- Good afternoon. Today is Wednesday, September 2nd, 2020. My name is Michelle Shoresman and I'd like to welcome you to the San Luis Obispo County weekly COVID-19 media briefing. This afternoon we'll hear from San Luis Obispo County Health Officer, Dr. Penny Borenstein, emergency services director and county administrative officer Wade Horton is also, is also available to take your questions. Thank you again to our sign language interpreter Robin Babb. And now San Luis Obispo County Health Officer, Dr.Penny Borenstein.

- Whoa. The dangers of wearing hoop earrings. Thank you, good afternoon. And Happy Birthday to Michelle Shoresman. I thought I would slip that in.

But seriously, we're here once again to talk about COVID disease. And I as always want to start by telling you what the situation is in our county. We have surpassed 3000 cases, we now stand at 3035. And this is an increase of 29, since yesterday. For those of you who do follow on a daily basis, you'll know we've been hovering for the better part of the week at around 30 cases per day. So this continues to put us at a metric that exceeds the place that we need to go to be able to reopen some of our businesses. I'll talk about that a little bit further on. But at 29 cases per day, 30 on average over the last number of days, we're still seeing higher numbers than we'd like.

The good news is our hospitalizations remain low, they have come down, we now have 11 individuals total in the hospital, four of whom are in the intensive care unit. I do also want to address again, our death numbers in this county and our process for reporting deaths.

We did drop our number one more time from 21 to 20. And the reason for that is why we didn't do it at the same time as the last one was because we had one that was in the process of being amended by the physician. Whereby two places on the death certificate that we look at, underlying cause of death and other significant conditions contributory to the death, we had made a decision some weeks ago that in our county, we would only count those that have underlying cause of death listed as COVID. This one was going to initially be amended to say that this contributory cause was in fact an underlying cause. In the final analysis, that did not happen, it was reviewed by our coroner and that's what took some time.

And so now all of the deaths that we have reported, which number 20, we have final death certificates from attending physician in cases that they may have been reviewed by the coroner that has occurred and they are finalized and signed by me.

So we do not anticipate any further changes for the 20 deaths that we have reported.

We do have other deaths under investigation, including, as you may know, the California Men's Colony has reported a death. We have not reported that in our statistics yet, as we have determined that we will only put it in our count on our public facing website once we have a final death certificate, so that we will have no more variability going forward.

So with that, and also with national news around the issue of what counts as a death and what does not I wanted to spend some more time addressing that particular issue. It has gotten a fair bit of national attention in the last one to two days, in that there's the appearance that the CDC has indicated that the vast majority of the deaths that have occurred from COVID-19 are in fact incidental from COVID-19, and that only a small percent actually died from the disease COVID-19. And I wanna clarify that because that is absolutely a mischaracterization of what is being said nationally and what the facts are.

So it is true that 94% of all 182,000 plus COVID-19 deaths in the United States have an underlying medical condition. But let me talk a little bit further about what that means because it doesn't mean that these individuals did not die from becoming infected and getting sick with COVID. So a couple of things to look at, cause of death. So on a death certificate, there can be four or more causes of death, which move in time to the ultimate cause of death which is listed on the first line. So for instance, if someone gets sick, you know, from the disease, they develop pneumonia, they go on to have acute respiratory disease as the ultimate cause of death, COVID-19 may be listed as an underlying cause further down, that lead to pneumonia, that lead to the acute respiratory disease failure. And all of those are considered part of the underlying cause of death.

In this county, that is what we are counting, is that cause of death regardless of whatever else was going on with the individual. In many cases, in fact, in 94%, there is a pre-existing condition, and that could be anything from high blood pressure to diabetes, to asthma, to obesity, and a host of other medical conditions that may in fact, be significant contributors to the death, that happened from COVID-19, but that is not the cause of death. The fact that you had high blood pressure and went on to have COVID, may have made the disease more serious and may have led to, be a contributing factor to your demise, but it is not the high blood pressure that caused the death.

Conversely, as I think I've said previously, if you had COVID, you're a young healthy person, the doctor who reports the death happens to know that, when you die in a fire, a car accident, COVID is not a contributing factor to that death and would not be counted. So really, what this information is, is to say that the vast majority of the deaths from COVID-19 have happened in people who have an underlying or a pre-existing medical condition. To put that in context, nearly half of everyone from birth to 100 plus in our society, have at least one underlying medical condition. So it is not at all unusual that a majority of people in their elder years who are getting this disease and dying from it have also one underlying or more medical conditions. So I wanted to clarify that.

