

Michelle Shoresman:

Good afternoon. Today is Tuesday, March 31st, 2020, and you're watching the daily media briefing for the San Luis Obispo County COVID-19 emergency response. My name is Michelle Shoresman. I'm the designated media contact for the public information team. Thank you to all members of the media for being here today and for those of the public tuning in at home. This afternoon, we'll have four speakers for you. We will begin with Emergency Services Director and County Administrative Officer Wade Horton. He will be followed by San Luis Obispo County District Two Supervisor Bruce Gibson. That's Bruce Gibson, B-R-U-C-E G-I-B-S-O-N. Following Supervisor Gibson, we'll have Animal Services Manager, Dr. Eric Anderson. That's Eric Anderson, E-R-I-C A-N-D-E-R-S-O-N. County Health Officer, Dr. Penny Borenstein, will speak last before they all take questions. And just one usual reminder we'll request the speakers, please repeat each question before they answer it. And then finally before we begin, thank you to Robin, our American Sign Language interpreter today. And now, San Luis Obispo County Emergency Services Director and County Administrative Officer, Wade Horton.

Wade Horton:

Thank you, Michelle. Wade Horton, County CAO, Emergency Services Director. I want to start by recognizing our business community, our local manufacturers and professional services who are supporting emergency response efforts. Those who are innovating and those who are pivoting to produce materials that help keep our healthcare workers safe. Those who are helping us prepare for the worst. You've heard me speak here about the businesses who are helping us set up the alternative care site. I'm also thankful for our local distilleries like Krobar and companies like Morocco Method who are now producing hand sanitizer and manufacturers like Daniels Wood Land who are now producing personal protective equipment. I also appreciate those who are changing the way they do business. By that, I mean retail shops that are selling online, restaurants that transition to delivery and pickup, shops that are taking orders by phone and making no contact home delivery. They're showing us the spirit of innovation and entrepreneurialship at its finest, and I want to thank those business owners and the workers that are making this happen.

Wade Horton:

We're still getting questions about what businesses are considered essential and how that determination is made. In simple terms, we're talking about the basics people need to stay healthy right now; food, medication, cleaning supplies, essential hardware items that maintain home sanitation and products that allow people to work from home. We also look at the type of activity involved. So, something that is not immediately essential such as retail shops can sell online or offer phone orders with curbside pickup. But now it's critical that we reduce non-essential storefronts where people gather to reduce disease spread. We've scaled back to allow people to stay healthy and well. I want to ask our community to remember why we are doing this. We're doing this to save lives. We're trying to protect our families, our friends and our neighbors. We all have people in our lives that are over 65. We have folks in our lives who have suffered from lung disease or heart disease, who have recovered from cancer. They are the ones that we are staying home for.

Wade Horton:

This crisis is causing very real pain and hardship for our workers and our business owners. It's a top priority to find paths for relief and recovery for our local economy. The county is partnering with REACH in collaboration with our cities, chambers and businesses to develop a plan of action for business relief, recovery and resiliency. We're doing everything we can to make sure our workers and our business

owners experience that relief as soon as possible. We've also activated our virtual local assistance center at ReadySLO.org. I encourage everyone in our workforce and business community to visit this assistant center and access resources for businesses and financial support. Thank you for doing your part to slow this disease in our community. With that, I'll turn it over to our second district county supervisor, Bruce Gibson.

Bruce Gibson:

Thank you, Wade. I am District Two Supervisor Bruce Gibson and I'm here to talk to you today about some important support that San Luis Obispo County is getting in its fight against COVID-19. All 58 counties in California, ours included, belongs to the California State Association of Counties. We fondly call it CSAC. I'm our board's representative to the board of directors of CSAC and I chair its government finance and administration committee. As a political subdivision of the state, our County's main job is to provide services that are mandated by the state and federal government. CSAC helps us do that in a variety of ways, but primarily it advocates on behalf of our County, all counties and all County residents in front of the state legislature, the governor's office, and at state agencies. CSAC also has a federal representative in Washington, D.C., and we work with NACo, which is the National Association of Counties.

