbers are high. Our intensive care numbers are high. Today we have 43 individuals hospitalized. We have seven individuals in intensive care. That is a slightly lower number than we've had. But again, we always like to look at trends over time. So, I would not run out and celebrate that we have come down by a few people at this moment in time in our intensive care units. Our capacity though has continued to stay good, 58%. And I will talk in a minute about that particular metric.

But the most important metric that we always keep our eyes on and continues to really deflate me is the number of deaths that we are seeing. We have had just in the week since I was last at this podium, 24 individuals in our community who have died from COVID. We now have 29 others who are awaiting that final death certificate. This is 20% of all the deaths from the beginning of this pandemic have occurred in the last seven days alone. We have passed the number 100 and we stand today at 119. But as I mentioned, there are unfortunately others for whom we are waiting final information from their attending physicians, but the death toll is strong. It is unfortunate. It does not need to happen. And with that, I just continue to ask of our community, even though we're excited about the vaccine and its potential, that we are in the middle of the worst surge with this disease ever and it is killing more people in our community than we have previously seen.

So, as I said, I would come back to this ICU bed capacity and the metrics that I said of 58%. I think we put out public information yesterday that was even better or in the last couple of days, over 60%. And how we got to this number, which for those of you who may be look at the state postings of county by county statistics may find different numbers. But we met last week with officials representatives from our local hospitals, the executive officers, nursing directors for the hospitals and our intensivists. And because we were getting a lot of questions around what's really happening in our hospitals, we see that we're wide open. We have this great capacity and yet we had a public statement from those who work in the intensive care units that they were feeling the strain, a number of community members were reaching out to us and saying that the level of care that we're seeing in the hospitals is worrisome. And so with that, we had some dialogue and determined that what the state is using and what the hospitals have been reporting every day as they are required to in the state system was the number of licensed ICU beds. And that has been the case all along.

But as we really dug down with these folks from the hospitals, we all came to an understanding that this number of staff available or staffed beds that can be stood up in a moment's notice is really the metric that matters. Because if we don't have the staff to provide the care, if we have 53 beds, then that's not a real portrayal of the impact to the system. So we now locally may be different from what you will see on the state website is a use of 38 licensed and staffed intensive care beds. So with that, it's even better news if you will that our ICU capacity remains high, given that we've lowered the denominator. So fewer beds, but still seeing that more than half of those beds are available. We've also put information on our website to reflect this. And as always, we want to be open and transparent with the information. And so, what you will see is on our website now not just the number of people in ICU beds with COVID but the number of all ICU beds that are occupied. In addition, speaking of data and website, we are trying desperately to get more information available on the area of vaccine data and we expect that that will be forthcoming in the number of days. So, please be patient with us as we continue to try to provide our community with answers to the questions that we get about what's going on with our statistics, be it hospital situation or vaccines.

So, let me talk next about what is going on in the vaccine world. So part of the issue is that people keep asking us and understandably so, when is it going to be my turn for vaccination? And the one of the ways that we are challenged to answer that question is that we are only getting a five to six day window of what our next allocation of vaccine is going to be. So the way our systems work is we get notification of next week's allocation in theory, on Tuesday. For instance, this past week, it was at 10:00 p.m. So really that is our planning process for the next week Monday to have eyes on what we expect to use in the coming days and what we will have available in the coming week. And that is really the end of what we know, is really a one week forecast. At the beginning, we had different information where we had expectations of the same amount of vaccine coming week after week. That is no longer the situation.

So, we can only plan out as far as this one week horizon. What I can tell you is that to date, we have received a total of in this county in the public health departments, 17,600 doses. Of those, 10,275 are designated as first doses. And the remaining just over 7,000 are for second doses. At this moment in time, the way the processes is handled at both the federal and the state level is that the doses are identical. The product is identical, but we have to account for them as first doses versus second

doses. That adds complexity to our vaccination appointment system. The actual admission or administration of vaccines at our clinics is to keep these doses separate. In addition, we of course have two different products. So, that adds logistical challenge. But despite that, we feel rather proud that compared to a lot of our neighbors, we always sort of look around to see how we're doing. Never good enough, but we feel reasonably good about the fact that we have administered as of yesterday 57% of all the doses that we've given. And by the end of today getting no new doses in, we'll probably be over the 60% threshold.

