

Public Health Advisory Council

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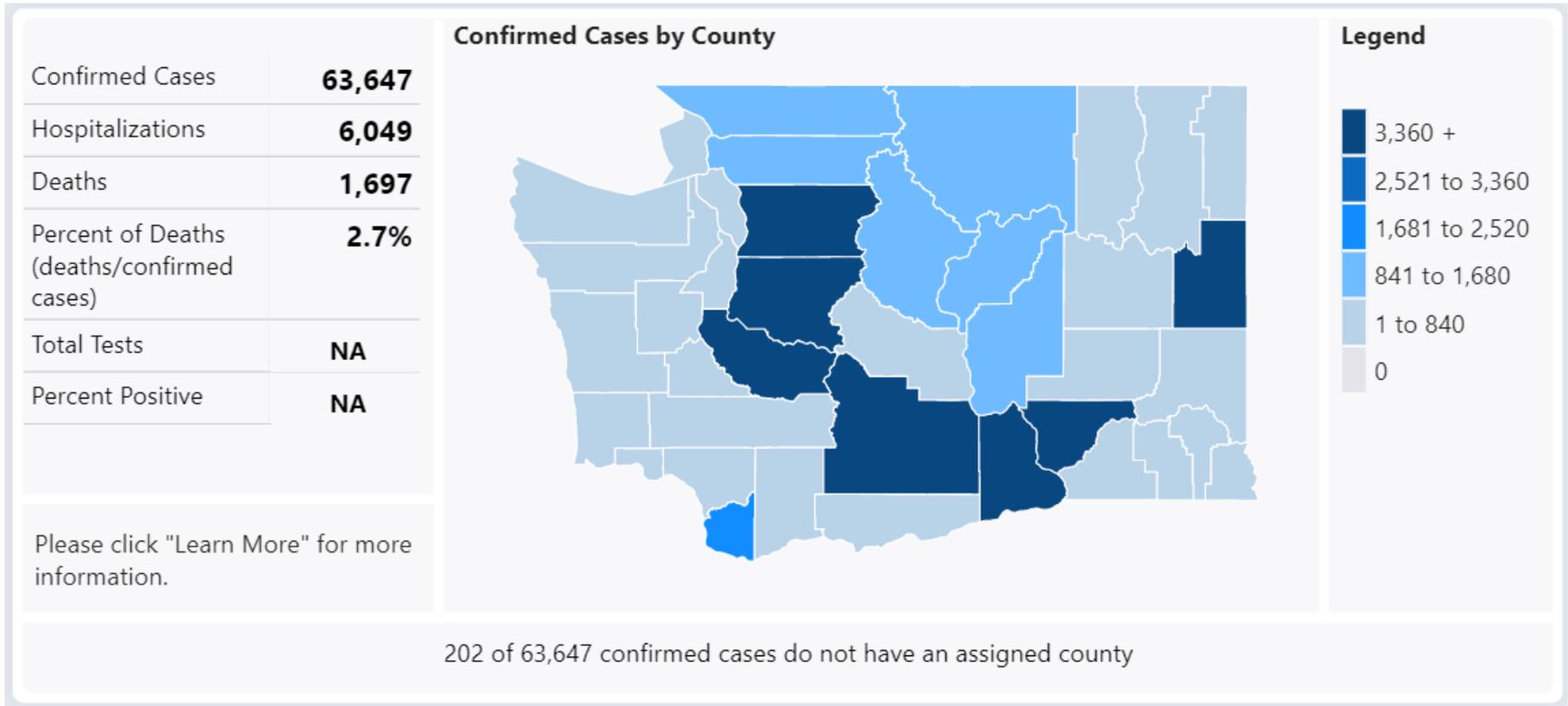
Aug. 11, 2020



COVID-19 update



Washington state



**DOH is experiencing issues with its reporting system for negative test results and has temporarily removed the total test and positivity data.*