The next thing I want to talk about, is what has come out newly from the state in terms of plans, and announcements, there're a number of new initiatives. The first one is related to the state's data system, the disease tracking system known as CalREDIE. As you recall a few weeks back, we had a situation where not all of the reported findings of COVID or in fact, other diseases were getting through the system.

There was a breakdown if you will, of one component of that system. And that is now being remedied by bringing online through a new contract with a new vendor to operate an enhanced system alongside CalREDIE. So the reason in part that the system went down, was because CalREDIE was built to capture all positive reports of required communicable disease mandated reporting. We started, we the state, all of us in public health, started to rely on that system to not only get the positive cases, but also negative cases. And obviously there're many, many of those. They completely overwhelmed the system and the server basically reached its capacity and breaking points. So with this new purchase and contract for the state, we anticipate that that will not happen again, that there is a much larger capacity to handle the data coming into the system.

The second new thing is that the state has contracted with a laboratory PerkinElmer, that is a PCR or molecular test for this virus. And that the expectation is that, when fully implemented by March of next year, that the state will be able to handle 150,000 tests per day of the gold standard test or the PCR or molecular test. This system is intended to begin in November that it will be ramped up over a period of five months, but beginning in November, there will be additional testing capacity that over that period will lead us to this much higher capacity for the state of California of 150,000 tests per day.

There's also guaranteeing, to the extent that this can be guaranteed quicker turnaround time. And the other wonderful piece of news is that the cost because of this major procurement with the state of California and its buying power, allows this test to be done at just over $30 per test. Whereas most of the tests now that exist, are upwards of $100, 100, 115, 130, 160, your insurance may show. So the reduced cost for this test is also great news for our healthcare system. A reminder, individuals do not pay for the tests that they get, but the collective health care system will benefit from having this lower cost. And that is good news.

A third piece of information that came out newly is new guidance related to child care and more fleshed out instructions about managing cases that may occur in child care settings, cohorting and contact tracing associated with childcare. As you know, the previous week, there was issuance of cohort guidance. So this provides some amplification and clarification in the case of childcare to that guidance as well.

And then lastly, I wanted to talk about the newest issuance from the state of guidance or metrics that we are now going to be operating under which is the blueprint for a safer economy. This replaces the previous county data monitoring list. It is a color coded system that has four colors. Going from lowest community transmission to highest, is yellow, orange, red, and purple. The vast majority of the state's population including San Luis Obispo County, over 75% of state residents are in the purple tier which means the highest rates of transmission and 38 counties are in the purple tier.

So what is purple? It means that we are exceeding more than seven cases per 100,000 population in a day. So if you extend that to the week, which is now being looked at, it still means, or even just looking at the seven per day in our population, it continues to mean that we need to be below 20 new cases a day, in order to progress through these other tiers and have greater opportunities for opening businesses. This new system only has two metrics, that case rate that we've been looking at and the reason that we have been on the monitoring list and now purple. The second metric is the positivity rate, we have never exceeded the highest measure that is being watched for positivity rate at 8%. We're living between four and 5% these days. And so we're in the clear, if you will, on that metric. However, if a county misses either one of these metrics, you reside in the tier that is consistent with the more conservative metric or the one that you are not able to achieve.

So, to give you a flavor statewide of what this looks like. As I mentioned, the vast majority of counties and population are in the purple tier, San Diego is in red, and other than that all of the red, orange and yellow counties are in Northern California or Eastern California. There're two counties that are yellow, those are Modoc in the upper northeast corner of the state with a population of less than 10,000. And the other county that's in yellow is Alpine County, with a population of less than 1200 individuals. So it is a heavy lift for a population like ours to get to that place of much greater opening. But I do have confidence that we can get there.

And I feel that I say the same things over and over again, but they do bear repeating, is how do we get our case rates down in order to progress through these tiers, it's the same messaging, take all the precautions, don't get together in large numbers, wear your mask, stay physically separated, stay away if you're sick, cover your coughs and sneezes, etc.

Let me just say another couple of words about this schema, people have been asking about, okay, so when do we get to red, and how do we get to, the next sector. So, with this first release of information late last week, a county that is purple with a few exceptions, like we do not have that exception, we've been firmly residing with a case number above the metric for case counts, we have to stay in purple for a minimum of three weeks. So that puts us at if everything went perfectly well and we suddenly dropped out all of our cases, we would only be able to achieve the next tier down, the red or tier two, on September 22nd.