So, I know that people will ask, "Well, why are you sitting on 40% of your doses?" Again, this is we can only plan a week out. We don't know what we're going to get. We want to have vaccine for the coming days as we open the appointment schedule. And so, we're doing as well as we can. And we are beginning to look at standing up additional clinic capacity. So, I will talk about that in a moment. In addition to what we have administered through public health, we have given doses to other providers and they have received direct delivery of doses such that we estimate that more than 5,000 doses have also been administered in places like hospitals in long-term care facilities through the pharmacy partnership in our state prison in our state hospital. And so, combined with about a 50, 50 distribution between public health and our other providers, we still county-wide are at around 60% of all doses have been administered.

At this point, we are giving our doses still to the phase one A which is healthcare workers who provide direct in-person care, as well as residents of long-term care facilities. Our supply, unfortunately, this week and next week has not put us in a position to advance tremendously into the next tier. But we feel that we are doing a really good job of getting to the majority of these phase one A people. And so, we are prepared to move forward soon into phase 1B. With that, as you know, we have stood up a task force of 30 to 35 person member invited a group to help advise us on how we move forward through these tiers and phases. And we had our second meeting just today and got quite a bit of important feedback looking at phase one B, which stands right in front of us. So, we made a decision as the local task force that our next opening for vaccination will be aged 75 plus.

I am fully aware that within the last 24 hours the messaging on that at both the federal and the state level has changed such that both entities have now publicly said it should be 65 plus. And here's the local situation. So, people ages 65 and older is what the phase one B first tier recommendation is from both the

department of health and human services at the federal level and the California department of public health who just issued a press briefing on that. However, in our county, we have roughly 26,000 plus individuals aged 75 plus. And just between the ages of 65 and 74, we have 38,000 individuals. And we are looking at maybe 4,000 vaccines of first dose remaining in our hands come Monday. So with that, our task force in agreement with our public health decision-making have decided to only move forward with the age 75 plus. If you look at the mortality rates, as you go up from 65 to 75 to 85, it gets considerably worse. And so we have made the decision locally to stick with that 75 plus.

We are planning on opening an additional clinic site on Monday in North county. There'll be more information coming on that in the very near term. But as you may have heard, we'd been planning for even more expansion and we're going to move one clinic at a time at this point due to our vaccine limitations. So rather than spread ourselves thin across the county at this time, we're going to open one more clinic on Monday and continue to push. I'm an advocate for this county to get more vaccine so that does not remain our limitation as we move into the next week and the week after that. We know we're getting many, many questions by phone, by text, by email. And so, I want to direct the public to stay tuned in as to how you can get information on where we are with who's eligible for vaccine, how you can make your voices heard, and when it becomes your turn to have access to the appointment scheduling applications.

So with that, the main place that people should check first for information is that recoverslo.org/vaccines. We'll be adding information there ongoing, but that is the place to find a form to voice your considerations or concerns or questions. And also, to stay tuned in as to where we are. We do know that especially as we get into the older groups that making that appointment online may be a challenge for some. So we are expanding our phone assistance center starting this weekend to be prepared for additional phone calls that we may get to help with the registration process. We prefer that people do their appointment scheduling online, but we will be available by phone. I just want to again say that at this moment in time, we are still in the phase one A. But I think that people should be staying tuned in because we think we will soon be able to start moving into phase one B. So, stay tuned in.

We're also asking our community to use the honor system. It has been relatively easy with some hiccups, but relatively easy to validate that someone is in fact, a healthcare worker. We're certainly they're lying in a bed in a skilled nursing facility,

but as we move forward into some of these additional sectors much of it will rely on honor system. We may be able to validate age, residency. But as we move forward, we may be saying only if you have an underlying medical condition, only if you don't have a way to safely stay at home for this period of time. Please maybe defer a little bit to others who have bigger needs, who may be live in multi-generational families, where there might be people bringing home higher risk. All of those things will really depend on our community members making their own decisions and us asking of them that they keep those considerations in mind as to when they make an appointment. One further thing on that is we really do not like turning people away but in some cases we need to and we have, and those are never fun interactions. But it really is important to us that we maintain our transparency, our equity and our fair approach to this. You heard me say before that our goal is to normalize this vaccination process.