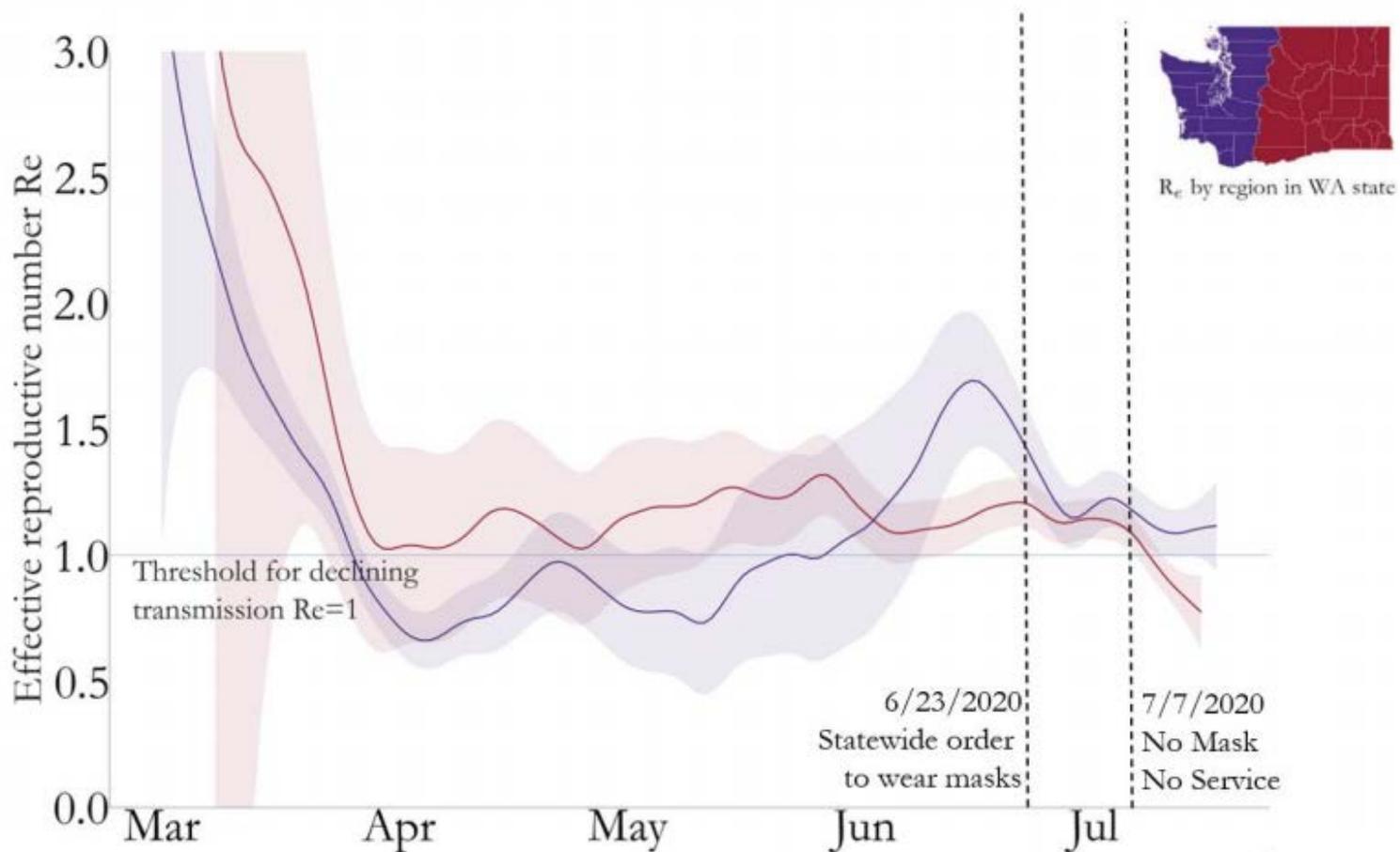


Washington state

- Latest state situation report issued Aug. 7 shows very early signs of a possible deceleration in the growth of new cases overall.
 - R_e (reproductive number) estimates:
 - Western Washington: 1.12 (last report: 1.19)
 - Eastern Washington: 0.78 (last report: 1.08)
- Any flattening in new cases appears to be due to changes in behavior, such as use of face coverings and keeping physical distance, rather than changes to people's mobility.
 - Changes in transmission rates don't correlate to trends in cellphone mobility data, which plateaued starting in June.
- However, in both eastern and western Washington, cases are flat or decreasing in the 0 to 39-year age group while increasing in the 40-69 and 70+ age groups.
 - Concerning because risk of hospitalization and death is higher for older individuals.