Even once we get to red, or the next tier, whenever you move from one tier to the next or one color to the next, you have to remain in that tier for three weeks before you can progress to the next one. You also in order to achieve that movement, need to have your case count at the next lower level for at least two consecutive weeks. I know this is somewhat confusing, but I'll try one more time to say three weeks within a tier and two weeks while you're in that tier of better metrics allows you to move to the next level, with one exception, and that is schools. Where schools can open once a county achieves tier two or the red tier but only after remaining in a case count that keeps you in red for two weeks. So with that, again, if our case counts were to drop and everything went perfectly well, the earliest that our schools could open is October 6th. And as I said, moving between these tiers really depends on all of us as a community continuing to do all of these things to drive our case counts down.

I know that there is a lot of distress from some corners about why this business is put in this tier or this capacity in this tier. What I can say to that is, this is no longer based on whether a business is essential or not essential, everyone's business is essential. Everyone's right and necessity of making a living is absolutely important. But this structure is now based on how business can be delivered, what safety measures are in place, what numbers of people congregate in the business, as well as the demographics of the business, in terms of, age and type of participation. So there's a whole list of reasons that a sector might be in one place or another and what proportion of that business can open as it moves forward. But it is what it is, and I along with you very much want to see our community, drive our numbers down, move through these stages as quickly as we can and allow all of our suffering businesses to reopen as quickly as possible.

Though recognizing that we're still some weeks out for moving between them. And with that, I will just say one final thing, which is Labor Day is upon us, and we know from our experiences, Memorial Day weekend and Fourth of July weekend, that those are typical times that Americans come together in numbers with family and friends, and celebrate and gather. And it is very important that we do so to honor Labor Day in our community, especially the many people who have been working in essential workforce, our healthcare heroes, our grocers, our pharmacists, all of the businesses that have been working hard as well as all of the business sectors, who have made tremendous societal contributions in changing the way they do business. We want very much to honor all of our workers. But please, please do so safely in small numbers, sticking with your household, one or two other friends that you move about with over a period of weeks before you move on to the next friend that you're going to see. I recognize that we are human beings, we need socialization, but please do it in the safest and most careful ways that you can. And with that, I'm open for questions.

- [Interviewer] Dr. Borenstein, do you think the new color coded system, helps our county here or maybe not so much, I mean, your interpretation of it and how it kind of impacts San Luis Obispo County?

- Yeah, I think with the exception of the opening of our hair salons and barber shops, it really hasn't changed anything for us. I think had we stuck with, I know that there's a large sense I've heard it from many people that it's a moving goalpost. I don't see that because prior to this change, we had no idea what might come next when sectors could open or would open, the idea was get off the

monitoring list, which would mean basically get into the red tier. So that hasn't changed for us. And then once you get there, there was no clear path to what would open and when it would open and how it would open. So I think this provides a lot more clarity as to what sectors can open, when and at what capacity and it provides some rationale as well.

- [Interviewer] Because the number you said, we need to get below 20, I mean, that's been the case for weeks now. And so that essentially has remained the same, but it seems like the numbers just aren't really getting close to that. So, you know, what, I know you mentioned what we can do, but I mean, it just doesn't seem like the county is getting really close to that right now. So how optimistic are you, that we can see some movement and maybe get into a red here sooner than later?

- Yeah, I think the question is, you know, we've been living under the state guidance for quite some time, nothing really dramatically changes with this. And what's, where do we see ourselves moving in the near term, in the longer term. And I continue to believe I really do believe that if people would heed the guidance that we can drive our numbers down. I'm not saying that every person who becomes infected was a participant in bad behavior. You know, this is a very transmissible disease. But we do still see that a large proportion of our cases come from people who have gotten together in large groups, people who may then take that infection unknowingly into settings where more people get sick, like in some cases into our assisted living facilities or into our prison and such. And in places that are more vulnerable, schools is another place that's more vulnerable. College is another place that's more vulnerable. Wherever you have lots of people together, that's where we need to put our main energy into people doing the right thing, so that we can tamp down the number of cases we see. I think we can do it, we've seen it in many other places around the world and in this country. And we just have to commit to it because it is the only thing at this point in time that is going to get us back to some measure of normalcy with respect to our sectors opening, our schools opening, our businesses opening.

- [Lady] Dr. Borenstein, we've had some readers ask about sewage testing. Why the county isn't doing sewage testing or what are your thoughts on that?

