- Good afternoon. Today is Wednesday, August 12th, 2020. My name is Michelle Shoresman, and I'd like to welcome you to San Luis Obispo County's COVID-19 weekly media briefing. This afternoon, we will hear first from president and superintendent of Cuesta College, Dr. Jill Sterns. She will be followed by county health officer Dr. Penny Borenstein. 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, Cuesta College president and superintendent, Dr. Jill Sterns.

- Good afternoon. Cuesta College had a successful summer term with all of our lecture courses being delivered fully online. We did offer 12 sections with an on-campus component. Those were all courses that are difficult to convert to an online modality. Those courses served as a pilot for our protocols for fall 2020. Our fall term begins on Monday, August 17th, and we will have between eight and 9% of our 1200 class sections will have some component of on-campus activity. Our enrollment for fall looks strong despite our distant modality. Our enrollment is expected to reach 12,000 students as the fall begins. Cuesta College employees remain primarily remote, including our faculty and staff. The Cuesta College safe reopening plan for fall 2020 is aligned with the CDC, San Luis Obispo County, California Community Colleges Chancellor's Office, and the California Department of Public Health Guidance. Our protocols have been established for instructional and non-instructional spaces on campus, including cleaning and disinfecting, managing campus exposure, minimizing the need to come to campus. All of our student success and support program services are available online. We've implemented a daily three-step check, a personal wellness screening that's supported by self-serve, no-contact temperature kiosks located across the campuses. Student telehealth services, including mental health services, are available. We require face coverings, social distancing, and frequent hand washing and sanitizing. To date, our protocols have been effective in maintaining a safe and healthy campus. Our students and employees have consistently complied with direction to stay home if ill, if they are possibly exposed, and while they're awaiting test results. I am proud of the ways in which our employees are working collectively to protect the health of our community and ensure that students have access to academic resources, technology, and support services, and I'm incredibly grateful for the dedicated service of our custodial professionals. Complete information on Cuesta College is available at cuesta.edu. If you click the COVID link at the top of the

page, all of our planning documents are available for your review. Thank you. And now, I will invite Dr. Borenstein to the podium.

- Thank you and good afternoon. Thank you, President Stern. Sorry, I almost demoted you. So today, we have our our weekly counts, and I'm relatively happy. You'll hear about the data issues as you have been hearing in the state news, but from our perspective, we stand today at 2,300 which is an increase of 22 since yesterday, 24 the day before, and 85 the day before that which was our all-time high, and I'll get back to that in a moment with respect to the state data, but this is 84% of our total cases have met the criteria for recovered and only 327 active cases are recovering at home. Our count in the hospital has, for the last several days, been higher than we'd like and higher than we're comfortable with. It puts us on the state metric for hospitalizations, exceeding what the state considers a stable rate, and we today are at 21 of which five are in the intensive care unit, so the good news is that critically ill patients who are hospitalized continues to be at that lower number. We do unfortunately have now 17 deaths in our county, and let me address the death rate because we did make a change in the previous week, and I want to address that it is critically important for us. We take our responsibility of being transparent and open with data very seriously, and we are always open to revisiting and getting thoughts from our community, from our providers, from congregate care settings about the data and the ways in which we display it. So we did have a consideration brought to our attention. This has been an ongoing dialog nationally with respect to deaths and how they're counted and whether people who die with COVID incidentally. Perhaps someone in a car crash who happened to have the attending physician know they'd tested positive for COVID, would that be counted as a COVID case, and we have always said known, and that is consistent. No, it is consistent with the national standard, but we we've decided to fine tune our approach to this a little bit further such that individuals for whom the death certificate indicates that COVID was an underlying cause of death will be counted in our case count as a COVID death, and those for whom it COVID 19 may have been a contributing factor or an unclear contribution to the person's demise, unless it is specifically listed as an underlying cause of death on the death certificate, we will not count those. So with that, we walked back one of our previously reported last week, 16 deaths, we brought it down to 15. We still have now a couple in the pending category that we're continuing to revisit, but the 17 deaths that we have counting now are those for whom there is an underlying cause of death on the death certificate as it's been filed by the attending physician and approved by my