So I'm happy to report that we have now a number of pharmacies in our county that have gotten through the enrollment process. And we hope in the coming days to a week that we will begin allocating some of our counties vaccine to those locations. Again, the number of doses are very limited. So we would hope to not see lines outside a community pharmacy. They will be developing whatever systems they need to, hopefully to some extent appointment-based or whatever systems they choose to use to manage the demand signal that will be coming to these pharmacies. But the more and more we want to move forward with getting vaccine into the geographically distributed location and places that are familiar to people like your community pharmacy, like your healthcare provider. And so, we're excited about the fact that we are able to start that next phase of this again, in the coming days to a week. Just one more time, I will give people this website that I think is your best place for information. It's recoverslo.org/vaccines. And with that, I will open it up for questions.

- [Man] Dr. Borenstein recently, within the last few days, a number of counties have indicated they're gonna open up large vaccination sites in the future, Dodger stadium, Disneyland. Ventura County mentioned the fairgrounds. Is the County of San Luis Obispo looking at a similar mass vaccination site? Obviously it wouldn't be anytime soon, but in the future.

- Yes, and obviously we're not going to have the same capacity as a Disneyland or a Dodger Stadium in this county, but yes, we are. We have plans in hand for larger

and more clinics to accommodate. At right now we've been doing five, 600 a day. We want to get to a minimum of 3000 a day in the near term.

- [Man] We saw similar flu shot clinics earlier late last year. Arroyo Grande, and I believe Atascadero. Is that what you're looking at? Are there any sites that are being looked at?

- So, at this moment, we're not prepared to announce the locations of our clinics. But we're putting the final touches on plans. We're working with an incident management team which is a collaborative of fire agencies that are staffing the incident management team or IMT. And we're working hand in glove with them to stand up these expanded clinics.

- [Man] Also, any indication that the Cal Poly Alternate Care site might be needed for Santa Barbara County in the near future? We've heard that there might be.

- We have not had any direct communication from them. We monitor the numbers of hospitalized patients on a regular basis, particularly at Marion. We know that they are very much impacted but we do have a memorandum of agreement with Santa Barbara County for use of our ACS, but we have not yet received a request.

- [Woman] Dr. Borenstein, we've heard that some long term care facility residents haven't been able to get the vaccine through partners, pharmacy partners. Will they be able to get through the public health department? And how's that process going?

- Yeah, so because of the slower rollout than we were told and that we would have liked to have seen with this pharmacy partnership in the full range of living facilities for seniors, we opened up our clinics to the staff of the facilities that did not have a date certain for when CVS or Walgreens was going to come to do their vaccinations on site. We did not do so for our highest risk skilled nursing facilities because we had dates. We're happy to report that all of those first visits to those facilities have indeed occurred. And they have collectively immunized well over 1,000 people at our six sniffs or skilled nursing facilities. We get updates on schedule for some of these other facilities. And we haven't gotten dates of like residential care facilities for the elderly or adult residential facilities. We are told from our state partners that we should expect that to happen in the days and weeks to come. And so, we're looking at our staffing capabilities and not being able to replace what has been put into place through this pharmacy partnership. We will reconsider if that does not come through in the coming days and weeks.

- [Woman] And on ready SLOs website, I saw that there is now documentation of how many ICU, so can the residents who are in ICU due to COVID outside of the county, what determines who we get sent outside of the county?

- That really is a better question for our hospitals and our hospitalists. It is at this moment in time in our county, not a bed issue. But if there is an individual who has higher level needs than is typical of our hospitals, that may be a cause of transfer.

- [Woman] And is the County Public Health Department tracking any long-term effects that SLO County residents who have had coronavirus?

- We're not tracking that at the local level. We've got anecdote in that regard, but we're really going to be looking to the research that comes from at a national level as to what the long-term health impacts are from this disease.

- [Man] Dr. Borenstein, the last week CMC has experienced a several hundred rise, several new cases there rising rapidly. Any comments about that or any vaccines being administered there and what's being done in best of your knowledge.