- Yeah, we actually, so the question is regarding sewage testing, and why are we not doing it? We had done it in the early months of this pandemic, and we found for the most part interesting information that was in accord with the cases we were seeing,

but it didn't really provide us any actionable information. It was at a cost and since it didn't drive our decisions, we discontinued it.

- [Lady] And will saliva testing be available in San Luis Obispo County anytime soon?

- So we have been, the question was, is saliva testing forthcoming in our county. We have been looking at a variety of products. In fact, we're planning on issuing an RFP soon to acquire a large number of self-testing materials. Whether it's a swab in the anterior part of the nose or saliva, we continue all the time to look at the reliability of those tests, the turnaround time, whether the vendor has met FDA emergency use authorization. And so we're always looking at new and improved and easier ways of testing our community.

- [Woman] And Dr. Borenstein, can you kind of explain, how the state calculates the metric for case rate? I know there's like a little bit of an adjustment. Can you kind of explain that a little bit?

- Yes, thank you for that. How does the state calculate our rates, and what's the adjustment? And so there's the pure count of the number of cases that test positive, and that's divided by our population to get the rate. But we actually do have an adjustment built-in, so I know if people are looking on that map and see, oh, we're very close to the threshold for moving into the next tier. Our case rate as published is offset by the amount of testing we're doing. So based on the number of tests per population done every day, you can get if you will a credit, against your case rate. And we have been testing above 300 per 100,000 population on a daily basis, which is twice as much as the minimum recommended. And with that it is driving down the metric that is used to make a determination of what a county's status is.

- [Man] Dr. Borenstein you said, the County is performing about 300 tests per day on average, how does that compare, a month ago, two months ago, because there's been additional spots available. I mean, are you filling those or are you still looking for people to test? I mean, what's the capacity looking at

- Yeah, so that number has gone up and down. It has stayed in a fairly reliable place for the last couple of weeks. We've added testing capacity through, we have started to use some self-swabbing. We've offset some of the places where we're using some of our testing through CMC by pushing off to them, they've been able to now do a lot of their own testing. So the numbers of tests per day are not just the community sites, it is all the providers that are testing, Urgent Care, CMC, ASH, our

own jail, etc. So Cal Poly is now beginning to do testing. So all of those resources are contributing to increased numbers of tests across the county, as well as the availability of appointment slots in our community testing sites.

- [Man] And the numbers from CMC, do those count for the county or are those separated?

- So inmates who test positive are not counted in our case rate, staff are. Yes.

- [Questioner] Are you aware of the email that's circulating amongst businesses that's calling for a grand reopening of the county where, for a date unspecified that all businesses will open on the same day that wish to participate in this grand reopening?

- Yeah. So to repeat the question, I have seen an email that is calling for businesses to sign on to be part of a date certain that businesses will cease to adhere to the state order. I would respectfully ask that businesses not do that, there're repercussions for the county, there're repercussions for those businesses. And it also very much calls for no protective measures to be in place no masks, no distancing, gathering in large groups. And so I would very much ask, that businesses who do get requests to participate really think long and hard about their willingness to do so. Thank you.

- Thank you all for being here today and tuning in online and on TV. Few closing notes for today. We continue to offer free COVID-19 testing by appointment at community testing sites around the county. There are plenty of appointments available, even some same day appointments, and testing results are currently being returned within about two to three days. You should consider getting tested if you are experiencing symptoms, are at high risk for COVID-19 or you are asymptomatic but think that you may have been exposed to the virus. There are a number of changes to our testing locations coming up within the next few days. Currently testing is available at the Nipomo Senior Center site only through tomorrow. Our site at the Grover Beach Ramona Park Center, is also closing after Friday, September 4th. With the closures of these two sites, we will open new sites the following week after the Labor Day holiday, at Morro Bay Veterans Memorial building, and at Arroyo Grande's South County Regional Center. The testing site at the San Luis Obispo Vets Hall will remain open until further notice. All testing site info is posted on readyslo.org, where you can register online for an appointment. If you have limited or no access to the internet, you can also call 888-634-1123 for an

appointment. A reminder that you can still get all of our county's COVID-19 information at readyslo.org. Also, these briefings can be found on our SLO County Public Health Facebook page on our county's website homepage, or live streamed on KCOY or KSBY's websites. The briefings are also broadcast live on cable channel 13 and are rebroadcast on public access channel 21. After the briefing at midnight, 8 a.m. and 5 p.m., until the next briefing occurs. We also continue to have the phone assistance center and the recorded public health information line available. Thank you for being informed. Stay well and we'll see you all next Wednesday at 3:15.