Reproductive number



Institute for Disease Modeling



Washington State

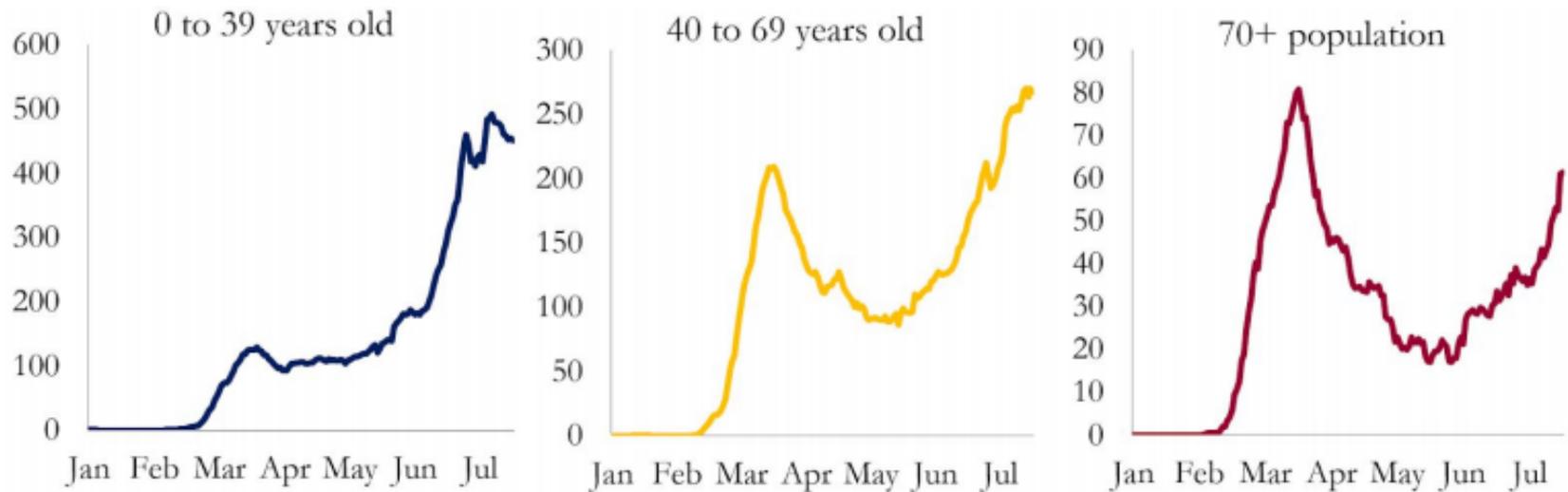


Figure 6: Daily COVID-19 cases by age across the whole state, side-by-side. The dramatic rise in cases in the youngest age group through June may be starting to flatten. However, trends in older age-groups are less encouraging, with levels near or above those seen at the late-March peak.