Bruce Gibson:

So what I'd like to do is just give you a couple, three examples of the help that we have received from CSAC as we've been dealing with the COVID emergency. Since the emergency was declared on March the 4th, the governor has issued 11 executive orders. And to be honest, when those orders come down, not all the details have been worked out. So CSAC meets directly with the governor in his office to try to clarify these, and I'll give you an example. Just yesterday the governor announced the formation of the California Health Corps. Even as we've been intensively recruiting for our Medical Reserve Corps that's so crucial in staffing our alternate care site that we're setting up at Cal Poly. So through CSAC, we're going to be working with the governor's office to get the details of just how the staffing in his health corps and our medical reserve corps are going to work so that we get the job done at the alternate care site.

Bruce Gibson:

Counties are also focused on what we call continuity of operations. And so we've worked with CSAC and the governor's office to get temporary changes to the open meeting act, the Brown Act that does allow us to hold a board of supervisors meeting by teleconference with public participation, although the public is not physically present in our chambers, in order that we meet our social distancing requirements. We've also gotten some important waivers from the state on our ability to bring back retired county employees to help us in this effort without having to wait for the waiting periods that are often part of that or usually part of that process. And finally, and this one is important to me, is we've been working hard on streamlining our health and human service programs. You know, we know that a lot of folks out there are hurting because they've been laid off, and we need to support them. We need particularly to speed up the enrollment in programs like CalFresh, which used to be known as the food stamp program. CalFresh and other social service programs like CalWORKS and things that support individuals and families in our County.

Bruce Gibson:

CSAC has helped us secure waivers so that for instance we don't have to do face-to-face interviews and we can get documents signed electronically, and that's going to cut a lot of time off getting folks into these programs, and we are actively working on that here in San Luis Obispo County. That action gives me hope as we go into the important phase of recovery that we're going to be able to get people assistance as fast as humanly possible. CSAC is also helping us track new rules and benefits that are coming out in the federal stimulus bills, the biggest one passed just last Friday, and that's another source of hope. The federal stimulus is a big deal and we're going to make sure that our residents are able to take every advantage we can of it.

Bruce Gibson:

So the bottom line is that here in San Luis Obispo County, the county is not in this alone. Our great staff is supported by great professionals both in Sacramento and in Washington, D.C., and they make us able to do our job better. You know, at CSAC we talk about the County family and it's that support that makes our team here at home so successful. So in closing, let me tell you how impressed I am with not only our staff's response to this emergency, but also the response of our residents. As I've circulated in my community and heard from others all over the county, I'm so impressed about how residents are coming out to help each other. First and foremost, the establishment of the Medical Reserve Corps where we found over 200 volunteers in very short order willing to step up and staff our ultimate care site. We're seeing food distribution in all sorts of communities, all sorts of populations.

Bruce Gibson:

And particularly, I was on a call yesterday or the day before with the community leaders in the town of Cambria. Has a very heavily impacted population that had been working in the service industry, restaurants and hotels, and many of them have now lost their jobs and they are working at the grassroots to get food on the table. We know that the process of recovery is going to be an extremely challenging one for us, but I have a lot of hope. We see good people helping their neighbors and it's easy to say that we're all in this together, but I'm inspired by the fact that I see our communities living there. And so my goal in that is to make our county government as effective, efficient and responsive as we can be so that we are worthy of the residents that we serve. Thank you. With that, I'll introduce Dr. Eric Anderson, Animal Services Director.

Eric Anderson:

Thank you, Supervisor Gibson, and good afternoon. I'm Eric Anderson. I'm the Animal Services Manager for the County of San Luis Obispo. Over the last couple of weeks, we've had a lot of news and a lot of information out there about human healthcare and what we can do to keep ourselves and our families healthy and safe. But we've also been receiving some questions about our animals and our pets, what role they might play in the COVID situation, and what we can do to keep them safe as well. So I want to take a little bit of time and talk about that this afternoon.

Eric Anderson:

The most important message I can relay right now on that is to stress the fact that right now there is no evidence whatsoever to indicate that our domestic and companion animals can transmit the COVID virus to people or to other animals. With that in mind, healthy individuals should have no concern, worries about interacting with their pets or other animals as they normally would. There have been a few very exceptional and rare cases reported of domestic animals showing signs of infection, and in one single case in Belgium, of a cat developing signs which were suggestive of possibly having a COVID related

infection. But that information is still developing, and we don't know enough to be able to say definitively that that was in fact the case for that cat. But I would stress that those are three cases out of more than 700,000 cases of human COVID infections worldwide and so that underscores how exceptionally unusual these infections may be in our domestic animals.