office as the registrar of all deaths in this county that we stand at 17 deaths. So I wanted to, again, with respect to data and transparency, it's critically important that we have that dialogue and openness with our community about how we arrive at these counts. We also, with that, are continuously looking at the data that we make available online at readyslo.org, and we have made some changes to our dashboard. We've added the total hospitalizations to-date by age group and also the deaths by age group so that you can see. All of the deaths in this county have been in individuals, either or both, older age or underlying conditions, so we have been fortunate in this county that we have not seen some of the circumstances that other localities have with younger people, healthier people without co-morbidities or other medical conditions dying, but that's obviously something that we we care about, but we care about each one of the individuals who have died, regardless of their circumstances, and that's why we continue to do all the work that we are doing to try to protect especially vulnerable populations as well as everyone from continuing to get lots and lots of cases of COVID in our community. So I said I would talk about the data issues that were experienced at the state, and I'd like to do that now. As many of you probably had heard, California has a database called CalREDIE. It is the system that's been around for 15 years. That communicable disease reporting is done electronically into this system, and it's not just COVID. We have had reports over the past 15 years that go electronically from laboratories, or in some cases, providers, into the system. It can be tuberculosis, meningitis, salmonella, syphilis, et cetera. There are about 60 some-odd different reportable diseases, COVID now being one. Traditionally, this database takes only positive results, and so when we do a query of how many cases there have been of tuberculosis in our county in a given year, we see all the positives. We don't typically see the many, many, many negative tests for different diseases, but with COVID, we have wanted to know how many people are getting tested, what our positivity rate is, and so this system has been asked to capture all test results, positives and negatives, and with that, a determination was made last week that the system was near the breaking point. So for a couple of reasons, the age of the system, the ability to capture the many hundreds of thousands of data points as well as a problem with a particular large lab in a certification expiring. All of these things led to a situation where not all of the results we're getting from the lab of report to the state system, and then even more so, to the local health department. That system has that the issues at hand have now been resolved. The state understands that they need to support this system with greater power, but they also are looking to

move the system onto a new platform going forward, something more modern, but in the meantime, for our local jurisdiction, we had about a week where we didn't know if our count was underestimated because of this backlog of cases not making its way through to the local jurisdictions. Statewide, that was about 300,000 cases. I don't actually know what the number of the backlog was because it came into the system over the last couple of days, starting Sunday actually at the same time that new and ongoing reports were going, so I can't, at the local level, really segregate the old from the new, but what I can say that's positive is that once we got caught up in the last 48 hours with getting all of our results into our system, we believe that a small number of our positives, and perhaps that led to our all-time high of 85 on Sunday, were new positive results that had been backlogged for a number of days, but the good news in our county is that we think because of the redundancy that we built in wherein we have, for the past several months, asked for physicians, private practices, urgent care, Cal Poly, our own lab to additionally send that information directly to us and not only through the CalREDIE system. We believe that we suffered much less of a backlog, that we had a lot of these positive results already known to us, and so the backlog, if you will, we think has now been cleared, was a small number, and it makes me somewhat optimistic that the last two days have seen lower numbers. So this was another case of us leaning forward in this county to build in this type of redundancy, to have the close and effective communication we do with our provider community, and this is an example of something working out well. Something that is also working out reasonably well, but is giving us some anxiety as I know it is for our community, is the situation right now in our prison at California Men's Colony. You recall some months back, we did have a small outbreak. We were able to jump on it and keep it at a very low level. We're not in that same situation now. The numbers are much higher. We have over a hundred inmates who have tested positive, and we have over a dozen staff who have tested positive. These are numbers that gave us pause, and we're not sure we're at the end of it because we're continuing to test in a very rigorous way, both staff and inmates. It's actually the facility that is testing their inmates, but we are working in very close partnership with the leadership of CMC, both at the warden's level, their medical director, and they are doing everything that we can to address the issues. Isolating individuals as soon as they are positive. They've got a particular unit in the facility for segregation, also for quarantine, and we are, as I said, aggressively testing staff in each location where we do come up with a positive. So we hope that we will get this under control very shortly with all of our outbreaks.