Institute for Disease Modeling



Clark County

Number of positive cases	2,121
Number of deaths	42

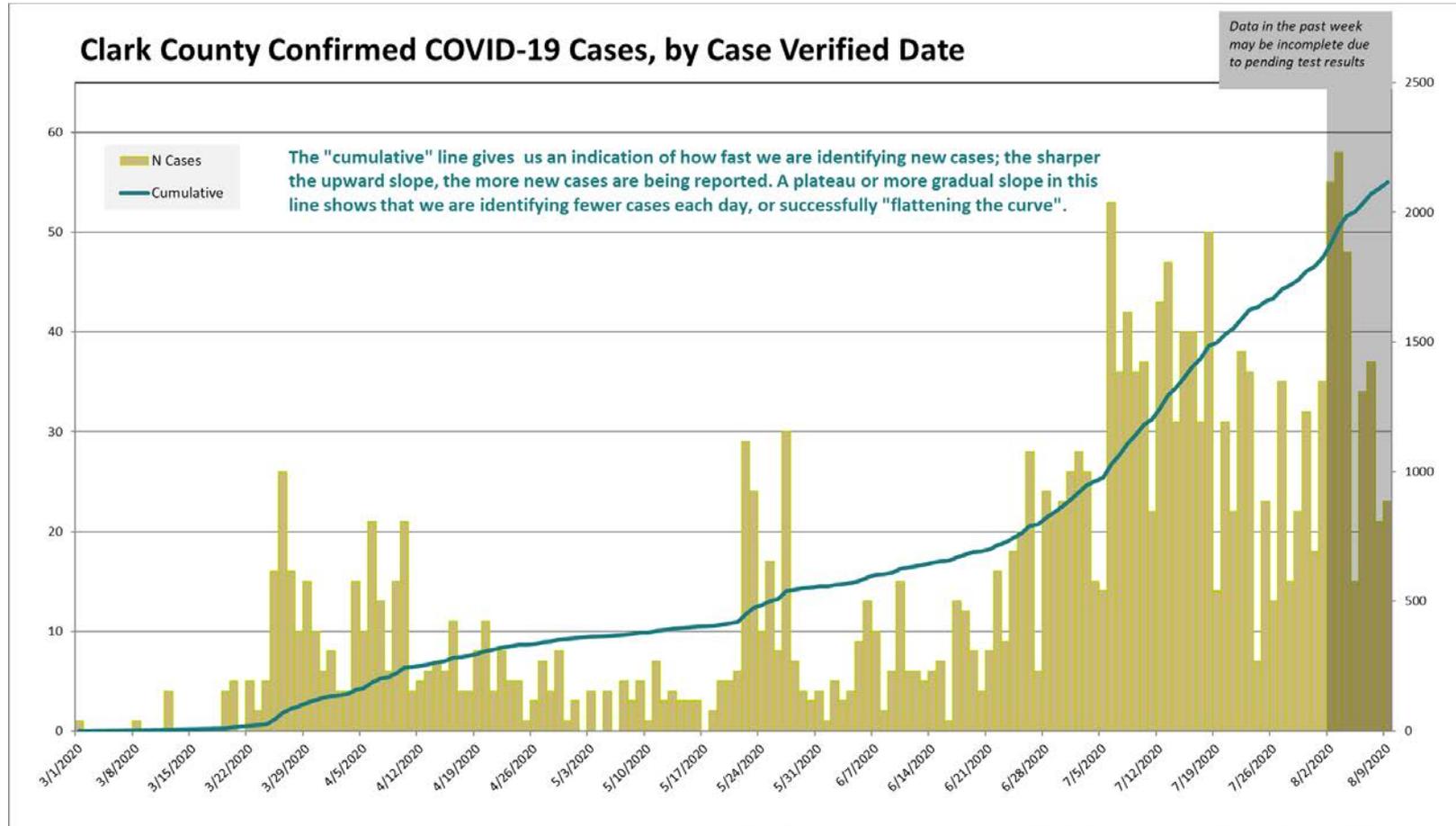
Today's update:

- 11 new cases
- No new deaths
- Hospital data:
 - 12 COVID-19 patients hospitalized
 - 13 COVID-19 PUIs awaiting test results hospitalized
 - 62.4% licensed beds occupied
 - 4% licensed beds occupied by COVID-19 cases and PUIs



Clark County

as of Aug. 10



Clark County

- Rate of new cases (as of Aug. 10):
 - 88.0 per 100,000 residents over 14 days

Week ending	Total number positive	Total number of tests	Target number of tests (50 per case)	Meeting testing target	Positivity	Percent change in testing	Percent change in positivity
June 13	39	4192	1950	yes	0.93%		
June 20	56	4435	2800	yes	1.26%	5.8% increase	35.5% increase
June 27	148	6376	7400	no	2.32%	43.8 % increase	84.1% increase
July 4	170	5694	8500	no	2.99%	10.7% decrease	28.9% increase
July 11	273	6200	13650	no	4.40%	8.9% increase	47.2% increase
July 18	270	6850	13500	no	3.94%	10.5% increase	10.5% decrease
July 25	141	4574	7050	no	3.08%	33.2% decrease	21.8% decrease

DOH reporting system issues involving negative test results have delayed CCPH ability to update testing surveillance for the week ending Aug. 1.