Eric Anderson:

With regards to animals in a household with the patient or a person that does have an active COVID infection, we are recommending that out of an abundance of caution, that those individuals avoid contact and interaction with their pets just as they would with other family members until their illness is resolved and during the time while they're ill, that they avoid providing care, feeding and interacting with those pets. If they do have to interact with their animals or their service animals and provide food and care, we would ask that they wear a mask, wash your hands before and after handling the animals, and that they avoid from close contact with the animals; things like kissing, hugging, sharing food and bedding with the animals.

Eric Anderson:

A little bit more specifically about what we can do to prepare ourselves and our pets for COVID infection as well, many people probably have a disaster kit in place for their dogs and their cats and their other animals in case of an earthquake or a flood, and COVID is no different. They should have a plan for their pets in that situation as well. So we're encouraged that in this case, while it's unlikely that most pet owners would be hospitalized due to the illness, they should still plan ahead for that possibility, just to ensure that if they are hospitalized, their pets will continue to be cared for in a comfortable environment and someplace that they're comfortable with. So we encourage them to identify a temporary caregiver for their pet, a friend, a family member, a neighbor, maybe a boarding kennel or a veterinary hospital. And to reach out to that individual and make arrangements for them to take care of the animal, should they be temporarily unable to do so.

Eric Anderson:

People should also create a written emergency plan for each of their pets, including the name and the phone number for their temporary caregiver, their veterinarian, and a description of any medical concerns and medications that their pets may be taking. And then finally, putting together a bag or a storage kit with about two weeks worth of supplies for their pets; a leash, dog food medications they may be taking, food bowls and litter boxes and so forth. Put all that together in a convenient location, someplace that's clear and easy to find, and make sure to set them aside so that they can easily be found in the event that they are needed.

Eric Anderson:

Lastly, talking about what we're doing here locally. Wanted to let everybody know that animal services remains open for provision of essential services, which includes the adoption and reclaim of impounded and lost animals at the shelter. Additionally, our field officers are out responding to animal-related public safety concerns and animal welfare issues. Many of our other services are still available online or over the telephone, and our staff are working very hard to promote positive outcomes for all of the sheltered animals in our care and working to reunite them with their owners and adopt them into new homes. Right now, animal services is seeing an all-time low in our shelter population. We have only 13 dogs and four cats in the shelter. We actually have more horses right now than we have cats, so it's a very different situation for us. But we do have pets that are still looking for homes.

Eric Anderson:

And I would remind people that right now, many of us may be experiencing stress and social isolation. Certainly understandable with the restrictions and the conditions that we have placed on our world right now. But as stressful and challenging as that may be, this is really a great time to spend a little effort and time with our pets and reinforce that bond that we have with them. So I'd encourage people, take a moment, go take your dog for a walk, let your cat curl up in your lap, go groom your horse. And they are great companions, a great source for stress relief and comfort, and I'd remind people that if they are feeling isolated, don't have a pet to turn to, we can help with that also. So with that, I'll turn it over to Dr. Borenstein. Thank you.

Dr. Penny Borenstein:

Thank you, good afternoon. I'm Dr. Penny Borenstein, the County Health Officer. I'm here first to tell you what our status is with regard to disease spread in our county today. We are at 80 cases, so that is again a modest uptick. So I want to again reiterate, we thank the community for helping us to the extent that that is what's driving our case rate and keeping it relatively modest in terms of increase day over day. We do now have two in intensive care, one in our county and one out of county, and three of our hospitals have patients for a total of nine patients in the hospital. Or sorry, 10 patients in the hospital total. 30 individuals have recovered fully at home, and the rest are undergoing home isolation and recovering from their disease and improving. We continue to test for the virus at about the same rate in our public health laboratory. We had a bit of an increase recently. Again, we are testing our high risk settings and we are beginning to see some increased testing in our first few cases of healthcare workers that have now tested positive, and so that is a source of some of the uptick in our local testing as that's one of the priority groups for whom we are testing.