We need it a two-week period of no further downstream positives, and we haven't gotten to that point yet to begin to talk about clearance, but the numbers of new cases that we've been seeing in the last two, three days have come down, so we're cautiously optimistic about that. And lastly, I want to build on what Ms. Stearns said related to college. Last week, the state issued guidance on higher education. I know that was both good news and also somewhat irrelevant because our college presidents had been working diligently to develop their plans well in advance of the state coming out with guidance. I think the good news is that the state guidance did not conflict in any way with the plans that have been made both at Cuesta College, and I've also been in close communication with President Armstrong who is still awaiting final answer to the Cal Poly plan from the chancellor of the CSU system, but we believe he and I who have re-looked at their plans, that what they are proposing is consistent with what the state allows. So in particular for counties on the monitoring list, there is a disallowance of any in-person, lecture-style classrooms, and they already had made that determination as did Cuesta that they're not gonna offer that. They have a certain number of laboratories which are allowed, under certain conditions of distancing and mask-wearing and all the other protections that go with it to allow that. The athletic system will not be moving forward. They have a housing plan which primarily has students on campus in single dormitories for those students that will be participating in the roughly 15% of the class allowance, and lots of plans that we've worked on together regarding how we would address any additional positive findings, either on or off campus, related to their student population and to weave it into the work that we do with respect to case investigation and contact tracing. So there's an awful lot that has been going on for a long time behind the scenes related to higher education, and I think our community is paying a lot of attention under the leadership of our two institutional presidents to make sure that we don't add to the number of cases. We think a lot of students are already here, already have been engaged in getting together, and so we continue to message especially to that young population. Please continue to heed the call, to do better with respect to gatherings, and so hopefully, as we move forward, we won't see a big downstream effect for the portion of our universities that may take place in an in-person environment, and with that, I will turn it over for any questions.

- [Man] Going back to the CMC, do you know how that outbreak started? What was the contract tracing for how that began?

- I don't very specifically with the inmates having been of long duration in the facility, those who have been impacted, and with the plan that any new inmate gets quarantined in a different location within the facility, I've got to believe that some member or members of the staff who were infected probably unknowingly, asymptomatically, may have been the leading edge of that outbreak. Having said that, I also, at the same time, I asked of especially staff who are young and healthy and invincible that they do take all the precautions. I also don't want to put too much of the weight of transmission onto necessarily hardworking staff who are showing up every day at the prison to do a really challenging job, and I can't say that it was necessarily someone that went to a bar or had a family gathering, so I just wanna be clear about that.

- [Man] When it comes to quarantining and isolation, what are the guidelines related to people who may be sick versus if you're a contract trace person who may be around somebody who tests positive?

- Yeah, so it bears going through this again and again. I myself mess it up at times, the difference between isolation and quarantine. So isolation is for the person who has tested positive, whether or not they're sick. So this is a person who has known virus in their system and can transmit it to others. That person needs to be under an isolation order, and we do issue orders, and most, the vast, vast majority of people comply with the fact that you have to remain in your home, not even going out to the store, so we provide some wraparound support for that so that you will not transmit to others for a minimum of 10 days. For people with more severe disease, it can last as long as a 20-day period, that isolation. Most of those people will be in the hospital, and so it's not under our order. Quarantine is the term for people who have had a contact of a close nature whereby they may well have been exposed to the virus and they may be incubating. They may be getting ready to become positive, but they are not yet actually sick with the disease or infected, and those individuals, we ask that they remain out of circulation for the full 14-day incubation period because that is the timeframe in which they are at risk of becoming infected, not knowing it, and transmitting to others.

- [Man] If they get tested during those 14 days, and it comes back negative?

- They still have to be quarantined for 14 days. If they become positive during that period, they now become a case, and they're subject to the isolation.

- Okay, how do you determine if someone is deemed recovered from COVID-19?