Phase 3 metrics

- Clark County submitted a Phase 3 application on June 26.
- Gov. Inslee extended the pause on all applications for moving to the next phase indefinitely.
 - Clark County remains in Phase 2. No timeline for moving to Phase 3.
- Secretary of Health John Wiesman returned all pending applications, including Clark County's application, on Monday, July 20.
 - It's unclear what the application process will look in the future.
- Public Health continues to monitor how the county measures up to existing Phase 3 metrics.
 - Data as of Aug. 10, shows Clark County does not meet state targets for several Phase 3 metrics.



Safe Start, face covering changes

- On July 23, Gov. Inslee and Secretary of Health Wiesman announced changes to the Safe Start plan and face covering order
 - Aim is to reduce social gatherings and make them safer
- **Restaurants**, beginning July 30 and until Phase 4:
 - Indoor dining is limited to members of same household
 - Alcohol service must end by 10 pm
 - Vending game areas (pool tables, darts, video games, etc.) are closed
 - Bars are closed for indoor seating
 - No bar-area seating (all phases)
 - In Phase 3, table size is reduced to 5 people and restaurant occupancy is reduced to 50% capacity.



Safe Start, face covering changes

- **Fitness:**

- Only five individuals (not counting staff) are allowed for indoor fitness services. They can participate in group fitness classes or exercise on their own.
- In Phase 3, occupancy reduced to 25% and classes limited to 10 people.

- **Weddings and funerals** (secular or non-secular), beginning Aug. 10 and in all phases:

- Maximum indoor occupancy is 20% capacity or up to 30 people, whichever is less, as long as physical distancing is maintained between households
- Outdoor ceremonies are limited to 30 people, and at least six feet of physical distancing between households is required.
- Only ceremonies are permitted (no receptions)



Safe Start, face covering changes

- **No indoor family entertainment/recreational centers** (mini golf, bowling alleys, arcades, etc.) until Phase 4.
- **No indoor card rooms** until Phase 4.
- In Phase 3, **movie theaters** occupancy limited to 25% capacity.
- **Face coverings**, went into effect Saturday, July 25:
 - The order requiring face coverings now extends to any indoor setting outside of your home (not just public buildings) and any outdoor setting where 6 feet of physical distancing cannot be maintained
 - This includes condo and apartment hallways, hotel hallways, and shared spaces in university housing and long-term care facilities.



Schools guidance

- Eight Clark County superintendents announced on July 29 that they would recommend virtual learning to start the school year.
 - Public Health supports that decision, given virus activity in our county.
- On Wednesday, Aug. 5, Gov. Inslee, DOH and OSPI announced updated school guidance and a decision tree for resuming in-person instruction.
 - Three categories, based on disease transmission in the county: high risk, moderate risk, low risk.
 - Recommendations based on the different risk levels.
 - Clark County is in the high risk category (88 cases per 100,000 people).
 - Superintendent recommendation aligns with state decision tree recommendation.



Schools guidance

- >75 cases per 100,000 in 14 days is considered a **high** COVID-19 activity level for a community.
 - Recommendations: distance learning with the option for limited in-person learning who need it most – such as children with disabilities.
 - Sports and extracurricular activities should remain on pause.
- 25–75 cases per 100,000 in 14 days is considered a **moderate** COVID-19 activity level.
 - Recommendations: distance learning as described above, with gradual expansion of in-person education, beginning with elementary students. Younger students under the age of 10 benefit the most from in-person learning while also posing less risk for transmitting COVID-19 than older students.
 - Most sports and extracurricular activities should remain on pause.
- Below 25 cases per 100,000 in 14 days is considered a **low** COVID-19 activity level.
 - Recommendations: full-time in-person learning for all elementary students and hybrid learning for middle and high school, eventually moving to in-person for middle and high school.