Dr. Penny Borenstein:

We are still working hard to understand what the testing numbers are in the private sector. We expected to have that information over the last few days. Just this morning, I again reached out to the state health department to understand. Though it is a requirement for private labs to report all results, the initial results that we have received are not reliable in terms of the numbers that we got. So we are continuing to work on getting that information to our public, and it's very important to us to understand what the measure of testing increase is in our community so that we can know if we're beginning to have any realistic tracking of the disease numbers in our county.

Dr. Penny Borenstein:

I do want to talk a little bit about the disease itself. We know and we've said that at least 80% have mild illness. Largely the symptoms that we're familiar with are that people for the most part have fever. That's still on the order of 80-90% have fever. Cough is a predominant feature as is shortness of breath. Less common, but also present in many cases are body aches, sometimes chills, headache, fatigue. What we don't hear as much about, and we've been starting to get questions is what is the ... for people who have more severe cases, what does that look like down the line once they've recovered? For many people, even if they've had to be hospitalized and hospitalized for a week, 10 days, two weeks, if they don't go on a ventilator, they seem to have full recovery. It's obviously a hard time for them and their families when they are in the hospital, but even with that level of severity, there's expected to be full recovery.

Dr. Penny Borenstein:

What we are beginning to understand, and it's not at all a surprise, is that patients who wind up needing mechanical ventilation do seem to have the possibility of long-term recovery and for some even, the scarring of the lung tissue that this disease may cause, may lead to lifelong problems with their lung capacity and their lung functionality. So, we certainly ... not only because of the stress and the concern and the possibility of death when someone gets to that critical stage of meeting mechanical ventilation; we also want to avoid that to the extent possible because of the longer term effects that are possible once one is residing on a mechanical ventilator for a period of days or longer.

Dr. Penny Borenstein:

And the last thing I want to talk about is that the FDA has now officially approved the use of chloroquine phosphate for treatment. That happened three days ago. I want the public to clearly understand that that is for medicinal use for hospitalized patients to be prescribed by physicians, and to not take it into their own hands to get a hold of that product, which is widely available for use in aquariums. But the public should never use these products in their own hands to either try to prevent or to treat this disease. Some of you may have heard that there have been two cases of people actually ingesting chloroquine phosphate that they got from a pet shop, related to use in an aquarium. One person actually died, and the other had very critical health impacts from the self-prescription of chloroquine phosphate. So again, it is now available for physician prescription use in very severely ill patients. But I want to remind the public, under no circumstances should they take this as their own source of medication or prevention for this disease. With that, that is what I wanted to communicate today, and I want to turn it over to our media for any questions you may have.

Speaker 6:

I'll start you off. Dr. Borenstein, medical supplies. I've asked periodically, just another update on that. Also, I think it was yesterday, the county had asked for donations, was soliciting donations, and I saw where there is no homemade items. I know there's a lot of people that are sewing in other parts of the state, the country, masks particularly. Does that mean no homemade masks at all are accepted? If you want to just clarify that.

Dr. Penny Borenstein:

Right. So the question is, what is our situation vis-a-vis supplies? Particularly, it sounds like you're asking about personal protective equipment in the form of masks and other goggles, gowns, gloves. And the County had previously asked for donations and are we willing to accept homemade donations of masks? So, the situation remains fluid with regard to our supply chains for PPE. I can come before you one day and today is that day and tell you we're in good shape, but we weren't yesterday and we may not be in a couple of days time, so there is still uncertainty in the manufacturing and the availability of all these products; be it masks, respirator masks, like N95s, gowns, gloves, goggles. In the hands of providers, we have provided them with information about reuse opportunities or extending the life of some of this equipment. Goggles for instance can be cleaned, face shields, et cetera. Respirator masks can be reused under certain circumstances. So because of the uncertainty of the supply chain, we have given our healthcare community all of the options for extending use.

Dr. Penny Borenstein:

With respect to receiving donations, because of the uncertainty in the supply chain, we welcome all of those donations. But in particular homemade masks, those are not going to be made available to our healthcare providers as we are doing with all the other PPE. If individuals believe that they have an extra

measure of precaution by having a face mask of their own making, I don't have a recommendation really one way or the other. It's not particularly protective. It's certainly not in a healthcare setting with people taking care of people who are infected and being up close and providing the kind of care that they need to, but I actually don't have a concrete answer whether or not we would take homemade masks. I think the accurate answer to that is probably we would prefer that those particular products be maintained in the community, but not as something that we're going to provide as a measure of PPE.