- Yeah, so CMC has definitely been causing us some heartache as to they are the number one facility in the state prison system now in terms of the number of active cases. We're in close communication with them. We have recently also brought in additional subject matter expertise through California department of public health corrections experts. We really feel that they are doing everything that they can that this just has been an unfortunate wildfire that has been difficult to tap down. It may be because it's seasonal that they're having a worse experience. They're looking at everything from ventilation and housing and how they're using their oxygen, et cetera. But I hate to predict that they may be on the very beginning of a downturn. But the rate of rise just in the last couple of days has not been as explosive as it had been. So, they're doing everything they can. We're working in partnership. And I hope that we will turn that curve soon.

- [Man] And also you had a lot of numbers for us and I just wanted to clarify. You said that the counties received 17,600 doses of vaccines over the last couple of weeks administered 57%. So, how many doses then on hand roughly? And then, what is the county expecting in the next allocation?

- So we have no eyes on when our next allocation of first doses will come. We are expecting additional second doses next week. I don't have that number off the top of my head. Of that 17,000, roughly 10,000, our first doses and of that we've given

away about 1,200. That's how I know I'm filling your heads with numbers. But so, that's how we get to the proportion of the doses that we've been able to keep and actually administered being close to 60%. By the start of next week, we anticipate perhaps only having 4,000 first doses in hand. The other roughly 7,000 that we will have of second doses at the end of this week. We began this week, delivering second doses. We think we'll have another 7,000 available to us next week. That is 11,000 doses, but a very low number for what our plans were for starting next week. We are ready... We are ready to administer 3,000 doses a day starting on Monday. But obviously if we only have 4,000 first doses, that's not going to take us very far.

- [Woman] Dr. Borenstein, is there a rough anticipated date of moving into phase one B? And if so, what is that dependent on at this time?

- So we look at our appointments every single day. If we start to see a dip, that's when we moved within the tiers of healthcare workers. We're beginning to see that flatten. So we anticipate moving very soon to phase one B. We don't have a date certain yet, but that we will probably have information on that even before the end of this week as to when we'll be ready.

- [Woman] Thank you. And just one more on the age group of age 75 plus being up next for the next opening of the vaccine, will that go into the bottom of phase one A or will that go into phase one B?

- The age 75 plus we'll be opening phase one B tier one. So, anyone who still eligible under phase one A as a healthcare worker will still be able to make an appointment.

- [Woman] Thank you.

- [Man] And do you have any more information or concerns about Cal Poly's testing numbers, how they've increased over yesterday?

- You mean the positives? So Cal Poly is seeing some positive. Some of that is undoubtedly. So some of them are being counted. Students who actually didn't actually make it onto campus because they presented with positive. Some of it is individuals who tested positive after their arrival. We are beginning to see a small uptick but the testing plan that they have in place is to try to identify everyone as quickly as possible with a positive and move them into isolation. Thank you.

- Thank you all of you for being here today. A few updates and reminders before we close. We continue to maintain our phone assistance center Monday through Friday from 8:00 a.m. to 5:00 p.m. along with our recorded public health information line. readyslo.org also continues to be your main online source for information about our county's response to the COVID-19 pandemic. However, in addition to readyslo.org, as Dr. Bornstein mentioned, we have recently created a series of new web pages about vaccine and its local distribution on recoverslo.org/vaccines. There you can find out the risks groups currently able to get vaccine, information about what groups will be next, and eventually how to sign up for an appointment when it's your turn to be vaccinated. You can also subscribe to receive email updates at readyslo.org as well. We continue to offer free fast community COVID-19 testing in San Luis Obispo, Morro Bay, Pasa Robles, Grover Beach, and Nipomo, with Saturday appointments available in both Pasa Robles and Nipomo. And again, just a reminder because of the holidays, there will continue to be some schedule changes including some additional Saturday appointments. So please stay tuned to the testing information and locations page for all of that information and links to make appointments. You can continue to watch these briefings live on the county's YouTube channel and on cable channel 13. They're also live streamed as always on KSBY and KEYT's websites. Finally, they are rebroadcast on SLO County public Health's Facebook page, as well as public access channel 21 at 8:00 a.m., 5:00 p.m. and midnight every day until the next briefing occurs. Thank you once again for staying informed. Be well. And we will see you here again next Wednesday, January 20th at 3:15 p.m.