Decision Tree for Provision of in Person Learning among Public and Private K-12 Students during COVID-19

Should your community provide in person learning and for whom? For School Administrators, Local Health Officers, and Community Stakeholders		
The risk of COVID-19 being introduced into the school depends on the level of COVID-19 spread in the community and the health and safety measures taken by schools. Consider the following educational modalities based on community transmission and other health and education risks and benefits.		
COVID-19 Activity Level	Education Modality*	Extracurricular
HIGH >75 cases/100K/14 days Other considerations: <ul style="list-style-type: none"> Increasing trend in cases or hospitalizations Test positivity >5% Other health and education risks and benefits to children and their families 	Strongly recommend distance learning with the option for limited in-person learning in small groups, or cohorts, of students for the highest need students, such as students with disabilities, students living homeless, those farthest from educational justice, and younger learners.	Strongly recommend canceling or postponing all in person extra-curricular activities, including sports, performances, clubs, events, etc.
MODERATE 25–75 cases/100K/14 days Other considerations: <ul style="list-style-type: none"> Increasing trend in cases or hospitalizations Test positivity >5% Other health and education risks and benefits to children and their families 	Recommend distance learning as described above. In addition, consider expanding in person learning to elementary students. Over time, consider adding hybrid in person learning for middle or high school students if limited COVID transmission occurs in schools.	Strongly recommend canceling or postponing all in-person extra-curricular activities. Consider low risk activities when all students have some level of in person learning.
LOW <25 cases/100K/14 days	Encourage full-time in person learning for all elementary students and hybrid learning for middle and high school. Over time and if physical space allows, consider full-time in person learning for middle and high school.	Consider low and moderate risk in person extra-curricular activities.

When any in-person



Can the school(s) implement recommended COVID-19 health and safety measures? For School Administrators and Staff	
The risk of COVID-19 spreading in schools depends on the ability of the school to implement DOH's K-12 health and safety measures .	
<i>Does the school have the plans, staff, space, and supplies to do the following?</i>	
✓	Protect staff and students at higher risk for severe COVID-19 while ensuring access to learning
✓	Transport or facilitate drop-off and pick-up of students
✓	Group students (required in elementary, recommended for middle and high school)
✓	Practice physical distancing of ≥6 feet among students and staff.
✓	Promote frequent hand washing or sanitizing
✓	Promote and ensure face covering use among students and staff
✓	Increase cleaning and disinfection
✓	Improve ventilation
<i>Are all staff trained on health and safety practices?</i>	

When all YES



Is the school and health system ready to monitor for and respond to suspected and confirmed cases of COVID-19? For Schools and Local Public Health	
COVID-19 cases in the school should be expected. The risk of COVID-19 spreading in schools depends on the ability to quickly identify and respond to suspected and confirmed cases and the level of community transmission.	
✓	Can the school ensure monitoring of symptoms and history of exposure among students and staff? (attestation acceptable)
✓	Is the school prepared to manage students and/or staff who get sick onsite?
✓	Does the school have letters drafted to inform families and staff about confirmed cases or outbreaks?
✓	Is there adequate access to testing in the community health system for ill students and staff?
✓	Is there capacity in your local health department to investigate confirmed COVID-19 cases, quarantine their close contacts and assess whether transmission is occurring in the school?
✓	Can local public health monitor the level of community spread to determine when a change in education modality is needed?

When all YES



Begin in Person Learning Model and Monitor

*Staff may work in school at any COVID-19 activity level if the school follows DOH and LNI health and safety guidance

Racism as a public health crisis



Racism as a public health crisis

- Adverse social, economic, and environmental conditions create health inequities.
 - Racism creates and perpetuates health inequities.
- Examples:
 - Lower wages, including lower wages for similar work
 - Not preferred or selected for jobs
 - Family separation because of male incarceration rates
 - Denial of small business and mortgage loans
 - Restrictions on purchasing homes
 - Education systems linked to property taxes, resulting in reduced resources for children of color, lower graduation rates and less attainment of higher education
 - Access to health care



Racism as a public health crisis

- Communities of color in Clark County have lower life expectancies, lower levels of education and higher levels of uninsured than their white counterparts.
- Children of color in Clark County are also bullied at higher rates than those of white students.
- COVID-19 is disproportionately impacting communities of color all across the country, including in Clark County.
 - Hispanic/Latinx community makes up 10.0 percent of the Clark County population, and represents 33.9 percent of confirmed cases with available ethnicity data.
 - Firestone outbreak demonstrated inequities: essential workers, working conditions, uninsured workers, limited access to health care.



Racism as a public health crisis

- Racism is an ongoing public health crisis and we need to address it now in order to reduce the health disparities we see in communities of color.
- We can address it through:
 - new and improved policies
 - community engagement
 - improved and affordable access to health care, physical activity and healthy eating