Speaker 7:

About the 10 hospitalized patients, the two that are in ICU, are those two on ventilators?

Dr. Penny Borenstein:

Yeah. So the question was of the two patients among our 80 that are in the hospital in intensive care, are they on ventilators? And yes, they are. One of those people has been ventilated for a period of time now. Is stable, but unfortunately is not improving. The other one is a new patient as of yesterday.

David:

You had mentioned that some healthcare providers had tested positive. Do you have a number for that?

Dr. Penny Borenstein:

So the question is, do we have a number of healthcare providers that have now tested positive? That is one of the metrics that we are working on getting and we will continue to report that as we move forward.

Speaker 9:

Of the 30 who recovered at home, how did the family members and those who cared for them at home, how did they come out of this? Did they test positive? Have they had contact with those that they were caring for? Have you tracked that?

Dr. Penny Borenstein:

The question amongst the individuals who have now recovered, how many of their close household contacts became infected? I don't know what proportion did become infected, but some of them absolutely did. It's not clear, however, in some of those cases if they became infected at the same time and the onset of their illness was slightly later, or if in fact there was transmission within the home. I believe we have some of both, but I don't have those numbers at hand.

Speaker 9:

So there were multiple recoveries within one household, or multiple [crosstalk 00:33:17]-

Dr. Penny Borenstein:

The number recovered would be among those who we tested. So if someone in a household tested positive and was tested because of the close communicability, then they in fact would be in our number of those recovered. Let me see if I have ... What I can tell you is of our 80 cases, 25 of them are believed to have been close contact and primarily household contact.

Speaker 10:

Just to clarify David's question here, there has been a healthcare worker or workers in the county that has tested positive?

Dr. Penny Borenstein:

Yeah. So the question again is, have there been any healthcare workers who have been tested positive? The answer is yes and I don't have that hard number, but we will be reporting that moving forward.

Speaker 10:

Recently then? Within ...

Dr. Penny Borenstein:

Within the last few days, yes.

Speaker 11:

You have any indication that the local shelter in place or shelter at home is working? Does today's modest uptake in cases indicate any flattening of the curve?

Dr. Penny Borenstein:

The question was, do we have any indication that the shelter at home order is having an effect? Our numbers are still small. Our testing is still somewhat limited, and it has been a short period of time, so I don't think that we can really clearly answer that question. That said, I do think that our modeling showed that we would have begun to see higher numbers in this as we enter the third week. And so we are hopeful that the reason that we are seeing somewhat lower rates of increase is due to the steps that we're taking. But it really is too soon and there's not enough really clear information to help us know if that's the only reason that we're doing as well as we are. And again, and I say it's been awhile since I've ... I used to come here every single day and say, "This is the circumstances today," and we've been relatively stable for a little while, but I do want to make the point that just because we've been seeing an uptick of three or five or six cases a day, we are not immune, pardon the pun. We're not immune to the possibility of suddenly seeing a rise because of a cluster of illness, because of an outbreak perhaps in a congregate setting. So that too is something we'll just have to watch over the longer term. Thank you.

Speaker 12:

Any other questions?

Dr. Penny Borenstein:

Thank you. I'll turn it back over to Michelle.

Michelle Shoresman:

Thank you all again for coming today and for tuning in online and on TV at home. A few final reminders. Again, our information and all our resources for the San Luis Obispo County response to COVID-19 are available on our website at ReadySLO.org. You can find our virtual local assistance center there, which is a one stop shop for people looking for assistance of all types online as well as volunteer opportunities including the Medical Reserve Corps. We also continue to host our two phone numbers, one which is the recorded public health information line that's available 24 hours a day, seven days a week, as well as our phone assistance center that can be reached seven days a week between eight and five. Lastly, our

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next briefing will be tomorrow afternoon, again at 3:15 please remember to tune in at the San Luis Obispo County Public Health Department Facebook page. You can also view these briefings on the county main homepage, at www.slocounty.ca.gov, and of course on our friends at local media's websites and online, I mean live on KCOY and KSBY. Thank you again. Be well, and we will see you tomorrow.