- Yeah, so we're using CDC, Center for Disease Control's definition which is a person who either is 10 days out from their symptom onset in most cases. Again, remember I said if you're severely ill, severely immune compromised, we may consider a 20-day period. For the vast majority, 10 days from symptom onset as long as, at that 10th day, they are no longer symptomatic with fever or respiratory illness. So it has to be a minimum of 10 days, and within that, the last 24 hours, they have to have been symptom-free and fever free, and I don't mean a lingering cough, but where respiratory symptoms have dramatically improved. Because many people are asymptomatic, have no symptoms, and they test positive, those individuals, we consider them recovered when they are 10 days out from their positive test.

- [Man] Okay, thank you.

- [Man] Dr. Borenstein, just to clarify the fine tuning of the death cause of death, how closely does that align with what's happening at the state and the national level?

- Yeah, so different states and nationally, it has not been absolutely clear. We know other counties in the state of California are also counting cases where COVID has been a contributory factor, but not an underlying cause of disease, but in looking at it and what I have read and seen, even at a national level, there may be a small variation in what the total count is. If you count some of those additional deaths where it was contributory, but not the defining cause of death, but that is still a relatively small proportion.

- [Man] And one more question for me regarding education and and those waivers that you've talked about the last couple of weeks, I think yesterday at the supervisor's meeting, you mentioned I think there were 11 schools now in the county, most all of them private, small. What kind of an update can you provide on where those stand?

- So between yesterday and today, we have not moved any of them into the approved column. There are 11 private schools that have applied for a waiver, and we have not received any at this time from any of the public school districts.

- [Man] 'Cause they're going through a state approval.

- The ones that have applied?

- [Man] Yes, is it just review?

- No, they're going through our local process. Once we complete the review, we have told our school districts and our schools that we would try to turn that around in a week's time if we could. We are keeping to that schedule, but with some of these, we've had to submit back to them for some additional information. We're trying to meet their opening deadlines, and so none have actually gotten through the final hurdle of approval. At that point, at the approval point, is a notification to the state rather than a state approval.

- [Man] Are you making those public, or will you make those public?

- We will identify which schools have been granted approval for an elementary school in-person attendance waiver.

- If they do get approved.

- Yes.

- [Man] Dr. Borenstein, is there any update on the ethnic breakdown of cases in the county? I know it's been an ongoing question.

- Yes, thank you. That was a good planted question. That is exactly one of the items that we plan in the coming days to make available on our updated website.

- [Man] And has it taken more review of how it's being reported, like how were you able to gather that information at this point?

- A lot of the issue and our why we've held back a bit is we just weren't getting that information for a substantial portion of the cases, and we wanted to really push forward on making sure that our information was solid. We really have been emphasizing that with our team now to try to get that information if at all possible. It was not coming through on a lot of the laboratories, so we're now getting it through contact tracing, and we feel like the data is more reliable.

- [Man] And last question for me in regards to the jail systems, CMC and Ash, are their visitors allowed into those systems, and are there preventative measures for other facilities?

- So each facility has their own visitation plan and allowance and safety measures with visitors, and I actually can't speak in any detailed way to that.

- [Woman] Any questions?

- Thank you.

- Thank you again for coming today and tuning in online and on TV. Just a few closing comments for today. You can still get all our COVID-19 information on our county's website, readyslo.org, or by calling the phone assistance center or the recorded public health information line. We continue to offer free COVID-19 testing by appointment at San Luis Obispo Veterans Hall and Grover Beaches Ramona Garden Park Center. Additionally, through August 20th, we will be testing at the Pavilion on the Lake in Atascadero. You can make an appointment for any of these testing sites at readyslo.org, and if you have limited or no access to the Internet and need to make a testing appointment, you can also call 888-634-1123. Thank you again for tuning in today. You can find these briefings live on San Luis Obispo County's Facebook page as well as on our county's homepage. They are also live streamed on KCOY and KSBY and additionally available live on cable channel 13 and rebroadcast on public access channel 21 at midnight, 8:00 a.m., and 5:00 p.m. until the next briefing occurs. Thank you again for staying informed. Be well, and we'll see you all next Wednesday.